

1619 Project Day 2

Name: _____

All of Us Will Learn:

What barriers have prevented black Americans from receiving quality healthcare in the United States?


Please Do Now

Directions: Answer the question below.

What might stop someone from going to the doctor?

The Legacy of Slavery on Healthcare

As you read today, use the annotation guide below to show your thinking.

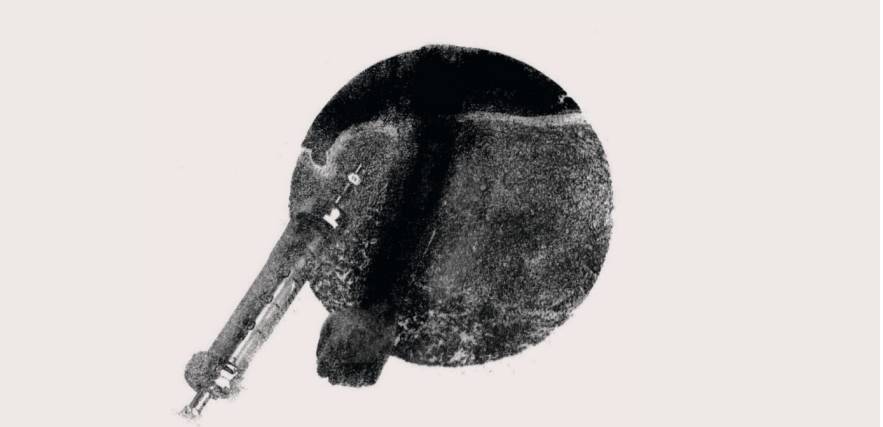
1st read		2nd read	
Gist (shares a basic understanding of the idea presented in the text)	What is this paragraph or section about?	★	Clue for solving your unit question
	Unfamiliar words	<u>Underline</u>	Detail that helps answer the objective question
?	I don't understand		
∞	Connection		
✓	Confirmed prediction/ opinion		

There are many reasons some people don't visit the doctor - financial issues, distance, and fear are just a few.



In 1932 a study was conducted on black men with syphilis. Syphilis is a sexually transmitted infection that can cause serious health problems, such as damage to the brain, nerves, heart, blood vessels, liver, bones, and joints, if left untreated. While the men who participated in the study were told they were being treated for the disease, the true intention of the study was to observe what would happen if syphilis was left untreated. Read the paragraph and answer the question in the box.

● 1932: The United States Public Health Service begins the Tuskegee Study of Untreated Syphilis in the Negro Male, with 600 subjects, approximately two-thirds of whom have syphilis. The subjects are told only that they are being treated for “bad blood.” Approximately 100 die from the disease. It is later revealed that for research purposes, the men were denied drugs that could have saved them.



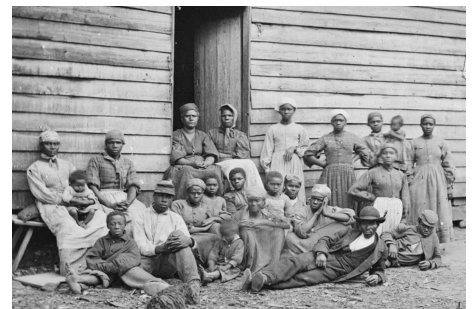
What effect do you think the Tuskegee Study had on trust between black Americans and the medical community?

Today we are continuing our look about the legacy of slavery in Chicago by analyzing excerpts from two articles from the New York Times' 1619 Project.

Question: What barriers have prevented black Americans from receiving quality healthcare in the United States?

Excerpt #1: Why doesn't the United States have universal health care? The answer begins with policies enacted after the Civil War.

Smallpox was not the only health disparity facing the newly emancipated, who at the close of the Civil War faced a considerably higher mortality rate than that of whites. Despite their urgent pleas for assistance, white leaders were deeply ambivalent about intervening. They worried about black epidemics spilling into their own communities and wanted the formerly enslaved to be healthy enough to return to plantation work. But they also feared that free and healthy African-American would upend the racial hierarchy, the historian Jim Downs writes in his 2012 book, "Sick From Freedom."



Federal policy, he notes, reflected white ambivalence at every turn. Congress established the medical division of the Freedmen's Bureau — the nation's first federal health care program — to address the health crisis, but officials deployed just 120 or so doctors across the war-torn South, then ignored those doctors' pleas for personnel and equipment. They erected more than 40 hospitals but prematurely shuttered most of them.

1. What were the problems with the medical division of the Freedmen's Bureau established by congress?

White legislators argued that free assistance of any kind would breed dependence and that when it came to black infirmity, hard labor was a better salve than white medicine. As the death toll rose, they developed a new theory: Blacks were so ill suited to freedom that the entire race was going extinct. "No charitable black scheme can wash out the color of the Negro, change his inferior nature or save him from his inevitable fate," an Ohio congressman said.

2. What arguments did white legislators make against free medical assistance to black Americans?

Watch this video on how President Franklin D. Roosevelt's New Deal put America back to work after the Great Depression. As you watch, write down some of the opportunities provided within the New Deal.

[How FDR's New Deal Put America Back to Work During the Great Depression](#)



List opportunities provided in The New Deal:



... it was largely at the behest of Southern Democrats that farm and domestic workers — more than half the nation's black work force at the time — were excluded from New Deal policies, including the Social Security and Wagner Acts of 1935 (the Wagner Act ensured the right of workers to collective bargaining), and the Fair Labor Standards Act of 1938, which set a minimum wage and established the eight-hour workday. The same voting bloc ensured states controlled crucial programs like Aid to Dependent Children and the 1944 Servicemen's Readjustment Act, better known as the G.I. Bill, allowing state leaders to effectively exclude black people.

In 1945, when President Truman called on Congress to expand the nation's hospital system as part of a larger health care plan, Southern Democrats obtained key concessions that shaped the American medical landscape for decades to come. The Hill-Burton Act provided federal grants for hospital construction to communities in need, giving funding priority to rural areas (many of them in the South). But it also ensured that states controlled the disbursement of funds and could segregate resulting facilities.



Professional societies like the American Medical Association barred black doctors; medical schools excluded black students, and most hospitals and health clinics segregated black patients. Federal health care policy was designed, both implicitly and explicitly, to exclude black Americans. As a result, they faced an array of inequities — including statistically shorter, sicker lives than their white counterparts. What's more, access to good medical care was predicated on a system of employer-based insurance that was inherently difficult for black Americans to get. "They were denied most of the jobs that offered coverage," says David Barton Smith, an

emeritus historian of health care policy at Temple University. “And even when some of them got health insurance, as the Pullman porters did, they couldn’t make use of white facilities.”

Circle the New Deal policies that the majority of African Americans were excluded from.

3. Based on excerpt #1, what barriers prevented black Americans from receiving quality healthcare following the Civil War? Use evidence from the text to support your answer.

Excerpt #2: Myths about physical racial differences were used to justify slavery - and are still believed by doctors today.

Over the centuries, the two most persistent physiological myths — that black people were impervious to pain and had weak lungs that could be strengthened through hard work — wormed their way into scientific consensus, and they remain rooted in modern-day medical education and practice. In the 1787 manual “A Treatise on Tropical Diseases; and on The Climate of the West-Indies,” a British doctor, Benjamin Moseley, claimed that black people could bear surgical operations much more than white people, noting that “what would be the cause of insupportable pain to a white man, a Negro would almost disregard.” To drive home his point, he added, “I have amputated the legs of many Negroes who have held the upper part of the limb themselves.”



These misconceptions about pain tolerance, seized upon by pro-slavery advocates, also allowed the physician J. Marion Sims — long celebrated as the father of modern gynecology — to use black women as subjects in experiments that would be unconscionable today, practicing painful operations (at a time before anesthesia was in use) on enslaved women in Montgomery, Ala., between 1845 and 1849. In his autobiography, “The Story of My Life,” Sims described the agony the women suffered as he cut their genitals again and again in an attempt to perfect a surgical technique to repair vesico-vaginal fistula, which can be an extreme complication of childbirth.



Thomas Jefferson, in “Notes on the State of Virginia,” published around the same time as Moseley’s treatise, listed what he proposed were “the real distinctions which nature has made,” including a lack of lung capacity. In the years that followed, physicians and scientists embraced Jefferson’s unproven theories, none more aggressively than Samuel Cartwright, a physician and professor of “diseases of the Negro” at the University of Louisiana, now Tulane University. His widely circulated paper, “Report on the Diseases and Physical Peculiarities of the Negro Race,” published in the May 1851 issue of *The New Orleans Medical and Surgical Journal*, cataloged supposed physical differences between whites and blacks, including the claim that black people had lower lung capacity. Cartwright, conveniently, saw forced labor as a way to “vitalize” the blood and correct the problem. Most outrageous, Cartwright maintained that enslaved people were prone to a “disease of the mind” called drapetomania, which caused them to run away from their enslavers. Willfully ignoring the inhumane conditions that drove desperate men and women to attempt escape, he insisted, without irony, that enslaved people contracted this ailment when their enslavers treated them as equals, and he prescribed “whipping the devil out of them” as a preventive measure.

1. What myths were used to justify slavery and how did those myths hurt black Americans?

Even Cartwright’s footprint remains embedded in current medical practice. To validate his theory about lung inferiority in African-Americans, he became one of the first doctors in the United States to measure pulmonary function with an instrument called a spirometer. Using a device he designed himself, Cartwright calculated that “the deficiency in the Negro may be safely estimated at 20 percent.” Today most commercially available spirometers, used around the world to diagnose and monitor respiratory illness, have a “race correction” built into the software, which controls for the assumption that blacks have less lung capacity than whites. In her 2014 book, *Breathing Race Into the Machine: The Surprising Career of the Spirometer from Plantation to Genetics*, Lundy Braun, a Brown University professor of medical science and Africana studies, notes that “race correction” is still taught to medical students and described in textbooks as scientific fact and standard practice.

Recent data also shows that present-day doctors fail to sufficiently treat the pain of black adults and children for many medical issues. A 2013 review of studies examining racial disparities in pain management published in *The American Medical Association Journal of Ethics* found that black and Hispanic people — from children with appendicitis to elders in hospice care — received inadequate pain management compared with white counterparts.

A 2016 survey of 222 white medical students and residents published in *The Proceedings of the National Academy of Sciences* showed that half of them endorsed at least one myth about physiological differences between black people and white people, including that black people's nerve endings are less sensitive than white people's. When asked to imagine how much pain white or black patients experienced in hypothetical situations, the medical students and residents insisted that black people felt less pain. This made the providers less likely to recommend appropriate treatment. A majority of these doctors to be also still believed the lie that Thomas Hamilton tortured John Brown to prove nearly two centuries ago: that black skin is thicker than white skin.

This disconnect allows scientists, doctors and other medical providers — and those training to fill their positions in the future — to ignore their own complicity in health care inequality and gloss over the internalized racism and both conscious and unconscious bias that drive them to go against their very oath to do no harm.

2. How are these myths present in medicine today?

3. Based on excerpt #2, what barriers currently prevent black Americans from receiving quality healthcare?