

African Americans and the Medical Establishment

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Abstract

The African American community's response to the AIDS epidemic has reflected the profound mistrust of the medical establishment which many African Americans feel. Among African Americans, the belief that the epidemic originated in a genocidal plot is widespread. It is thought that organized medicine has been significantly involved in this plot. If we look at African Americans' historical relationship to the medical establishment from the era of slavery to the recent past, the suspicious attitudes which make such beliefs possible can be seen as an intelligible response to a new disease which disproportionately affects African Americans.

Successful medical and public health responses to the epidemic have depended and will continue to depend upon overcoming the historical legacy of suspicion and gaining the trust of the community.

Key Words: African Americans, AIDS, history of medicine, medical ethics, Tuskegee Syphilis Study.

THE AIDS EPIDEMIC has taken a significant toll on the black community. Blacks make up 13% of the United States population, yet, they accounted for 57% of all AIDS cases in 1997. AIDS is the leading cause of death among black men and women aged 25–44. Blacks and Hispanics account for 84% of pediatric AIDS cases (1).

The initial reaction of the African American community to the AIDS epidemic was marked by overwhelming suspicion and fear. In discussions of the epidemic, the word "genocide" was broadcast on the airways of WLIB and appeared in print in the *Amsterdam News*, the *Los Angeles Sentinel*, *Essence*, *Ebony*, and *Jet*. Early in the AIDS epidemic, articles with such titles as "Natural Epidemic" (2) and "AIDS: Is It Genocide?" (3) were common. I quote from the second article by Bates (3):

The time: the late 1970's. In a well-guarded laboratory complex in an American suburb, an elite conference of

biologists, demographers and political scientists listen closely to the report of an epidemiologist. This physician, who studies the origins and progress of diseases, is telling the group that he has created a virus that will render the human immune system powerless. A simple cold that would leave a healthy person miserable will kill people who have been exposed to this virus. There is no cure. It is always, always fatal. "We can use this virus to eliminate certain populations," he explains. "We thought we'd try homosexuals first—nobody cares what happens to them, anyway, there'll be little outcry. And if the virus proves effective—we can move on to other populations. Like the Black underclass. That'll help cut down on the dollars you have to spend on welfare." The room chortles in agreement. The meeting is adjourned.

A few years later, in San Francisco, New York, Miami and Los Angeles, gay men begin to sicken and die. A few years after that, poor Blacks also succumb to the same puzzling symptoms. The genocide project has begun.

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Discussion of the possibility that the epidemic has its origin in a genocidal plot was not limited to the lay community. The theory was embraced by some African American physicians. Dr. Barbara Justice, for example, is quoted as saying "There is a possibility that the virus was produced to limit the [number of] African people and people of color in the world" (3). Others, such as Dr. Greaves, sought to turn attention away from conspiracy theories. In his view, "it is dangerous to be preoccupied with theories [of an AIDS conspiracy] when we need to work on containing the disease" (3).

The opponents of conspiracy theories often spoke in scientific terms that were unfamiliar to the community. As a result, they were often ignored. Dr. Justice's comment, however, rang loudly to the many people in the African American community who had long feared and mistrusted the medical establishment.

The "pre-existing" fear and mistrust of the medical establishment has its roots in slavery. During the antebellum era, organized medicine contended that Africans had peculiar anatomic and physiologic features. These alleged differences were used to justify their enslavement and brutalization (4). In 1845 and 1849 Dr. Marion Sims, considered the father of modern gynecology, used three female slaves to develop techniques for the repair of vesico-vaginal fistulas. He did not use anesthetics. When these techniques were perfected, white volunteers were unwilling to undergo the painful procedures (5). Studies of various pharmaceutical agents were conducted to lengthen work hours on hot days in the fields (6). Countless other undocumented acts of medical abuse are recounted in the oral histories of the African American families. Fear of medical experimentation has been passed down from generation to generation. In fact, a post-Civil War survey showed that many African Americans believed that they would be experimented upon if they entered hospitals (7).

In the modern era, disclosure of the unethical methods used in the Tuskegee Syphilis Study served to validate African American fears of experimentation and genocide. The Tuskegee Study involved the United States Public Health Service, the Tuskegee Institute, the Macon County Medical Society, the state and county Boards of Health and the Milbank Memorial Fund, as well as local black churches and public schools. Three hundred ninety-nine black sharecroppers were enrolled in the study in order to document the natural history of syphilis. The

sharecroppers were not educated about the sexual transmission of syphilis or the vertical transmission from mother to fetus. The men in one arm of the study were excluded from treatment even when penicillin became the standard of care for syphilis in 1951 (8). In 1972, public condemnation of the Tuskegee study forced its termination almost forty years after initiation.

Although AIDS still raises suspicions of genocide in the minds of many African Americans, the impact of the epidemic has energized the community at the grassroots level. With this added energy and the allocation of financial resources, HIV prevention and screening programs are being conducted in churches, nightclubs, bars, barber shops, crack houses, and in various other community settings. These efforts have led to increases in the number of women reporting having had HIV screening and to small but significant decreases in the reported incidence of AIDS and AIDS-related death among blacks (9). Instead of featuring articles about AIDS as a genocidal plot, we now have articles such as "AIDS: The second wave," with positive reflections of individuals living with AIDS and information on HIV resources available to the community (10).

We are entering an era where significant decreases in AIDS transmission and mortality are being accomplished through prevention programs and highly active antiretroviral therapy. As physicians, we must be mindful to maintain ethical standards wherever and whenever we conduct clinical trials, and to secure and maintain the trust of the community.

References

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