

Do *All* Lives Really Matter?  
A History of Racial Discrimination in the American Healthcare  
System

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In a Birmingham cemetery, the words, “She Died So Freedom Might Live” famously eulogized by Reverend Martin Luther King Jr, are engraved upon the headstone of young Addie Mae Collins; one of the four victims of the Sixteenth Street Baptist Church bombing in 1963. This beautiful, stone marker was donated to the Collins family in 1990 to replace the broken wood plank that had been set in place at the time she was buried. In 1998, over thirty years after her death, Addie Mae’s sisters sought to have her remains relocated to a better maintained cemetery. When they dug into the ground, they were met with bitter shock: Addie Mae’s grave was empty, no casket or body to be found. For over two decades, the Collins family has continued to relocate Addie Mae’s remains. Yet many believe she is just one of thousands of anonymous Black cadavers illegally stolen from gravesites to be experimented upon by anatomists and medical professionals throughout this nation’s tragic history.<sup>1</sup>

Dating all the way back to the early Trans-Atlantic Slave trade, whether in life or in death, the bodies of Black people in America have been victims of all forms of medical atrocities. From experimental surgical procedures to midnight abductions for pharmaceutical testing, this history of abuse has created a culture of mistrust and fear between the Black community and medical professionals that has carried over into our present day.

When the politics of America declared a woman’s slave status to be inherited by her child at birth, the prospect of breeding in chattel slavery became more appealing to slaveowners.<sup>2</sup> However, life as a slave didn’t allow for healthy pregnancies nor deliveries due to

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<sup>1</sup> Harriet A Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. (Paw Prints, 2010).

<sup>2</sup> Deirdre Cooper Owens and Sharla M. Fett, “Black Maternal and Infant Health: Historical Legacies of Slavery,” *American Journal of Public Health* 109, no. 10 (October 2019): 1342–45, <https://doi.org/10.2105/ajph.2019.305243>.

malnourishment, unsanitary living conditions, and extreme exhaustion from the day's workload. To combat the rise of maternal/infant deaths that were occurring in childbirth, Dr. Marion Sims established what is known as the first women's hospital in America in 1844.<sup>3</sup> The term "hospital" gives an overly romanticized image of what in reality was a wooden barn roughly the size of a slave's quarters, comprised of barren dirt floors and meager sleeping arrangements. Dividing the room was a drawn curtain, where a large table had been fashioned as an operating theater. According to Sims' autobiography, it was here that he pioneered an effective surgical treatment for vesicovaginal fistulae using antimicrobial silver sutures. This process earned him publication in the 1852 *American Journal of the Medical Sciences*, and from there his reputation as "the Father of Modern Gynecology" was formed.<sup>4</sup>

As is often the case with historical narrative, the truth is rarely as glamorous as we are led to believe. The reality is that in his small, rural shed, Marion Sims performed hundreds of experimental procedures on nine slave women, without their consent, and without the use of anesthesia. Sims, as well as other white physicians of the time had promulgated the belief that Black women did not feel pain the same way that white women did, a myth that still exists in circulation today. Because of this, Black women were denied access to anesthesia as physicians believed their procedures to not be severe enough to warrant use of such measures. Yet in Sims' own words he describes a young slave girl's anguish when he writes, "Lucy's agony was

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<sup>3</sup> Diedre Cooper Owens, "INTRODUCTION," *Medical Bondage*, November 15, 2017, 1–14, <https://doi.org/10.2307/j.ctt1pwt69x.5>.

<sup>4</sup> Harriet A Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. (Paw Prints, 2010).

extreme... she was so much prostrated, and I thought she was going to die.”<sup>5</sup> And still, he did nothing to relieve her pain.

By looking at Sims’ own documentations, as well as the history of anesthesia such as Ether, we see that its use had become commonplace since its discovery in 1842. According to his journals, Sims had been known to prescribe Ether to white men whose wives would complain of pain during intercourse. The husbands would be instructed to anesthetize their wives, rendering them unconscious so that they could have sex with them without disruption.<sup>6</sup> This evidence proves that withholding of anesthesia from Black women was done not for lack of knowledge or insufficient supply, but deliberately and torturously as a method of power and control.

As more physicians sought to increase their knowledge of the human body, they recognized a need to go deeper into the human anatomy to get a better understanding of its physiology. This would require gross anatomical dissection and autopsies performed on a wide variety of body types. The white community was sensitive to the idea of desecrating human remains in the name of science and refused to donate their loved ones to local teaching hospitals or medical schools. But the students and physicians of the Antebellum era were able to find an abundance of human subjects to experiment on when they began offering cash payments for sick, elderly, or infirm slaves.

In her book *Medical Apartheid*, Senior Researcher at Harvard Medical School, Harriet Washington details the dark history of Black bodies used for dissection and experimentation in the operating theaters of America’s first medical schools. Black corpses would be removed from

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<sup>5</sup> J. Marion Sims, “On the Treatment of Vesico-Vaginal Fistula,” *The American Journal of the Medical Sciences* 45, no. 45 (January 1852): 59–82, <https://doi.org/10.1097/00000441-185201000-00004>.

<sup>6</sup> Harriet A Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. (Paw Prints, 2010).

their freshly dug graves and be taken to various facilities for teaching purposes. The practice became so commonplace that many universities hired graverobbers who would scour the local papers for burial notices. Washington records in her book stories of “Midnight Doctors” who would abduct Black and poor people from their homes, never to be seen again. For decades this was widely circulated as nothing but “Old Wive’s Tales”. However, in 1989, construction at Georgia State University unearthed nearly ten thousand skeletal and tissue remains at the site of the former Medical College of Georgia. The dark, cool basement conditions had near perfectly preserved the tortured remains. Human organs, and limbs were unceremoniously scattered about, haphazardly discarded amongst broken medical equipment and surgical supplies.<sup>7</sup> Though as shocking as this may seem in our present day, when we look back through the entire span of African American history, beginning with the Middle Passage, it is painfully obvious how this level of disregard was systemically manifested.

When trying to uncover the ideology that enabled the horrific treatment of the Black community for decades, we must go back well into the mindset that fueled the Transatlantic Slave Trade: that is the idea that if the white race is superior, and the only true human race, everything else must therefore be inferior, and subhuman. If you hold to the belief that someone is not human, but merely an object, you have then stripped them of all rights and dignity. From here, we see how easy it becomes to justify any manner of treatment, up to and including torture and murder. In the early 18<sup>th</sup> and 19<sup>th</sup> centuries, this was all done in the name of science. As Washington writes, “The dearly held precepts of scientific racism sound nakedly racist, absurd, or both today, but in the eighteenth and nineteenth centuries, scientific racism was simply science, and it was promulgated by the very best minds at the most prestigious institutes in

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<sup>7</sup> BLAKELY R, T D Blakely, and Sue Harrington, BONES in the BASEMENT (Smithsonian Inst Press, 1997).

America.”<sup>8</sup> This idea of Black inferiority was deeply rooted and would carry over for centuries to come.

In 1976, *Rolling Stone* magazine author Michael Rogers released an article titled, “*The Double-Edged Helix*, with a vague subheading that read, “In the delicate realm of biomedical research, those vigorous cervical cells from Baltimore are creating confusion and, possibly, disaster.”<sup>9</sup> This science and human-interest piece brought attention to a particular line of cancer cells that had miraculously been growing and thriving outside of a human host. In 1951, Dr. George Gey had received a tissue sample taken from a young Black woman in Baltimore, and he began the process of culturing the cells in his laboratory. Unlike any cells prior, these cancerous cells (known only by the label of HeLa) began to grow and divide at an unprecedented rate. This discovery opened the door to a multitude of experimental research opportunities as Gey now had a near limitless supply of tissue samples on which he could test vaccinations, cancer treatments, pharmaceuticals, and observe the growth and destruction caused by various diseases in real time. Very little was known about the origin of these cells beyond “Cervix, black female, 31, Baltimore”. Investigative journalist Rebecca Skloot set out to find the story behind HeLa cells and discovered the source to be 31-year-old Henrietta Lacks (also known as Henrietta Lane); a young mother from Baltimore who walked into the Black Ward at John’s Hopkins Medical Center for unbearable pain and died after a few rounds of radiation for aggressive cervical cancer.<sup>10</sup>

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<sup>8</sup> Harriet A Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. (Paw Prints, 2010).

<sup>9</sup> Michael Rogers and Michael Rogers, “The Double-Edged Helix,” *Rolling Stone*, March 25, 1976, <https://www.rollingstone.com/culture/culture-news/the-double-edged-helix-231322/>.

<sup>10</sup> Rebecca Skloot, *The Immortal Life of Henrietta Lacks* (New York: Broadway Books, 2010).

During her short treatment, Mrs. Lacks was completely unaware that pieces of her body were being harvested not for her own treatment, but the experimentation that would lead to the treatment of thousands of others for generations to come. Gey and the handful of other physicians that would discover a multitude of cures and vaccinations using her HeLa cells would become immensely wealthy; all while Mrs. Lacks' own family suffered in poverty; unaware of their mother's medical contributions, and unable to afford access to their own basic medical needs. In Skloot's book, *The Immortal Life of Henrietta Lacks*, she quotes Mrs. Lacks' daughter, Deborah, saying, "...I always have thought it was strange, if our mother cells done so much for medicine, how come her family can't afford to see no doctors? Don't make no sense."<sup>11</sup> The exploitation of HeLa cells, completely void of patient consent, and without compensating or even informing the surviving family members, is only one of the lesser-known examples of mistreatment of Black people at the hands of the medical community.

For decades beginning in 1932, the Tuskegee Institute and Tuskegee Veterans Hospital denied medical treatment to 600 Black men that had been infected with syphilis. Although access to penicillin had been available, this refusal was part of a US Public Health Experiment to study the long-term consequences of syphilis on the nervous system.<sup>12</sup> The men who were being seen during the course of the trial were under the belief that they were receiving free medical care for an incurable ailment. It wasn't until news media released the truth of the "study" in 1972 that majority of these men were made aware that they had been experimented on, forced to suffer the painful physical and mental decline.<sup>13</sup> It was because of the now infamous Tuskegee Syphilis

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<sup>11</sup> Ibid.

<sup>12</sup> Deborah G White, Mia Bay, and Waldo E Martin, *Freedom on My Mind : A History of African Americans, with Documents* (Boston, Massachusetts: Bedford/St. Martins, 2021).

<sup>13</sup> Fred D Gray, *The Tuskegee Syphilis Study the Real Story and beyond ; [an Insider's Account of the Shocking Medical Experiment Conducted by Government Doctors against African American Men]* (Montgomery, Al Newsouth Books, 2013).

studies that led Rebekah Skloot and various others to begin researching the HeLa cells origin, and thereby discovering the continued breakdown in trust between healthcare and the Black community.

Here we are in 2023, over fifty years removed from the breaking news of Tuskegee, and yet the relationship between the Black community and the American healthcare system is still broken. A National Health Institute survey of Black Americans recorded that the majority feel overlooked and ignored by their medical providers.<sup>14</sup> Continuing education units for nurses and medical professionals are only now addressing the myth that Black people have a higher pain tolerance, and are more likely to abuse pain medications, than whites; therefore leading to their being denied access to ethical pain treatment.<sup>15</sup> The Patient Bill of Rights passed in 1973 declaring that physicians are to treat all patients with dignity and respect, allowing for the full disclosure of information and the right to refuse treatment if the patient feels it to be too obscure or inhumane. Yet, despite this bill passing, there have still been record numbers of Black and Brown patients who report they have been denied equitable treatment based on race, socioeconomic status, and other forms of systemic prejudice still ingrained in our healthcare practices.

As many of our government agencies operate in tandem, the discriminatory real estate practice of “redlining” from the Jim Crow era still carries over into present day healthcare issues. According to a series on structural racism published by *The Lancet*, redline practices commonly placed Black communities in closer proximity to bus depots or waste treatment facilities, and

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<sup>14</sup> Adolfo G Cuevas, Kerth O’Brien, and Somnath Saha, “African American Experiences in Healthcare: ‘I Always Feel like I’m Getting Skipped Over,’” *Health Psychology: Official Journal of the Division of Health Psychology, American Psychological Association* 35, no. 9 (2016): 987–95, <https://doi.org/10.1037/hea0000368>.

<sup>15</sup> Mark Rose and Alice Yick Flanagan, “Continuing Education Online - CME / CEU / CE,” NetCE, September 2020, <http://www.netce.com/painmanagementpearls>.



even airports.<sup>16</sup> This led to increased exposure to air pollutants that negatively affected the health of the community members.<sup>17</sup> Insurance companies or clinical staff were known to deny access to treatment based on zip codes, because of the fact that certain areas were more prone to pollution and diseases. Although hospitals are unable to blatantly deny access to healthcare, the lack of access in urban areas to affordable treatment, public transportation, medical insurance, even safe and regulated facilities is a modern and less discernable method of denying equal healthcare access to predominantly Black and Brown communities.

From the provider standpoint, an overwhelming number of educational materials are focused on the treatment of white patients compared to those of other races. From textbooks to clinical studies, majority of references focus on the physical presentation and symptoms of maladies on the Caucasian population. Research found that “of 368 editors at major medical journals, 77% identified as White, and about 15% as Asian. Meanwhile, just under 4% identified as Hispanic, and only 1% as Black”.<sup>18</sup> This lack of representation within the field of medical education has led to a disparaging gap in properly educating providers within Black communities. Just as it did in the time of chattel slavery, America still fails to recognize the equality of all people.

During his time as a plantation doctor, Marion Sims sought to prove the inferiority of the African people as a means to justify their enslavement. He recorded in his journals that he believed Black infant’s skull bones fused together more quickly than those of whites, leading to

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<sup>16</sup> Sharon Udasin, “Children Living near Airports May Be Exposed to High Levels of Lead: Study,” *The Hill*, January 10, 2023, <https://thehill.com/policy/equilibrium-sustainability/3806051-children-living-near-airports-may-be-exposed-to-high-levels-of-lead-study/>.

<sup>17</sup> Zinzi D Bailey et al., “Structural Racism and Health Inequities in the USA: Evidence and Interventions,” *The Lancet* 389, no. 10077 (April 2017): 1453–63, [https://doi.org/10.1016/s0140-6736\(17\)30569-x](https://doi.org/10.1016/s0140-6736(17)30569-x).

<sup>18</sup> “Most Editors at Leading Medical Journals Are White, Study Finds,” *UPI*, accessed November 15, 2022, [https://www.upi.com/Health\\_News/2021/06/15/medical-journal-editors-most-white-study/4811623729092/](https://www.upi.com/Health_News/2021/06/15/medical-journal-editors-most-white-study/4811623729092/).

what he interpreted as developmental delays. In his attempts to prove his theories, Sims would take black infants, and he would “puncture the scalp at the lambdoidal suture... removing the parietal bones... greatly modifying the [rigidity] of the extremities.”<sup>19</sup> Sims and those who followed him, would spend centuries torturing Black men, women, and children in the name of scientific discovery. From forced amputations and genital mutilations, to chemical skin bleaching and robbing graves for unsanctioned autopsies, the expectation of privacy and human dignity never crossed the minds of those steeped in the traditions of white superiority.

In 2018, a statue honoring the late Dr. Sims was rightfully removed from its pedestal in New York after debates about his storied past were held. In a time where “Critical Race Theory” has become a political buzzword which can incite riots and division, we are desperate for open discussion of the history and continuation of racial discrimination in our healthcare system. We cannot begin to have an expectation of fair and ethical treatment of all patients, if the myths promulgated in the time of slavery are still being expounded today. Members of the Black community have no reason to trust healthcare providers if the undercurrent of racial bias is still prevalent from the moment their demographics are recorded into the hospital registrar. We cannot correct our course toward a progressive and equitable treatment if we continue to derail discussions that shine light on the truth of healthcare’s horrid past. We owe it to the victims of Marion Sims, the family of Henrietta Lacks, and the thousands of unnamed bodies whose contributions to the annals of medical journals are as unknown as the whereabouts of sweet Addie Mae Collins.

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<sup>19</sup> Harriet A Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. (Paw Prints, 2010).

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