



Made by History Perspective

American medicine was built on the backs of slaves. And it still affects how doctors treat patients today.

Doctors must grapple with this racist history to improve our medical care.



by Kathleen Bachynski June 4

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In 1894, the *Journal of the American Medical Association* [announced](#) that, for the first time in American history, a public statue had been “erected to the memory of a member of the medical profession”: J. Marion Sims. First unveiled in Bryant Park in New York City, that monument bore an inscription celebrating a physician “whose brilliant achievements carried the fame of American surgery throughout the civilized world.”

Indeed, Sims compiled pathbreaking accomplishments: designing the vaginal speculum, developing a treatment for vesicovaginal fistula (VVF) and building a successful medical career promoting VVF repair. He would serve as president of the American Medical Association and was [dubbed](#) the “father of modern gynecology.” In 1934, the statue of Sims was relocated to a new place of honor in Central Park. For more than eight decades, it stood directly across from the New York Academy of Medicine, a potent symbol of Sims’s stature in American medicine.

But to modern eyes, Sims’s record looks far more complicated. The VVF treatment he developed, for example, came as a result of experiments he performed on black slaves. In response to growing public outcry, New York City [removed](#) the statue of Sims from Central Park in April, while activists are [urging](#) the removal of a similar statue from the Alabama Capitol. But removing symbols that venerate Sims will be most effective only if this step fosters broader conversations not only about his career but also about how its historical context still influences modern medicine. We must address the ways racism and slavery shaped American medicine, not only to right past wrongs but also to confront how that influence continues to affect how patients are treated today.

The systematic influence of institutional racism on American medicine goes far beyond any individual physician. Yet Sims’s career is an excellent starting point because the history of American gynecology is particularly associated with the institution of slavery.

After 1808, when a federal ban on importing slaves from other countries took effect, the perpetuation of American slavery became dependent on domestic slave births. That aligned the economic interests of slave owners — who wanted to promote the healthy births of slave children — and the interests of white physicians — who [portrayed themselves](#) as helping slaves but also reaped professional benefits because they could experiment on slaves without their consent. As historian Deirdre Cooper Owens [has observed](#), those economic incentives drove medical innovation. Gynecological examinations of black women influenced the country’s slave markets, and “slavery, medicine and medical publishing formed a synergistic partnership” in the establishment of gynecology as a medical specialty in the United States.

Under these incentives, understanding and treating gynecological problems became particularly important. A condition such as VVF threatened a slave woman’s ability to perform hard labor as well as her future reproductive capacity. So Sims had plenty of motivation to devote four years to [experimenting](#) on 14 slaves with VVF whom he housed on his property, including 30 experiments on a single woman named Anarcha. This experimentation resulted in a landmark development in the history of gynecology: successful treatment of VVF with the use of silver wire. But from the perspective of slave owners, this development was more notable because the new treatment meant that healed slaves could retain their economic value.

Racist beliefs associated with slavery also provided perceived ethical justifications for conducting repeated invasive experiments like those Sims performed. Sims carried out his experiments on women's genitalia from 1845 to 1849 without anesthesia, which had recently been introduced. In addition to their status as enslaved people, black women were considered appropriate subjects for such experiments based on the widespread belief that black people experienced less pain than white people.

Such ideas had helped rationalize the enslavement of black Americans and received the imprimatur of 19th-century medicine. For example, prominent physicians of the day contended that black people possessed thicker skulls and less sensitive nervous systems. Such racist beliefs about pain tolerance permeated American society and persisted well beyond the institution of slavery. Indeed, a 1950 [biography](#) of Sims suggested that slave women endured [his VVF experiments](#) "with amazing patience and fortitude — a grim stoicism which may have been part of their racial endowment."

Sims's experiments to repair VVF would never be condoned today. But the racist views that underpinned his achievements are no mere relic of the past.

As New York City Health Commissioner Mary Bassett has argued, the [failure](#) of medical institutions to grapple with the legacy of racism in medical experimentation is contributing to ongoing racial disparities in health outcomes. Racist health beliefs have proven remarkably durable not only because they were at the core of medical advances such as VVF repair but also because of an [ongoing absence](#) of "critical thinking and writing on racism and health in mainstream medical journals." For example, the belief in biological differences in pain tolerance between black and white patients continues to affect American medical practice today — just one of a number of troubling beliefs about biological racial differences plaguing modern medicine. A [2016 survey](#) found that about half of white medical students and residents in the sample endorsed false beliefs about biological differences between black and white patients. For example, 25 percent of medical residents agreed that blacks have thicker skin than whites. Strikingly, "participants who endorsed more false beliefs about biological differences between blacks and whites showed a racial bias in the accuracy of their treatment recommendations." These disparities remain particularly stark in obstetrics and gynecology. Today, black women are three to four times [as likely](#) to die from pregnancy-related causes than white women.

The persistence of racist medical beliefs, and their association with ongoing racial disparities in treatment and patient outcomes, represents a major challenge for 21st-century American medicine. Part of the process of addressing these ongoing disparities will involve reexamining incomplete or misleading historical narratives that contributed to their development. For more than a century, American medical societies, literature and textbooks have celebrated Sims's achievements while largely ignoring the racist assumptions and institutions that made them possible.

Today, the pedestal in Central Park where Sims once stood is empty. A placard at the bottom reads that "plans are being developed to commission a new monument on the site." One possibility would be a monument to the "[mothers of American gynecology](#)": Anarcha, Lucy, Betsey and the other slave women upon whom Sims experimented, and whom he also enlisted to assist him as medical assistants. Their bodies and their labor have been rendered invisible for nearly two centuries, yet they, too, are part of the history of American medicine.

But beyond the decision about whether and how to replace a specific statue in Central Park, the greater challenge is to confront the broader racist beliefs that continue to influence American medical practice. Understanding the fuller context of Sims's famed career is critical to addressing the racial inequities that remain today. And reevaluating the stories we tell about the past is a step to informing a more equitable future. That would be a greater medical legacy than any bronze monument.

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