MEDICAL APARTEHID

THE DARK HISTORY OF MEDICAL EXPERIMENTATION ON BLACK AMERICANS FROM COLONIAL TIMES TO THE PRESENT

HARRIET A. WASHINGTON
Some Contemporary Ethical Issues in Medical Research

Harriet A. Washington
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The wrongs which we seek to condemn and punish have been so calculated, so malignant and so devastating that civilization cannot tolerate their being ignored because it cannot survive their being repeated.

—Chief U.S. Prosecutor Robert Jackson, Opening Statement, Nuremberg Doctors’ Trial, December 9, 1946

But we have forgotten our domestic wrongs, which underlie black *iatrophobia*
Experimentation

- Experiment *ex*, meaning "from" and *periculum*, "a (dangerous) trial"
- ‘An experiment is an observation *induced* with the object of control.’
  — Claude Bernard, 1865

Risk is inherent and must be weighed against potential benefits
What is ‘Secret’ Medical Research?

‘A secret is not something unrevealed, but told privately in a whisper.’

—Marcel Pagnol

Secrecy is multilayered:

- English literacy
- Visibility
- Physical access
- Jargon
- Bowdlerized accounts

Raymond Vonderlehr, M.D., USPHS and Surgeon General Thomas Parran
How Can We Judge Our Forbears?

The frequently embraced “judging our forbears” rationale is not supported by the historical facts:

- Nongovernmental rules for the conduct of research existed and were typically observed— except in the case of black Americans, when they were routinely flouted.
- Who is “we”? ‘We’ excludes black physicians, subjects, abolitionists, etc. so communitarian issues arise when we seek to excuse past abuses.
- We (frequently) claim to have made ethical progression; this claim implicitly judges our forbears’ practices.
- My work judges researchers by their own contemporary ethical strictures.
The Import of History

‘Racial and ethnic disparities in healthcare occur in the context of broader historic and contemporary social and economic inequality and evidence of persistent racial and ethnic discrimination in many sectors of American life. —Unequal Treatment, 2002 p.6

- Historical patterns of approach to ‘black diseases’ subtly inform today’s approach to racially disparate disease patterns
- Abusive, stigmatizing research has fed iatrophobia among blacks: yet black patient agency is often overlooked
- Regulatory/Legislative history is often overemphasized
‘Black Medical Agency

‘They sold Nettie down South’

—Barbara Petilia
Tuskegee, an overburdened icon

- Chapter 1 Southern Discomfort: *Medical Exploitation on the Plantation*
- Chapter 2 Profitable Wonders: *Antebellum Medical Experimentation*
- Chapter 3 Circus Africanus: *The Popular Display of Black Bodies*
- Chapter 4 the surgical theater: *Black Bodies in the Antebellum Clinic*
- Chapter 5 The Restless Dead: *Anatomical Dissection and Display*
- Chapter 6 Diagnosis: Freedom: *Fin de Siècle Medical Research*
- Chapter 7 ‘A notoriously syphilis-soaked race’: *What Really Happened at Tuskegee?*
- Chapter 8 The Black Stork: *The Eugenic Control of African American Reproduction*
- Chapter 9 Nuclear Winter: *Radiation Experiments on African Americans*
- Chapter 10 Caged Subjects: *Research on Black Prisoners*
- Chapter 11 The Children’s Crusade: *Research Targets Young African Americans*
- Chapter 13 Genetic Perdition: *The Rise of Molecular Bias*
- Chapter 13 Infection and Inequity: *Illness as Crime*
- Chapter 14 The Machine Age: *African American Martyrs to Surgical Technology*
- Chapter 15 Aberrant Wars: *American Bioterrorism Targets Blacks*
- Epilogue: *Medical Research with Blacks Today*
… yet invoked alone in discussions of trust

- Discussions ignore long history of abuse
- Discussions ignore medical mythology
- Invocations of African American mythology are sometimes dismissive or demeaning
- Thomas LaViest on the Limits of Tuskegee
- Iatrophobia is not a pathological overreaction to TSS: The trustworthiness of the US medical system is in question
‘Trust us …’

- Trust lies at the core of the physician/patient relationship, essential for seeking care, disclosing private information, adherence and good clinical outcomes.
- But historically African Americans have been deprived of some components of trust, e.g.,
- Deprived of the patient-physician dyad
- “Fitness” replaced “health”
- Lack a history of body “ownership”
‘Myth’ and Medicine

- Expresses a culture’s system of thought and values
- Expresses moral or spiritual truths
- Some myths are true. For scholars, ‘myth’ implies neither truth nor falsity; but to the culture that embraces them, myths are always ‘true’ on some level, if not literally
- In lay, secular discussions, ‘myths’ are utterly false and often telegraph supposed credulity, and herein lies the rub
- Organized conventional medicine cherishes its myths, too. *Mythology-based medicine* helps foment disparities.
The myth of health v “fitness”

- Fitness for work, not health, was the goal
- The physician-planter dyad: Who is the patient?
- Blaming the victim: Medical dimorphism, not disparate treatment and environment spawned ‘black diseases’
Economics and Medicine

Competition: There are no practices wherein which] the female practitioners are less educated, being chiefly negresses or mulatresses, or foreigners without anatomical, physiological and obstetrical education. . . . That such uneducated persons should be generally successful is owing to the fact that [in] a great majority of cases no scientific skill is required, and thus a lucky negress become[s] the rival of the most learned obstetrician
—Dr. R. H. Whitfield, 1855
Myth: Forbidden knowledge

- Non-racial character of ‘black’ diseases such as pellagra, syphilis, sickle-cell disease and cholera
- Refutation of the myths of scientific racism (e.g., the Census of 1840)
- Medical-research advances by blacks (midwives, Onesimus, Drew, Cobb, Louis T. Wright, Daniel Hale Williams)
- History of intellectual-inferiority research
- Today: schizophrenia, sickle-cell disease
- Black’ v. ‘white’ medical practice
Science without conscience is the soul’s perdition.

—François Rabelais, *Pantagruel*

James Marion Sims, MD
Vesicovaginal fistula and James Marion Sims, M.D.

- Robert Thom’s painting
- Sam; and the cobbler’s awl p.62-3
- Vesicovaginal fistula, (1845-1849)p. 63
- Whose fault? True vs. imagined causes
- Imprisonment as gendered metaphor
Early Reproductive Research: Why Black Women?

“… it is most improbable that Sims and [his assistant] Bozeman could have established so remarkable a surgical schedule without the slave system which provided the experimental subjects.”

— Walter Fisher
A few exempla

- Mettauer/McDowell
- Ovariotomy
- Hysterectomy
- Caesarian section
- WS Hardin: Circulation
- Hamilton (‘Fed’): Heat illness
- Jefferson/Waterhouse: Vaccination

- Trephination
- Amputation
- Jones: Boiling water for typhoid
- McClouth: Malingering
- Stillwell: Advertisements
The American School of Ethnology

Mythology-based medicine
Predecessors of anthropologists, and experts in the negro

- [Carl von Linné (1735) —Homo s. afer]
- Samuel Cartwright (c.1848-1851): Defined imaginary ‘black diseases’—draphetomania, Struma Africana, dsythesia Aethiopica, etc.
- Josiah Nott, George Gliddon: Types of Mankind (1854): medical racial definitions
- Louis Agassiz (1846): A ‘converted’ polygenist
- George Morton(1839): “American Golgotha”
Scientific racism

- Justified profitable slavery
- Justified profitable medical research
- A different species: *Homo s. afer*
- ‘Hardy’ Black bodies
- Flawed, inferior black bodies
- Imaginary diseases
- Imaginary immunities
- Lower intelligence, childlike judgment
- Bestial sexuality
- Convenience and Illogic of using black subjects
<table>
<thead>
<tr>
<th>Sociopolitical</th>
<th>Medical</th>
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<tbody>
<tr>
<td>Enslavement 1619-~1865</td>
<td>Physician-owner dyad: Medical enslavement; clinic confinement; involuntary surgery and research; black bodies conscripted for anatomical dissection</td>
</tr>
<tr>
<td>Segregation ~1865-1960s</td>
<td>Continued forced subjection to research; Black patients barred from white hospitals; “Negro ambulances” Black hospitals; Black medical schools (closed after Flexner Report), dispensary movement, Black MDs barred from AMA, hospitals, etc</td>
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<tr>
<td>Disparate access ~1960s-present</td>
<td>Continued forced subjection to research; Reduced access to care; higher morbidity and mortality rates; disparate access to standard of care; tissue appropriation</td>
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<tr>
<td>Racial disparity in scrutiny</td>
<td>Racially selective erosion of consent</td>
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Racial dimorphism

- Scientific racism describes the black body as alien
- Evolutionary laggards
- Illogic of using ‘alien’ black bodies

“A careful inspection reveals the body of the negro a mass of imperfections from the crown of the head to the soles of the feet.”

Dr. W. T. English, 1903
The mythology of pain in 19th-century scientific racism

“When we come to reflect that all the women operated upon in Kentucky, except one, were Negresses and that these people will bear anything with nearly if not quite as much impunity as dogs and rabbits, our wonder is lessened.” — Dr. James Johnson, editor of the London Medical and Chirurgical Review,

“[Blacks] bear surgical operations much better than white people and what would be the cause of insupportable pain for white men, a Negro would almost disregard. . . . [I have] amputated the legs of many Negroes, who have held the upper part of the limb themselves.”

—Dr. Charles White
The disparity of pain in 21st-century American medicine

Studies of patients presenting to the Emergency Department with fractured limbs consistently found race disparities in the use of analgesic medication:

- Hispanic patients were more than twice as likely to go untreated for pain (relative risk [RR], 2.12; 95% CI, 1.35 to 3.32) (Todd 1993)
- African-American patients were also more likely to go untreated for pain (RR 1.66, 95% CI, 1.11 to 2.50). (Todd et al. 2000)
- One cannot even buy potent prescription analgesics in minority neighborhoods** (Kposowa, AJ and Tsunokai, GT 2002)
The Early Clinic

WH Robert, MD of Georgia—stratification of amputation
—a “horrid deformity” for a white man
—“a matter of comparatively little importance” for a black

- ‘Payment’ for charity care
- Demonstration
‘Myth’ of the Night Doctors
Jeremy Bentham “Bone Bill”; “Ghastly Act”
Resurrectionists, or “Night Doctors”: ‘Burking’
1995 excavation of MCG: Resurrection men
Lynching, dissection imagery and ‘souvenir’ practices
Dr. W. Montague Cobb: Cleveland cadavers
‘Entrepreneurs,’ Addie Mae Collins, Casper Yeagin
USPHS study of syphilis

- The future of the Negro lies more in the research laboratory than in the schools. . . . When diseased, he should be registered and forced to take treatment before he offers his diseased mind and body on the altar of academic and professional education. — Thomas Murrell, M.D., USPHS
Tuskegee Mythology

- ‘Injected’ TSS subjects (Congressional Record)
- Researchers injected Americans with syphilis/STDs on 40+ occasions in the twentieth century. (Lederer)
- In 1926, J. A. Macintosh of Memphis, transmission of granuloma inguinale into a black American (Weyers)
- Tuskegee Airmen as victims
Black Complicity

- The nature of medical research abuse was and is racial and blacks had limited agency.
- While blacks occasionally were complicit in abuse, they were usually uncredentialed and had limited agency.
  - The extent of black complicity has been exaggerated.
Prison Experiments

It was cheaper to use niggers than cats, because they were everywhere and cheap experimental animals. —Harry Bailey, M.D., c. 1977

- Holmesburg: cosmetics, DMSO, detergents, infectious agents, nail and scrotal biopsies, CIA mind-control agents (LSD, curare)
- 50 lobotomies of blacks at Alabama’s Almoree prison; additionally, at Durham N.C., Long Beach, California, Minneapolis and Syracuse, N.Y. prisons
- Nationwide: Austin Stough’s plasmapheresis (many contracted hepatitis)
- Many other: Cancer-cell implantation, forced Anectine, testicular irradiation, malaria
Radiation Experiments

Eugene Saenger, MD

‘We chose slum patients because these persons don’t have any money and they’re black and they’re poorly washed. These persons were available in the University of Cincinnati to Dr. Saenger. . . I did review what he was doing, and I thought it was actually well done.’—Clarence Lushbaugh, M.D., 1995 (!), Saenger’s partner

Savanna River Site (SRS) sued for high-radiation “coon areas”
Precision v. accuracy

Lower Intelligence, ‘verified’ via painstaking but rigged tests that manifested ‘physics envy’
Persistent hereditarian theories of violence and criminality

A Dinka man: Cesar Lombroso’s ‘Criminal Man’

Violence Initiative, e.g. fenfluramine studies

Today, “Psychiatrists adjudged black patients more suited to criminal proceedings than to medical care.”

1990 British Journal of Psychiatry Lewis, Croft-Jeffereys and David
Marginalization of Black Physicians and Nurses

Black medical schools closed in the wake of the Flexner Report
Black hospitals marginalized
Barred from AMA, its constituent societies, and other professional organizations
Barred from residency, specialty training, hospitals and board certification
Black physicians could not undergo standard medical-school gynecologic training

Antisegregationist physicians picket the AMA annual meeting in Atlantic City
Forbidden Knowledge: Black Researchers

Percy Julian
physostigmine, Glidden Paint Co.

1929 Vivien Thomas,
(subclavian-pulmonary artery anastomosis) a “garçon”
A Research Pantheon

Caesar
Primus
Onesimus
Drew
McCune Smith
Fuller
Wright
Watkins
Hinton
Carson
Jemison
Branson
Bath
Just
Thomas
Lloyd Quartermann
What continues to characterizes abusive research with black Americans?
Legacy of Ethically Troubled Research

‘Racial and ethnic disparities in healthcare occur in the context of broader historic and contemporary social and economic inequality and evidence of persistent racial and ethnic discrimination in many sectors of American life.’
—Unequal Treatment, 2002 p.6

- Stats vary, but consistently demonstrate greater wariness on the part of blacks to medical research
- Black iatrophobia, not paranoia
- USPHS Study at Tuskegee is an overburdened metaphor of research with African Americans
- The prevalence of research abuse has diminished greatly, but dangers remain and abuses surface with regularity
Often barred from therapeutic research

- AZT withheld
- VaxGen’s actual vaccine failures
- Interferon-b fails African Americans with hepatitis C
- In a twist, whites barred from BiDil research may suffer
Exportation of exploitation

- Abusive medical research of U.S. blacks is rarer, but burgeoning in the developing world.
- Conducted by U.S. researchers
- Social-justice violations revisit Africa, e.g. vesicovaginal fistula
- Ethical relativism; double ethical standard
- E.g., Thalidomide is back
- Conflation of treatment and research
- Research into drugs for developing nations?
- Disparate distribution of risk and benefit, at home as well as abroad
Why?
To what extent has industry come to control medical research? Are we all at risk of nonconsensual experimentation and tissue conscription?
Scenes from the research wars

- Chris Parish, PI-88*
- Bayer sues Thunder Bay Health Center
- BiDil
- PolyHeme
- Myosoline
- Tristan de Cunha
- Havasupai v. U Arizona
A Perfect Legislative Storm

The year 1980

- Diamond v Chakrabarty (GE v USPTO)
- Bayh-Dole Act, Stevenson-Wydler, etc.
- John Moore, subject of US Patent No. 4,438,032

‘The public ethos of science slowly disappears, to the detriment of the communitarian interests of society’

—Sheldon Krimsky
Corporation-centered education

- Dual role for faculty

- Academic constraints for students: MIT; HMS students photographed at protest; ‘hits’ on academic researchers

- Legal vulnerability for researchers: Hagiwara V. UCSD; Leonard Hayflick v. NIH

- Constraints upon research topics: marketability, not solely interest and medical import determines funding
Ostensible Goal=More and Better Drugs, but …

- For trypanosomiasis which affects 500,000 Africans and kills 21,000 a year: 2 drugs, 1 of which, Melarsoprol, a compound of arsenic and antifreeze, is quite dangerous; the other, Ornidyl, is all but unavailable, and priced beyond the reach of African sufferers.

- But Ornidyl is readily available for facial hirsutism, which has killed 0, as Vaniqa.

- MDRTB kills 1.7 million; there are 5 mainstay drugs.

- Malaria killed 247 million in 2006; there are 8 drugs (some date from the 17th century).

- ED has killed 0 (but 570 men have died from the 14 drugs marketed since 1996 to treat it).
Developing-World Bodies

- Risk-reward imbalance
- Per *NEJM* 1/3 trials abroad, chiefly in medically underserved Asia and Africa and some in Eastern Europe. A Hobson’s choice
- Saves wealthy Western pharmaceutical corporations and their university partners much money and time
- People of the global South do not benefit from these studies, e.g. testing thalidomide in Brazil for leprosy (Hansen’s disease)
Dev. World Bodies, pt 2

- Only 4 medicines
- Approximately 10 percent
Western Bodies
Do we all now share Henrietta Lacks’ risk?

Presumed consent

- Shirley Jackson
- Brotherton
- Doheny Eye bank

50.24 exceptions to informed consent

- DOD
- PolyHeme
- ROC
Today’s erosion of informed consent

Unconscious trauma patients (CFR 20.24), soldiers, (CFR 20.23(d)) prisoners

- Polyheme, Hemopure, Abiocor, diazepam, defibrillators, Bioport anthrax vaccine
- Racialized risk*
- ED settings, emergent tests
- May, 2007: ROC: Escalation to 21,000 US subjects
- Conflation of research, therapy
<table>
<thead>
<tr>
<th>Informed consent</th>
<th>Complete and ongoing revelation of study purpose, design, known risks alternatives costs and results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presumed consent, Implied consent</td>
<td>Assumes that all would consent: Scheme requires dissenters to opt out</td>
</tr>
<tr>
<td>Community consent</td>
<td>Community is informed of research: No attempt at eliciting consent</td>
</tr>
<tr>
<td>Surrogate Consent</td>
<td>Consent solicited from another person is called on to offer consent</td>
</tr>
<tr>
<td>Deferred subject</td>
<td>From subject or next of kin after the subject has been enrolled</td>
</tr>
<tr>
<td>Blanket consent</td>
<td>Consent from one instance for a plethora of uses; or, from a “leader”</td>
</tr>
<tr>
<td>Blanket/ Broad consent</td>
<td>License to use study information for any purpose</td>
</tr>
<tr>
<td>Emergency consent</td>
<td>CFR 21.50.23, 24, etc</td>
</tr>
</tbody>
</table>
Are people of color at higher risk?

- Thalidomide
- Declaration of Helsinki revisions
- PolyHeme/ROC
“PolyHeme Trauma Trial”*

Majority of subjects receiving PolyHeme were minority-group members

<table>
<thead>
<tr>
<th>Study Patient Characteristics</th>
<th>PolyHeme*</th>
<th>%</th>
<th>Control</th>
<th>%</th>
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<tbody>
<tr>
<td>Age</td>
<td>36.3</td>
<td>---</td>
<td>37.9</td>
<td>---</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>272</td>
<td>78%</td>
<td>289</td>
<td>79%</td>
</tr>
<tr>
<td>Female</td>
<td>78</td>
<td>22%</td>
<td>75</td>
<td>21%</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>160</td>
<td>46%</td>
<td>170</td>
<td>47%</td>
</tr>
<tr>
<td>African American</td>
<td>124</td>
<td>35%</td>
<td>120</td>
<td>33%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>53</td>
<td>15%</td>
<td>61</td>
<td>17%</td>
</tr>
<tr>
<td>Asian</td>
<td>10</td>
<td>3%</td>
<td>7</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>&lt;1%</td>
<td>6</td>
<td>2%</td>
</tr>
</tbody>
</table>

*Majority of subjects receiving PolyHeme were minority-group members.
Fed by contemporary bias

- Catchment areas: traditional racial engineering
- Majority-minority community targeting

Community selection
Ambulance recruitment
Trauma demographics
Embattled IRBs

- IOM report
- For-profit IRBS: Coast sting
- IRBs have validated many troubling research protocols, including:
  - LA measles, fenfluramine, XYY, infection with malaria,
- IRB Decentralization would discourage accountability
Thalidomide

- FDA protections, then and now
- Research in the global South, therapy in the West
- Declaration of Helsinki’s ‘revisions’
- Dearth of quantitative investigation into medical consequences
Research transformation

- Neo-racial Pharmacogenomics (BiDil, malaria vaccines)
- Nonconsensual research (PolyHeme, ROC); economical, completion during shorter trails
- Pediatric research (Valium, Psychic drugs, ROC); patent/ monopoly extension
- Nonconsensual pediatric research (ROC, Gardisil)
Purchased bias

- Authors of review articles rendered unreliable
- Biederman of Harvard
- Goodwin of NPR
- Merck and Elsevier
The Queen of Medical Publishing

Distorting Research

- Paul M. Ridker and Jose Torres at HMS found that two-thirds of industry-sponsored trials published between 2000 and 2005* favored experimental heart drugs or medical devices. Trials funded by nonprofits were as likely to support the drugs or devices as to oppose them.

- Bero et al. Found that clinical trials that compare medications are 20 times more likely to favor the one made by the company that funds the research*
HARLOT BMJ How to Achieve (Positive) Results without actually Lying to Overcome the Truth

- Comparing their drug to a competitor’s medication, in the wrong strength.
- Comparing their drug to a placebo.
- Pairing their drug with one that is known to work well. (BiDil)
- Publishing only flattering data
- Seeding and switching
- Using very small subject pools
DTC ads

- Indirect but irresistible pressure on MDs
- Unreliable ‘expert’ narrators
- Illegal claims: insufficient FDA oversight, per IOM report
- Withholding of risk, benefit information: Gardisil
- Unaddressed questions
- Selective withholding of data from publication
- Withholding of information from physicians, and thus from patients
Are some corporations buying the ethics they need?

- Worry over corporate trinkets such as pens mugs and penlights is misplaced. The most sought-after commodities are medical publications and the opinions of ethicists.

- Elliott: Some papers in "Prozac, Alienation, and the Self," a special issue of The Hastings Center Report critical of the drug industry. Eli Lilly and Company, which manufactures Prozac, withdrew its annual $250,000 gift to the Hastings Center, citing the special issue as its reason. … ‘A savvy CEO will have no problem finding an ethicist to say virtually anything.’

- Some ethicists accept funds but insist they maintain objectivity and independence.

- Laurie Zoloth, former American Society for Bioethics and Humanities president suggests that the real currency is ‘not financial but the honor and status of corporate consultancies.’
Solutions

* Ban exceptions to informed consent in medical research
  - Increase IRB lay-community representation to 50 percent
  - Institute nationwide mandatory system of federally funded patient/subject research education.
  - Restore or restructure noncommercial research funding to FDA
  - Force disclosure of all clinical-research data to the FDA
  - Institute medical-ethics divisions in all HBCUs with medical components
  - Increase affected persons’ input into the conduct of local research trials
  - Restore absolute access to ‘the standard of care’ under Helsinki
Future directions

- Blacks must engage in safe research
- Blacks must control their medical-research agenda
- Institute systemic patient education
- Repair the IRB system
- Cease the erosion of informed consent

Charles Drew, M.D.
One person

- Maurice Pappworth, MD
- Henry K. Beecher, MD
- George Pray, MD*
- Peter Buxton
- Minnie Relf
- Jessica Mitford
- Ron Brown

- Dr. F. Tiedemann
- James McCune Smith, MD
- Daniel Hale Williams, MD
- Louis Wright, MD
- Harriet Martineau
- Irwin Schatz, MD
- Montague Cobb, MD
- A London medical student*
Some US Regulatory History

- Nürnberg, Hippocrates: Oft-invoked and toothless
- Belmont Report, 1979 Differentiates practice (accepted standards of therapy) from research (experimental)
- President’s Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research (1980-1983)
- 1992, 2005+ Revision’ of Helsinki: A triumph of relativism
- Significant revision of regulations by DHHS (formerly DHEW) and FDA (1981):
  - Federal Policy for the Protection of Human Subjects (the “common rule”) adopted 1991
  - 16 Federal Agencies promulgate the common rule
Children’s crusade

- Impromptu trephinations, castrations, J. Marion Sims, et al.
- Black boys disproportionately used in research into genetics of violence, including lobotomies
- XYY, Bonner vs. Moran, Kennedy Krieger Institute, fenfluramine experiments
U.S. Census of 1840

- First census to collect data on black Americans according to legal status: “free” or “enslaved”
- Free blacks were determined to have much higher rates of illness, from TB to insanity
- Fueled an argument, vigorously promulgated by US Secretary of State John C. Calhoun, fiercely pro slavery and a former medical student, that enslavement was necessary to preserve the health of blacks
- Actually the data had been widely and crudely manipulated. Statistical experts James McCune Smith, M.D., and Prof. Jervis, M.D., refuted the census data, but to no avail.
In 2004 substantial alternations were made to the DHHS Institute of Medicine published *National Healthcare Disparities Report*.

The revised report made by government appointed scientists deleted references to such disparities as ‘pervasive in our health system’ and carrying a significant ‘social and personal price’

A coalition of minority health and political groups formally protested to HHS health secretary Tommy Thompson and released their own analysis criticizing the propagandized report.
Case of the Pelvic exam

- ‘Intimate examinations and other ethical challenges in medical education’ *BMJ* 2003;326:62-3
- Yet that very next year, London medical students protested and ended the practice of conducting pelvic examinations upon nonconsenting unconscious women
- ‘The Patient as Ally — Learning the Pelvic Examination,’ Adam J. Wolfberg, M.D., M.P.H.