

A Complex History: Racial Bias in Medicine and Psychology

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Workshop Overview

- Racism in medicine
- Bias in concussion testing
- 5 minute Break
- Racism in psychology
- Using cultural humility and self-reflection

Learning Objectives

- 1) Obtain a more in-depth knowledge of the history of **racism in medicine** and be able to identify at least one example
- 2) Obtain a more in-depth knowledge of the history of **racism in psychology** and be able to identify at least one example
- 3) Be able to use **cultural humility and self-reflection** to foster anti-racism in a medical and private practice setting

Social location - Tanya

- Heterosexual
- Married
- White
- Jewish
- Cis-gendered
- Temporarily able bodied
- Immigrant
- Millennial
- Upper class
- Highly educated

Social location - Molly

- Heterosexual
- Married
- White
- Christian (UCC)
- Cis-gendered
- Temporarily able bodied
- Gex X
- Upper class (raised middle)
- Highly educated

Social location - Tyshawn

- Heterosexual
- Cis-gender Man
- Jamaican-American
- Christian
(non-denominational)
- Able bodied (potential for vision loss)
- Millennial
- Working Class

Social location - Jade

- Age (Xiennal)
- Temp. Able Bodied
- No Dev. Disabilities
- Black
- African American
- Heterosexual
- Christian
- Middle Class (raised working class)
- Non-indigenous
- American
- Cisgender
 - Feminine expression
 - Female
 - Woman

History of Racism in United States Medicine (A sampling)

1619:
Start of slave
trade in
America

1742:
Onesimus, Boston
enslaved man,
discovers a way
to inoculate
against small pox

1840s:
James Marion
Sims performs
obstetrical
experiments on
enslaved women
without consent
or anesthesia

1932-1972:
Tuskegee Syphilis
study in African-
American men not
told they had syphilis
and left untreated

Today

1839:
Samuel George
Morton writes book
that officially launches
biological racism,
claiming people of
African descent had
smaller brains

1951:
Henrietta Lacks dies of
cervical cancer and her
cells are cultured without
her or her family's
consent

The Immortal Life of Henrietta Lacks:



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MEDICAL ETHICS

The medical ethics of Dr J Marion Sims: a fresh look at the historical record

L L Wall

J Med Ethics 2006;32:346–350. doi: 10.1136/jme.2005.012559

Vesicovaginal fistula was a catastrophic complication of childbirth among 19th century American women. The first consistently successful operation for this condition was developed by Dr J Marion Sims, an Alabama surgeon who carried out a series of experimental operations on black slave women between 1845 and 1849. Numerous modern authors have attacked Sims's medical ethics, arguing that he manipulated the institution of slavery to perform ethically unacceptable human experiments on powerless, unconsenting women. This article reviews these allegations using primary historical source material and concludes that the charges that have been made against Sims are largely without merit. Sims's modern critics have discounted the enormous suffering experienced by fistula victims, have ignored the controversies that surrounded the introduction of anaesthesia into surgical practice in the middle of the 19th century, and have consistently misrepresented the historical record in their attacks on Sims. Although enslaved African American women certainly represented a "vulnerable population" in the 19th century American South, the evidence suggests that Sims's original patients were willing participants in his surgical attempts to cure their affliction—a condition for which no other viable therapy existed at that time.

reason for these attacks on Sims is that his initial attempts to cure vesicovaginal fistulas were carried out on a group of enslaved African American women whom he quartered in a small hospital behind his house in Montgomery, Alabama. Between late 1845 and the summer of 1849, he carried out repeated operations on these women in a dogged effort to repair their injuries. One young woman, a slave named Anarcha with a particularly difficult combination vesicovaginal and rectovaginal fistula, underwent 30 operations before Sims was able to close the holes in her bladder and rectum.

In interpreting these historical events, some modern writers have denounced Sims with the kind of righteous indignation that is usually heard only from pulpits. Durrenda Ojanuga—for example, writing in the *Journal of Medical Ethics*—has castigated Sims for achieving fame and fortune as "a result of unethical experimentation with powerless Black women" and refers to his attempts to cure vesicovaginal fistulas as "a classic example of the evils of slavery and the misuse of human subjects for medical research".⁹ Ojanuga and like minded critics present a picture of Sims as a cold, brutal, calculating misogynist who carried out a series of unwarranted surgical experiments on unwilling but helpless slaves in pursuit of his own self advancement. This paper will demonstrate that the attacks launched against Sims by these modern writers are actually not substantiated by the primary historical sources relating to the case, nor are their charges consistent with any deep clinical understanding of the predicament faced by women

Legacy of racism in health care directed against African American people

Examples of Arcs	Historical Examples	Contemporary Manifestations
Physical exploitation and human rights abuses	<ul style="list-style-type: none">• Scientific experimentation on enslaved people (alive and deceased); perfecting experimental surgeries (eg, cesarean section and ovariectomy) on enslaved women before performing them on all women• Medical school pedagogies focused on maximizing labor and reproductive capacity of enslaved people• Forced sterilization programs, including unnecessary hysterectomies as practice for medical students or as part of eugenics programs (so-called Mississippi appendectomies)	<ul style="list-style-type: none">• Coercive clinical practices directed at people of color (disproportionate reporting of cases to child protective services; overdiagnosis of schizophrenia; excessive use of restraints)• Fenfluramine study on children examining link between biology, parenting, and aggression
Narrative of racial difference	<ul style="list-style-type: none">• Medical forefathers such as Benjamin Rush (so-called father of American Psychiatry) laid racial inferiority foundations, categorizing black people as subhuman, different from white people, and biologically inferior• Leading psychiatrists pathologizing resistance to slavery• Experimentation on enslaved people justified by belief that they are biologically different (eg, more resistant to pain)• Scientific racism and the pseudoscience of racial difference based on unscientific, descriptive practices, such as phrenology, craniotomy	<ul style="list-style-type: none">• Medical students still believe black people experience less pain• Diagnostic frameworks/fallacies for people of color (overdiagnosis of schizophrenia/psychosis and conduct disorders)

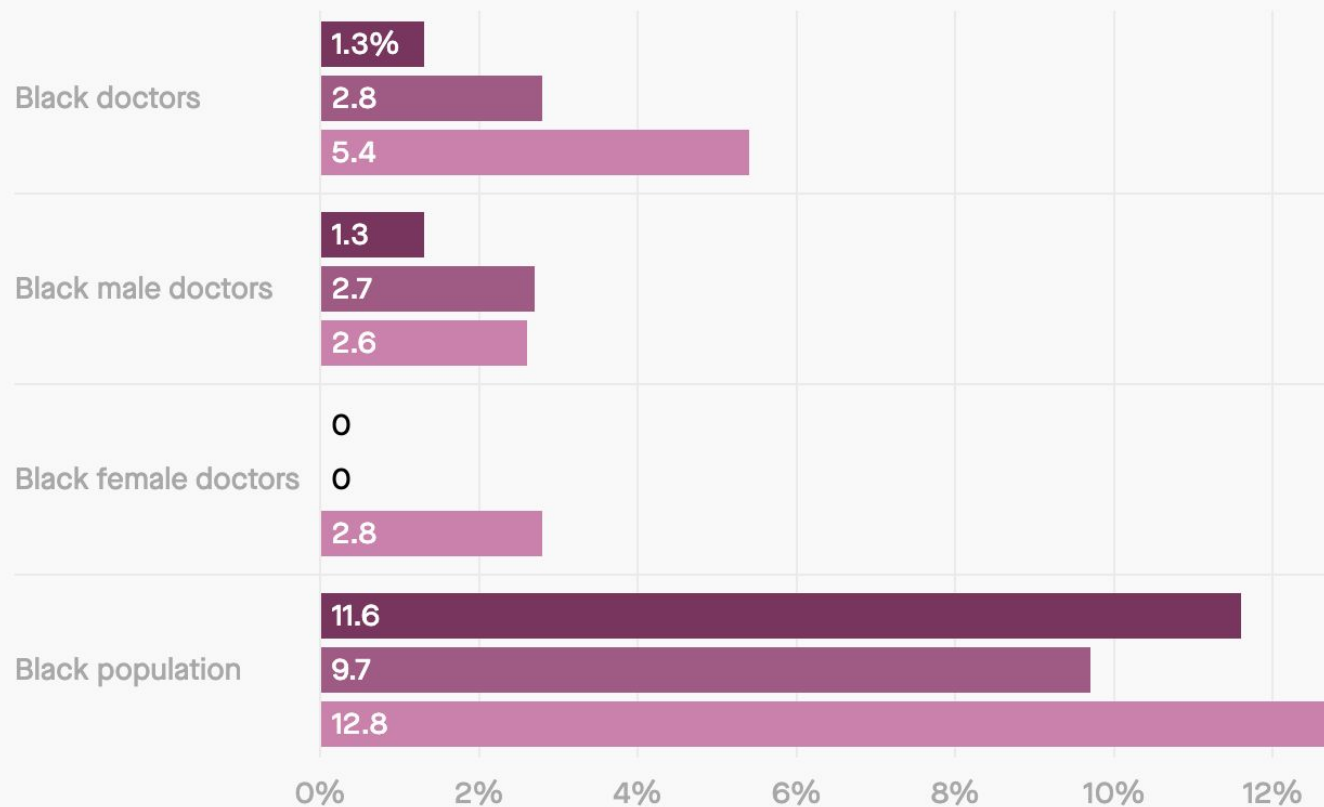
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Table 1. Percentage of white participants endorsing beliefs about biological differences between blacks and whites

Item	Study 1: Online sample (n = 92)	Study 2			
		First years (n = 63)	Second years (n = 72)	Third years (n = 59)	Residents (n = 28)
Blacks age more slowly than whites	23	21	28	12	14
Blacks' nerve endings are less sensitive than whites'	20	8	14	0	4
Black people's blood coagulates more quickly than whites'	39	29	17	3	4
Whites have larger brains than blacks	12	2	1	0	0
Whites are less susceptible to heart disease than blacks*	43	63	83	66	50
Blacks are less likely to contract spinal cord diseases*	42	46	67	56	57
Whites have a better sense of hearing compared with blacks	10	3	7	0	0
Blacks' skin is thicker than whites'	58	40	42	22	25
Blacks have denser, stronger bones than whites*	39	25	78	41	29
Blacks have a more sensitive sense of smell than whites	20	10	18	3	7
Whites have a more efficient respiratory system than blacks	16	8	3	2	4
Black couples are significantly more fertile than white couples	17	10	15	2	7
Whites are less likely to have a stroke than blacks*	29	49	63	44	46
Blacks are better at detecting movement than whites	18	14	15	5	11
Blacks have stronger immune systems than whites	14	21	15	3	4
False beliefs composite (11 items), mean (SD)	22.43 (22.93)	14.86 (19.48)	15.91 (19.34)	4.78 (9.89)	7.14 (14.50)
Range	0–100	0–81.82	0–90.91	0–54.55	0–63.64
Combined mean (SD) (medical sample only)			11.55 (17.38)		

Black physician representation in the US

■ 1900 ■ 1940 ■ 2018



The Story of Dr. Susan Moore



Race Norming in Medicine

“Race norming is an inherently anti-Black form of scientific racism that is evidence of slavery’s afterlife.”

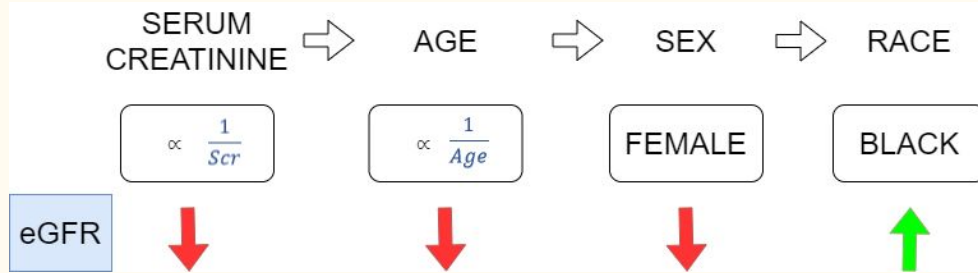
~Tracie Canada & Chelsey R.Carter

What is race norming?

- Aka “race correction,” “ethnic adjustment,” or “race adjustment”
- The practice of adjusting tests scores to account for race of test taker
- Based on outdated belief that race is rooted in biological differences

Brief history of race norming in medicine

*Nephrology



Factor	Points
Sex:	
Female	0
Male	2
Duration of pain:	
>24 hours	0
6–24 hours	1
<6 hours	3
Race:	
Black	0
Non-black	3
Nausea and vomiting:	
None	0
Nausea alone	1
Vomiting alone	2
Hematuria:	
Absent	0
Present	3

Brief history of race norming in medicine (cont.)




* Obstetrics

VAGINAL BIRTH AFTER CESAREAN	
Height & weight optional; enter them to automatically calculate BMI	
Maternal age	30 ▼ years
Height (range 54-80 in.)	<input type="text"/> in
Weight (range 80-310 lb.)	<input type="text"/> lb
Body mass index (BMI, range 15-75)	40 ▼ kg/m ²
African-American?	no ▼
Hispanic?	no ▼
Any previous vaginal delivery?	no ▼
Any vaginal delivery since last cesarean?	no ▼
Indication for prior cesarean of arrest of dilation or descent?	no ▼
Estimated gestational age at delivery	40 ▼ weeks
Hypertensive disease of pregnancy	no ▼
Effacement	25 ▼ %
Dilation	1 ▼ cm
Station (0: Floating/Ballotable, 1:-5, 2:-4, 3:-3, 4:-2, 5:-1, 6:0, 7:+1, 8:+2, 9:+3)	3 ▼
Labor induction	yes ▼
<input type="button" value="Calculate"/>	

Brief history of race norming in medicine (cont.)

*Pulmonology

*Hematology

Race Adjustments in Calculating Lung Function from Spirometry Measurements		
Choosing Wisely: Things We Do For No Reason	Why race adjustments are problematic	What you should do
<p>Negative impact of race adjustment</p>  <ul style="list-style-type: none">• Underdiagnosis of obstructive and restrictive lung disease in minority populations• Contributes to inequitable health outcomes <p>Journal of Hospital Medicine</p>	<p>"The race adjustment in PFTs prevents us from truly exploring the perception, rooted in slavery and eugenics, that Black patients have smaller lung volumes."</p> 	 <ul style="list-style-type: none">• Eliminate race adjustment in PFTs - like eGFR and VBAC scoring• Practice race-conscious medicine that recognizes the impact of structural racism <p>S Beaverson, September 2023 Visual abstract by @CatieGlatz</p>

Brief history of race norming in medicine (cont.)

*Neuropsychology

Unlike many civil rights cases, the use of Heaton's race-based norms is discriminatory on its face. By definition, Heaton's race based norms have the effect of treating blacks differently than whites. Section 1981 expressly provides that races must be treated the "same". In cases

Race norming and the NFL



Racial difference in Concussion Management

<https://youtu.be/RMBd91Ik8sg?si=kax10RBKM3ujDlN0>

And studies show...

- *White adolescent athletes have greater knowledge of concussions than Black athletes

- *White patients 50% more likely to receive neuroimaging

- *Black patients 46% less likely to be diagnosed (when controlling for sex & source of payment)

Racial difference in Concussion Management



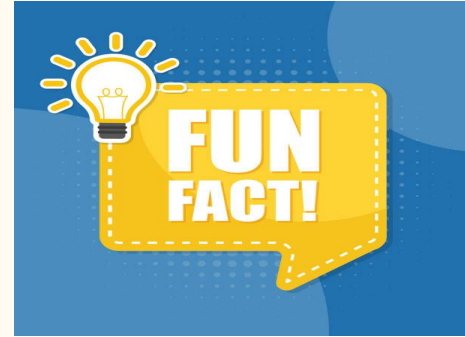
5 MINUTE BREAK

History of Racism in Psychology

Social science research is conclusive that, while explicit bias is infrequent, implicit bias (automatic race preference) is pervasive and contributes to racial discrimination against Black Americans.”
~ Beverly Daniel Tatum, Ph.D.

Fun Fact!

During the first half of the 20th century applied psychology was most identified with testing



Carl Rogers was responsible for psychotherapy becoming a primary focus for psychologist

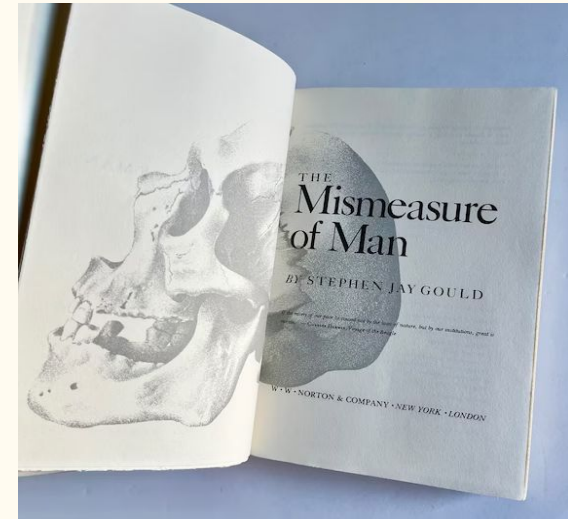
History of Psychologists and Testing

Examples of Cultural Biases in Assessment

- IQ Tests in immigrant populations
 - Stanford-Binet
 - Categorized African Americans as inherently inferior to White Europeans

Stephen Jay Gould

- “The Mismeasure of Man,” seminal text in psychological assessment
 - Documented any abuses of assessment over the years



Scientific Racism

Craniometry (Samuel George Morton)

- Skull volume and intellectual ability

Eugenics

- the science of improving a human population by controlled breeding to increase the occurrence of desirable heritable characteristics
- Forced sterilization

PSYCHOMETRIC
Psychology



Scientific Racism (Cont'd)

Arthur Jensen

- Biology and genetics accounts for racial differences in IQ test scores



Solution to Scientific Racism



**AMERICAN
PSYCHOLOGICAL
ASSOCIATION**

Today's Hot Topic!



Sullivan et al. (2022)

- Boston University
 - Waiving GRE increased applicant diversity
 - No change in mean undergraduate GPA with the elimination of GRE from the admission process

Woo et al. (2021)

- GRE
 - Measurement Bias vs. Systemic Bias
 - Despite challenges, it is typically the only standardized and objective measure used in the college admissions process

Key Figure Spotlight

Herman George Canady, Ph.D.
(1901-1970)



First, to examine the role of the race and bias
in IQ testing

Effects of Racism

Social Determinants of Health

- Healthcare quality
- Education
- SES
- Neighborhood/Environment
- Community

Social Determinants of Health

- Social inequality
- Discrimination and Racism
- Mistrust



Social Inequality

- Socioeconomic status (SES) rises, so does health
 - Community one lives in is strongly impacted by SES and ethnicity
- Higher rates of stress
- Allostatic load

Discrimination and Racism

- African Americans and European Americans
 - SES
 - Health insurance
 - Access to care

-
- Receive fewer referrals
 - More incorrect diagnoses
 - Poorer patient–provider communication

Discrimination and Racism (Cont'd)

1. Negative physical health is related to being the target of racism or witnessing it
2. Explicit and implicit bias
3. Providers who take a color-blind approach typically harm the patient–provider relationship

Mistrust

- Discrimination (by provider)  mistrust (by patient)  poor health
- Mistrust is valid
 - Tuskegee Syphilis Study
 - Henrietta Lacks

How does Racism Directly Impact Health?

1. Emotion Regulation and Coping
2. Behavioral Responses
3. Biological Responses



Case Vignette

Mr. Mitchell is a 52 yr. old African American male who is incarcerated for 2nd degree murder with the possibility of parole. He is housed at a high-risk medical facility within the state prison and is enrolled in enhanced outpatient mental health treatment. He has been in jail for over 25 year and each time he goes before the board of parole, he is denied. Mr. Mitchell presents with schizoaffective disorder, depressive type. Largely he struggles with negative symptoms such as avolition, social withdrawal, and limited speech. Generally, he is stable and keeps to himself. Lastly, Mr. Mitchell is ~300lbs and has several chronic medical concerns such as diabetes and high blood pressure; newer medical concerns such as fecal incontinence and nocturnal enuresis. Today, Mr. Mitchell is brought to the clinic, restrained, as he is reporting suicidal ideations.

Case Vignette

Ms. Santiago, a 26-year-old Latinx woman, is seeking an appointment with her PCP to address worsening symptoms of anxiety. She complains to her doctor that she is feeling overwhelmed because she broke up with her boyfriend and then lost her job waitressing, and may not have enough money to pay her rent. She endorses panic-like symptoms, racing thoughts, and a general feeling of restlessness. She also notes a 10 lb. weight loss over the past month.

Her PCP would like to prescribe her an SSRI for anxiety and recommend that she start therapy with you immediately.

Case Vignette

Wendy is a 16 year old Black female you have been working with due to mild to moderate anxiety symptoms. She is a talented soccer player, her high school team is on the cusp of making the playoffs, and she hopes to play in college.

At the most recent session, she shares that she hit her head on the ground after a collision with another player. She was assessed by the athletic trainer who made her sit out the rest of that game, and she returned to practice the next day. She is reporting more frequent headaches, difficulty focusing to study for an upcoming exam, and increased irritability.

Where do we go from here?

—

Levels of Systemic Oppression

- Individual
 - acts of prejudice, ignorance, hatred
- Institutional
 - policies, norms
- Societal & Cultural
 - cultural assumptions, norms, practices

Cultural Humility:

How we are in the room with our clients?



Multicultural Orientation Framework

Three main pillars

1. Cultural Humility
2. Cultural Opportunities
3. Cultural Comfort



Reflection of Video

Cultural Humility & Systemic Oppression

Culturally Informed Formulation

Assess the client's cultural identity

Consider whether or how culture influences client's explanation of the problem

Integrate cultural data

Personality factors vs. cultural factors

Consider how cultural factors influence the therapeutic relationship

Staying Humble While Thinking Critically (Hays, 2016)

Questions to ask yourself to prevent premature judgments

- How did I come to this understanding?
- How do I know that this is true?
- Are there alternative explanations or opinions that might be equally valid in this situation?
- How might my view of the client's situation be influenced by age or generational experiences, my ethnic background, my socioeconomic status, and so forth?
- Might there be some information that lends validity to the view with which I disagree?
- Might there be a positive, culturally related purpose for the behavior, belief, or emotion that I perceive as dysfunctional or unhealthy?

Questions?

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