

# MEDICAL DISTRUST: UNDOING CENTURIES OF STRAIN

Medical distrust among the African-American community traces back to American slavery. In those times, enslaved peoples did not have access to medical personnel unless they were being evaluated to be sold at auctions.

Negative perceptions increased with events like the Tuskegee Syphilis Experiment (1932-1972), where doctors withheld care from African-American participants – many of whom were deceived into believing they would receive treatment.

It's not uncommon for these unethical doctors to be portrayed as historical heroes. For example, J. Marion Sims, a controversial 19th century surgeon, is known as the "Father of Gynecology." However, he completed invasive medical experiments on enslaved women and sterilized many of them without their consent.



Patterns of deception and discrimination have fueled centuries of strained relations between medical institutions and communities of color.



Today, marginalized people are less likely to seek medical care or trust diagnoses.



# CONFRONTING BIASES

If unaddressed at a societal level, medical distrust – combined with the stress of systemic racism, barriers to health insurance, a shortage of professionals, and social stigma – will continue to put communities of color at a disproportionate risk for mental and physical distress.

Americans who identify as African-American or Black are

**20%**

more likely to report psychological distress, and

**50%**

less likely to receive counseling or mental health treatment due to underlying socioeconomic factors.



Studies indicate that the physical, emotional, and psychological toll of systemic oppression may be passed down for generations at a molecular level. Historical trauma contributes to increased physical and mental health risks among people of color.

Because characteristics and distrust can influence physical and mental health status and outcomes, it is imperative for physicians to confront their racial and ethnic biases.

## Patient

Socioeconomic status  
Personality  
Ethnic/cultural identity  
Prior experiences

## Health Care

Physician's characteristics  
Physician's prior experiences  
Physician's cultural background  
System ethos  
Stereotypical beliefs  
(i.e., "Black patients feel less pain")

# Health Status

References:  
Armstrong, K. et al. "Distrust of the health care system and self-reported health in the United States." Journal of General Internal Medicine 21 (2006): 292-297.  
<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=24>

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# HELA CELLS: THE STORY OF HENRIETTA LACKS



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**Henrietta Lacks was diagnosed with cervical cancer. Without her knowing, doctors took part of her tumor and began using her cells for research. The American medical system has used her cells to experiment on space missions, cloning, gene mapping, fertility treatments, vaccines, cancer medications and much more – all without her consent. These immortal cells, also known as HELA Cells, were sold for a hefty profit and are still used today. The Lacks family did not receive any compensation.**



# MEDICAL DISTRUST DURING COVID-19

COVID-19 increased the disparities around populations of color accessing healthcare. And, while COVID-19 has impacted people of color more than any other group due to ongoing systemic racism and created distrust, there is still hesitation to seek care.

What's more, due to a long history of medical experimentation on people of color in the United States, many are hesitant to get the COVID-19 vaccine. Being asked to take a vaccine that was developed relatively quickly can feel like experimentation to people who have been negatively affected by this exploitative history.





# WHAT YOU CAN DO

## Question



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**Continue open dialogue. It is important to discuss medical distrust with people who are unaware of the horrific things that have happened in America's history, as well as the inequity that continues today**

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**Ask your healthcare facilities what they are doing to combat distrust, bias, and a shortage of practitioners of color**

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**Advocate for K-12 programs to address mental health stigma in schools**

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## Act



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**Find opportunities to support organizations, such as the National Collaborative for Health Equity and the National REACH Coalition, that are fighting for health equity**

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**Ask "why" when injustice occurs and look for ways that you can help to create change.**

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**Tell stories of people who are living with mental illness, and normalize conversations about seeking treatment**

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## Learn



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**Read Medical Apartheid by Harriet Washington and/or The Immortal Life of Henrietta Lacks by Rebecca Skloot**

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**Analyze media to identify positive messaging on mental health**

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**Watch The Immortal Life of Henrietta Lacks**

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**Visit [www.ipha.com](http://www.ipha.com) to learn more**

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References:  
Bertram, Wanda. "Momentum Is Building to End Medical Co-Pays in Prisons and Jails." Prison Policy Initiative, 8 Aug. 2019, [www.prisonpolicy.org/blog/2019/08/08/copays-update/](http://www.prisonpolicy.org/blog/2019/08/08/copays-update/).

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