

Myths about Physical Racial Differences

February 19, 2020

A South Orange, Maplewood
Community Coalition on Race

Coffee House Discussion

Part of the 1619 Year of Learning

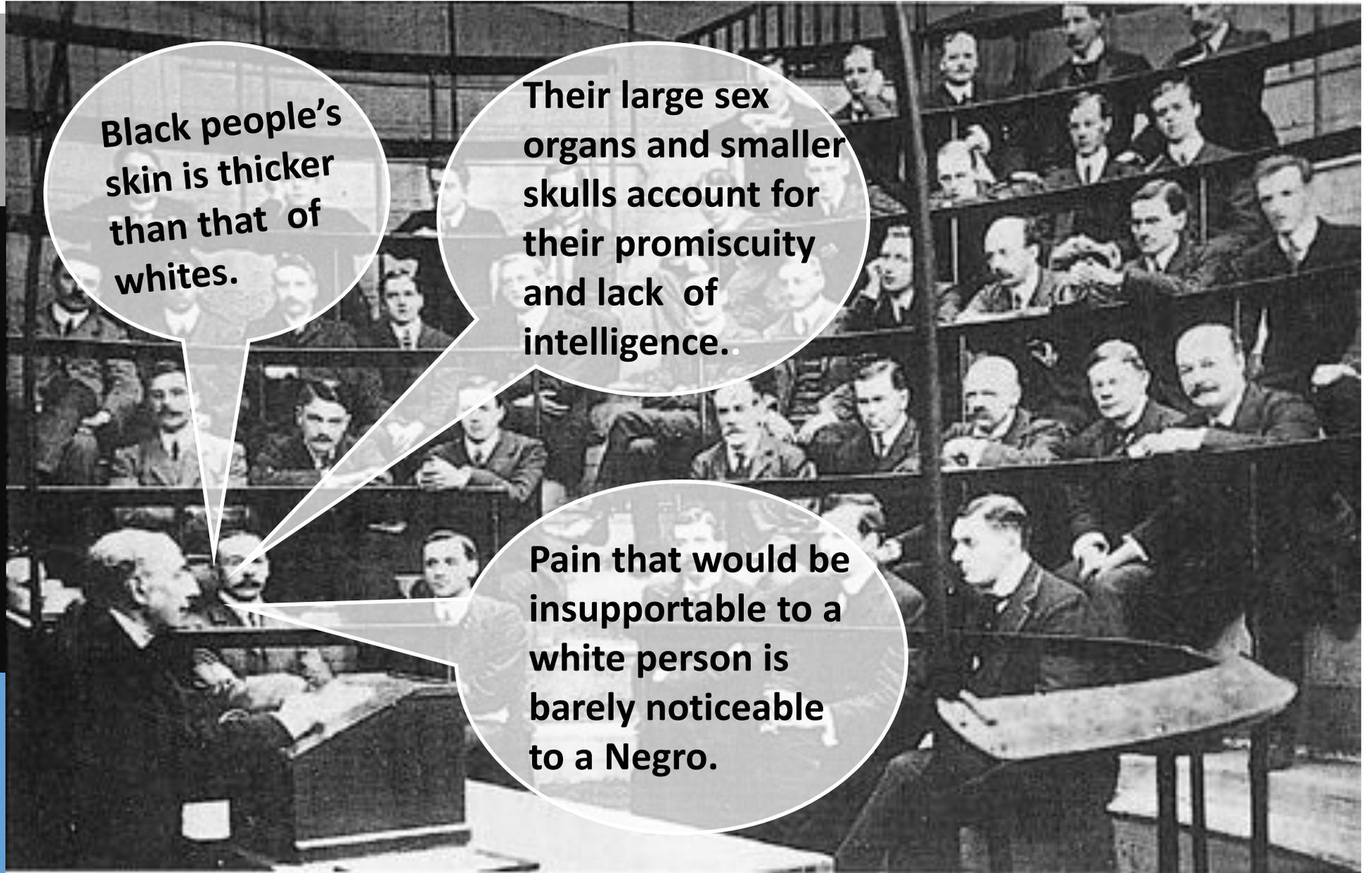


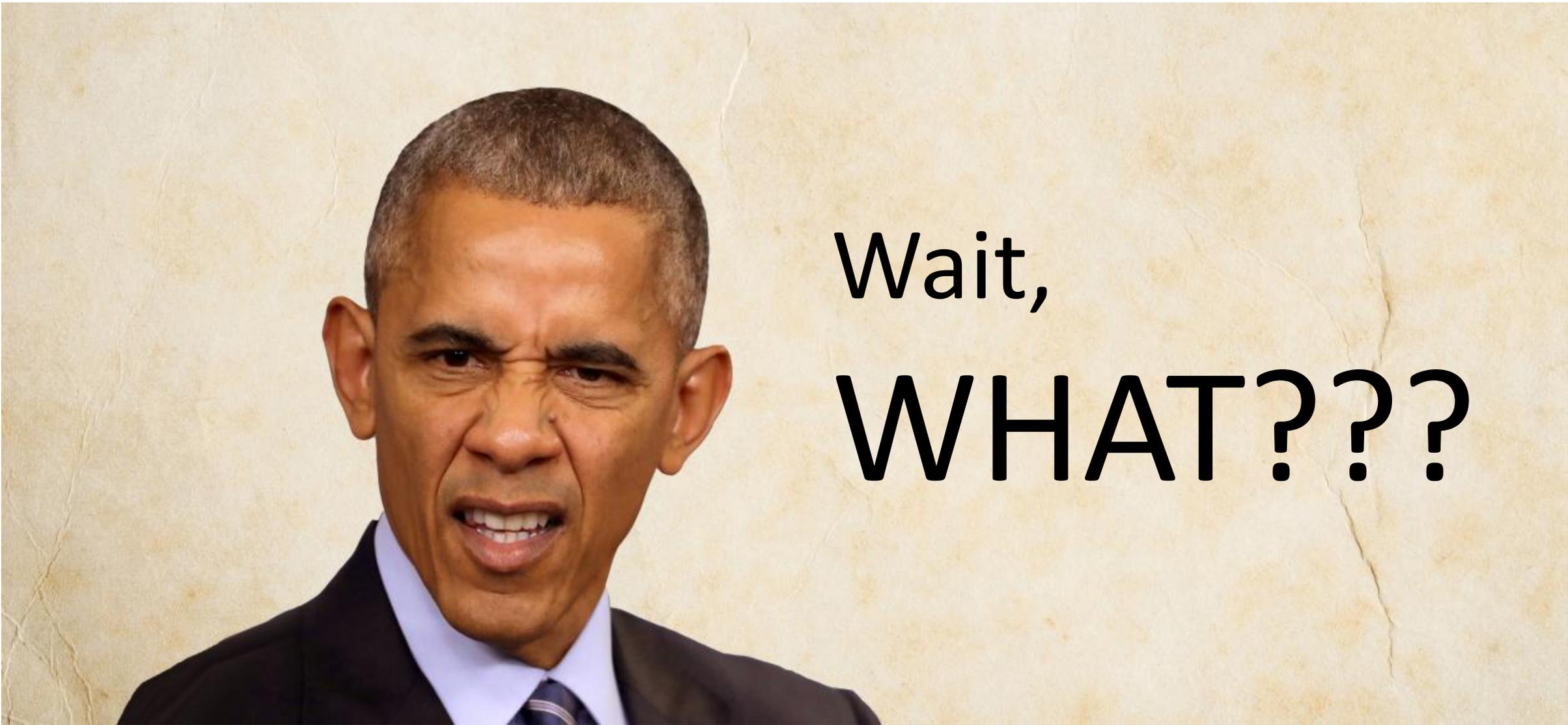
A standard medical school lecture in the 19th century perpetuating perceived physical racial differences between Blacks and Whites.

Black people's skin is thicker than that of whites.

Their large sex organs and smaller skulls account for their promiscuity and lack of intelligence.

Pain that would be insupportable to a white person is barely noticeable to a Negro.





Wait,

WHAT???

YES, Its true and because of these beliefs:

In the 1820s and 30's John Brown, a slave, was tormented and experimented on by a Dr. Thomas Hamilton .

Hamilton repeatedly applied blisters to Brown's hands, legs and feet in order to prove that black people's skin was thicker than that of white people.

Brown bore the scars for the rest of his life

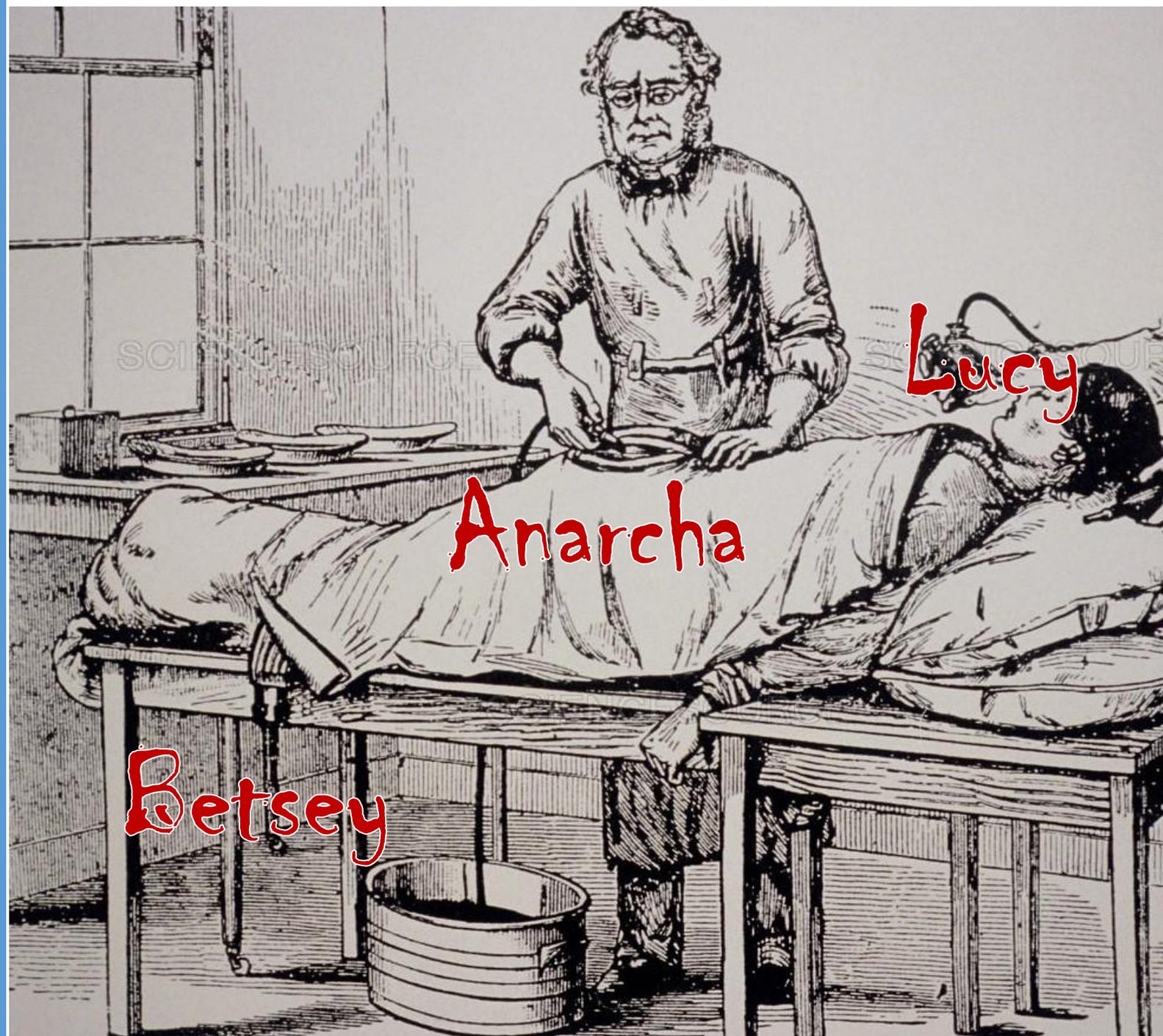


Slave Life in Georgia

John Brown



In Montgomery Alabama
between 1845-1849
Physician Marion J. Sims
subjected black women to
painful operations by
repeatedly cutting the
women's genitals in an
attempt to perfect a
surgical technique.



THE
NEW ORLEANS
MEDICAL AND SURGICAL JOURNAL.

MAY, 1851.

Part First.

ORIGINAL COMMUNICATIONS.

I.—REPORT ON THE DISEASES AND PHYSICAL PECULIARITIES
OF THE NEGRO RACE.

By SAMUEL A. CARTWRIGHT, M.D., *Chairman of the Committee appointed by the
Medical Association of Louisiana to report on the above subject.*
(Read at the Annual Meeting of the Association, March 18th, 1851.)

Gentlemen:—On the part of the Committee, consisting of Doctors
Copes, Williamson, Browning and myself, to investigate the diseases
and physical peculiarities of our negro population, we beg leave
TO REPORT —

That, although the African race constitutes nearly a moiety of our
southern population, it has not been made the subject of much sci-
entific investigation, and is almost entirely unnoticed in medical books
and schools. It is only very lately, that it has, in large masses,
dwelt in juxta position with science and mental progress. On the
Niger and in the wilds of Africa, it has existed for thousands of years,
excluded from the observation of the scientific world. It is only
since the revival of learning, that the people of that race have been
introduced on this continent. They are located in those parts of it,
not prolific in books and medical authors. No medical school was
ever established near them until a few years ago; hence, their dis-
eases and physical peculiarities are almost unknown to the learned.
The little knowledge that Southern physicians have acquired con-

Samuel Cartwright, in his 1851
“Report on the Diseases and
physical peculiarities of the
Negro Race” stated that black
people had lower lung capacity
than whites.

He also maintained that
enslaved people were prone to
a disease of the mind called
“Draperomania”, which caused
them to run away from their
enslavers.

That's insane!



But would it surprise you to know that some of these myths still exist today and impact the way doctors treat people of African descent?



The instrument that measures lung capacity is called a spirometer.

“...most commercially available spirometers have a “race correction “ built into the software, which controls for the assumption that blacks have less lung capacity than whites.

Race correction is still taught to medical students and described in textbooks as scientific fact and standard practice.

***In the United States, spirometers apply correction factors of 10–15% for individuals labeled “Black” and 4–6% for people labeled “Asian.” (A Brief History of Race, Race Correction and the Spirometer).**

- **In a recent study of 222 white medical students about one third endorsed at least one myth about physiological differences between blacks and whites.**
- **These students also believed that black people felt less pain than whites which made them less likely to recommend appropriate treatment.**
- **A third of these future doctors also still believed the myth that black people have thicker skin than white people.**

These beliefs allow scientists, doctors and medical providers to ignore their own complicity in health care inequality and gloss over the internalized racism, driving them to go against their very oath to do no harm.

**R_xace in Medicine:
A Dangerous Prescription**

February 11th | 2012
De Neve Auditorium | UCLA
1 PM to 3 PM

Dorothy Roberts, JD
Reginald Daniel, PhD
Michael Rodriguez, Cambridge Biotechnology
Africa Amegashie, Founder of Mixed Heredity

Are race-based medicines racist?

Could healthcare reform perpetuate racism?

What's really behind racial health disparities?

Come join us in this official conversation!

UCLA O.R.L.

In conclusion

These continuing myths lead to a tendency to blame the victim – black people – for poor health outcomes



Instead of recognizing the susceptibility of black people to unequal and sub par medical treatment.

Some DNA Facts about Race

- The consensus of evolutionary biologists is that our species does not have enough genetic variability to justify the identification of geographically based races.
- All modern humans living today are descended from people who once lived in East Africa.
- Many of the biological traits not found in sub-Saharan Africans are relatively new; fair skin and blue-eyes are—at most—6,000 years old.
- Physical factors fail to correctly cluster humans, and thus cannot be used to assign people to racial groups—a fact scientists have known since the 1940s!

www.tolerance.org/magazine/summer-2015/race-dna

"If you ask what percentage of your genes is reflected in your external appearance, the basis by which we talk about race, the answer seems to be in the range of .01 percent,"

www.nytimes.com/2000/08/22/science/do-races-differ-not-really-genes-show.html