

Henrietta Lacks Lesson

Volume 2



Racism in Medicine or Healthcare



National Human Genome
Research Institute

The **Forefront**
of **Genomics**

Cover

Portrait of Henrietta Lacks by Kadir Nelson/Smithsonian

Foreword

What we say is that she was good during her living days and she's still good in her dying days. My grandmother may have passed, but she's still helping people. That's the kind of person that she was. But, for many years, we knew very little about her. We had a picture of a good looking young woman, well dressed and beaming, but we were missing the stories to make her real. It was only with the publication of *The Immortal Life of Henrietta Lacks* that I really met my grandmother. I learned about my grandmother at the same time that I learned about the HeLa cells and the controversy that surrounded them. With all the questions that the HeLa cells created, and the confusing and painful relationship that the family had with researchers who would come to take samples and leave empty promises to bring back answers, in a way, without them, I would still not know my grandmother.

Henrietta always made sure that everybody was taken care of and her story hasn't ended. She continues to contribute to the world through her cells and we, her kids and grandkids, are doing what we can to walk beside her. We keep her story alive, so others can remember and learn from it, and we use this story as a platform to advocate for a diverse collection of other important issues, such as patient rights, consent, disease prevention, and health disparities. My brother goes around talking about the importance of participating in clinical trials. There remains so much distrust in the African American community toward the medical establishment, but being represented in these studies is an important step in making sure that medical breakthroughs also work for us. My cousin has the Henrietta Lacks House of Healing, a place to help previously incarcerated men and women successfully transition back into the community. It's important to us to bring awareness and to make sure that everyone is given the opportunity to take care of their health.

At the root of it, this is an issue of ownership and control over your own information. My brother is involved with the HeLa Genome Data Access Working Group, which reviews requests by research groups seeking access to the HeLa genome. It is important to him that the family have a say in how this resource, our grandmother, is used by others (universities, government laboratories, companies, etc.). For me, it's more about the personal side. I tell my grandmother's story and try to help where I can, where it comes to educating the public about health disparities and disease prevention. Our experience has made me more vigilant: when I go to the doctor, or when I take my mother to the doctor, I'm much more proactive about asking questions, looking up information about the treatment they recommend, making sure that things are not overlooked. These practices are steps that we can all take to protect our bodies and our health.

When I think about Henrietta's story and legacy, two words come to mind: "hope" and "everlasting". When I see all the ways that the HeLa cells have helped people, through discoveries that have made in vitro fertilization possible, or vaccines, or cancer treatments, I see hope. Hope for people and hope for the future. An important part of this story is compassion. When I tell Henrietta's story, I want people to remember that this was an African American woman with limited education and limited income. The difference she has made is tremendous, but the way she and her family were treated was regrettable. I hope students realize that this could have happened to anyone – their parent, their grandparent, themselves. We should show compassion to the people we meet and the people around us. Henrietta didn't choose this, but this is all part of her story now. I hope she never stops doing good and helping people. That is who she is. This is my grandmother.

by Jeri Lacks-Whye

Curriculum Introduction

In 1951, a young woman sparked a scientific revolution. Unfortunately, she would neither know about it nor benefit from it. For many decades, we would not even know her name. The life of this young woman, Henrietta Lacks, was cut short by the ravages of a rapidly advancing cancer colonizing her body. As the cancer was quickly killing Henrietta, a piece of her tumor was isolated and grown in a test tube. As it happened, the traits that made her cancer cells grow so rapidly also granted them the unusual ability to grow rapidly under artificial laboratory conditions outside of her body and without dying; a scientific phenomenon at the time. A new world of scientific tools was suddenly available to researchers. However, the life of Henrietta Lacks is part of a larger and more complex story. Despite the fact that her disease was of great scientific benefit, her story is not confined to this terrible and terminal experience.

In many ways, Henrietta Lacks' story is the story of early 20th century America for African Americans; a story of struggle, inequality, segregation, and racism in our history. Henrietta Lacks was a young African American woman who grew up in Virginia during the Jim Crow era. Having hoped to emerge from slavery into some semblance of freedom, many African Americans in the South at the end of the 19th century found themselves thrust into a new form of bondage as sharecroppers and in perennial debt to white landowners. In order to improve her family's prospects, she moved with her husband and two young children to Baltimore to begin a new, and hopefully, better life. While the move did not take her out of the South, it did transport her from life on a tobacco farm in rural Virginia to a booming industrial port city. In these details, Henrietta's life was reminiscent of the struggles and displacement of countless other African Americans in the United States at that time. Many African Americans during this time period began leaving the rural South in favor of Northern urban centers, dramatically changing the social landscape of the United States.

Even at the end of her life, Henrietta's experiences illuminate the details of life as an African American and as an African American woman, as well as the realities of science and medicine in Baltimore for people of color at that time. Henrietta Lacks was diagnosed with an aggressive cervical cancer, for which the accepted treatment at the time was the implantation of vials of radioactive material within the cervix. While this treatment was the current medical standard of care, the fact that Henrietta had to receive this treatment in a segregated ward at Johns Hopkins University Hospital was not out of medical necessity. These trappings of segregation were the outward expressions of a mindset that has been a part of the American experience since its inception; and, indeed, the United States is not the only place in which these prejudices have made a home. However, the intersection of racism with science and medicine is particularly insidious. This intersection gave implicit license to doctors conducting unethical studies on unsuspecting African American patients in Alabama, in what would be called the Tuskegee Syphilis Experiment, as well as a litany of other inexcusable incidents that have tarnished the image of the scientific and medical establishments over the decades. Several years before Henrietta's death, in response to the horrific exploits of Nazi doctors during the Second World War, the Nuremberg Laws codified a handful of basic tenets of medical ethics. The first of these tenets requires patient consent before an experiment or procedure is carried out. Less than ten years after these laws were in place, Henrietta's cells were isolated, grown, and disseminated around the world without her consent or knowledge.

Despite the manner in which Henrietta's cells were obtained and propagated, the scientific advances attributed to her cells cannot be understated and also comprise part of the lasting legacy she leaves behind. The cancer cells that tormented Henrietta in life and were fashioned into tools of biomedical science after her death have allowed us to better understand cancer, discover and produce vaccines, and understand basic details of the inner workings of the cell. Furthermore, they have allowed the establishment of countless other cell lines, which are indispensable in the modern study of human health and disease.

This curriculum will explore a variety of topics that interconnect through Henrietta's life and experiences and will highlight the importance of these topics to our current understanding of science and society. Students and teachers will explore how prejudices impact individuals and societies, directly and indirectly, as well as attempt to understand Henrietta's personal experiences as she moved away from Virginia. Henrietta died of an aggressive form of cervical cancer and students will be guided through an exploration of our current understanding of how cancer comes about and may be treated. Years after the original diagnosis, scientists identified human papillomavirus (HPV) living within Henrietta's cells and this virus may have been responsible for making her disease more aggressive. Students will explore our current understanding of the link between HPV and cancer.

HeLa cells, as Henrietta's cells have been dubbed, are sometimes referred to as her immortal life; the physical part of her that will continue to live forever. However, Henrietta's true immortality is achieved through memory. She is immortal in that her name is on the lips of every student in a biology class, every scientist and doctor who wishes to save or improve a life, every social scientist who aims to learn from our past to fashion a better future. It is said that he who saves one life, it is as if he had saved the entire world. Henrietta has saved countless lives, and she is not done quite yet.

Table of Contents

Introduction	7
Key Concepts.....	8
Learning Objectives	8
Standards.....	8
Prerequisite Knowledge	9
Materials and Handouts.....	9
Procedure: Introduction Activity	10
Activity 1.....	10
Activity 2	11
Activity 3	11
Activity 4	12
Closing of Lesson	12
<hr/>	
Teacher Resource Sheet	i-vi
Student Resource Sheet	vii-xxvi

Introduction

Scientific discoveries are often presented as stories of promise and hope; victories with winners on all sides. However, medical and scientific work is conducted by people not dissimilar from ourselves; people who live and work in a particular period in history, governed by laws and accepted social practices. How can prejudices (conscious or unconscious) influence what is discovered, how it is discovered, or who benefits from the discovery? Prejudices directly impact their intended victims, but how do these beliefs and behaviors affect our society as a whole?

In one of the most technologically advanced nations on Earth, are there reasons that African Americans and women are undertreated for pain? Are there reasons that African Americans and women benefit less from advances in cardiovascular diagnosis and treatment? Are these reasons conscious or unconscious? What should be done about them?

A concern that cuts across all sectors of our society is privacy. Currently, advances in medical diagnosis and data acquisition are far outpacing our legal structures to control how these data are collected and managed. It is generally agreed that we are only scratching the surface of what can actually be done with the unbelievable amounts of data that can be collected about any one person. A basic tenet of ethical human data collection is the concept of “informed consent,” the ability of a patient or patient advocate to understand and agree to a procedure or collection of personally identifiable information. Since we cannot tell how the data will be used in the future, or even who will own these data, is anyone’s consent truly informed?

This unit will explore instances in which science and medicine have been subverted by racism and bigotry. Students will evaluate primary and secondary sources and will learn how to assess the reliability of information. Finally, students will learn how these instances had direct victims, but the repercussions reverberate far beyond into the society at large.

How Have Science And Medicine Contributed To Racism?

Time

Four class periods (45 minutes each)

Key Concepts

This 9-12 grade inquiry provides students with an opportunity to explore how racism has affected science and medicine and the impact that interaction had on the medical treatment of African Americans through an examination of primary and secondary source documents. It will also have students examine the response of the African American community towards that treatment.

Learning Objectives

After completing this lesson, students will:

- Define scientific racism
- Summarize how African Americans have been viewed by scientists and used by medical professionals
- Analyze the impact of scientific racism on the African American community
- Evaluate the reaction of the African American community to scientific racism
- Develop a presentation for medical students explaining the history of medical racism

C3/CCSS Standards

This lesson addresses the College, Career, and Civic Life C3 Social Studies Framework Standards for Social Studies standards for Civics, specifically Civic and Political Institutions and for History, specifically Change, Continuity, and Context, Perspectives, Historical Sources and Evidence, and Causation and Argumentation. The lesson addresses these performance expectations:

D1.5.9-12. Determine the kinds of sources that will be helpful in answering compelling and supporting questions, taking into consideration multiple points of view represented in the sources, the types of sources available, and the potential uses of the sources.

D2.His.1.9-12. Evaluate how historical events and developments were shaped by unique circumstances of time and place as well as broader historical contexts.

D2.His.2.9-12. Analyze change and continuity in historical eras.

D2.His.3.9-12. Use questions generated about individuals and groups to assess how the significance of their actions changes over time and is shaped by the historical context.

D2.His.4.9-12. Analyze complex and interacting factors that influenced the perspectives of people during different historical eras.

D2.His.5.9-12. Analyze how historical contexts shaped and continue to shape people's perspectives

D2.His.12.9-12. Use questions generated about multiple historical sources to pursue further inquiry and investigate additional sources.

D2.His.16.9-12. Integrate evidence from multiple relevant historical sources and interpretations into a reasoned argument about the past.

D4.1.9-12. Construct arguments using precise and knowledgeable claims, with evidence from multiple sources, while acknowledging counterclaims and evidentiary weaknesses.

This lesson addresses the Common Core State Standards (CCSS) for Grades 6-12 Literacy in History/Social Studies, Science, & Technical Subjects, specifically Key Ideas and Details and Integration of Knowledge and Ideas. The lesson addresses these performance expectations:

CCSS.ELA-Literacy.RH.11-12.1 - Cite specific textual evidence to support analysis of primary and secondary sources, connecting insights gained from specific details to an understanding of the text as a whole.
CCSS.ELA-Literacy.RH.11-12.2 - Determine the central ideas or information of a primary or secondary source; provide an accurate summary that makes clear the relationships among the key details and ideas. CCSS.ELA-Literacy.RH.11-12.3 - Evaluate various explanations for actions or events and determine which explanation best accords with textual evidence, acknowledging where the text leaves matters uncertain. CCSS.ELA-Literacy.RH.11-12.7 - Integrate and evaluate multiple sources of information presented in diverse formats and media (e.g., visually, quantitatively, as well as in words) in order to address a question or solve a problem.
CCSS.ELA-Literacy.RH.11-12.8 - Evaluate an author's premises, claims, and evidence by corroborating or challenging them with other information.
CCSS.ELA-Literacy.RH.11-12.9 - Integrate information from diverse sources, both primary and secondary, into a coherent understanding of an idea or event, noting discrepancies among sources.

Prerequisite Knowledge

Students should have a basic understanding of the history of slavery in the United States. Additionally, they should have a working knowledge of the skills of "Reading Like a Historian." Information about those skills and teaching materials can be found at <https://sheg.stanford.edu/history-lessons>.

Materials and Handouts

For the Teacher:

- Teacher Resource Sheet #1: Timeline Template
- Teacher Resource Sheet #2: Reading Like a Historian- Corroboration Poster
- Teacher Resource Sheet #3: *Dred Scott v. Sanford*
- Teacher Resource Sheet #4: See-Think-Wonder
- Teacher Resource Sheet #5: *Plessy v. Ferguson*
- Teacher Resource Sheet #6: *Brown v. Board of Education*
- Teacher Resource Sheet #7: Civil Rights Act of 1964

For the Student:

- Student Resource Sheet #1: The Disturbing Reason Some African American Patients May be Undertreated for Pain
- Student Resource Sheet #2: How have African Americans been used by medical professionals?
- Graphic Organizer Sheet #3: Source A: Slave Life in Georgia
- Student Resource Sheet #4: Source B: Anarcha Story
- Student Resource Sheet #5: Source C: Tuskegee Syphilis Experiment
- Student Resource Sheet #6: Source D: Henrietta Lacks
- Student Resource Sheet #7: Medical Justifications for Treatment of African Americans Graphic Organizer

- Student Resource Sheet #8: Source A: Samuel Morton
- Student Resource Sheet #9: Source B: Diseases and Peculiarities of the Negro Race by Dr. Samuel Cartwright
- Student Resource Sheet #10: Source C: The Increase of Insanity and Tuberculosis in the Southern Negro Since 1860
- Student Resource Sheet #11: Source D: African American Response to Scientific Racism Graphic Organizer
- Student Resource Sheet #12: Source A: The Health and Physique of the Negro American by W.E.B. DuBois
- Student Resource Sheet #13: Source B: A History of Provident Hospital, Baltimore, Maryland
- Student Resource Sheet #14: Source C: Training Colored Nurses at Tuskegee by Booker T. Washington

Procedure: Introduction Activity

1. Provide students with a copy of “The Disturbing Reason Some African American Patients May be Undertreated for Pain.” Have them individually “Source the Article.” (Sourcing asks students to consider who wrote a document as well as the circumstances of its creation.)
 - Who wrote this?
 - What is the author’s perspective?
 - Why was it written?
 - When was it written?
 - Where was it written?
 - Is this source reliable? Why? Why not?
2. After students have read and sourced the article, have them pair up to discuss their answers.
3. As a whole class, have students consider the following question:
 - Why might the stereotypes discussed in this article exist?
4. Tell students that they will be examining the history of racism in science and how its existence has affected the medical treatment of African Americans and how that community has responded to the racism.

Activity 1 – How have African Americans been used by medical professionals throughout history?

1. Distribute Student Resource Sheet #2 How have African Americans been used by medical professionals? Graphic Organizer to students.
2. Explain to students that they will be examining a variety of sources, both primary and secondary, that will provide them with information about how medical professionals have used African Americans throughout American History. Divide students into four groups, assigning one source to each group. Student groups should read and analyze their source using Student Resource Sheet #2. In order to report out to the whole class, student groups will create a Google slide that will serve as the timeline entry for their source. See Teacher Resource Sheet #1 Timeline Template for a model slide. Once students have completed and submitted their assigned slide, they should insert into the class google slide presentation.

3. Instruct students to complete Student Resource Sheet #2 as student groups report out using their slide.
4. After student groups have reported out, display Teacher Resource Sheet #2 Reading Like a Historian Corroboration Poster. Explain to students that:

Corroboration asks students to consider details across multiple sources to determine points of agreement and disagreement. This poster reminds students corroborating documents to ask:

- What do other documents say?
 - Do the documents agree? If not, why?
 - What are other possible documents?
 - What documents are most reliable?
5. Ask students to review the information from the graphic organizer on Student Resource Sheet #2. In pairs or small groups, have them use the Corroboration questions from Teacher Resource Sheet #2 to shape their discussion. After student groups have had the time to discuss, conduct a whole group discussion summarizing student thoughts on how African Americans have been treated by medical professionals throughout history.

Activity 2 – How did medical professionals justify their treatment of African Americans?

1. Have students review the timeline from the previous activity. Using the Think-Pair-Share method, have students answer the following question:
 - What circumstances and/or conditions made it possible for this treatment to occur?
2. After students have shared out their hypotheses, display the information from Teacher Resource Sheet #3 *Dred Scott v. Sanford*. Review the facts of the case with students. Tell them that this case served as the basis for U.S. law until *Brown v. Board of Education* in 1954. Explain that in addition to the U.S. Supreme Court declaring that African Americans were not citizens of the United States, the medical community was publishing research that African American bodies were different and inferior to those of white citizens. Insert information from Teacher Resource Sheet #3 into Google Slide Timeline.
3. Divide students into groups, assigning each group one of the topics. Each group should use Student Resource Sheet #7 to record their answers. In order to report out to the whole class, student groups will create a Google slide that will serve as the timeline entry for their source. See Teacher Resource Sheet #1 Timeline Template for a model slide.
4. Once students have completed and submitted their assigned slide, they should insert into the class google slide presentation. Instruct students to complete Student Resource Sheet #7 as student groups report out using their slide.

Activity 3 – Does society owe Henrietta Lacks for her HeLa cells?

1. Display Teacher Resource Sheet #4 *Plessy v. Ferguson*. Have students work with a partner to review the facts of the case and its outcome. Have them consider the following questions:
 - How might this case impact areas other than transportation?
 - What effect might it have on the fields of science and medicine?

Create a google slide for this Supreme Court Case and place it into the class presentation. Looking at the timeline, what else occurred in 1896? (Publication of Frederick Hoffman's *Race Traits and Tendencies of the American Negro*). Debrief as a whole class.

2. Distribute Student Resource Sheets #11 and #12 to students. Have students individually read and analyze Student Resource Sheet #12. They should use Student Resource Sheet #11 to record their thoughts. Debrief. Create a google slide with information about this primary source and insert it into the class presentation.
3. Tell students that despite the protests of people like DuBois, science and medicine continued to discriminate against African Americans. Many students will wonder how the African American community reacted to its treatment and use by the medical world. Tell them that in this activity, they will examine that reaction.
4. Have students pair up. Distribute Student Resource Sheets #13 and #14 to student pairs. Each pair should analyze the documents and use the graphic organizer to record their answers. As a debrief activity, have pairs share out and create a Google slide that will serve as the timeline entry for the sources. See Teacher Resource Sheet #1 Timeline Template for a model slide. Insert the slides into the class google slide presentation.
5. Display Teacher Resource Sheet #5 *Brown v. Board of Education*.
6. Tell students that *Brown v. Board of Education* pertained to schools and was only the first step in desegregation. Display Teacher Resource Sheet #7 Civil Rights Act of 1964. Have students discuss the legislation and how it may have impacted how African Americans were treated by the medical community.
7. Create Google slides with information from Teacher Resource Sheets #5 & #6.

Activity 4 – What is the impact of medical racism on the African American community?

1. Have students review the class google slide presentation with a partner. Ask them to think about and discuss the trajectory of the timeline. What impact has this trajectory had on the modern African American community?
2. Have students listen to the recorded version of “Troubling History In Medical Research Still Fresh For Black Americans.” The recording and a transcript of the article can be found at <https://www.npr.org/sections/health-shots/2017/10/25/556673640/scientists-work-to-overcome-legacy-of-tuskegee-study-henrietta-lacks>
3. As they listen have students take notes about the content of the report.
4. After listening to the report, have students discuss their notes with their partner and identify ways that the medical community is trying to address the distrust.

Closing of Lesson (15 minutes)

1. Have students revisit the article from the introductory activity. Based on the information that they have learned through these activities. Have them answer the following question again:
 - Why might the stereotypes discussed in this article exist?
 - What can be done to address those stereotypes? As a whole class, discuss.
2. Tell students that they will create presentations for introductory medical students about the history of medical racism. Those presentations should address the four areas that they have learned about in the previous activities. Their presentations can take any form- video, website, speech, Google Slide Presentation.
3. Student groups should present to the class, with fellow classmates providing constructive feedback.

Teacher Resource Sheet #1

Timeline Template

Date:

Topic:

Pertinent Information

Picture/Image

Teacher Resource Sheet #3

Dred Scott v. Sanford (60 US 393 (1857))

Facts of the Case

Dred Scott was a slave in Missouri. From 1833 to 1843, he resided in Illinois (a free state) and in an area of the Louisiana Territory, where slavery was forbidden by the Missouri Compromise of 1820. After returning to Missouri, Scott sued unsuccessfully in the Missouri courts for his freedom, claiming that his residence in free territory made him a free man. Scott then brought a new suit in federal court. Scott's master maintained that no pure-blooded Negro of African descent and the descendant of slaves could be a citizen in the sense of Article III of the Constitution.

Issue

Can a slave be considered a citizen and as such become entitled to all the rights, privileges and immunities granted to citizens under the United States Constitution?

Decision

7-2 for Sanford

Opinion

Written by Chief Justice Roger B. Taney

Summary: Dred Scott was a slave. Under Articles III and IV, argued Taney, no one but a citizen of the United States could be a citizen of a state, and that only Congress could confer national citizenship. Taney reached the conclusion that no person descended from an American slave had ever been a citizen for Article III purposes. The Court then held the Missouri Compromise unconstitutional, hoping to end the slavery question once and for all.

"In the opinion of the court, the legislation and histories of the times, and the language used in the Declaration of Independence, show, that neither the class of persons who had been imported as slaves, nor their descendants, whether they had become free or not, were then acknowledged as a part of the people, nor intended to be included in the general words used in that memorable instrument...They had for more than a century before been regarded as beings of an inferior order, and altogether unfit to associate with the white race, either in social or political relations; and so far inferior, that they had no rights which the white man was bound to respect; and that the negro might justly and lawfully be reduced to slavery for his benefit."

Synopsis of Rule of Law

Slaves are not citizens under the United States Constitution.

<https://www.oyez.org/cases/1850-1900/60us393>

<https://www.casebriefs.com/blog/law/property/property-law-keyed-to-singer/property-in-people/dred-scott-v-sandford>

Teacher Resource Sheet #4

Plessy v. Ferguson (163 US 537 (1896))

Facts of the Case

The state of Louisiana enacted a law that required separate railway cars for blacks and whites. In 1892, Homer Adolph Plessy -- who was seven-eighths Caucasian -- took a seat in a “whites only” car of a Louisiana train. He refused to move to the car reserved for blacks and was arrested.

Issue

Is Louisiana’s law mandating racial segregation on its trains an unconstitutional infringement on both the privileges and immunities and the equal protection clauses of the Fourteenth Amendment?

Decision

7-1 Decision for Ferguson

Opinion

Written by Justice Henry Brown:

...Although the Fourteenth Amendment of the Constitution was designed to enforce the equality between the races, it was not intended to abolish distinctions based on color, or to enforce a commingling of the races in a way unsatisfactory to either. Laws requiring the separation of the races do not imply the inferiority of either. If the law “stamps the colored race with a badge of inferiority,” it is because the colored race chooses to put that construction upon it. Therefore, the statute constitutes a valid exercise of the States’ police powers. The Fourteenth Amendment of the Constitution does, however, require that the exercise of a State’s police powers be reasonable. Laws enacted in good faith, for the promotion of the public good and not for the annoyance or oppression of another race are reasonable. As such, the statute was reasonable.

Synopsis of Rule of Law

Equal but separate accommodations for whites and blacks imposed by Louisiana do not violate the Equal Protection Clause of the Fourteenth Amendment

<https://www.oyez.org/cases/1850-1900/163us537>

<https://www.casebriefs.com/blog/law/constitutional-law/constitutional-law-keyed-to-stone/equality-and-theconstitution/plessy-v-ferguson-3/>

Teacher Resource Sheet #5

Brown v. Board of Education of Topeka, Shawnee County, Kansas, et al. (347 US 483 (1954))

Facts of the Case

This case was the consolidation of four cases arising in separate states relating to the segregation of public schools on the basis of race. In each of the cases, African American minors had been denied admittance to certain public schools based on laws allowing public education to be segregated by race. They argued that such segregation violates the Equal Protection Clause of the Fourteenth Amendment. The plaintiffs were denied relief based on the precedent set by *Plessy v. Ferguson*, which established the “separate but equal” doctrine that stated separate facilities for the races was constitutional as long as the facilities were “substantially equal.” In the case arising from Delaware, the Supreme Court of Delaware ruled that the African American students had to be admitted to the white public schools because of their higher quality facilities.

Issue

Do separate but equal laws in the area of public education deprive black children of the equal protection of the laws guaranteed by the Fourteenth Amendment of the United States Constitution?

Decision

Unanimous for Brown, et al.

Opinion

Written by Chief Justice Earl Warren

“Segregation of white and colored children in public schools has a detrimental effect upon the colored children. The impact is greater when it has the sanction of the law, for the policy of separating the races is usually interpreted as denoting the inferiority of the Negro group ... Any language in contrary to this finding is rejected. We conclude that in the field of public education the doctrine of ‘separate but equal’ has no place. Separate educational facilities are inherently unequal.”

Synopsis of Rule of Law

Separate but equal educational facilities are inherently unequal.

<https://www.casebriefs.com/blog/law/constitutional-law/constitutional-law-keyed-to-stone/equality-and-the-constitution/brown-v-board-of-education-of-topeka-brown-i/2/>

<https://www.oyez.org/cases/1940-1955/347us483>

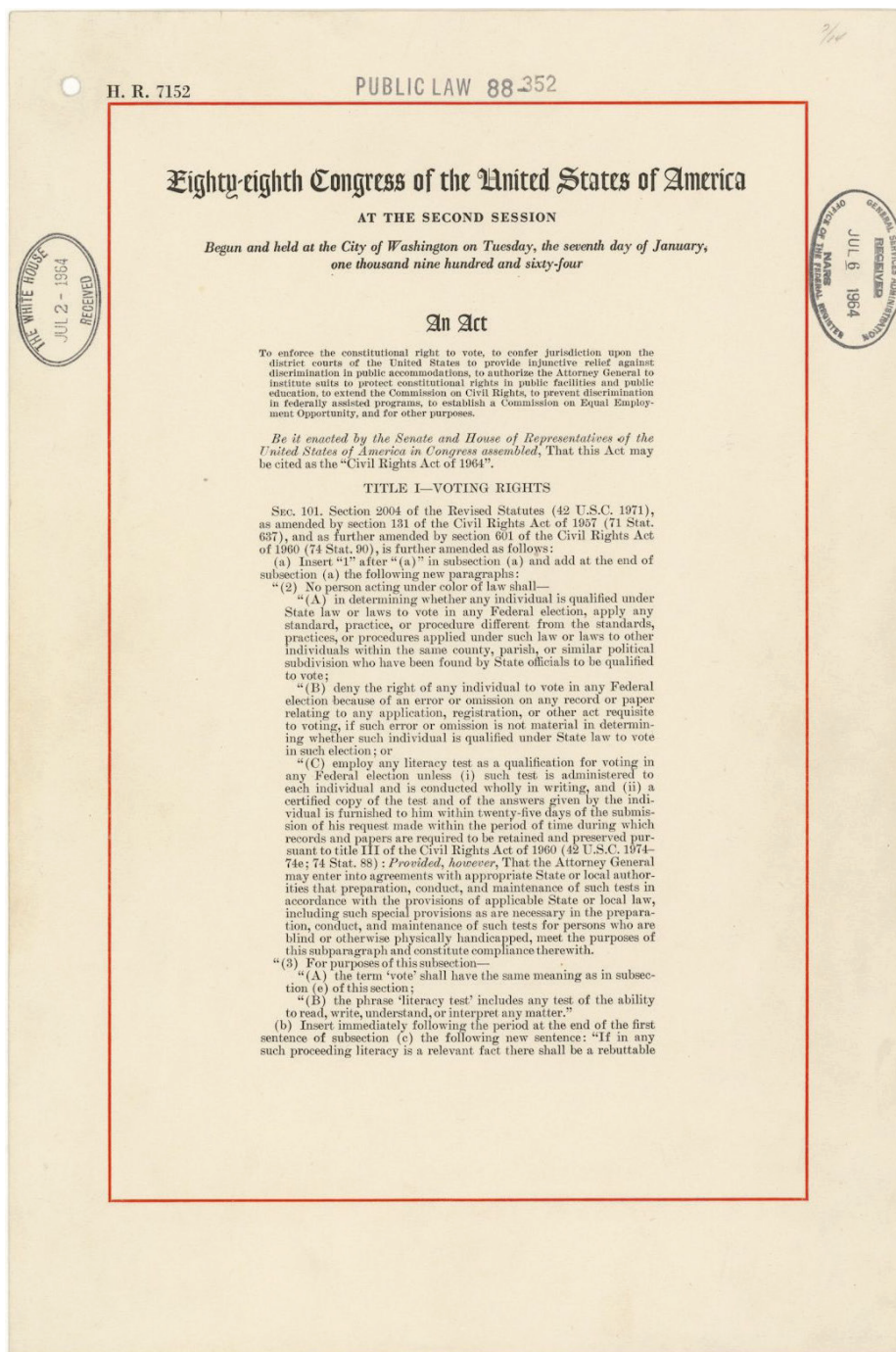
Teacher Resource Sheet #6

Civil Rights Act of 1964

An Act

To enforce the constitutional right to vote, to confer jurisdiction upon the district courts of the United States to provide injunctive relief against discrimination in public accommodations, to authorize the Attorney General to institute suits to protect constitutional rights in public facilities and public education, to extend the Commission on Civil Rights, to prevent discrimination in federally assisted programs, to establish a Commission on Equal Employment Opportunity, and for other purposes.

<https://www.docsteach.org/documents/document/civil-rights-act-of-1964>



The Civil Rights Act of 1964/The National Archives

Student Resource Sheet #1

The disturbing reason some African American patients may be undertreated for pain
By Sandhya Somashekhar, The Washington Post, April 4, 2016



Charles "Teenie" Harris, American, 1908 - 1998 , © Carnegie Museum of Art, Charles "Teenie" Harris Archive

African Americans are routinely under-treated for their pain compared with whites, according to research. A study released Monday sheds some disturbing light on why that might be the case.

Researchers at the University of Virginia quizzed white medical students and residents to see how many believed inaccurate and at times "fantastical" differences about the two races — for example, that blacks have less sensitive nerve endings than whites or that black people's blood coagulates more quickly. They found that fully half thought at least one of the false statements presented was possibly, probably or definitely true.

Moreover, those who held false beliefs often rated black patients' pain as lower than that of white patients and made less appropriate recommendations about how they should be treated.

[The study](#), published in the Proceedings of the National Academy of Sciences, could help illuminate one of the most vexing problems in pain treatment today: That whites are more likely than blacks to be prescribed strong pain medications for equivalent ailments.

Item	General	1st year	2nd year	3rd year	Residents
Blacks age more slowly than white	23	21	28	12	14
Blacks' nerve endings are less sensitive than whites'	20	8	14	0	4
Black people's blood coagulates more quickly than whites	39	29	17	3	4
Whites have larger brains than blacks	12	2	1	0	0
Whites have a better sense of hearing than blacks	10	3	7	0	0
Blacks' skin is thicker than whites'	58	40	42	22	25
Blacks have a more sensitive sense of smell than whites	20	10	18	3	7
White have a more efficient respiratory system than blacks	16	8	3	2	4
Black couples are significantly more fertile than white couples	17	10	15	2	7
Blacks are better at detecting movement than whites	18	14	15	5	11
Blacks have stronger immune systems than whites	14	21	15	3	4

Percentage of white participants endorsing beliefs about biological differences between blacks and whites (Courtesy of PNAS/Hoffman et al)

[A paper last year](#) found that black children with appendicitis were less likely to receive pain medication than their white counterparts. And [a 2007 study found](#) that physicians were more likely to underestimate the pain of black patients compared with other patients.

Researchers who study health disparities have said that [unconscious stereotypes](#) about African Americans likely contribute to this problem, as well as physicians' difficulty empathizing with patients whose experiences differ from theirs.

The University of Virginia study buttresses arguments that physician bias is a factor. Its research had two parts: One looked at a random sample of 92 whites from across the country. The second queried 222 white medical students and residents at the university and elsewhere. In both cases, participants were given a series of statements that contained accurate or inaccurate information about the biological differences between blacks and whites.

"We were expecting some endorsement" of the false beliefs, said Kelly Hoffman, a U-Va. doctoral candidate in psychology who led the study. But she said the researchers were surprised so many in the group with medical training endorsed the false beliefs, some of which she called "more outlandish."

For example, 58 percent of the study's general group said they believed that "blacks' skin is thicker than whites'." About 40 percent of first- and second-year medical students also thought that was true, as did 25 percent of residents -- doctors who recently completed their studies and now are receiving more specialized training.

Also surprising was that so many of the students and new physicians did not believe true statements about biological differences between the races, Hoffman said. For example, only half of residents knew that whites are less susceptible to heart disease than blacks.

The medical group was given one extra test. After reading brief case studies of two patients in pain, one white and one black, the students and physicians were asked to rate each individual's pain as well as make treatment recommendations. The researchers then compared the results with recommendations from 10 experienced physicians who had analyzed the case studies without any racial information included.

“What we found is those who endorsed more of those false beliefs showed more bias and were less accurate in their treatment recommendations,” Hoffman said.

<https://www.washingtonpost.com/news/to-your-health/wp/2016/04/04/do-blacks-feel-less-pain-than-whites-their-doctors-may-think-so/>

Student Resource Sheet #2

HPV Vaccine: Pros and Cons

Reading Like a Historian Skills	Source A: Slave Life in Georgia	Source B: Anarcha Story	Source C: Tuskegee Syphilis Experiment	Source D: Henrietta Lacks
<p>Sourcing</p> <ul style="list-style-type: none"> - Who wrote this? - What is the author’s perspective? - Why was it written? - When was it written? - Where was it written? - Is this source reliable? - Why? Why not? 				
<p>Contextualization</p> <ul style="list-style-type: none"> - When and where was the document created? - What was different then? - What was the same? - How might the circumstances in which the document was created affect its content? 				
<p>Close Reading</p> <ul style="list-style-type: none"> - What claims does the author make? - What evidence does the author use? - What language (words, phrases, images, symbols) does the author use to persuade the document’s audience? - How does the document’s language indicate the author’s perspective? 				
<p>Corroboration</p> <ul style="list-style-type: none"> - Do the documents agree? - If not, why? - What are other possible documents? - What documents are most reliable? 				

Student Resource Sheet #3

Source A: Slave Life in Georgia

Slave Life in Georgia: A Narrative of the Life, Sufferings, and Escape of John Brown, a Fugitive Slave, Now in England By John Brown, 1855

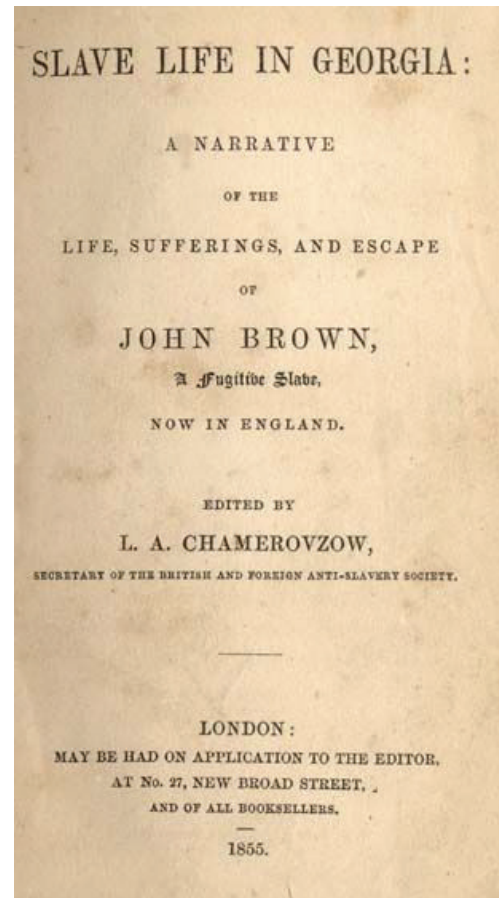
CHAPTER V.

DR. HAMILTON'S EXPERIMENTS UPON ME. MY MASTER DIES, AND I AGAIN CHANGE HANDS.

I had been fourteen years with Stevens, suffering all the time very much from his ill-treatment of me, when he fell ill. I do not know what his malady was. It must have been serious, for they called in to treat him one Doctor Hamilton, who lived in Jones County, and who had a great name. He cured Stevens, who was so pleased, that he told the Doctor to ask him any favour, and it should be granted. Now it so happened that this Doctor Hamilton had been trying a great number of experiments, for the purpose of finding out the best remedies for sun-stroke. I was, it seems, a strong and likely subject to be experimented upon, and the Doctor having fixed the thing in his mind, asked Stevens to lend me to him. This he did at once, never caring to inquire what was going to be done with me. I myself did not know. Even if I had been made aware of the nature of the trials I was about to undergo, I could not have helped myself. There was nothing for it but passive resignation, and I gave myself up in ignorance and in much fear.

Yet, it was not without curiosity I watched the progress of the preparations the Doctor caused to be made. he ordered a hole to be dug in the ground, three feet and a half deep by three feet long, and two feet and a half wide. Into this pit a quantity of dried red oak bark was cast, and fire set to it. It was allowed to burn until the pit became heated like an oven, when the embers were taken out. A plank was then put across the bottom of the pit, and on that a stool. Having tested, with a thermometer, the degree to which the pit was heated, the Doctor bade me strip, and get in; which I did, only my head being above the ground. He then gave me some medicine which he had prepared, and as soon as I was on the stool, a number of wet blankets were fastened over the hole, and scantlings laid across them. This was to keep in the heat. It soon began to tell upon me; but though I tried hard to keep up against its effects, in about half an hour I fainted. I was then lifted out and revived, the Doctor taking a note of the degree of heat when I left the pit. I used to be put in between daylight and dark, after I had done my day's work; for Stevens was not a man to lose more of the labour of his slaves than he could help. Three or four days afterwards, the experiment was repeated, and so on for five or six times, the Doctor allowing me a few days' rest between each trial. His object was to ascertain which of the medicines he administered to me on these occasions, enabled me to withstand the greatest degree of heat. He found that cayenne-pepper tea accomplished this object; and a very nice thing he made of it. As soon as he got back home, he advertised that he had discovered a remedy for sun-stroke. It consisted of pills, which were to be dissolved in a dose of cayenne-pepper tea, without which, he said, the pills would not produce any effect. Nor do I see how they should have done so, for they were only made of common flour. However, he succeeded in getting them into general use, and as he asked a good price, he soon realized a large fortune.

Having completed his series of experiment upon me, in the heated pit, and allowed me some days' rest, I was put on a diet, and then, during a period of about three weeks, he bled me every other day. At the end of that time he found I was failing, so he left off, and I got a month's rest, to regain a little strength. At the expiration of that time, he set to work to ascertain how deep my black skin went. This he did by applying blisters to my hands, legs and feet, which bear the scars to this day. He continued until he drew up the dark skin from between the upper and the under one. He used to blister me at intervals of about two weeks. He also tried other experiments upon



Slave Life in Georgia: A Narrative of the Life, Sufferings, and Escape of John Brown, a Fugitive Slave, Now in England By John Brown, 1855/The Louis Round Wilson Special Collections Library, University of North Carolina at Chapel Hill



me, which I cannot dwell upon. Altogether, and from first to last, I was in his hands, under treatment, for about nine months, at the end of which period I had become so weak, that I was no longer able to work in the fields. I had never been allowed to knock off, I ought to to say, during the whole of this time, though my bodily strength failed daily. Stevens always kept me employed: at hard work as long as I could do it, and at lighter labour, as my strength went away. At last, finding that the Doctor's experiments had so reduced me that I was useless in the field, he put me to his old trade of carpentering and joinery, which I took too very readily, and soon got a liking for.

<http://docsouth.unc.edu/neh/jbrown/jbrownfp.jpg>

Slave Life in Georgia: A Narrative of the Life, Sufferings, and Escape of John Brown, a Fugitive Slave, Now in England By John Brown, 1855//The Louis Round Wilson Special Collections Library. University of North Carolina at Chapel Hill

Student Resource Sheet #4

Source B: Anarcha Story

Listen to the NPR story Remembering Anarcha, Lucy, and Betsey: The Mothers of Modern Gynecology

<https://www.npr.org/2017/02/07/513764158/remembering-anarcha-lucy-and-betsey-the-mothers-of-modern-gynecology>

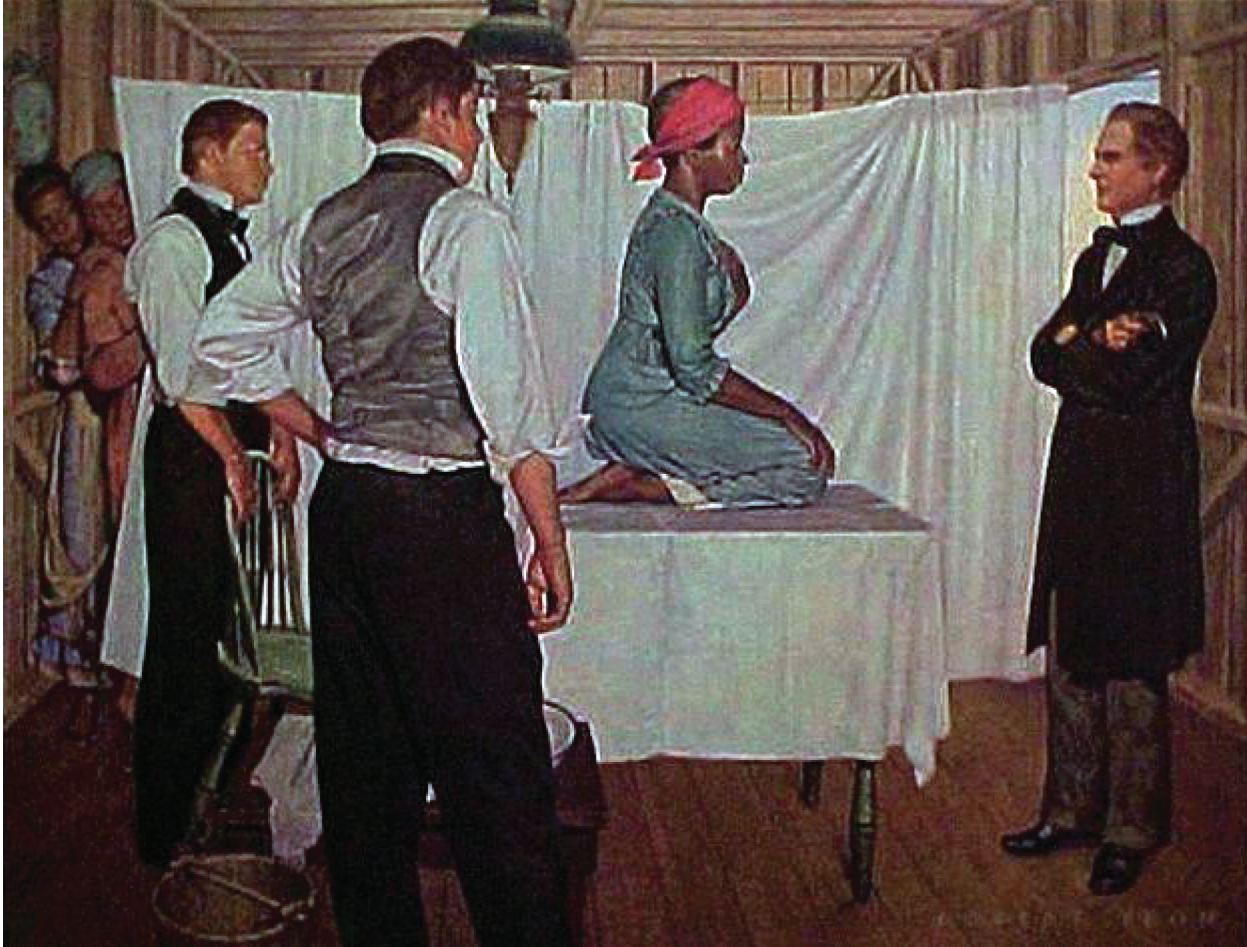


Illustration of Dr. J. Marion Sims with Anarcha by Robert Thom. Anarcha was subjected to 30 experimental surgeries/

Student Resource Sheet #5

Source C: Tuskegee Syphilis Experiment

The Study Begins

In 1932, the Public Health Service, working with the Tuskegee Institute, began a study to record the natural history of syphilis in hopes of justifying treatment programs for blacks. It was called the “Tuskegee Study of Untreated Syphilis in the Negro Male.”

The study initially involved 600 black men – 399 with syphilis, 201 who did not have the disease. The study was conducted without the benefit of patients’ informed consent. Researchers told the men they were being treated for “bad blood,” a local term used to describe several ailments, including syphilis, anemia, and fatigue. In truth, they did not receive the proper treatment needed to cure their illness. In exchange for taking part in the study, the men received free medical exams, free meals, and burial insurance. Although originally projected to last six months, the study actually went on for 40 years.

What Went Wrong?

In July 1972, an Associated Press story about the Tuskegee Study caused a public outcry that led the Assistant Secretary for Health and Scientific Affairs to appoint an Ad Hoc Advisory Panel to review the study. The panel had nine members from the fields of medicine, law, religion, labor, education, health administration, and public affairs. The panel found that the men had agreed freely to be examined and treated. However, there was no evidence that researchers had informed them of the study or its real purpose. In fact, the men had been misled and had not been given all the facts required to provide informed consent.

The men were never given adequate treatment for their disease. Even when penicillin became the drug of choice for syphilis in 1947, researchers did not offer it to the subjects. The advisory panel found nothing to show that subjects were ever given the choice of quitting the study, even when this new, highly effective treatment became widely used.

The Study Ends and Reparation Begins

The advisory panel concluded that the Tuskegee Study was “ethically unjustified”– the knowledge gained was sparse when compared with the risks the study posed for its subjects. In October 1972, the panel advised stopping the study at once. A month later, the Assistant Secretary for Health and Scientific Affairs announced the end of the Tuskegee Study. In the summer of 1973, a class-action lawsuit was filed on behalf of the study participants and their families. In 1974, a \$10 million out-of-court settlement was reached. As part of the settlement, the U.S. government promised to give lifetime medical benefits and burial services to all living participants. The Tuskegee Health Benefit Program (THBP) was established to provide these services. In 1975, wives, widows and offspring were added to the program. In 1995, the program was expanded to include health as well as medical benefits. The Centers for Disease Control and Prevention was given responsibility for the program, where it remains today in the [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#). The last study participant died in January 2004. The last widow receiving THBP benefits died in January 2009. There are 12 offspring currently receiving medical and health benefits.

<https://www.cdc.gov/tuskegee/timeline.htm>

Additional information can be found at:

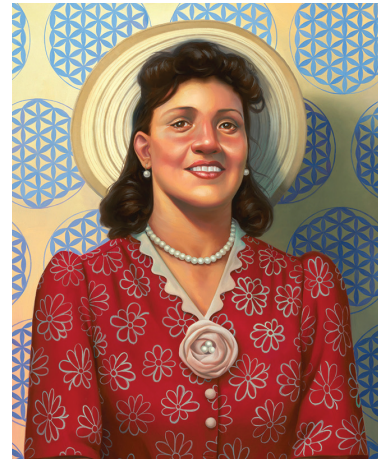
<https://www.youtube.com/watch?v=vz4jE7huhMA&feature=youtu.be>

Student Resource Sheet #6

Source D: The Legacy of Henrietta Lacks

In 1951, a young mother of five named Henrietta Lacks visited The Johns Hopkins Hospital complaining of vaginal bleeding. Upon examination, renowned gynecologist Dr. Howard Jones discovered a large, malignant tumor on her cervix. At the time, The Johns Hopkins Hospital was one of only a few hospitals to treat poor African-Americans.

As medical records show, Mrs. Lacks began undergoing radium treatments for her cervical cancer. This was the best medical treatment available at the time for this terrible disease. A sample of her cancer cells retrieved during a biopsy were sent to Dr. George Gey's nearby tissue lab. For years, Dr. Gey, a prominent cancer and virus researcher, had been collecting cells from all patients who came to The Johns Hopkins Hospital with cervical cancer, but each sample quickly died in Dr. Gey's lab. What he would soon discover was that Mrs. Lacks' cells were unlike any of the others he had ever seen: where other cells would die, Mrs. Lacks' cells doubled every 20 to 24 hours.



Portrait of Henrietta Lacks by Kadir Nelson/
Smithsonian

Today, these incredible cells — nicknamed “HeLa” cells, from the first two letters of her first and last names — are used to study the effects of toxins, drugs, hormones and viruses on the growth of cancer cells without experimenting on humans. They have been used to test the effects of radiation and poisons, to study the human genome, to learn more about how viruses work, and played a crucial role in the development of the polio vaccine.

Although Mrs. Lacks ultimately passed away on October 4, 1951, at the age of 31, her cells continue to impact the world.

View the Youtube video: <https://youtu.be/SPLSp7Tf3bw>

<https://www.hopkinsmedicine.org/henrietalacks/index.html>

Additional Information can be found at:

<https://www.youtube.com/watch?v=y38pgPY6Zq0&feature=youtu.be>

Student Resource Sheet #7

Medical Justifications for Treatment of African Americans
Graphic Organizer

Reading Like a Historian Skills	Source A: Diseases and Peculiarities of the Negro Race by Dr. Samuel Cartwright	Source B: The Increase of Insanity and Tuberculosis in the Southern Negro Since 1860 by Theophilus Powell, MD	Source B: Race Traits and Tendencies of the American Negro by Frederick Hoffman
Sourcing <ul style="list-style-type: none"> - Who wrote this? - What is the author's perspective? - Why was it written? - When was it written? - Where was it written? - Is this source reliable? - Why? Why not? 			
Contextualization <ul style="list-style-type: none"> - When and where was the document created? - What was different then? - What was the same? - How might the circumstances in which the document was created affect its content? 			
Close Reading <ul style="list-style-type: none"> - What claims does the author make? - What evidence does the author use? - What language (words, phrases, images, symbols) does the author use to persuade the document's audience? - How does the document's language indicate the author's perspective? 			
Corroboration <ul style="list-style-type: none"> - Do the documents agree? - If not, why? - What are other possible documents? - What documents are most reliable? 			

Student Resource Sheet #8

Source B: "Diseases and Peculiarities of the Negro Race," by Dr. Samuel Cartwright
The New Orleans Medical and Surgical Journal
May 1851

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 12th, 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 scientific
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 diseases
and physical peculiarities are almost unknown to the learned.
The little knowledge that Southern physicians have acquired con-

89
1 Samuel A. Cartwright, Report on the Diseases and Physical Peculiarities of the
Negro Race 691 (1851)/HeinOnline

condescension, and at the same time ministers to his physical wants, and protects him from abuses, the negro is spell-bound, and cannot run away.

According to my experience, the "genu flexit" — the awe and reverence, must be exacted from them, or they will despise their masters, become rude and ungovernable, and run away. On Mason and Dixon's line, two classes of persons were apt to lose their negroes: those who made themselves too familiar with them, treating them as equals, and making little or no distinction in regard to color; and, on the other hand, those who treated them cruelly, denied them the common necessaries of life, neglected to protect them against the abuses of others, or frightened them by a blustering manner of approach, when about to punish them for misdemeanors. Before the negroes run away, unless they are frightened or panic-struck, they become sulky and dissatisfied. The cause of this sulkiness and dissatisfaction should be inquired into and removed, or they are apt to run away or fall into the negro consumption. When sulky and dissatisfied without cause, the experience of those on the line and elsewhere, was decidedly in favor of whipping them out of it, as a preventive measure against absconding, or other bad conduct. It was called whipping the devil out of them.

Drapetomania, Or The Disease Causing Negroes To Run Away.

It is unknown to our medical authorities, although its diagnostic symptom, the absconding from service, is well known to our planters and overseers ... In noticing a disease not heretofore classed among the long list of maladies that man is subject to, it was necessary to have a new term to express it. The cause in the most of cases, that induces the negro to run away from service, is as much a disease of the mind as any other species of mental alienation, and much more curable, as a general rule. With the advantages of proper medical advice, strictly followed, this troublesome practice that many negroes have of running away, can be almost entirely prevented, although the slaves be located on the borders of a free state, within a stone's throw of the abolitionists.

If the white man attempts to oppose the Deity's will, by trying to make the negro anything else than "the submissive knee-bender," (which the Almighty declared he should be,) by trying to raise him to a level with himself, or by putting himself on an equality with the negro; or if he abuses the power which God has given him over his fellow-man, by being cruel to him, or punishing him in anger, or by neglecting to protect him from the wanton abuses of his fellow-servants and all others, or by denying him the usual comforts and necessaries of life, the negro will run away; but if he keeps him in the position that we learn from the Scriptures he was intended to occupy, that is, the position of submission; and if his master or overseer be kind and gracious in his hearing towards him, without

If treated kindly, well fed and clothed, with fuel enough to keep a small fire burning all night — separated into families, each family having its own house — not permitted to run about at night to visit their neighbors, to receive visits or use intoxicating liquors, and not overworked or exposed too much to the weather, they are very easily governed — more so than any other people in the world. When all this is done, if any one of more of them, at any time, are inclined to raise their heads to a level with their master or overseer, humanity and their own good require that they should be punished until they fall into that submissive state which it was intended for them to occupy in all after-time, when their progenitor received the name of Canaan or “submissive knee-bender.” They have only to be kept in that state and treated like children, with care, kindness, attention and humanity, to prevent and cure them from running away.

Dysaesthesia Aethiopica, Or Hebetude Of Mind And Obtuse Sensibility Of Body — A Disease Peculiar To Negroes — Called By Overseers, “ Rascality.”

Dysaesthesia Aethiopica is a disease peculiar to negroes, affecting both mind and body in a manner as well expressed by dysaesthesia, the name I have given it, as could be by a single term. There is both mind and sensibility, but both seem to be difficult to reach by impressions from without. There is a partial insensibility of the skin, and so great a hebetude of the intellectual faculties, as to be like a person half asleep, that is with difficulty aroused and kept awake. It differs from every other species of mental disease, as it is accompanied with physical signs or lesions of the body discoverable to the medical observer, which are always present and sufficient to account for the symptoms. It is much more prevalent among free negroes living in clusters by themselves, than among slaves on our plantations, and attacks only such slaves as live like free negroes in regard to diet, drinks, exercise, etc. It is not my purpose to treat of the complaint as it prevails among free negroes, nearly all of whom are more or less afflicted with it, that have not got some white person to direct and to take care of them. To narrate its symptoms and effects among them would be to write a history of the ruins and dilapidation of Hayti, and every spot of earth they have ever had uncontrolled possession over for any length of time. I propose only to describe its symptoms among slaves.

From the careless movements of the individuals affected with the complaint, they are apt to do much mischief, which appears as if intentional, but is mostly owing to the stupidity of mind and insensibility of the nerves induced by the disease. Thus, they break, waste and destroy everything they handle — abuse horses and cattle, -tear, burn or rend their own clothing, and, paying no attention to the rights of property, steal others, to replace what they have destroyed. They wander about at night, and keep in a half nodding sleep during the day. They slight their work — cut up corn, cane, cotton or tobacco when hoeing it — as if for pure mischief. They raise disturbances with their overseers and fellow-servants without cause or motive, and seem to be insensible to pain when subjected to punishment. The fact of the existence of such a complaint, making man like an automaton or senseless machine, having the above or similar symptoms, can be clearly established by the most direct and positive testimony. That it should have escaped the attention of the medical profession, can only be accounted for because its attention has not been sufficiently directed to the maladies of the negro race. Otherwise a complaint of so common an occurrence on badly-governed plantations, and so universal among free negroes, or those who are not governed at all — a disease radicated in physical lesions and having its peculiar and well marked symptoms and its curative indications — would not have escaped the notice of the profession. The northern physicians and people have noticed the symptoms, but not the disease from which they spring. They ignorantly attribute the symptoms to the debasing influence of slavery on the mind without considering that those who have never been in slavery, or their fathers before them, are the most afflicted, and the latest from the slaveholding South the least. The disease is the natural offspring of negro liberty — the liberty to be idle, to wallow in filth, and to indulge in improper food and drinks.

De Bow's Review

Southern and Western States

Volume XI, New Orleans, 1851

AMS Press, Inc. New York, 1967

<http://www.pbs.org/wgbh/aia/part4/4h3106t.html>

Student Resource Sheet #9

Source B: The increase of insanity and tuberculosis in the southern negro since 1860, and its alliance, and some of the supposed causes

Theophilus O. Powell, M.D., Journal of the American Medical Association, December 5, 1896

Abstract:

The negroes of Georgia, and I might say of the Southern States, up to 1860 enjoyed remarkable mental and physical health, and they were almost entirely exempt from certain diseases to which they are now not only very susceptible, but are dying much more rapidly from these maladies than the whites; namely, insanity and consumption.

While they may indicate much less susceptibility to miasmatic fevers, they are becoming more and more susceptible to them every year, and when we consider that heredity is one of the leading factors in the causation of insanity with the whites, and know that twenty-five or thirty years ago insanity and consumption in the negro could not have been attributed to hereditary predisposition save in a very few cases; couple this phenomenal increase in this race since 1860 with the inherited tendencies to these maladies, which we might say is just beginning to be manifested in full force, and when we remember that it is the insane and consumptive diathesis that widens and deepens by heredity from generation to generation, unless the laws of health are properly appreciated and conformed to, are we not justified in apprehending that the number of colored insane in the Southern States will soon be as large, if not larger, than the whites in proportion to the population?

Excerpts:

- “The rapid increase of insanity and consumption in this race, is due to a combination of causes and conditions. This race has developed a highly insane, consumptive, syphilitic and alcoholic constitution which predisposed them to diseases which formerly they were free from. In this disturbed and unstable condition they seem to be totally unable to resist the slightest exciting causes. They are liable to succumb much more readily than the whites; especially is this true in regard to insanity and consumption. These causes could not have existed prior to 1860 to any large extent or we would have had the same pathologic changes and results that we have now.”
- “Up to 1865 it was to the interest of the owners not to allow them to violate the laws of health; therefore, their hygienic surroundings were carefully guarded from their youth. Their lives were regular and systematic, and they were absolutely restrained from all dissipation and excesses, and when sick they had the very best medical attention and nursing, until pronounced restored by the physician. Freedom removed all hygienic restraints and they were no longer obedient to the inexorable laws of health, plunging into all sorts of excess and vices, and having apparently little control over their appetites and passions. It is very manifest that these morbid tendencies and susceptibility have been growing for the past thirty years; hence, their unstable condition, and susceptibility to and inability to resist attacks of disease.”

<https://jamanetwork.com/journals/jama/article-abstract/455538>

Student Resource Sheet #10

Source C: Race Traits and Tendencies of the American Negro

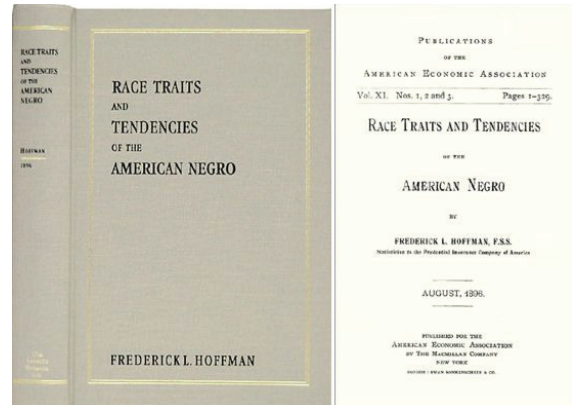
Frederick L. Hoffman, F.S.S. Statistician to the Prudential Insurance Company of America

August, 1896.

American Economic Association, Vol. XI. Nos. 1, 2 and 3

Excerpts:

- About ten years ago I began, for my own information, the collection of vital and social statistics of the colored population of this country ... At the commencement of my investigation, especially in regard to longevity and physiological peculiarities among the colored population, I was confronted with the absence of any extensive collection of data free from the taint of prejudice or sentimentality. Being of foreign birth, a German, I was fortunately free from a personal bias which might have made an impartial treatment of the subject difficult. By making exclusive use of the statistical method and giving in every instance a concise tabular statement of the facts, I believe that I have made it entirely possible for my readers to arrive at their own conclusions, irrespective of the deductions that I have made (Preface).



Race traits and tendencies of the American Negro by Hoffman, Frederick L. (Frederick Ludwig), 1865-1946/The National Archives

- With an inordinate rate of mortality, with an excessive degree of immorality, with a greater tendency to crime and pauperism than the whites, the negro race has also, as shown by the facts just given, a far lower degree of economic activity and inclination towards accumulation of capital and other material wealth. It seems from all the facts relating to their economic condition, that the great majority leave the earth as poor as they entered it, and are fully satisfied with a degree of comfort too low to prove of economic advantage to the state. It is not too much to say that if the present tendency towards a lower degree of economic efficiency is persisted in, the day is not far distant when the negro laborer of the South will be gradually supplanted by the immigrant laborer from Europe, just as the coolie in the West Indies has supplanted the native laborer (p. 308).
- The central fact deducible from the results of this investigation into the traits and tendencies of the colored population of this country, is plainly and emphatically the powerful influence of race in the struggle for life. In marked contrast with the frequent assertions, such as that of Mill, that race is not important and that environment or the conditions of life are the most important factors in the final result of the struggle for life, individual as well as social, we have here abundant evidence that we find in race and heredity the determining factors in the upward or downward course of mankind. In the field of statistical research, sentiment, prejudice, or the influence of preconceived ideas have no place. The data which have been here brought together in a convenient form speak for themselves. From the standpoint of the impartial investigator, no difference of interpretation of their meaning seems possible. The decrease in the rate of increase in the colored population has been traced first to the excessive mortality, which in turn has been traced to an inferior vital capacity. The mixture of the African with the white race has been shown to have seriously affected the longevity of the former and left as a heritage to future generations the poison of scrofula, tuberculosis and most of all of, syphilis. This racial inferiority, has in turn brought about a moral deterioration such as is rarely met with in civilized countries at the present time. Already subject to an inordinate rate of mortality, especially from all of the most destructive diseases, the sexual im morality prevailing between colored females and white males of a lower type, as well as between colored males and colored females, has also brought about a diminished power of vital resistance among the young, as is to be expected from the recognized fact that the death rate for illegitimate children is about twice that of children born in wedlock. As a general result there is diminished social and economic efficiency, which in the course of years must prove not only a most destructive factor in the progress of the colored race, but also in the progress, social as well as economic, of the white race brought under its influence (p. 310-311).

-
- Nothing is more clearly shown from this investigation than that the southern black man at the time of emancipation was healthy in body and cheerful in mind. He neither suffered inordinately from disease nor from impaired bodily vigor. His industrial capacities as a laborer were not of a low order, nor was the condition of servitude such as to produce in him morbid conditions favorable to mental disease, suicide, or intemperance. What are the conditions thirty years after? The pages of this work give but one answer, an answer which is a most severe condemnation of modern attempts of superior races to lift inferior races to their own elevated position, an answer so full of meaning that it would seem criminal indifference on the part of a civilized people to ignore it. In the plain language of the facts brought together the colored race is shown to be on the downward grade, tending toward a condition in which matters will be worse than they are now, when diseases will be more destructive, vital resistance still lower, when the number of births will fall below the deaths, and gradual extinction of the race take place. Neither religion nor education nor a higher degree of economic well-being have been able to raise the race from a low and anti-social condition, a condition really fostered by the very influences which it was asserted would soon raise the race to a place even more elevated than that of the whites (p.311-312).

<https://archive.org/details/racetraitstenden00hoff>

Student Resource Sheet #11

Medical Justifications for Treatment of African Americans
Graphic Organizer

Reading Like a Historian Skills	Source A: W.E.B. DuBoist	Source B: Provident Hospital	Source B: Booker T. Washington
Sourcing <ul style="list-style-type: none"> - Who wrote this? - What is the author's perspective? - Why was it written? - When was it written? - Where was it written? - Is this source reliable? - Why? Why not? 			
Contextualization <ul style="list-style-type: none"> - When and where was the document created? - What was different then? - What was the same? - How might the circumstances in which the document was created affect its content? 			
Close Reading <ul style="list-style-type: none"> - What claims does the author make? - What evidence does the author use? - What language (words, phrases, images, symbols) does the author use to persuade the document's audience? - How does the document's language indicate the author's perspective? 			
Corroboration <ul style="list-style-type: none"> - Do the documents agree? - If not, why? - What are other possible documents? - What documents are most reliable? 			

Student Resource Sheet #12

Source A: The Health and Physique of the Negro American
W.E.B. DuBois
Eleventh Conference for the Study of the Negro Problems,
Atlanta University
May the 29th, 1906

Excerpts:

- THE GENERAL OPINION IS THAT THE DEATH RATE OF NEGROES is higher in the North than in the South. This is untrue. The crude death rates of the Negroes in the Northern cities are lower than those in the Southern cities ... of the large cities, the eight highest death rates are Southern cities—Charleston, Savannah, New Orleans, Richmond, Norfolk, Nashville, St. Louis and Atlanta. Thirty deaths per 1,000 seems to be the dividing line between the Northern cities and the Southernmost of the Southern cities having a rate above 30, while most of the Northern cities have a rate below 30.
- Let us now come to the subject of the Northern Negroes' general physical condition. For this purpose let us take a special city. That city is Philadelphia, and for many reasons. It is the largest, the oldest and most conservative city and is quite representative of the Negroes' progress in the North, but comparisons with other cities will be made as are deemed necessary to the better understanding of the Philadelphia situation ... The average death rate for Philadelphia for ten years from 1896-1905, inclusive, was 18.72 per 1,000, while the average for colored was 22.02 per 1,000, a difference of 3.80 per thousand against the colored persons. What is shown for Philadelphia here over a course of years also holds good for every Northern city ...
- The causes of death of which Negroes form more than their part are in the following order: Syphilis leads with 20.5 percent of the total deaths; then come marasmus, whooping cough, consumption, inanition, pneumonia, inflammation of the brain, childbirth, typhoid fever, epilepsy, cholera infantum, still births, premature births, inflammation of the kidneys, dysentery, heart disease and Bright's disease.
- Consumption is the chief cause of excessive death rate. One out of every six Negro persons who die in Philadelphia, dies of this disease, and probably five out of every seven who die between 18 and 28 die of this disease. It attacks the young men and women just as they are entering a life of economic benefit and takes them away. This disease is probably the greatest drawback to the Negro race in this country.
- In 1900 there were 1,467 babies born in Philadelphia and 25 percent died before they were one year old. Of every five persons who die in a year two are children under five years of age. The disease of cholera infantum, inanition and marasmus, which are simply the doctor's way of saying lack of nourishment and lack of care, cause many unnecessary deaths of children ...
- The undeniable fact is, then, that in certain diseases the Negroes have a much higher rate than the whites, and especially in consumption, pneumonia and infantile diseases.
- The question is: Is this racial? Mr. Hoffman would lead us to say yes, and to infer that it means that Negroes are inherently inferior in physique to whites. If the population were divided as to social and economic condition the matter of race would be almost entirely eliminated.
- Even in consumption all the evidence goes to show that it is not a racial disease but a social disease. The rate in certain sections among whites in New York and Chicago is higher than the Negroes of some cities. But as yet no careful study of consumption has been made in order to see whether or not the race factor can be eliminated, and if not, what part it plays.
- The high infantile mortality of Philadelphia today is not a Negro affair, but an index of a social condition. Today the white infants furnish two-thirds as many deaths as the Negroes, but as late as twenty years ago the white rate was constantly higher than the Negro rate of today—and only in the past sixteen years has it been lower than the Negro death rate of today. The matter of sickness is an indication of social and economic position ...

-
- We might continue this argument almost indefinitely going to one conclusion, that the Negro death rate and sickness are largely matters of condition and not due to racial traits and tendencies ...
 - With the improved sanitary condition, improved education and better economic opportunities, the mortality of the race may and probably will steadily decrease until it becomes normal ...
 - The Eleventh Atlanta Conference has made a study of the physique, health and mortality of the Negro American, reviewing the work of the first conference held ten years ago and gathered some of the available data at hand today.
 - The Conference notes first an undoubted betterment in the health of Negroes; the general death rate is lower, the infant mortality has markedly decreased, and the number of deaths from consumption is lessening.
 - The Conference does not find any adequate scientific warrant for the assumption that the Negro race is inferior to other races in physical build or vitality. The present differences in mortality seem to be sufficiently explained by conditions of life; and physical measurements prove the Negro a normal human being capable of average human accomplishments.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449799/>

Student Resource Sheet #13

Source B: A History of Provident Hospital, Baltimore, Maryland
by Robert L. Jackson, M.D., F.A.C.S. and Emerson C. Walden, M.D., F.A.C.S.
Journal of the National Medical Association
May 1967, Volume 59, No. 3

Provident Hospital was established June 13, 1894 with 10 beds in a small private dwelling at 419 Orchard Street in the northwest section of the city. The founders of the hospital were largely Negro physicians practicing in Baltimore, who acted in a dual capacity as members of the Board of Trustees and as members of the hospital's medical staff. The aims and purposes of the hospital are stated as follows in the annual report of 1897:

The hospital is intended to fulfill three purposes: to be an institution where people of color may be attended by physicians of their own race; secondly-the colored physicians may have an opportunity to develop themselves along the lines of specialty, thereby become proficient in them, and thirdly-that there maybe a well organized training school for nurses where young ladies may obtain instruction pertaining to their calling.



Jackson, Eunice, American, 1903 - 2004, Unidentified Woman or Women/Smithsonian

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2611341/>

Student Resource Sheet #14

Source C: Training Colored Nurses at Tuskegee
By Booker T. Washington
The American Journal of Nursing, Vol. 11. No. 3
December 1910

From the first, training for the profession of nursing has been popular among the young women at Tuskegee, and there has been no occupation in which our graduates have met with more success or have been of more service, both to the members of their own race and to the white people of the south ...

Of course the school had not been in existence very long before some of us fell sick and it was necessary to detail someone as a nurse. After the hospital was established it was possible to permanently set apart a number of students as nurses, and it was in this way that the Nurses' Training School was started.

Colored women have always made good nurses. They have, I believe, a natural aptitude for that sort of work. Like the Negro man, however, the Negro woman no longer has the opportunity she formerly had for getting the training and discipline necessary to make her proficient. Besides, nursing has in recent years become a profession which requires a long course of technical training.

In the meantime, since our training school was started at Tuskegee, there has been springing up in every part of the south hospitals and infirmaries for colored people. A few years ago such a thing as a hospital for Negroes was comparatively rare, but, as the Negro physicians have begun to make some success and gain a standing in the south, they have established hospitals of their own. For instance, in 1884, three years after Tuskegee Institute was started, there was but one colored physician in the state of Alabama. At the present time there is a flourishing medical association with not less than 100 members in good standing. Besides that, there are no less than six infirmaries and hospitals in the state, supported and carried on by Negroes.



Tuskegee and Its People: Their Ideals and Achievements by Washington, Booker T., 1856-1915. At The Hospital. A corner in the boys' ward./www.gutenberg.net, Internet Archive

https://www.jstor.org/stable/3403116?seq=1#page_scan_tab_contents

<http://www.gutenberg.org/files/28087/28087-h/28087-h.htm>