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Carmen Kennedy

Washington begins *Medical Apartheid* with a compelling conversation about art, wherein she mentions wanting to feature Robert Thom's infamous painting of James Marion Sims as a frontispiece. It may seem curious to discuss art in a book about medicine, but art, through its many mediums, speaks to human emotion. Art serves as more than a means to record humanity, or the lack of it; art facilitates ways in which humans understand each other and the world. In her book, Washington combines her craft as a writer, her integrity as a journalist and an academic, and her curation of thoughtfully selected images to explain how some of medicine's early advances were contingent upon the perpetuation of slavery, racial formation, and a void in humanity.

Washington describes a statue of Sims, which stands in New York's Central Park, as an exaltation of the father of modern gynecology. He is credited with the invention of the speculum and with vesicovaginal fistula repair, but his methods were discovered to be less than honorable. Sims purchased female slaves in order to perform torturous surgeries, discount his failed attempts, and perfect his technique without interference. Washington presents Sims as one of many examples of the "American Janus of medicine and race," (p. 2) a loaded phrase that she created to capture a two-faced dispensary of injustice. The phrase captures how race has often been a determinant of who receives good versus bad medicine or non-therapeutic treatment, to the friendly masking of medical

malevolence. Sims is also the subject of a Thom painting that currently hangs in the Parke-Davis Pharmaceuticals headquarters. Washington wanted to print a copy of Thom's painting in her book, but Parke-Davis refused her the publishing rights. It was their loss, however, because the image is easy to find online. It depicts Sims standing aloof with his arms crossed, holding a speculum. A slave woman kneels on a tabletop in front of him and demurs while she is flanked by two men. The art seems harmless, but it begs for context. Washington's research provides this context by evidencing how Sims, from 1845 to 1849, maintained a shack on his property in which he kept female slaves for surgical experimentation.

The horrors that took place in Sims' shack are grossly concealed by Thom's idealized painting. In fact, the Thom painting is a commissioned piece of medical propaganda. It shows a sterile room draped in white linens, and the women featured in the painting seem to be clothed modestly. Sims, who has since been realized as sadistic, looks almost benevolent. He had repeatedly practiced his operations on countless enslaved women and more than thirty times on Anarcha—the centerpiece of Thom's painting—before daring to take on any “real patients” (p. 66). Washington presents facts she painstakingly gathered from statues, paintings, texts, medical journals, written and oral accounts, and much more to construct this vastly different image of Sims. An example of this, also depicted in Thom's painting, are two men looming in folded shirtsleeves with bared forearms. They seem to be waiting for Sims' instruction and stand in sharp contrast to Sims, who is suited in a long black waistcoat. However, the book quotes a journal entry taken by an observer during this time:

Several male doctors had initially assisted Sims by holding down the enslaved women as he made incisions, but within a year they could bear neither the bone-chilling shrieks of the women nor the lack of progress any longer. The doctors left... (p. 65)

These men could no longer bear the chilling sound of screaming women; but what of the women Sims refused to anesthetize? What of the women still physically viable after undergoing his knife? Sims' journals prove that the slave women and girls were forced to restrain one another and endure his painfully bloody experimentations to no apparent end. Sims also made journal entries to the contrary, noting in his own words that his procedures were “not painful enough to justify the trouble and risk attending the administration [of anesthesia]’...Sims also cited the popular belief that blacks did not feel pain in the same way as whites” (p. 65).

Pain is a universal conduit for empathy; therefore, Sims' popular belief absolved him from his inhumanity and licensed his sadism as necessary for the greater good. This was also the case with many individuals claiming to operate in the interest of science in Ante- and Post-bellum America. Black bodies—dead and alive—were at their whim. Washington shows that this goes far beyond Sims and proves to be “a troubling tradition” (p. 23); it is also the title she assigns to part one of her book. The quasi-entertainment aspect of Black bodies is exercised in such a tradition. Blacks were routinely put on display for the benefit of science or the purpose of proving polygenism—the notion that Blacks were a different breed than whites.

Two notable individuals in this exploit were Saartjie Baartman and Joice Heth, who were preyed upon both in life and after death. These women, and others like them, were fodder for

men attempting to scientifically separate and categorize humans by race. Their physical attributes were compared to those of wild animals', and they were ogled in circus-type settings.

P.T. Barnum made his fortune from this brand of exploitation by exhibiting what was known as Black exotica. This also included people with physical differences and deformities, identical twins, multiples, and people who defied imposed classification. A subset of Barnum's exotica was "white negroes" (p. 94). Their existence challenged identifiers, like skin color, that had primarily been used to ensure delineations between people who had been elevated, and people who had been subjugated, by both science and medicine. Some scientists asserted that the "civilizing" influences of Western European cultures were turning Africans white. This explained Blacks with light coloring, aquiline features, and/or straight hair. Barnum profited off those who were African albinos and people with vitiligo. He claimed, "The problem of slavery would disappear with their [black] color," (p. 95) but the problem was not based on color. The problem was the fabrication of race, coupled with denial that the white male's rape of the Black body would eventually dilute racialized phenotypes. Ambiguities like quadroon, octaroon, and mulatto were added to the vernacular of race. Along with this, classification could no longer be dismissed literally and figuratively as a matter of black and white. The "white negro" contradicted and threatened the classification scheme and, therefore, the social order, writes Washington.

Since skin color could no longer reliably prove race, then there must be something beneath it that would. As such, "scientists were eager to delve more deeply under the skin of African Americans" (p. 99). The subdermal journey to find the source of Blackness opened doors for doctors, researchers, and

even commercial entities to look for race and exercise curiosity in the form of dissection. Washington explores this in part two of her book, titled *The Usual Subjects*, where she claims that new frontiers sought racial determinants disguised as research by using Black subjects, eugenics, experimentation, and the fact that science and medicine were at one time able to act without consent. However, instead of consent functioning as a safeguard for patients, it has merely become a vehicle for confusion.

Washington explains some of the bait-and-switch surrounding current laws of consent by comparing contemporary offenses against the Black body with earlier offenses waged at the turn of the century. Washington argues: the generations that have followed slavery have done little to assuage deception and disregard for the agency that individuals are due. The prison industrial complex is a product of this, and Washington cites incidents where Blacks and their fellow inmates were—and still are—used for experimentation. Washington writes,

Phase I trials use healthy volunteers to test the safety of treatment[s]...[these trials] carry a higher risk of problems, such as side effects...companies prefer Phase I trials to take place in institutions where subjects can be carefully monitored and are unlikely to be lost to follow-up: If serious problems develop, the researchers want to know. Prisoners fit the bill nicely. (p. 246)

As experimental human specimens, prisoners are likened to laboratory animals in that they exist in controlled settings where infrastructure for systematic abuse exists behind eleemosynary façades. Experimentation on prisoners is tidy; it is often corporate and/or state sanctioned and has iron-clad legalese defenses that defy recourse. However, Washington does well with her attempt to expose it as such in part three, *Race*,

Technology, and Medicine, wherein she opens the section with examples of how modern science exercises contemporary means of apartheid, and once again illustrates the Janus of medicine and, specifically, science. Washington is trying to convey that modern science can be frightful, both in the damage it can exact and the hope it promises.

One such hope has come in the form of DNA evidence. DNA can be used to exonerate the wrongfully accused and, when employed in this way, is an example of science's promise. Washington cites Calvin Johnson's case. Johnson was convicted of rape and sentenced to seventeen years of hard labor in a Georgia state prison. He was later found innocent based on DNA taken from him in 1986. The 1980s and '90s saw wrongful convictions that were repeatedly reversed based on DNA evidence and revelations of corrupt practices.

Unfortunately, the negatives presently outweigh the positives of using DNA evidence. On this issue, Washington quotes Troy Duster, a professor of sociology at Berkeley and author of *Backdoor to Eugenics*. In 2001, Duster warned, "The same technology that will exculpate people today is also being used to put people who have merely been *stopped* by the police into genetic databases" (p. 303). While Duster sees DNA as potentially infringing upon privacy, technological advances might soon be a catalyst in the way that DNA can be used to infringe upon national security and human rights. In fact, an article featured in *The Atlantic* (2012), "Hacking the President's DNA," suggests current technological prowess regarding DNA could lead to mass destruction. It reads:

As DNA synthesis technology continues to advance at a rapid pace, it will soon become feasible to synthesize nearly any virus whose DNA sequence has

been decoded...[and] carries with it the risk of facilitating the development of new and more deadly biological weapons. (WMD Center, 2011, as cited in, Hessel, Goodman and Kotler, 2012, p. 92)

Washington makes similar arguments that consider both positives and negatives regarding AIDS/HIV remedies and new medical technologies. Medical technology benefits the whole of humanity, when successful, but the problem is that new technologies are almost always first tested on the vulnerable. This was the case with James Quinn, recipient of the experimental AbioCor artificial heart. Washington writes that Quinn lamented that his life with the heart was, “Nothing, nothing like [he] thought it would be” (p. 348). His family testified that he was misled by physicians. He was told that the heart would “make him freely mobile” (p. 367). But one family member asserted that his nine months before dying with the new heart were painful and crippling. Experiences such as these and others mentioned in this review are a cause for iatrophobia, making it apparent that a chasm lies between medicine and Black Americans. Washington uses all 528 pages of her book to irrefutably argue this point.

The goal that Washington sets out to achieve with her book, *Medical Apartheid*, is faithfully met. She compels readers to question medical and scientific research, especially if they are in, or aspire to be in, these fields. This book gives witness to stories that have been silenced or erased by medical history, with Washington outlining everything from current biological warfare to the open-ended reality of science-based racial projects. Washington leads readers through decades of data and images that may be considered calls to action. *Medical Apartheid* promotes thinking that goes beyond the text, especially in light

of events that have occurred since the book's publishing: Flint's water crisis, President Trump's EPA rollbacks, and the racialized lack of response by the United States to Puerto Rico's energy crisis. Where Washington begins her book with a conversation about art, it may be said she ends it as a work of art that serves to facilitate understanding and elicit strong emotion.

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Carmen Kennedy is currently working on a degree in creative writing. She enjoys being able to combine her passion for writing as both a creative expression and in her career. She has managed to do so by working for large companies like Lockheed, Siemens, and Siebel. She has contributed written and visual content to their varied publications. These days, however, she looks for projects that allow her some independence and opportunities to collaborate with fellow creatives; as by day she cajoles words into blog content, brandfomertials, and bodacious ideas.