Myths about Physical Racial Differences

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A South Orange, Maplewood Community Coalition on Race
Coffee House Discussion
Part of the 1619 Year of Learning
Their large sex organs and smaller skulls account for their promiscuity and lack of intelligence.

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

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

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

"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,“