

## A READING LIST FOR PHYSICIANS Curated by Linda Rae Murray M.D. MPH

**Braun, Lundy, *Breathing Race Into the Machine : The Surprising Career of the Spirometer from Plantation to Genetics*. University of Minnesota Press. 2014**

In the antebellum South, plantation physicians used a new medical device—the spirometer—to show that lung volume and therefore vital capacity were supposedly less in black slaves than in white citizens. At the end of the Civil War, a large study of racial difference employing the spirometer appeared to confirm the finding, which was then applied to argue that slaves were unfit for freedom. What is astonishing is that this example of racial thinking is anything but a historical relic.

In *Breathing Race into the Machine*, science studies scholar Lundy Braun traces the little-known history of the spirometer to reveal the social and scientific processes by which medical instruments have worked to naturalize racial and ethnic differences, from Victorian Britain to today. Routinely a factor in clinical diagnoses, preemployment physicals, and disability estimates, spirometers are often “race corrected,” typically reducing normal values for African Americans by 15 percent.

An unsettling account of the pernicious effects of racial thinking that divides people along genetic lines, *Breathing Race into the Machine* helps us understand how race enters into science and shapes medical research and practice.

**Byrd, W. Michael and Clayton, Linda A. ; *A Medical History of African-Americans and the Problem of Race: Beginnings to 1900. Volume 1 of An American Health Dilemma*. Routledge, 2000.**

At times mirroring and at times shockingly disparate to the rise of traditional white American medicine, the history of African-American health care is a story of traditional healers; root doctors; granny midwives; underappreciated and overworked African-American physicians; scrupulous and unscrupulous white doctors and scientists; governmental support and neglect; epidemics; and poverty. Virtually every part of this story revolves around race. More than 50 years after the publication of *An American Dilemma*, Gunnar Myrdal's 1944 classic about race relations in the USA, *An American Health Dilemma* presents a comprehensive and groundbreaking history and social analysis of race, race relations and the African-American medical and public health experience.

Beginning with the origins of western medicine and science in Egypt, Greece and Rome the authors explore the relationship between race, medicine, and health care from the precursors of American science and medicine through the days of the slave trade with the harrowing middle passage and equally deadly breaking-in period through the Civil War and the gains of reconstruction and the reversals caused by Jim Crow laws. It offers an extensive examination of the history of intellectual and scientific racism that evolved to give sanction to the mistreatment, medical abuse, and neglect of African Americans and other non-white people. Also included are biographical portraits of black medical pioneers like James McCune Smith, the first African American to earn a degree from a European university, and anecdotal vignettes, like the tragic story of "the Hottentot Venus", which illustrate larger themes.

An American Health Dilemma promises to become an irreplaceable and essential look at African-American and medical history and will provide an invaluable baseline for future exploration of race and racism in the American health system.

**Byrd, W. Michael and Clayton, Linda A. ; Race, Medicine, and Health Care in the United States 1900-2000. Volume 2 of An American Health Dilemma. Routledge, 2002.**

In this follow-up to the path-breaking An American Health Dilemma: A Medical History of African Americans and the Problem of Race (LJ 8/00), the authors, both senior research scientists at the Harvard School of Public Health, complete their study of African American healthcare. While the first book concentrated on issues before 1900, this volume's statistic- packed and thoroughly documented narrative explores 20th-century advances in healthcare, the development of the insurance industry, declining support for public health, and the myriad social and economic factors that have had disparate impacts on the health of black Americans.

Continuing a troubling theme from their first volume, the authors also probe the effects of racism in the medical professions, which led to pernicious eugenics theories and shocking medical experiments well into the 20th century. Both volumes of this landmark study are essential for medical and African American studies collections.

**Davis, Dana-Ain; Reproductive Injustice: Racism, Pregnancy, & Premature Birth. NYU Press 2019.**

A troubling study of the role that medical racism plays in the lives of black women who have given birth to premature and low birth weight infants

Black women have higher rates of premature birth than other women in America. This cannot be simply explained by economic factors, with poorer women lacking resources or access to care. Even professional, middle-class black women are at a much higher risk of premature birth than low-income white women in the United States. Dana-Ain Davis looks into this phenomenon, placing racial differences in birth outcomes into a historical context, revealing that ideas about reproduction and race today have been influenced by the legacy of ideas which developed during the era of slavery.

While poor and low-income black women are often the “mascots” of premature birth outcomes, this book focuses on professional black women, who are just as likely to give birth prematurely. Drawing on an impressive array of interviews with nearly fifty mothers, fathers, neonatologists, nurses, midwives, and reproductive justice advocates, Dána-Ain Davis argues that events leading up to an infant’s arrival in a neonatal intensive care unit (NICU), and the parents’ experiences while they are in the NICU, reveal subtle but pernicious forms of racism that confound the perceived class dynamics that are frequently understood to be a central factor of premature birth.

The book argues not only that medical racism persists and must be considered when examining adverse outcomes—as well as upsetting experiences for parents—but also that NICUs and life-saving technologies should not be the only strategies for improving the outcomes for black pregnant women and their babies. Davis makes the case for other avenues, such as community-based birthing projects, doulas, and midwives, that support women during pregnancy and labor are just as important and effective in avoiding premature births and mortality.

**Dawes, Daniel : The Political Determinants of Health, Johns Hopkins University Press. 2020**

In this book, Daniel E. Dawes argues that political determinants of health create the social drivers—including poor environmental conditions, inadequate transportation, unsafe neighborhoods, and lack of healthy food options—that affect all other dynamics of health. By understanding these determinants, their origins, and their impact on the equitable distribution of opportunities and resources, we will be better equipped to develop and implement actionable solutions to close the health gap.

Dawes draws on his firsthand experience helping to shape major federal policies, including the Affordable Care Act, to describe the history of efforts to address the political determinants that have resulted in health inequities. Taking us further upstream to the underlying source of the causes of inequities, Dawes examines the political decisions that lead to our social conditions, makes the social determinants of health more accessible, and provides a playbook for how we can address them effectively.

A thought-provoking and evocative account that considers both the policies we think of as "health policy" and those that we don't, *The Political Determinants of Health* provides a novel, multidisciplinary framework for addressing the systemic barriers preventing the United States from becoming the healthiest nation in the world.

**DeSalle, R. ; Tattersall, I. Troublesome Science: The Misuse of Genetics and Genomics in Understanding Race, Columbia University Press. 2018.**

It is well established that all humans today, wherever they live, belong to one single species. Yet even many people who claim to abhor racism take for granted that human “races” have a biological reality. In *Troublesome Science*, Rob DeSalle and Ian Tattersall provide a lucid and forceful critique of how scientific tools have been misused to uphold misguided racial categorizations.

DeSalle and Tattersall argue that taxonomy, the scientific classification of organisms, provides an antidote to the myth of race's biological basis. They explain how taxonomists do their science—how to identify a species and to understand the relationships among different species and the variants within them. DeSalle and Tattersall also detail the use of genetic data to trace human origins and look at how scientists have attempted to recognize discrete populations within *Homo sapiens*.

Troublesome Science demonstrates conclusively that modern genetic tools, when applied correctly to the study of human variety, fail to find genuine differences. While the diversity that exists within our species is a real phenomenon, it nevertheless defeats any systematic attempt to recognize discrete units within it. The stark lines that humans insist on drawing between their own groups and others are nothing but a mixture of imagination and ideology. Troublesome Science is an important call for researchers, journalists, and citizens to cast aside the belief that race has a biological meaning, for the sake of social justice and sound science alike.

**Dittmer, John, *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care*. University of Mississippi Press. 2009.**

In the summer of 1964 medical professionals, mostly white and northern, organized the Medical Committee for Human Rights (MCHR) to provide care and support for civil rights activists organizing black voters in Mississippi. They left their lives and lucrative private practices to march beside and tend the wounds of demonstrators from Freedom Summer, the March on Selma, and the Chicago Democratic Convention of 1968.

Galvanized and sometimes radicalized by their firsthand view of disenfranchised communities, the MCHR soon expanded its mission to encompass a range of causes from poverty to the war in Vietnam. They later took on the whole of the United States healthcare system. MCHR doctors soon realized fighting segregation would mean not just caring for white volunteers, but also exposing and correcting shocking inequalities in segregated health care. They pioneered community health plans and brought medical care to underserved or unserved areas.

Though education was the most famous battleground for integration, the appalling injustice of segregated health care levelled equally devastating consequences. Award-winning historian John Dittmer, author of the classic civil rights history *Local People: The Struggle for Civil Rights in Mississippi*, has written an insightful and moving account of a group of idealists who put their careers in the service of the motto "Health Care Is a Human Right."

**Downs, Jim ; *Sick from Freedom: African-American Illness and Suffering during the Civil War and Reconstruction*. Oxford University Press. 2012**

Bondspeople who fled from slavery during and after the Civil War did not expect that their flight toward freedom would lead to sickness, disease, suffering, and death. But the war produced the largest biological crisis of the nineteenth century, and as historian Jim Downs reveals in this groundbreaking volume, it had deadly consequences for hundreds of thousands of freed people.

In *Sick from Freedom*, Downs recovers the untold story of one of the bitterest ironies in American history--that the emancipation of the slaves, seen as one of the great turning points in U.S. history had devastating consequences for innumerable freed people.

Drawing on massive new research into the records of the Medical Division of the Freedmen's Bureau--a nascent national health system that cared for more than one million freed slaves--he shows how the collapse of the plantation economy released a plague of lethal diseases.

With emancipation, African Americans seized the chance to move, migrating as never before. But in their journey to freedom, they also encountered yellow fever, smallpox, cholera, dysentery, malnutrition, and exposure. To address this crisis, the Medical Division hired more than 120 physicians, establishing some forty underfinanced and understaffed hospitals scattered throughout the South, largely in response to medical emergencies.

Downs shows that the goal of the Medical Division was to promote a healthy workforce, an aim which often excluded a wide range of freedpeople, including women, the elderly, the physically disabled, and children. Downs concludes by tracing how the Reconstruction policy was then implemented in the American West, where it was disastrously applied to Native Americans.

**Graves, J.L. (2003) The Emperor's New Clothes: Biological Theories of Race at the Millennium. New Brunswick: Rutgers University Press.**

#### Product Description

Joseph L. Graves Jr traces the development of biological thought about human genetic diversity. Greek philosophy, social Darwinism, New World colonialism, the eugenics movement, intelligence testing biases and racial health fallacies are just a few of the topics he addresses. Graves argues that racism has persisted in our society because adequate scientific reasoning has not entered into the equation. He cautions us to think critically about scientific findings that have historically been misused in controversies over racial differences in intelligence, criminal behaviour, disease predisposition and other traits.

This book aims to demonstrate that America cannot truly address its racial problems until people understand the empirical evidence that proves separate human races do not exist. With the biological basis for race removed, racism becomes an ideology, one that can and must be erased.

**Green, L. and McKiernan-Gonzalez; Precarious Prescriptions: Contested Histories of Race and Health in North America. University of Minnesota Press. 2014.**

In *Precarious Prescriptions*, Laurie B. Green, John McKiernan-González, and Martin Summers bring together essays that place race, citizenship, and gender at the center of questions about health and disease. Exploring the interplay between disease as a biological phenomenon, illness as a subjective experience, and race as an ideological construct, this volume weaves together a complicated history to show the role that health and medicine have played throughout the past in defining the ideal citizen.

By creating an intricate portrait of the close associations of race, medicine, and public health, *Precarious Prescriptions* helps us better understand the long and fraught history of health care in America.

**Hine, D.C. (1989) *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890 - 1950*. Bloomington: Indiana University Press.**

From Library Journal

Hine examines the professionalization of black nurses through institutional developments in hospitals, training schools, and nursing organizations. Comparing and contrasting this growth to white counterparts, she explores barriers of race and gender stereotyping. This well-researched and innovative historical study is an essential addition to North American medical history collections.

**Hoberman, John: *Black & Blue – The Origins and Consequences of Medical Racism*. University of California Press. 2012.**

*Black & Blue* is the first systematic description of how American doctors think about racial differences and how this kind of thinking affects the treatment of their black patients. The standard studies of medical racism examine past medical abuses of black people and do not address the racially motivated thinking and behaviors of physicians practicing medicine today.

*Black & Blue* penetrates the physician's private sphere where racial fantasies and misinformation distort diagnoses and treatments. Doctors have always absorbed the racial stereotypes and folkloric beliefs about racial differences that permeate the general population.

Within the world of medicine this racial folklore has infiltrated all of the medical sub-disciplines, from cardiology to gynecology to psychiatry. Doctors have thus imposed white or black racial identities upon every organ system of the human body, along with racial interpretations of black children, the black elderly, the black athlete, black musicality, black pain thresholds, and other aspects of black minds and bodies.

The American medical establishment does not readily absorb either historical or current information about medical racism. For this reason, racial enlightenment will not reach medical schools until the current race-averse curricula include new historical and sociological perspectives.

**Jones, J. (1993) *Bad Blood: The Tuskegee Syphilis Experiment, 2<sup>nd</sup> edition*. New York. The Free Press.**

Product Description

From 1932 to 1972, the United States Public Health Service conducted a non-therapeutic experiment involving over 400 black male sharecroppers infected with syphilis. The Tuskegee Study had nothing to do with treatment. Its purpose was to trace the spontaneous evolution of the disease in order to learn how syphilis affected black subjects. The men were not told they had syphilis; they were not warned about what the disease might do to them; and, with the exception of a smattering of medication during the first few months, they were not given health care.

Instead of the powerful drugs they required, they were given aspirin for their aches and pains. Health officials systematically deceived the men into believing they were patients in a government study of "bad blood", a catch-all phrase black sharecroppers used to describe a host of illnesses.

At the end of this 40 year deathwatch, more than 100 men had died from syphilis or related complications. "Bad Blood" provides compelling answers to the question of how such a tragedy could have been allowed to occur. Tracing the evolution of medical ethics and the nature of decision making in bureaucracies, Jones attempted to show that the Tuskegee Study was not, in fact, an aberration, but a logical outgrowth of race relations and medical practice in the United States. Now, in this revised edition of "Bad Blood", Jones traces the tragic consequences of the Tuskegee Study over the last decade.

A new introduction explains why the Tuskegee Study has become a symbol of black oppression and a metaphor for medical neglect, inspiring a prize-winning play, a Nova special, and a motion picture. A new concluding chapter shows how the black community's wide-spread anger and distrust caused by the Tuskegee Study has hampered efforts by health officials to combat AIDS in the black community. "Bad Blood" was nominated for the Pulitzer Prize and was one of the "N.Y. Times" 12 best books of the year.

**Long, Gretchen. *Doctoring Freedom: The Politics of African American Medical Care in Slavery and Emancipation* (John Hope Franklin Series in African American History and Culture) University of North Carolina Press. 2012.**

For enslaved and newly freed African Americans, attaining freedom and citizenship without health for themselves and their families would have been an empty victory. Even before emancipation, African Americans recognized that control of their bodies was a critical battleground in their struggle for autonomy, and they devised strategies to retain at least some of that control. In *Doctoring Freedom*, Gretchen Long tells the stories of African Americans who fought for access to both medical care and medical education, showing the important relationship between medical practice and political identity.

Working closely with antebellum medical journals, planters' diaries, agricultural publications, letters from wounded African American soldiers, WPA narratives, and military and Freedmen's Bureau reports, Long traces African Americans' political acts to secure medical care: their organizing mutual-aid societies, their petitions to the federal government, and, as a last resort, their founding of their own medical schools, hospitals, and professional organizations. She also illuminates work of the earliest generation of black physicians, whose adult lives spanned both slavery and freedom. For African Americans, Long argues, claiming rights as both patients and practitioners was a political and highly charged act in both slavery and emancipation.

**McBride, D.(1991) From TB to AIDS: Epidemics Among Urban Blacks Since 1900. State University of New York .**

The goal of this book is "to measure the effects of disease outbreaks and race-health differentials on black Americans as well as expert structures within and outside of black communities involved in controlling this problem." The book is in two parts. Part 1, "Discovering the black health crisis," discusses the problems and origins of sociomedical racialism in the south; black migrations, World War I, and the new clinical order; and building the black public health sector in the 1920s. The 2nd part, "Federal missions, racial realities," speaks of the depression through the new deal as the nation-state confronts the black health crisis; World War II to pharmacological revolution; and finally facing the AIDS epidemic.

There has been a lack of historical studies that look into the role of disease and alienation in the urban black communities, so this book becomes a very important work. The book focuses on the 1920s when TB was taking its heaviest toll, the depression when venereal disease was rampant, then the 1940s through the 1970s when an all out effort was made to control TB and venereal diseases, and finally the 1980s when AIDS has taken over as the new black epidemic. This is a powerful book that should be of interest to any sociological researcher interested in how diseases among the Afro-Americans have been overlooked and are still not being given their proper place in priorities

**Mckiernan-Gonzalez, John; Green, L.B.; Summers, M. Precarious Prescriptions: Contested Histories of Race and Health in North America. University of Minnesota Press. 2014.**

In Precarious Prescriptions, Laurie B. Green, John Mckiernan-González, and Martin Summers bring together essays that place race, citizenship, and gender at the center of questions about health and disease. Exploring the interplay between disease as a biological phenomenon, illness as a subjective experience, and race as an ideological construct, this volume weaves together a complicated history to show the role that health and medicine have played throughout the past in defining the ideal citizen.

By creating an intricate portrait of the close associations of race, medicine, and public health, Precarious Prescriptions helps us better understand the long and fraught history of health care in America.

Contributors: Jason E. Glenn, U of Texas Medical Branch at Galveston; Mark Allan Goldberg, U of Houston; Jean J. Kim; Gretchen Long, Williams College; Verónica Martínez-Matsuda, Cornell U; Lena McQuade-Salzfass, Sonoma State U; Natalia Molina, U of California, San Diego; Susan M. Reverby, Wellesley College; Jennifer Seltz, Western Washington U.



**Mckiernan-Gonzalez, John; *Fevered Measures: Public Health and Race at the Texas-Mexico Border, 1848–1942* 1st Edition. Duke University Press. 2012.**

In *Fevered Measures*, John Mckiernan-González examines public health campaigns along the Texas-Mexico border between 1848 and 1942 and reveals the changing medical and political frameworks U.S. health authorities used when facing the threat of epidemic disease. The medical borders created by these officials changed with each contagion and sometimes varied from the existing national borders. Federal officers sought to distinguish Mexican citizens from U.S. citizens, a process troubled by the deeply interconnected nature of border communities.

Mckiernan-González uncovers forgotten or ignored cases in which Mexicans, Mexican Americans, African Americans, and other groups were subject to—and sometimes agents of—quarantines, inspections, detentions, and forced-treatment regimens. These cases illustrate the ways that medical encounters shaped border identities before and after the Mexican Revolution.

Mckiernan-González also maintains that the threat of disease provided a venue to destabilize identity at the border, enacted processes of racialization, and re-legitimized the power of U.S. policymakers. He demonstrates how this complex history continues to shape and frame contemporary perceptions of the Latino body today.

**Molina, Natalie; *Fit to be citizens? Public Health and Race in Los Angeles 1879 - 1939*. University of California Press. 2006**

Meticulously researched and beautifully written, *Fit to Be Citizens?* demonstrates how both science and public health shaped the meaning of race in the early twentieth century. Through a careful examination of the experiences of Mexican, Japanese, and Chinese immigrants in Los Angeles, Natalia Molina illustrates the many ways local health officials used complexly constructed concerns about public health to demean, diminish, discipline, and ultimately define racial groups. She shows how the racialization of Mexican Americans was not simply a matter of legal exclusion or labor exploitation, but rather that scientific discourses and public health practices played a key role in assigning negative racial characteristics to the group.

The book skillfully moves beyond the binary oppositions that usually structure works in ethnic studies by deploying comparative and relational approaches that reveal the racialization of Mexican Americans as intimately associated with the relative historical and social positions of Asian Americans, African Americans, and whites. Its rich archival grounding provides a valuable history of public health in Los Angeles, living conditions among Mexican immigrants, and the ways in which regional racial categories influence national laws and practices. Molina's compelling study advances our understanding of the complexity of racial politics, attesting that racism is not static and that different groups can occupy different places in the racial order at different times.

**Nelson, Alondra (2011) *Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination*. University of Minnesota Press.**

Library Journal

The Black Panther Party, while famous for its militant activism on behalf of black Americans, also contributed much to improving their health care. Nelson (sociology, Columbia Univ.) presents a sympathetic, scholarly account of this lesser-known aspect of Panther activism, describing how the organization demanded—and provided—accessible health care for black Americans while challenging abusive, coercive, and discriminatory care. The first two chapters offer context with brief histories of the Black Panther Party and medical discrimination against black Americans.

The remaining chapters focus on three areas of Panther activity in health care: founding free medical clinics, raising awareness of and testing for sickle-cell anemia, and lobbying against a proposed research center on the biological origins of violence.

Nelson draws on interviews with former Panthers as well as an extensive list of secondary sources, emphasizing the political, social, and theoretical underpinnings of the Panthers' work. VERDICT By focusing on the health-related activities of the Black Panthers, Nelson makes a valuable contribution to the literature, but excessive redundancy may frustrate the reader. Recommended for academic readers in sociology, medical and social history, and African American studies. -- Janet A. Crum, City of Hope Lib., Duarte, CA

**Nelson, Alondra ; (2016) *The Social Life of DNA: Race, Reparations, and Reconciliation After the Genome*. Beacon Press.**

We know DNA is a master key that unlocks medical and forensic secrets, but its genealogical life is both revelatory and endlessly fascinating. Tracing genealogy is now the second-most popular hobby amongst Americans, as well as the second-most visited online category. This billion-dollar industry has spawned popular television shows, websites, and Internet communities, and a booming heritage tourism circuit. The tsunami of interest in genetic ancestry tracing from the African American community has been especially overwhelming. In *The Social Life of DNA*, Alondra Nelson takes us on an unprecedented journey into how the double helix has wound its way into the heart of the most urgent contemporary social issues around race.

For over a decade, Nelson has studied this phenomenon. Weaving together keenly observed interactions with root-seekers alongside historical details and revealing personal narrative, she shows that genetic genealogy is a new tool for addressing old and enduring issues. In *The Social Life of DNA*, she explains how these cutting-edge DNA-based techniques are being used in myriad ways, including grappling with the unfinished business of slavery: to foster reconciliation, to establish ties with African ancestral homelands, to rethink and sometimes alter citizenship, and to make legal claims for slavery reparations specifically based on ancestry.

**Northington-Gamble, V. (1995) *Making a Place for Ourselves: The Black Hospital Movement, 1920-1945*. New York. Oxford Press.**

Making a Place for Ourselves examines an important but not widely chronicled event at the intersection of African-American history and American medical history--the black hospital movement.

A practical response to the racial realities of American life, the movement was a "self-help" endeavor--immediate improvement of separate medical institutions insured the advancement and health of African Americans until the slow process of integration could occur.

Recognizing that their careers depended on access to hospitals, black physicians associated with the two leading black medical societies, the National Medical Association (NMA) and the National Hospital Association (NHA), initiated the movement in the 1920s in order to upgrade the medical and education programs at black hospitals. Vanessa Northington Gamble examines the activities of these physicians and those of black community organizations, local and federal governments, and major health care organizations. She focuses on three case studies (Cleveland, Chicago, and Tuskegee) to demonstrate how the black hospital movement reflected the goals, needs, and divisions within the African-American community--and the state of American race relations.

Examining ideological tensions within the black community over the existence of black hospitals, Gamble shows that black hospitals were essential for the professional lives of black physicians before the emergence of the civil rights movement.

**Owens, Deirdre Cooper ; *Medical Bondage: Race, Gender, and the Origins of American Gynecology* University of Georgia Press. 2017**

The accomplishments of pioneering doctors such as John Peter Mettauer, James Marion Sims, and Nathan Bozeman are well documented. It is also no secret that these nineteenth-century gynecologists performed experimental caesarean sections, ovariectomies, and obstetric fistula repairs primarily on poor and powerless women. Medical Bondage breaks new ground by exploring how and why physicians denied these women their full humanity yet valued them as "medical superbodies" highly suited for medical experimentation.

In Medical Bondage, Cooper Owens examines a wide range of scientific literature and less formal communications in which gynecologists created and disseminated medical fictions about their patients, such as their belief that black enslaved women could withstand pain better than white "ladies." Even as they were advancing medicine, these doctors were legitimizing, for decades to come, groundless theories related to whiteness and blackness, men and women, and the inferiority of other races or nationalities. Medical Bondage moves between southern plantations and northern urban centers to reveal how nineteenth-century American ideas about race, health, and status influenced doctor-patient relationships in sites of healing like slave cabins, medical colleges, and hospitals. It also retells the story of black enslaved women and of Irish immigrant women from the perspective of these exploited groups and thus restores for us a

picture of their lives.

**Rhoades, E. ; ( 2001) American Indian Health : Innovations in Health Care , Promotion and Policy. Johns Hopkins University Press.**

Review

"The volume fills a previously vacant niche for scholars, students, policymakers, and clinicians with regard to the health of American Indians and Alaska Natives. American Indian Health deserves a place on the shelf of anyone with a serious interest in this field, as it stands alone as a single-volume reference about health and health care of American Indians and Alaska Natives."

-- Journal of the American Medical Association

"This book tells one of the great untold tales of health care in the United States: the campaign to improve the health of American Indians and Alaskan Natives. The true richness of this book lies in the beginning and the end. Its opening chapters start with a fascinating look at the origins of aboriginal populations of North America and their health conditions before Columbus. Then, the authors take us to an insightful historical and contemporary view of Indian-white relations and the history and organization of the Indian health care systems. The ending of the book covers such essential topics as traditional Indian medicine, cultural considerations in providing care to this population, conducting research among American Indians/Alaskan Natives, and the future of Indian health care in the United States." -- Archives of Pediatrics and Adolescent Medicine

**Riversby, S. (2000). Tuskegee Truths: Rethinking the Tuskegee Syphilis Study, Chapel Hill, University of North Carolina Press.**

From The New England Journal of Medicine

Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study revisits the infamous Tuskegee Study and explores its contemporary meanings and relevance for American society. The Tuskegee Study was an experiment conducted by the U.S. Public Health Service from 1932 to 1972. Researchers observed the effects of advanced syphilis on 399 poor black sharecroppers from Macon County, Alabama, who were followed clinically but not treated, even after the introduction of penicillin therapy in 1943.

The book's editor, a professor of women's studies at Wellesley College, argues that the Tuskegee Study stands out amid a shameful history of unethical medical research. Like many other examples of unethical research, the study reveals how government officials deceive, how methods to protect human subjects fail, how research exploits human beings, how economically and socially disadvantaged groups are taken advantage of, and how human rights are violated and the violations sustained. The Tuskegee Study shares these common failings and also carries distinct lessons of its own. These lessons emerge as "truths" when we look at this research as a powerful metaphor for racism in American society. "Tuskegee's truths," as the book's title suggests, remain true today because victimization by racist means endures.

The racist climate of American society during the days of the Tuskegee Study did not end abruptly with the 1972 press release that led to the termination of the study. Instead, the truths of Tuskegee are troubling precisely because we cannot write them off as merely historical. As President Clinton reflected in his 1996 public apology to the survivors of the study and their families, we must work continually to involve minority communities in research and health care, educate medical researchers in bioethics, involve minority groups in bioethics programs, and earn and keep the trust of research subjects who are members of disadvantaged and minority groups.

**Roberts, Dorothy E. , Killing the Black Body: Race, Reproduction, and the Meaning of Liberty. Pantheon Books, 1997.**

In 1997, this groundbreaking book made a powerful entrance into the national conversation on race. In a media landscape dominated by racially biased images of welfare queens and crack babies, *Killing the Black Body* exposed America's systemic abuse of Black women's bodies. From slave masters' economic stake in bonded women's fertility to government programs that coerced thousands of poor Black women into being sterilized as late as the 1970s, these abuses pointed to the degradation of Black motherhood—and the exclusion of Black women's reproductive needs in mainstream feminist and civil rights agendas.

Now, some two decades later, *Killing the Black Body* has not only exerted profound influence, but also remains as crucial as ever—a rallying cry for education, awareness, and action on extending reproductive justice to all women.

**Roberts, Dorothy E., Fatal Invention. How Science, Politics, and Big Business Re-create Race in the Twenty-First Century. The New Press 2011**

A decade after the Human Genome Project proved that human beings are not naturally divided by race, the emerging fields of personalized medicine, reproductive technologies, genetic genealogy, and DNA databanks are attempting to resuscitate race as a biological category written in our genes. In this provocative analysis, leading legal scholar and social critic Dorothy Roberts argues that America is once again at the brink of a virulent outbreak of classifying population by race. By searching for differences at the molecular level, a new race-based science is obscuring racism in our society and legitimizing state brutality against communities of color at a time when America claims to be post-racial.

Moving from an account of the evolution of race—proving that it has always been a mutable and socially defined political division supported by mainstream science—Roberts delves deep into the current debates, interrogating the newest science and biotechnology, interviewing its researchers, and exposing the political consequences obscured by the focus on genetic difference. *Fatal Invention* is a provocative call for us to affirm our common humanity.

**Roberts Jr. , Samuel Kelton; Infectious Fear: Politics, Disease, and the Health Effects of Segregation. University of North Carolina Press. 2009.**

For most of the first half of the twentieth century, tuberculosis ranked among the top three causes of mortality among urban African Americans. Often afflicting an entire family or large segments of a neighborhood, the plague of TB was as mysterious as it was fatal. Samuel Kelton Roberts Jr. examines how individuals and institutions—black and white, public and private—responded to the challenges of tuberculosis in a segregated society.

Reactionary white politicians and health officials promoted "racial hygiene" and sought to control TB through Jim Crow quarantines, Roberts explains. African Americans, in turn, protested the segregated, overcrowded housing that was the true root of the tuberculosis problem. Moderate white and black political leadership reconfigured definitions of health and citizenship, extending some rights while constraining others. Meanwhile, those who suffered with the disease—as its victims or as family and neighbors—made the daily adjustments required by the devastating effects of the "white plague."

Exploring the politics of race, reform, and public health, *Infectious Fear* uses the tuberculosis crisis to illuminate the limits of racialized medicine and the roots of modern health disparities. Ultimately, it reveals a disturbing picture of the United States' health history while offering a vision of a more democratic future.

**Savitt, Todd L. ; Race & Medicine in Nineteenth and Early Twentieth Century America. Kent State University Press. 2007.**

During the days of slavery in America, racism and often-faulty medical theories contributed to an atmosphere in which African Americans were seen as chattel: some white physicians claimed that African Americans had physiological and anatomical differences that made them well suited for slavery. These attitudes continued into the Reconstruction and Jim Crow eras.

In *Race and Medicine* historian Todd Savitt presents revised and updated versions of his seminal essays on the medical history of African Americans in the late nineteenth and early twentieth centuries, especially in the South. This collection examines a variety of aspects of African American medical history, including health and illnesses, medical experimentation, early medical schools and medical professionals, and slave life insurance.

Savitt examines the history of sickle-cell anemia and identifies the first two patients with the disease noted in medical literature. He proposes an explanation of why the disease was not well known in the general African American population for at least 50 years after its discovery. He also explains why African Americans developed elephantiasis in the Charleston Low Country and not elsewhere in the country. Other topics Savitt explores include African American medical schools, the formation of an African American medical profession, and SIDS among Virginia slaves. With its new research data and interpretations of existing materials, *Race and Medicine* will be a valuable resource to those interested in the history of medicine and African American history as well as to the medical community.

**Smith, David Barton, *The Power to Heal : Civil Rights, Medicare, and the Struggle to Transform America's Health Care System*, Vanderbilt University Press, 2016.**

In less than four months, beginning with a staff of five, an obscure office buried deep within the federal bureaucracy transformed the nation's hospitals from our most racially and economically segregated institutions into our most integrated. These powerful private institutions, which had for a half century selectively served people on the basis of race and wealth, began equally caring for all on the basis of need.

The book draws the reader into the struggles of the unsung heroes of the transformation, black medical leaders whose stubborn courage helped shape the larger civil rights movement. They demanded an end to federal subsidization of discrimination in the form of Medicare payments to hospitals that embraced the "separate but equal" creed that shaped American life during the Jim Crow era. Faced with this pressure, the Kennedy and Johnson Administrations tried to play a cautious chess game, but that game led to perhaps the biggest gamble in the history of domestic policy.

Leaders secretly recruited volunteer federal employees to serve as inspectors, and an invisible army of hospital workers and civil rights activists to work as agents, making it impossible for hospitals to get Medicare dollars with mere paper compliance. These triumphs did not come without casualties, yet the story offers lessons and hope for realizing this transformational dream.

**Smith, S. (1995). *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America , 1890-1950*. Philadelphia. University of Pennsylvania Press.**

#### Review

"Susan Smith's book addresses one of the most understudied aspects of African American and American public health and medical history: the emergence of black health activism in the United States... Drawing upon an impressive range of archival sources deposited at historically black colleges, and upon interviews and oral histories, Smith's case studies of the work of black midwives, public health nurses, and sorority women support her argument that black women played a key role in black health reform for much of this century."-Bulletin of the History of Medicine

**Stowe, Steven; *Doctoring in the South : Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century*, University of North Carolina Press. 2004.**

Offering a new perspective on medical progress in the nineteenth century, Steven M. Stowe provides an in-depth study of the midcentury culture of everyday medicine in the South. Reading deeply in the personal letters, daybooks, diaries, bedside notes, and published writings of doctors, Stowe illuminates an entire world of sickness and remedy, suffering and hope, and the deep ties between medicine and regional culture.

In a distinct American region where climate, race and slavery, and assumptions about "southernness" profoundly shaped illness and healing in the lives of ordinary people, Stowe argues that southern doctors inhabited a world of skills, medicines, and ideas about sickness that allowed them to play moral, as well as practical, roles in their communities. Looking closely at medical education, bedside encounters, and medicine's larger social aims, he describes a "country orthodoxy" of local, social medical practice that highly valued the "art" of medicine. While not modern in the sense of laboratory science a century later, this country orthodoxy was in its own way modern, Stowe argues, providing a style of caregiving deeply rooted in individual experience, moral values, and a consciousness of place and time.

**Thomas, Lynn M. , Beneath the Surface: A Transnational History of Skin Lighteners. Duke University Press. 2020.**

For more than a century, skin lighteners have been a ubiquitous feature of global popular culture—embraced by consumers even as they were fiercely opposed by medical professionals, consumer health advocates, and antiracist thinkers and activists. In *Beneath the Surface*, Lynn M. Thomas constructs a transnational history of skin lighteners in South Africa and beyond. Analyzing a wide range of archival, popular culture, and oral history sources, Thomas traces the changing meanings of skin color from precolonial times to the postcolonial present.

From indigenous skin-brightening practices and the rapid spread of lighteners in South African consumer culture during the 1940s and 1950s to the growth of a billion-dollar global lightener industry, Thomas shows how the use of skin lighteners and experiences of skin color have been shaped by slavery, colonialism, and segregation as well as by consumer capitalism, visual media, notions of beauty, and protest politics. In teasing out lighteners' layered history, Thomas theorizes skin as a site for antiracist struggle and lighteners as a technology of visibility that both challenges and entrenches racial and gender hierarchies.

**Wailoo, Keith; Dying in the City of the Blues: Sickle Cell Anemia and the Politics of Race and Health. University of North Carolina Press. 2001.**

From slavery onward, diseases real and imaginary have played significant and complex roles in race relations. Wailoo, professor of social medicine and history at UNC-Chapel Hill, focuses on one disease, sickle cell anemia, in one city, Memphis, to fashion a compelling demonstration of how powerful and significant this underappreciated interaction between illness and race has been, in particular tracing a cycle of ignorance of illness and suffering among blacks, to recognition of the reality of sickle cell disease and back to a disregard for black pain and suffering.

American discovery of sickle cell anemia in 1910 was followed by decades of obscurity (some doctors simply denied its existence). But a 1934 report that Memphis led the nation with an 11% infant mortality rate was a difficult turning point, eventually leading to medicine displacing cotton as the city's prime economic focus.



From the 1940s to the 1970s, there was a growing acknowledgement of sickle cell disease and an increase in medical services provided to the African-American community (though, according to Wailoo, treating sick black children was an easier racial accommodation on the part of the white establishment than acknowledging issues of black power), culminating in the 1972 Sickle Cell Control Act that brought Memphis \$500,000 for research.

This high point of celebrity and sympathetic visibility contrasted sharply with the 1990s, when medical authorities began again to question the reality of pain inflicted on sufferers by the disease - due, according to the author, to the establishment's increasing focus on treatment costs and the resurgence of stereotypes about blacks and drug use, in particular (unwarranted) fears that prescribing painkillers would lead to drug addiction. This unassuming masterpiece of revelation focuses on a new, more precise lens on the intersection of race, illness and politics.

**Wailoo, Keith; Pain – A Political History, Johns Hopkins University Press. 2014.**

Pain touches sensitive nerves in American liberalism, conservatism, and political life. In this history of American political culture, Keith Wailoo examines how pain has defined the line between liberals and conservatives from just after World War II to the present. From disabling pain to end-of-life pain to fetal pain, the battle over whose pain is real and who deserves relief has created stark ideological divisions at the bedside, in politics, and in the courts.

Beginning with the return of soldiers after World War II and fierce medical and political disagreements about whether pain constitutes a true disability, Wailoo explores the 1960s rise of an expansive liberal pain standard along with the emerging conviction that subjective pain was real, disabling, and compensable. These concepts were attacked during the Reagan era, when a conservative backlash led to diminished disability aid and an expanding role of courts as arbiters in the politicized struggle to define pain. New fronts in pain politics opened nationwide as advocates for death with dignity insisted that end-of-life pain warranted full relief, while the religious right mobilized around fetal pain.

The book ends with the 2003 OxyContin arrest of conservative talk show host Rush Limbaugh, a cautionary tale about deregulation and the widening gaps between the overmedicated and the undertreated.

**Ward Jr., Thomas, Black Physicians in the Jim Crow South, University of Arkansas Press. 2003**

In this comprehensive account, Thomas J. Ward examines the development of the African American medical profession in the South. Under segregation, the white medical profession provided inadequate service at best to African American patients. Paradoxically, African Americans could gain financial success and upward mobility by becoming doctors themselves.

Ward tracks the rise of African American medical schools, professional organizations, and hospitals. He also explores the difficulties that African American physicians faced as an elite group within a subjugated caste, and the many ways in which their education, prestige, and relative wealth put them at odds with the southern caste system. Within the black community, in turn, this prestige often pushed doctors into the public sphere as business leaders, civic spokesmen, and political activists.

Drawing on a variety of sources from oral histories to the records of professional organizations, this book illuminates the contradictions of race and class in the South and provides valuable new insight into class divisions within African American communities in the era of segregation.

**Washington, Harriet (2008) : Medical Apartheid: The Dark History of Experimentation on Black Americans from Colonial Times to Present. Harlem Moon**

From Publishers Weekly

Starred Review. This groundbreaking study documents that the infamous Tuskegee experiments, in which black syphilitic men were studied but not treated, was simply the most publicized in a long, and continuing, history of the American medical establishment using African-Americans as unwitting or unwilling human guinea pigs.

Washington, a journalist and bioethicist who has worked at Harvard Medical School and Tuskegee University, has accumulated a wealth of documentation, beginning with Thomas Jefferson exposing hundreds of slaves to an untried smallpox vaccine before using it on whites, to the 1990s, when the New York State Psychiatric Institute and Columbia University ran drug experiments on African-American and black Dominican boys to determine a genetic predisposition for "disruptive behavior." Washington is a great storyteller, and in addition to giving us an abundance of information on "scientific racism," the book, even at its most distressing, is compulsively readable. It covers a wide range of topics—the history of hospitals not charging black patients so that, after death, their bodies could be used for anatomy classes; the exhaustive research done on black prisoners throughout the 20th century—and paints a powerful and disturbing portrait of medicine, race, sex and the abuse of power. (Dec. 26)

**Washington, Harriet A. , *A Terrible Thing to Waste: Environmental Racism and its Assault on the American Mind*, Little Brown, 2020.**

**A "powerful and indispensable" look at the devastating consequences of environmental racism (Gerald Markowitz) and what we can do to remedy its toxic effects on marginalized communities -- featuring a new preface on COVID-19 risk factors.**

Did you know...

- Middle-class African American households with incomes between \$50,000 and \$60,000 live in neighborhoods that are more polluted than those of very poor white households with incomes below \$10,000.
- When swallowed, a lead-paint chip no larger than a fingernail can send a toddler into a coma -- one-tenth of that amount will lower his IQ.
- Nearly two of every five African American homes in Baltimore are plagued by lead-based paint. Almost all of the 37,500 Baltimore children who suffered lead poisoning between 2003 and 2015 were African American.

From injuries caused by lead poisoning to the devastating effects of atmospheric pollution, infectious disease, and industrial waste, Americans of color are harmed by environmental hazards in staggeringly disproportionate numbers.

This systemic onslaught of toxic exposure and institutional negligence causes irreparable physical harm to millions of people across the country-cutting lives tragically short and needlessly burdening our health care system. But these deadly environments create another insidious and often overlooked consequence: robbing communities of color, and America as a whole, of intellectual power.

The 1994 publication of *The Bell Curve* and its controversial thesis catapulted the topic of genetic racial differences in IQ to the forefront of a renewed and heated debate. Now, in *A Terrible Thing to Waste*, award-winning science writer Harriet A. Washington adds her incisive analysis to the fray, arguing that IQ is a biased and flawed metric, but that it is useful for tracking cognitive damage. She takes apart the spurious notion of intelligence as an inherited trait, using copious data that instead point to a different cause of the reported African American-white IQ gap: environmental racism - a confluence of racism and other institutional factors that relegate marginalized communities to living and working near sites of toxic waste, pollution, and insufficient sanitation services. She investigates heavy metals, neurotoxins, deficient prenatal care, bad nutrition, and even pathogens as chief agents influencing intelligence to explain why communities of color are disproportionately affected -- and what can be done to remedy this devastating problem.

Featuring extensive scientific research and Washington's sharp, lively reporting, *A Terrible Thing to Waste* is sure to outrage, transform the conversation, and inspire debate.

**Yudell, Michael ; Race Unmasked: Biology and Race in the Twentieth Century. Columbia University Press. 2014.**

Race, while drawn from the visual cues of human diversity, is an idea with a measurable past, an identifiable present, and an uncertain future. The concept of race has been at the center of both triumphs and tragedies in American history and has had a profound effect on the human experience. *Race Unmasked* revisits the origins of commonly held beliefs about the scientific nature of racial differences, examines the roots of the modern idea of race, and explains why race continues to generate controversy as a tool of classification even in our genomic age.

Surveying the work of some of the twentieth century's most notable scientists, *Race Unmasked* reveals how genetics and related biological disciplines formed and preserved ideas of race and, at times, racism. A gripping history of science and scientists, *Race Unmasked* elucidates the limitations of a racial worldview and throws the contours of our current and evolving understanding of human diversity into sharp relief.