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AMERICA'S HISTORY OF HEALTH DISPARITIES: HOW DOES THIS AFFECT THE
FUTURE OF HEALTHCARE IN MISSISSIPPI?

A thesis submitted to the faculty of The University of Mississippi in partial fulfillment of the
requirements of the Sally McDonnell Barksdale Honors College.

Zuri Dixon Omere and Jazmin King

May 2022

Approved by:

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Reader: Dr. Anne Cafer

Reader: Dr. Meagan Rosenthal

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DEDICATION
Zuri Dixon Omere

I would like to dedicate this work to my family. The continuous support that they have shown me throughout my life has been extraordinary. The sacrifices have not been in vain. To my mother, in heaven, thank you for all of your love that you have given me. Thank you for watching over me from the skies above. To my grandparents, thank you for all you do to ensure that my future is bright.

Additionally, I would like to dedicate this thesis to the many healthcare workers who fight for reform within the medical system. I see you and your efforts have not gone unnoticed. Thank you for advocating for minority patients and exploiting the lack of diversity within the healthcare system.

DEDICATION
Jazmin King

I would like to dedicate this work to my parents and family. My parents and family have always supported my efforts, and I am extremely grateful to have them in my life.

ACKNOWLEDGEMENTS

First and foremost, we would like to thank Dr. Kate Centellas. This process has been grueling, but with her guidance and support, we finally completed this new and exciting project. The patience and motivation of Dr. Centellas has been vital to our thesis experience. Without her, we truly would have been lost. Additionally, we would like to thank our readers, Dr. Anne Cafer and Dr. Meagan Rosenthal.

ABSTRACT

America's healthcare system runs rampant with healthcare inequalities that have an alarming effect on minorities and people of color. In order for people of color and marginalized groups to receive proper care and treatment, more attention needs to be brought to these inequalities. For example, Covid-19 reflected the health inequalities that are present in this country; minorities were more likely to become hospitalized due to Covid-19 than other non-minorities. In addition, minorities in women's health, specifically black women, have been affected in various ways that are related to the inequalities in medicine like dying during childbirth and improper care. This is why the research for this thesis is important; through the background history of healthcare, personal experiences, and research data, we will explore and bring to light healthcare disparity issues. For research purposes, a survey was conducted to directly obtain feedback from healthcare professionals regarding their experiences in healthcare. From this survey, information about patient interactions and insight from a health professional's point of view was gained. The conclusions gathered from all of the research conducted about health disparities led to findings that most individuals believe there is a need for more diversity in healthcare. Additionally, there is a history of racism and discrimination within the United States that has undoubtedly left a mark on the modern medical system. In order to increase diversity within medicine, there is a need to evaluate and assess current medical practices and educational teachings.

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Overview (Zuri)

The thesis experience of Zuri Dixon Omere and Jazmin King is very unconventional. This collaborative effort is the first of its kind and has led to both of its co-authors to be on a very interesting journey. Originally, Zuri and Jazmin were both writing separate theses in order to focus on topics that had a major impact on their life experiences. Zuri was exploring the connections between women's healthcare and medical racism experienced by African American communities. Jazmin was exploring how the past medical history of this country has left stains on the present and, possibly, the future of healthcare.

As time progressed, we started to have more conversations about our experience as we were undergoing the thesis process. We soon discovered that we had similar interests from two different perspectives. This led to us proposing to the honors college a unique and possibly program altering experience. Once we explained our desire to combine efforts, we found that the project track option for the capstone experience would allow us to reach our community, while simultaneously contributing an academic product.

The three main goals of this project are centered on this experience transcending beyond the Sally McDonnell Barksdale Honors College and the University of Mississippi. First, we wanted a way to make the information from this capstone experience available to the general public. Additionally, we established the requirement that the information needed to be displayed in a simplified manner in which it is digestible by anyone who seeks it. Next, we wanted to not only discuss the modern impacts of racism in medicine, but to also explore its origins in connection to the

Coronavirus pandemic. Lastly, we wanted to find a way to discover an alternative way to complete the Senior thesis project to make it less daunting for future generations of Honors students.

After establishing the three aforementioned goals, it was time to act and implement. We decided the best way to achieve our first goal was to simplify our information and showcase it on a website. This would allow us to update the website in the future and for it to serve as a resource to individuals who are intrigued about the history of racism in medicine or have experienced racism in medicine. Not only did we decide to include the information we collected, but we decided to provide resources so that individuals could seek professional help for advocates or to simply understand their rights as a patient. The next goal was achieved by us both dividing and conquering to make the most of our efforts. Jazmin tackled the history of eugenics and traced it to some of the major events connected to medical racism. This tracing led us to the Coronavirus pandemic. Zuri focused on the sociological ramifications of medical racism and healthcare disparities. Additionally, the topic of women's reproductive healthcare and its racist origins is one of the main focal points to explore. Lastly, our thesis experience is new to the Sally McDonnell Barksdale Honors College and has led to a lot of learning by experience. We quickly found out that because this is all new, most of the time the answers to our questions went unanswered or were discovered by trial and error. However, we discovered that this experimental, collaborative track is not only possible, but is worthy of serious consideration for future Honors students.

Introduction (Jazmin & Zuri)

“Physicians, patients, and ethicists must also understand that acknowledging abuse and encouraging African Americans to participate in research are compatible goals. History and today's deplorable African American health profile tell us clearly that black Americans need both more research and more vigilance” (Harriet A. Washington). This quote is just the beginning of our thesis regarding healthcare in the United States, specifically Mississippi. To begin, this thesis was co-written by Zuri Dixon Omere and me, Jazmin King. We have decided to combine our efforts to reflect and research health disparities in the United States. We also have created a website as a reference to this thesis.

In the website, we will include information about certain parts of history that affect healthcare, graphs and charts surrounding our surveys, articles, pictures, and quotes. As mentioned before, our website will be used by the public as a means to understand the information written in this thesis. Being able to simplify our information was an important aspect of our thesis. Both Zuri and I worked on the website for hours to make sure the content was engaging and beneficial to people who wanted to learn more about healthcare in the United States. The website link will be provided at the end of this thesis.

In this thesis, we will dissect the common experience of racial disparities shared by most African Americans. There will be a tracing of racism in medicine beginning with eugenics and how it has shaped our society. To begin, the personal narratives of both authors will be shared in order to show the parallels we both have faced when it comes to experiences in healthcare as African American women. Next, we will link eugenics all

the way to the Coronavirus pandemic. This is to show how during the pandemic, much of the shortcomings of the medical system were exposed. Additionally, we will take the opportunity to explore the origins of racism in medicine. Then, we will discuss the experience of research conducted by Zuri Dixon Omere with University of Mississippi Community First Research Center for Wellbeing & Creative Achievement (UM CREW), although the research project was incomplete. To conclude, there will be an explanation of our findings and connections will be displayed from all of our research efforts.

Zuri's Experience

My name is Zuri Omaray Dixon Omere. I am a 21 year old woman of African and Native American descent. I aspire to become a Doctor that can make a positive impact on the African American community by fostering meaningful connections between medicine and quality, accessible healthcare. Although I was raised in a single parent household, my mother provided a very privileged upbringing for me and I was always encouraged to seek knowledge within academia and through life experiences. Science always seemed to pique my interest and I quickly fell in love with the endless possibilities of the biological and chemical sciences. This led me on the path of learning more about the complexities of the human body and how medicine is connected to it. Through this newfound love and intrigue, I discovered that I love history. Specifically, bridging the gap between the past and present in order to learn more about the future. In the realm of medicine, I started with reading literature about ancient medicine. Soon, I found myself enamored with the life and works of significant medical figures such as Hippocrates and Galen.

As most children experience, I have been asked numerous times, "what do you want to be when you grow up? ". My answer has always been, "a Doctor!" with

enthusiasm and joy. In my fifth grade yearbook, the editors included a text box beside each student's picture with their adult occupation of choice. Some of my classmates had chosen the occupations of firefighter, police officer, princess, or even an explorer, but my text box read, "Pediatric Doctor". While some of the specifics, such as the field of practice changed (often), my answer was always the same. Some of my earliest memories as a child are of myself playing "doctor" and taking care of my mother as my "patient". My mother often told me that as a child, I always gravitated towards my doctors. I still remember my first physician, Dr. Robert Johnson. He used to let me play with his stethoscope while he performed his assessments. I believe these things and more contributed to my need to nurture others and desire to become a healthcare provider. However, I was unaware just how difficult that desire would be to fulfill and how my racial identity served as one of my greatest obstacles in life.

As a child, I was ignorant regarding my racial background in terms of its significance in my life and how the world would see me. I never understood how I was "different" because of my skin color, but the world taught me quickly that I was a "tolerated" member of society. From the age of 18 months up until about six years old, I attended an all Black private school. When it was time to start first grade, my mother enrolled me into the newly established school district close to home. It was located in my predominantly Caucasian town, and I was one of approximately ten African American students within the entire district. My first memory of experiencing racism was in one of my last years in elementary school. My best friend at the time and I had just discovered a mix up with our names in the yearbook while eating lunch and went to the front office to see if it could be changed. Upon returning to the cafeteria, her demeanor completely

changed and when I questioned it, she told me that we could no longer be friends. Confused, I pressed for an explanation and was told that she could not be friends with me because I was Black. She explained that her grandmother said that she could only play with children that resembled her appearance. I was so young that I got over it easily and didn't even think to mention it to anyone. Little did I know that this was going to be the first of many racist experiences that I would be subjected to.

I had heard stories about African Americans experiencing racism in medicine, but I never truly understood it until recently. My first time realizing racism was embedded into medicine was in 2019. I was experiencing shortness of breath, a chronic cough, wheezing, and felt that I couldn't breathe while I had a bad cold. None of my prescribed medicines for an asthma attack were working, so after a few days of suffering without improvement, I decided to drive myself to the Emergency Room. It was almost midnight when I arrived. Everything was normal until I had my encounter with the physician. I took two years worth of vocational health science courses while in high school so I knew the standard procedures for healthcare settings. The first sign of trouble was when the physician opened the door and did not introduce himself. I was blowing my nose and I remember turning around to see a short, small caucasian male in periwinkle scrubs behind me. He then performed a quick assessment and sarcastically stated, "so what's the big emergency?". I explained my symptoms and that I couldn't sleep from the discomfort and pain I felt. He responded with an uninterested tone, "you need to go to an Urgent Care Clinic because you thinking you're in pain over a cold is not an emergency". He discharged me and the nurse came into the room and asked what had occurred. I explained the recent events and the nurse was shocked. The nurse provided me with

over-the-counter remedies that I could try and said that unfortunately nothing could be done until the next on-call doctor arrived, almost seven hours from then. I was then told I could file a report and I proceeded. After submitting the paperwork, I was told that a representative would follow up with me. That never happened. This event led me to realize that there was a much bigger issue when it came to medicine and racial discrimination.

I started to reevaluate my purpose as a future physician and how I was seen as a future healthcare professional. I started to redefine my out of the classroom education by becoming the President of the Minority Association for Pre-Medical Students (M.A.P.S.). I used this role to promote racial issues and discrepancies in medicine because I found that many people, including healthcare professionals do not understand the history and impact racism has had on African American communities in specific regards to medicine. I used my new platform to coordinate educational and intentional outreach efforts within rural communities of Mississippi. This only added to the knowledge I gained about issues pertaining to Black Mississippians and the pursuit of quality and accessible healthcare.

I knew that medical racism was a topic that I wanted to know more about, specifically its origins in relation to modern medicine. The first lesson I was taught highlighted the overall design of medicine. I learned that from the very system itself to the seemingly minute details, the world of medicine was not designed for people of color. In 2021, I learned for the first time ever that bandaids are supposed to match the color of your skin. This prompted me to investigate more about disparities in medicine that are commonly experienced by African Americans. The first thing I came across was that in 2021, there are racially biased, stereotypical teachings still occurring in most medical

schools in the United States. A Yale Medical School student by the name of Joel Bervell, created an entire social media platform dedicated to informing the general public of these practices and providing resources to further one's own knowledge on the subject. Some of the topics that came up include pain levels, the need to use different tools because African Americans have "tougher skin", and African American infant mortality rates. Nevertheless, many people have their own story involving health discrimination and exposing the healthcare industry. After reading my story and other people's stories, read my co-author, Jazmin King's, story.

Jazmin's Experience

As the co-author of this thesis, I have had a transformative experience while preparing for this thesis. From the beginning, I knew I wanted to create a thesis surrounding medicine and healthcare, specifically, black women in healthcare. I wanted to create a project to surround creating a clinic catered towards preventative treatment for women's care. I wanted to take a holistic approach to medicine and make sure the needs of all women are listened to and taken care of. I wanted to include background information on why there are many health disparities surrounding women of color and create a business plan for a women's health clinic. With the difficulty of finding an advisor, I unfortunately was not able to bring to life my thesis. However, the other co-author on this thesis, Zuri Dixon, a dear friend of mine, gave me an opportunity to join her in helping bring her thesis idea to life. With the main ideas of our theses being quite similar and involved in healthcare, I was more than willing to co-author this thesis we have created. We both have had our own personal experiences involving healthcare,

and since Zuri has explained hers, the time is only right for me to explain my personal experiences.

My parents always took my sisters and I to the doctor whenever we were sick or for checkups. I felt as if we went to the doctor many times compared to other children, but this was probably due to the fact that I was a sickly child. I was usually sick around every holiday you could think of from 4th of July to Easter. Nevertheless, what I can recall being a moment in my life where I saw the issues in healthcare. My mom drove me to Batson's Children Hospital almost every week for appointments with my endocrinologist. I never understood the effect traveling took on my parents. My mom is a high school teacher, so she would postpone her work and give her time to take me to my appointments, and we would arrive late at home. If there was a doctor closer in my proximity, the burden of traveling to my appointments would not have been as challenging. I also realized some of the reasons why there is such a prevalence of diabetes in minority groups. Some parents cannot consistently take their child to and from the doctor because of the interference of their jobs or even for financial reasons.

The driving to and from my doctor appointments represents the lack of treatments in my proximity with being from a rural area of Mississippi. In my small town of Bay Springs, Ms, I attended a predominantly black school and our graduating class only made up about 39 people. Even though I was used to going to our town clinic, my family and I still had to travel about 1.5 hours to 2 hours to go to specialty appointments like my Endocrinologist, my Dermatologist, or my Orthodontist. The biggest challenges I have faced surrounding healthcare would be the constant traveling to doctor appointments and the lack of bedside manner from several doctors. Some doctor's offices that I have visited

have walked into the room and stayed for a maximum of 5 minutes and would leave before you could even sit there long enough to even think about asking questions. Nevertheless, three doctors that have had excellent bedside manner that I appreciate that even encouraged to me a doctor at one point in my life was my family's orthopedic surgeon, our family dentist, and my dermatologist. The first two doctors always asked my sister and me about school when we visited them, and they would even ask our parents about us when we weren't present at the appointments. My parents could talk to these doctors not just about medicine, but also about their personal and work lives, which my parents loved. My dermatologist that I have used for about 4 years have genuinely cared about treating my skin; I never received drastic results from my previous doctor. I genuinely felt he did not care to treat me, but he would just give me the routine treatments he would give every patient, which did not work for me. My former doctor never once treated me for my hyperpigmentation, which is discoloration of the skin that many black people experience, but my current doctor does treat me for this condition. I do not know if my current doctor is a younger woman or my other doctor was an older man, but I am glad I switched doctors. Another example of inadequate treatment involves my boyfriend with his meniscus surgeries; he has had multiple meniscus surgeries on his knees. Since dealing with these surgeries, he experiences inflammation and fluid build up on his knee when he is active. He plays football at a university in Missouri, so being active is inevitable especially during football season. He goes to "treatment" with this athletic trainer at his school, in which one athletic trainer is shared between multiple sports. Sometimes, the trainer is not even present after practice due to scheduling conflicts, so the only treatment my boyfriend receives is just icing his knees. I saw how

inadequate the treatments and coaching was when my boyfriend reinjured himself twice under the school's guidance and supervision. Instead of listening to my boyfriend's issues with his knee, they ignored him and told him to "play it off." As you can imagine, walking into a clinic or being treated for an injury is not something people of color can encounter without facing unequal and improper treatment.

To conclude, I was once on the pre-medicine track until I realized that the disparities and issues with healthcare couldn't be fixed by just me. There is a stagnant chain of command and racial history behind healthcare in the United States. I am hopeful that healthcare could change one day, but it would take the government to create laws and regulations, so all people are treated equally in medicine. Not all doctors are at fault for the mistreatment and malpractice of their patients, but there are still patients who face discrimination and racism. To proceed with additional reasons as to why this thesis is important, my co-author will explain what initiatives are being made to fix and resolve the issues in healthcare.

The History of Eugenics (Jazmin)

Eugenics in the United States began in the late 1800s and lasted through the 1940s. This movement was established to improve the quality of the human race through selective breeding by identifying the group of people with adequate traits and discouraging those with inadequate attributes (Carlaw). In 1883, Sir Francis Galton founded the term eugenics in Britain; originally, the concept was based on reproducing desirable traits from the upper class. With regards to Carlaw, Galton specifically focused the idea on selective breeding for the rich. Unfortunately, for Sir Francis Galton, the idea

was rejected in Britain, but the idea excelled in the United States. According to Brooke Carlaw, Eugenics became a popular topic in America; Galton's idea became a movement in the 1920-1930s in America. Here, Charles Davenport, influenced by the ideas of Galton, led the eugenics movement with Harry Laughlin, a former principal; Davenport took a different approach from his predecessor and focused on undesirable traits (Carlaw). Davenport founded the ERO, Eugenics Record Office, which gathered "data" regarding the heritage of particular traits in bloodlines (Carlaw). The distinction between Eugenics in Britain and America were rather similar, but American eugenics focused heavily on negative eugenics; Britain focused on positive eugenics.

Positive vs. Negative Eugenics (Jazmin)

Eugenics is a way to use scientific research as a means to support the notion of making individuals more superior over time by modifying the genetic makeup of the human population. This is accomplished by encouraging the procreation of certain characteristics over other people. The prejudice over particular traits fostered the reproduction of two different groups: advocating for a community of people with better traits to reproduce and hindering the reproduction of others with inferior characteristics. This divide in eugenics came from selective breeding (Wilson). Alarming enough, the background of selective breeding was based on forcing the propagation of livestock with strong, superior genes. Furthermore, selective breeding was approached in two ways: positive and negative. Positive eugenics is the concept of improving the human race by selectively breeding for "highly desired" characteristics (Rivard). The "best" individuals were encouraged to reproduce and pass on their unique genetic makeup through

incentives like tax breaks and other sources of financial assistance (Wilson).

Competitions and exhibitions were even held to create a “better baby,” and superior genetic families were emboldened to generate more and more children (Rivard). As one can notice, the positive eugenics movement was definitely popular among U.S. citizens. On the other hand, negative eugenics is the second method brought into action. Instead of empowering "fit" people to have children, "unfit" individuals were often barred from having children against their will (Wilson). Presentations were conducted to explain to these individuals with “bad” traits to stop having children altogether to benefit society as a whole (Wilson). The founders of the American eugenics movement campaigned for this idea by teaching families that their efforts to protect society against undesirables were rather altruistic for many families. Moreover, after this altruistic presentation and manipulation, other methods were used to impel people from ceasing reproducing children. These methods included sterilization, marital constraints, and euthanasia. The negative eugenics movement was mainly aimed at individuals with mental illnesses, poor people, and individuals with other "deficient" genes, usually blamed on their race (Wilson). Preventing these people from having children stopped their genes from "contaminating" the gene pool and causing the human race to die out (Rivard).

Sterilization (Jazmin)

In the past, many people thought positive eugenics was better than negative eugenics because it was easier to implement into society. This is partly due to positive eugenics being linked to the essential aspects of human improvement and public health since the idea involved consent, choice, and non-coercion from prospective families (M;).

Nonetheless, for the victims of negative eugenics, one way to get rid of the bad traits was to force these people to receive sterilization (M:). For women, sterilization blocks or seals the fallopian tubes. This prevents the egg from venturing to the uterus, and pregnancy cannot occur(ACOG). Tubal ligation happens right after. The technique of mini-laparotomy occurs where a small incision is made in the skin and the fallopian tubes are brought through and removed (ACOG). For men, sterilization is called a vasectomy, which is the cutting and sealing of the tubes that carry sperm. Sterilization is an irreversible form of birth control.

Scientists and doctors asked that laws be made that encouraged people to be sterilized involuntarily as a way to cut down on the growth of "unfit" traits (M:). Because of the support of many scientists and with this being a popular social movement, in 1907, Indiana authorities passed the first law approving sterilization (Rivard). After this state, at least 30 other states eventually enacted these sterilization laws, which led to about 64,000 sterilized individuals (Rivard). The previous reasons for sterilization were to eradicate individuals with mental illnesses and the disabled; eventually, the efforts included people who were just poor or people of a particular race.

Marital Constraints (Jazmin)

Another effect of the American eugenics movement was marital constraints. “Eugenic Marriage Laws” were actually in place to ensure mothers did not give birth to children that would be a detriment to society (Stern). These laws existed as a means to reflect the positive and negative sides of eugenics. The “positive” side of eugenics allowed the movement to place limitations on people with borderline low IQs (Stern).

The movement wanted to stop children from being conceived in these marriages by parents with intellectual disabilities. The negative side would be that the movement restricted marriage between other races; in particular, the movement did not African Americans to be able to marry people who came from Caucasian descent (Stern). The reason for these restrictions was rooted in the fact that the eugenics movement thought that the African American race was inferior to other races. This idea of blacks being inferior led to Jim Crow Laws, segregation, murders, the Civil Rights Movement, etc. This inferiority of African Americans and the idea of them being “useless” or “not human” also led to scandals like the Tuskegee Experiment and Henrietta Lacks, which will all later be discussed. In addition to advocating marriage restrictions, eugenicists were often at the forefront of marriage counseling, usually by encouraging adherence to strict gender roles in which women’s principal roles were viewed as that of breeders and mothers. Such ideas resonated powerfully in Weimar and Nazi, Germany, imperial Japan, and New Zealand during the first half of the 20th century; this topic will also be mentioned later (Rivard). In conclusion, the negative side of the eugenics movement was embedded in racism, and the positive side of eugenics involved disability discrimination.

The End of an Era (Jazmin)

As previously stated, the American eugenics movement involved discrimination and racism, and the trend heavily relied on negative eugenics to gain popularity. One group of people that thought the eugenics movement reflected their own views was the Nazis led by Adolf Hitler (Rivard). To illustrate, the eugenics movement lasted until the

1940s, and World War 2 occurred between 1939 to 1945. Ironically, the United States was fighting against an idea that they actually created. Nevertheless, the extent of eugenics was not at the same level as euthanasia in the Nazi movement, but even though an idea can begin at a small scale, the effects and end results can scale and become brutal. Self-evidently, the Nazi movement heavily involved exterminating the complete Jewish race and praising the Aryan race for being genetically superior (Black). As one can see, this sounds quite similar to the movement in Europe where the movement wanted to reproduce desirable traits from the upper class because the rich were superior to other people in the population. More specifically, in the United States, the movement wanted to eliminate traits in the human race through selective breeding. The government passed laws in the U.S. that allowed people to be forced to get sterilized and kept people with mental or physical disabilities and mixed-race couples from getting married (Carlaw, 2019). The movement believed that anybody who was not white was unfit and thus did not deserve to reproduce. Women, even those who had passed through the brutal treatment of men via rape, were considered unacceptable and many of them suffered (Graves et al., 2022). This negative light on American eugenics has not been represented in history as much during the Nazi movement/World War 2 era. The eugenics movement eventually ended due to the fact that “The Nazi doctors used eugenic ideals to justify sterilizations, child and adult “euthanasia,” and, ultimately, genocide”(Grodin et al.). Furthermore, the eugenics movement declined with the end of World War 2 (Grodin et al.). Even with the eugenics movement ending, the history and ideology associated with this movement were both still ingrained heavily into many physicians’ and citizens’ minds; through the sources collected, this theory is reflected in U.S. medical history.

The Tuskegee Experiment (Jazmin)

With the background history of American eugenics, "implicit bias," also termed unconscious bias, has helped keep racism alive and well, especially in healthcare. Implicit bias is when someone stereotypes a person based on his or her race, gender, sexuality, etc (Strand et al., 2021). An example of implicit bias and racism in healthcare is in the Tuskegee experiment; the scientists unethically considered African Americans as animals and thus denied them consuming the medication for Syphilis treatment. The point of the experiment was to “observe the natural history of untreated syphilis’ in black populations”(McVean).

This study was the first of many where African Americans were treated as test subjects instead of real people. The reason why African Americans were utilized in these experiments is that as a race there were high incidences of mortality and disease, which lead scientists and people to believe that African Americans were biologically inferior to people of Caucasian descent (McVean). This “stigma” around black people also led scientists and the government to think that African Americans would ruin the white population (McVean). Obviously, this sounds synonymous with the eugenics movement that occurred literally during the same time period as this study, 1932 in Macon County, Alabama (McVean).

According to the McGill Office for Science and Society, “The ‘Tuskegee Study of Untreated Syphilis in the Negro Male,’ was conducted by the United States Public Health Service (USPHS) and involved blood tests, x-rays, spinal taps, and autopsies of the subjects”(2020). This was a government-sanctioned experiment, but the black men in this study thought they were receiving treatment; however, they were untreated. These men were still not treated after penicillin was being used to treat other patients with syphilis. Because of the past racism and discrimination in this country, the government believed that black people were more susceptible to getting STDs and other diseases (McVean). The government also thought that regardless of education and social status that all black people in the south were hesitant to get tested and treated for syphilis. There were many alarming issues with this study; more specifically, informed consent for all participants was waived and ignored (McVean). To add to the scheme of this study, they enlisted a black nurse who drove the participants and feed them hot meals. The government was completely aware of their wrongdoings and still proceeded with this study without regard for the people at hand (McVean).

In summation, the Tuskegee experiment case was never resolved until 1973, nearly 40 years later. The entire experiment was funded and created by the United States government which mirrors the Nazi medical experiments in which most or all experiments lacked informed consent (McVean).

To end, racism was not only involved in scientific and government research, but racism was involved in the medical field, with many black nurses, caregivers, and doctors being viewed as ignorant compared to their white colleagues.

The Mississippi Appendectomy (Jazmin)

Another example of discrimination and racism in healthcare was the “Mississippi Appendectomy” where impoverished black women were sterilized because the government felt they were unsuitable for children. Occurring between the 1920s and 1980s, states such as North Carolina and Mississippi had over 8,000 people sterilized, with 85 percent of those sterilized being women and 40 percent of those sterilized being women of color. (Strand et al., 2021). The sterilization was enacted as state legislation under the pretext that it would be reserved for the disabled or those considered too “promiscuous” or “feeble-minded” to be parents. For example, Elaine Riddick was 14 when her social worker determined that she should be sterilized owing to the possibility of her becoming pregnant after being raped and abused by her next-door neighbor.

Fannie Lou Hamer, a civil rights activist, became a huge part of publicizing what the government was allowing to happen to these individuals. According to research, black people were habitually sterilized without any medical explanation or informed consent (Stern). Informed consent is where patients have a right to be involved in their treatment and medical care. As previously mentioned, the Tuskegee Experiment lacked informed consent as well. Also, disturbing enough, medical training locations unnecessarily used poor Black women to perform hysterectomies, in which the uterus is completely or partially removed.

Henrietta Lacks (Jazmin)

In addition, another event that portrayed how undervalued African Americans were in medicine was the Henrietta Lacks story. Henrietta Lacks was a Black American woman who was a mother of five children. She was raised in Virginia, where she worked on a tobacco plantation owned by her family. Henrietta is defined and presented as a loving mother to her children and a dedicated community member who puts in a lot of effort. A doctor took Henrietta's biological property away from her without her knowledge or permission, all in scientific advancement. Henrietta Lacks and her cells were responsible for vital medical breakthroughs, yet neither she nor her family got the credit or compassion they deserved. More specifically, her cancer cells were used to create the first immortalized human cell line grown in culture. Even though Henrietta Lacks died about 60 years ago, her cells are immortal and remain so to advance cancer research. Furthermore, the Henrietta Lacks story further proves that black people were just shown as inhuman or test subjects and not human beings.

Covid-19 And Negative Eugenics (Jazmin)

Covid-19 has evidently been portrayed as affecting a majority of American lives equally; about 1 million people in the United States have died from this disease (Worldmeter). The statistics from health experts show that black and Hispanic Americans incurred higher morbidity and mortality rates related to the Covid-19 virus. Even though vaccines have been made available to most if not all U.S. citizens, some African Americans and Hispanics have exhibited indifference towards receiving the Covid-19

vaccine (Machingaidze and Wiysonge). Part of the reason for this reluctance is seemingly attributed to unethical medical incidents like the Tuskegee experiments, the Mississippi Appendectomy, Henrietta Lacks, etc (Machingaidze and Wiysonge). People of color have been taken advantage of time and time again. Consequently, the American eugenic laws created back in the 1900s inappropriately applied to people of color, which have left deep scars in these citizens' minds hence their reluctance to accept the Covid-19 vaccination (Machingaidze and Wiysonge). Other reasons for reluctance to vaccinate include the safeties of the vaccine itself and the quickness of development of the vaccine. Another reason that some are reluctant to vaccinate is due to religious purposes. Many incentives were offered to U.S. citizens to vaccinate like gift cards and even a lottery (Machingaidze and Wiysonge). Efforts were made to encourage citizens to vaccinate through advertisements, celebrity endorsements, transportation services, convenient drive-thru locations, etc. Of course, the choice to vaccinate is given to each individual; however, the guiding reason that has encouraged people to become vaccinated is the idea of altruism (Machingaidze and Wiysonge). Getting vaccinated for the greater good is a way to persuade others to be vaccinated. Nevertheless, the healthcare disparities in the United States need to be fixed in order to see a more holistic change.

The Significance (Zuri)

As a Black woman, I wanted to find understanding in why African American women's reproductive health care seemed to have significant deficiencies in quality. Mississippi has the nation's highest infant mortality rate at 8.8 deaths per 1,000 live births

(Graham, Juanita, et al). I needed to understand why this number was higher than the national average and why research showed an increase in the number of infant mortality within African Americans and a decline in Caucasians (Graham, Juanita, et al). Upon researching the history of African American women's reproductive healthcare in Mississippi, I was led to something called the "Mississippi Appendectomy", which upon further research I discovered was the colloquial term for the thousands of forced sterilizations that occurred in 1900s Mississippi. This disastrous event in history has left a lasting impact on modern day women's reproductive health.

I then came across documents from the "Mississippi Health Project", an initiative created by Alpha Kappa Alpha Sorority, Incorporated, of which Jazmin and I are proud members. The Mississippi Health Project was a recurring initiative during 1935-1942. The goal of the initiative was to bring accessible healthcare to the Mississippi Delta for African American families during the Great Depression. This was seen as necessary because most people had to walk miles to receive healthcare and the quality of healthcare was substandard. The impact of this project was immense. After the first year, the federal government took notice and allocated more resources to the project in coming years. This led to expansion and growth of the initiative.

Recently, Alpha Kappa Alpha Sorority, Incorporated started another Mississippi Health Project based on the coronavirus pandemic. It was a two day health event to "[enable] 330 residents to receive the COVID-19 vaccine. Additionally, 120 glucose and cholesterol tests, 71 HIV tests, 50 eye exams including 31 eye exams for school-aged children and personal protective equipment were also administered" (Alpha Kappa Alpha Sorority, Incorporated). In addition to this event, there have been several pop-up events to

promote women's health. One of the main features of these events has been a mobile mammography unit, which allows for women to conveniently get a mammogram and learn more about the importance of annual screenings.

From the previously mentioned research, I found a new interest in learning about how the lack of accessible healthcare has impacted African American communities during the Coronavirus pandemic, specifically with vaccination hesitancy. As I independently conducted research on the topic, I discovered that there was indeed a correlation between the relationship African American communities have with medicine and the lack of vaccinated individuals. One of the main issues that piqued my interest was trying to figure out if many individuals simply did not think the vaccine was trustworthy due to its expedient formulation. As I started to have more conversations with colleagues about my research interests, I was informed about a research group called the University of Mississippi Community First Research Center for Wellbeing & Creative Achievement (UM CREW).

UM CREW (Zuri)

The vision of UM CREW is, "to help build communities that can withstand the stresses of natural, economic, and social disasters, by addressing social, educational, and economic inequalities" (UM CREW). The latest project that was being proposed was to discover why many individuals were hesitant to get vaccinated against the Coronavirus in rural Mississippi. Once I learned more about the details of this project, I was ready to join

the group's efforts. Upon joining, we started to work on a plan to target various age groups within Mississippi. We deliberated on questions we should ask in order to yield solid research. Additionally, we conducted mock interviews to practice our interviewing skills before interacting with subjects.

After a month of additional preliminary research and filing paperwork for research approval from the Institutional Review Board (IRB), we started to conduct interviews with unvaccinated individuals of ages 18 and up. We quickly discovered the first problem with our research plan. It had almost been three years since the Coronavirus pandemic had started and most people were already vaccinated. Additionally, some individuals did not want to participate in the interview process. Unfortunately, the research initiative collapsed due to difficulty finding people who were hesitant, rather than completely against the vaccine. I believe the research would have been successful if the project was started earlier in the pandemic, closer to the beginning of the release of the various vaccine options.

Due to the UM CREW project's lack of success, I decided to take a different approach to reach out to healthcare professionals directly. I went through the research approval process with the University of Mississippi's Institutional Review Board and was awarded approval to conduct interviews and collect survey data. Using the Google Forms platform, I created a short survey to collect data pertaining to the opinions of healthcare professionals on health disparities in African American communities. I created advertisements and launched them on my personal social media platforms and used email chains to reach out to other students. In total, I received twenty-two responses.

Zuri's Independent Research

I formulated a survey to hear from the perspective of health care professionals across Mississippi. The overall research question was “What is the experience of health care professionals regarding racism in medicine?”. I intended to have all backgrounds represented in the sample population, however only individuals who identified as Black or African American responded. The IRB approval is displayed in Appendix A. The questions from the survey are listed in Appendix B. From the survey results, I discovered that many of the occupations listed by participants included direct patient care. Some of the occupations are nurse, nurse practitioner, physician, certified nurse assistant, pharmacy technician, and home health aide. All survey participants believed that racism exists in today’s medical system. Sixty-eight percent of the survey participants had a negative experience in medicine that was racially driven. Additionally, all of the participants believed there is a definite need for more diversity in healthcare. Some of the additional questions asked were “how can African American patients overcome mistrust in medicine”, “how does racism impact your role in patient care”, and “are there any additional thoughts related to healthcare disparities in African American communities”. Some of the common themes amongst the survey participants regarding African Americans overcoming mistrust in medicine were increasing the amount of African American healthcare professionals, Caucasian healthcare providers exercising greater genuine compassion and listening skills while treating African American patients, and the need for African American patients to become more informed about their various health conditions in order to be informed before seeking medical assistance. Racism has impacted many of the survey participant’s roles in patient care by leading to stereotyping, refusal of help or expertise, shying away from proper healthcare, lack of work

environment recognition, lack of trust in opinions, and lack of trust with colleagues. From th responses, I gathered that generally racism makes it more difficult for healthcare professionals to do their job and provide quality healthcare to patients. Lastly, the common thoughts that were had about healthcare disparities in African American communities are that there is a need for more diversity in healthcare, there is a need for more healthcare advocates, and this is a topic that not only needs to be addressed in healthcare settings, but also in educational settings so that future generations of healthcare professionals have more knowledge about the topic.

Survey Results (Zuri)

The following tables and figures display the data collected from independently conducted research.

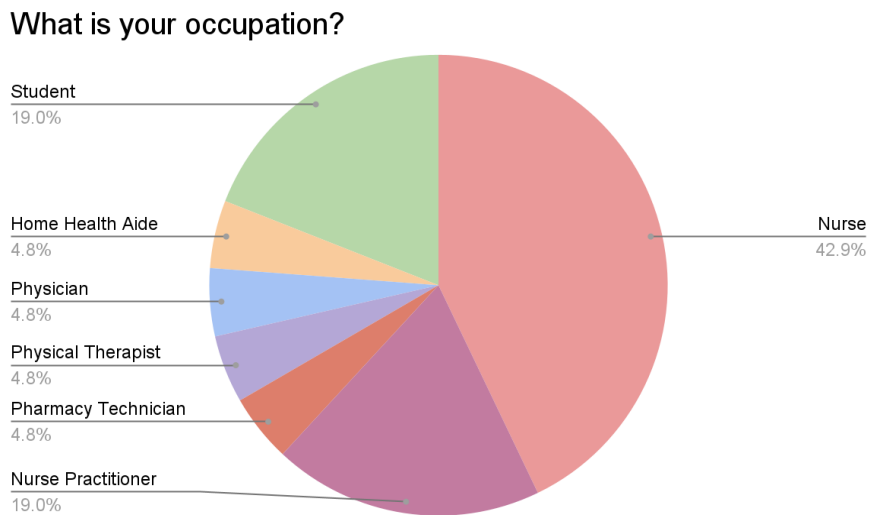


Figure 1. “What is your occupation?” Results

Do you think racism exists in today's medical system?

22 responses

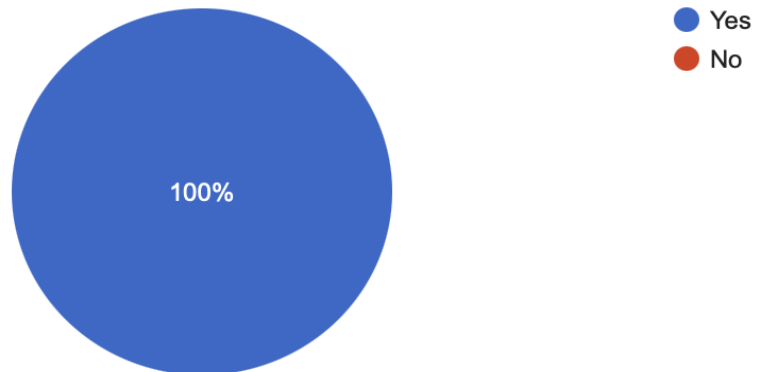


Figure 2. "Do you think racism still exists in today's medical system?" Results

Is there a need for more diversity in healthcare?

22 responses

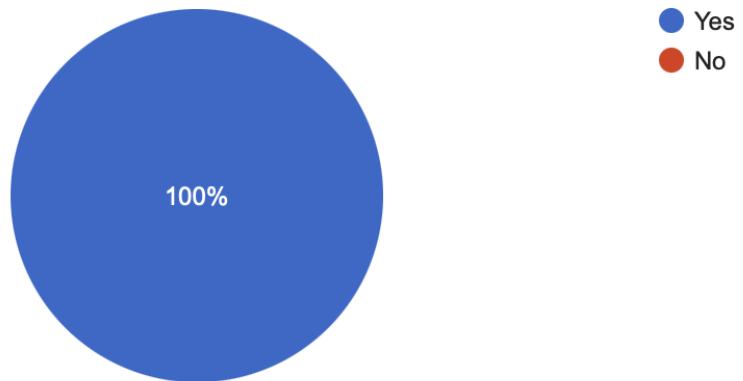


Figure 3. "Is there a need for more diversity in healthcare?" Results

Have you had a negative experience in medicine that you believe was racially driven?

22 responses

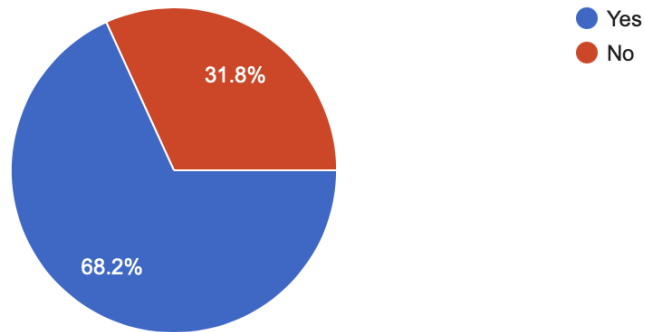


Figure 4. “Have you had experiences in medicine that you believe to be racially driven?” Results

How can African-American patients overcome mistrust in medicine?
The professionals giving the medicine must become trustworthy.
Establish a good patient relationship with the provider
By healthcare workers not having biased attitudes toward different Dave and cultures
I feel if physicians were more honest about natural ways to sustain medical diseases such as alternatives like vitamins, I feel African-Americans would be more trusting in medical advice such as the need for medications.
More diversity
Having more African American nurses and doctors
Do what’s right and speak up for yourself and always document/ report.
Unsure it will take several acts
They can educate themselves regarding their medical issues so that they are aware if they are receiving adequate treatment.
Find providers who actually ac as if they care

By being cared for black doctors
Communication, more thorough examinations, compassion
I'm not sure, I'm learning different things each day and I now see why.
Have more well trained African American healthcare providers
Become more informed about their health condition. Make an effort to research treatments, signs, and symptoms. I believe this will increase their comfort level and allow them to communicate with Healthcare providers more efficiently.
I guess see more examples and more people of color in those settings
Find healthcare professionals they can build trust and rapport with. Don't be afraid to "shop around" and don't give up on trying. Also more advocates for equity in healthcare for African Americans. Host health fairs in community and get HCPs to come to build that bridge.
Once we are shown that we are also first class citizens perhaps we will trust the system.
Seek out African-American healthcare staff.
Try to find a healthcare provider that is the same race as them (because they are likely to not have a racially motivated agenda) and then trust your instincts on whether or not they are giving the best service to you.
By becoming more involved in their care.
Providers must show care and genuine compassion while caring for AA patients.

Table 1. "How can African-American patients overcome mistrust in medicine?" Results

How does racism impact your role in patient care?
I try to ensure every patient I see understands the medications they're taking. For African American patients, I always asks twice to be sure their doctor explained it before simply writing a prescription.
Some patients don't trust my opinions and knowledge. Difficulty succeeding being an African American woman. information given to Caucasian patients is often questioned
I don't let racism impact my work and the care that I provide to my patients, regardless of race. I strive to provide the best care to all I provide care to

Racism does not effect me as much as the stories I hear from others, but I as an African-American female, I am more likely to choose doctors who are Black or female because I feel they have a more personal relationship to my care plan compared to anyone else.
Inspires me to be better
Not being recognized for the hard work that you do
I try to treat every individual as I would want to be treated and as if that was my family.
It makes me second guess my abilities
My role in patient care as it relates to racism is to advocate for my patients regardless to what race they may be and make sure they receive proper and fair treatment
It has caused people to refuse my help or expertise
Patients not willing to completely verbalize their illness and not willing to engage
Unexplainable
Me Becoming a better health care provider
Racism does not impact my patient care, however having an understanding and appreciation for different cultures is a necessity!
I feel for me personally it affects the level of trust I would have with the physician
As an African American HCP, you have to deal with not only racist patients but also coworkers and doctors. We're less trusted for work and opinions that could help an African American patient.
People use racism as a reason for second rate treatment.
Shy away from proper care.
I see the African American race being treated differently from other races. I inturn have to be an advocate for my African American patients.
Racism impacts my role in patient care by available opportunities for jobs in diverse populations.
Stereotyping

Table 2. "How does racism impact your role in patient care?" Results

Do you have any other thoughts related to the topic? (Healthcare Disparities in African American Communities)
Need more advocates
We are all lumped together because of race, gender, and weight!!!
Healthcare Disparities are definitely an issue that needs to be addressed in perspective Healthcare Education Process before having a license to treat!!
Withholding information.
I think it's a problem that we do not have as many African American physicians as well as there are rarely any clinics and physicians placed close to African American Communities.

Table 3. "Do you have any other thoughts related to the topic? (Healthcare Disparities in African American Communities)" Results

Women's Reproductive Healthcare (Zuri)

The history of women's reproductive healthcare is a very dark and disturbing journey at minimum. In "Medical Apartheid", the author states, "Enslavement could not have existed and certainly could not have persisted without medical science. However, physicians were also dependent upon slavery, both for economic security and for the enslaved 'clinical material' that fed the American medical research and medical training that bolstered physicians' professional advancement" (Washington 27). The modern field of gynecology has been greatly impacted by slavery. In the nineteenth century, Dr. James Marion Sims, an Alabaman surgeon began his research in the field of gynecology. Due to his findings, he has been named the father of modern surgical gynecology (Wall 3). However, his research was unethical and horrid. Dr. Sims used enslaved women as subjects for his research, and in most instances it was without their consent (Wall 3). In

his research, he conducted exploratory surgeries on enslaved women without using any form of anesthesia. This primarily was due to the common belief that African slaves could not feel much pain as Caucasian people. On November 18, 1857, Dr. Sims gave a speech at the New York Academy of Medicine, stating, he never administered anesthesia “because they are not painful enough to justify the trouble and risk attending their administration” (Wall 6).

Some of the results of his experiments proved to be deadly. One of the enslaved women he frequently operated on, Lucy, died of sepsis. This was because of his experimental usage of a sponge to absorb some of the bodily fluids during surgery. The sponge was left inside of her after the procedure which was the initial cause of infection (Washington 32). In 2007, Harriet A. Washington criticized the actions of Dr. Sims, in her book, by vividly explaining that, “each naked, unanesthetized slave woman had to be forcibly restrained by other physicians through her shrieks of agony as Sims determinedly sliced, then sutured her genitalia” (Washington 30) .

The residual effects of Dr. Sims research is still a pressing matter in the medical community today. However, it is a common belief that the relationship between African-Americans and medicine is a long one stemming from the many racists beliefs of slavery (Williams and Rucker). Due to this grueling history, many things in modern medicine have been impacted. For example, it is a common theme for African American patients to not be taken seriously when complaining of pain. Additionally, there are many stereotypes such as darker skin being “thicker” resulting in medical students being trained

to use thicker needles in African American patients (Williams and Rucker). Typically, a thicker needle leads to more prominent scarring and even keloid formations on the skin.

Most recently, there was a very popular case in the media regarding the treatment of a Black woman while giving birth. Recently, Serena Williams wrote an article for CNN to share her experience as a Black woman in a common health care setting. (S. Williams). In 2018, highly decorated Olympian, Serena Williams went into the hospital to give birth to her daughter. She was admitted to the operating room for an emergency cesarean section after her daughter's heart rate began to drop (S. Williams). The procedure was successful and both mom and baby were recovering. However, the next day Williams began to complain of shortness of breath. She had issues with pulmonary embolisms and it was cited in her medical record (S. Williams). A pulmonary embolism is a blood clot in the arteries of the lungs. She alerted the nurse and was told that she was confused by the pain medication she was prescribed (S. Williams). As her condition dramatically worsened, she was admitted back to the operating room where the doctors found a large hematoma, a mass of clotted blood, in her abdomen. Luckily, the doctors were able to enact measures to prevent the clot from spreading into her lungs (S. Williams). However, because of this complication and lack of the healthcare providers listening to her concerns, she spent almost two months in the bed once going home (S. Williams).

This experience struck so many women across the United States as many had similar stories to Williams. Unfortunately, this experience is more common than not when it comes to African American patients. This all stems from the racist past of the field of gynecology (Taylor). The teachings and practices perceived to be linked to African

American patients are consistently found to be untrue and invalid, but yet centuries of teachings such as these have been ingrained in the medical system (Taylor). This issue posed by many is how can we as society change this narrative to save our African American mothers and babies from this harsh treatment. Is there a way to decrease the exponentially high infant mortality rate in African American communities? However, the sad reality is, no one really knows the answer because that would mean throwing centuries of medical teachings out the window and replacing it with something new and untried against the sands of time (Taylor). The most action in conjunction with this topic are celebrities using their platforms, protests, seeking the help of legislators, and petitioning in order to bring awareness to this issue that plagues the African American community.

The Website (Zuri)

The website design has been a labor of love and dedication between Jazmin and I. We have ripped apart the design almost a million times and rearranged it to our vision and standard. Everything about the website was very intentional and thoughtfully planned. The amount of hard work and time spent on this website has not been in vain. We can truly say that the completed website is not only worth all of the stress and long nights, but has exceeded our expectations. Not only is the design a perfect reflection of our vision, but the longevity of our website is one that we predict to have a bright future.

The entire theme of the website primarily uses the colors of black and white. This was selected because most individuals associate candor and reliability with simplicity. We selected a simplistic design layout to compliment the sentiment of reliability to give

our audience something digestible and free of distractions. We used simple fonts in larger sizes to make sure individuals of all ages can visibly view the website without issue. On the opening page of our website, we used images depicting African American healthcare workers and patients. This was important as we know that representation matters. We wanted it to be clear to our audience that the website was meant for them and will serve as an ally in their plight to educate themselves against the racially discriminatory system of medicine.

At the bottom of the opening page, we used images of items such as the imbalance scales, the spilt pill bottle, and the surgical instruments to disassociate people from past trauma enacted by our society's medical system. To elaborate, we did not want the first image seen by our audience members to be an African American face in a medical setting linked to a medical atrocity such as the Mississippi Appendectomy or Tuskegee Experiment. We felt that if we had done so, it would produce a subconscious thought in an audience member's mind that could allow them to envision themselves in these positions while reading about the information of the section. This would only contribute to the trauma felt by many African Americans and would go against our purpose to educate and support our community in hopes of bridging the gap between African American communities and medicine.

The order of the sections were equally important to the overall structure and design of our website as well. We wanted to ensure an adequate flow and comprehension of the information presented, while still catching the attention of our readers. The first section is the "Eugenics" section. This was selected first as an anchoring point to the

website. It serves as a point of origin for our information shared on the website. Next, the “History” section provides a brief timeline of a few major events that contributed to health disparities in African American communities. The “Resources” section provides some resources for patients to know their rights and has advocacy groups listed in order to provide support. Following this section, we included an educational page to house some additional resources to help kickstart one’s interest in learning more about the history of medical racism.

On each of the subsection pages, we aimed to include simplified information on each topic. We also limited the amount of information given to avoid confusion and overwhelming feelings. In the “Eugenics” section, we included images related to law such as the scales of justice, law books, and a gavel. This was to elude that the topic is related to law so that our audience members are aware of the subject matter of this topic. The “History” section displays a timeline to show the significance of the racially driven events that shaped the medical system as we know it. The “Eugenics” section was something we wanted to be separate from the history section because it refers to the laws pertaining to racial discrimination that allowed for some of the inhumane medical practices to be enacted. In the “Resources” section, we included some beneficial information on medical rights and advocacy groups for African American patients. This is in hopes that more individuals will understand their rights as a patient and what to do if their rights have been violated by a healthcare provider. In the “Education” section, we included a few visual aids such as videos and images to further the seeking of knowledge for our readers, in hopes they will want to learn more about health disparities. Lastly, we

included a page specific to the thesis document, its co-authors, and advisor. On this page, we included images of ourselves to show that African American women are responsible for the work included on the website. Additionally, we included a hyperlink to the actual thesis, housed in the University of Mississippi's eGrove system. This was done intentionally to allow for transparency and honesty with our audience.

Conclusion (Jazmin)

To conclude, the history of healthcare, our personal experiences, the data collected, and the efforts made by groups and individuals are all efforts to reveal the health disparities in Mississippi. Zuri has experienced discrimination in her hometown in Texas as well as in a healthcare setting where a doctor did not properly treat or listen to her issues. I have had an experience with having to travel far distances just to receive proper healthcare. Still, our experiences are not the only forms of evidence of the health disparities in Mississippi. Efforts were and are being made to fix this big issue like UM Big Crew, the Mississippi Health Project created by Alpha Kappa Alpha Sorority, Incorporated, and other initiatives. However, even though efforts are being made, this does not erase the past history of healthcare. Eugenic laws, the Tuskegee Experiment, the Mississippi Appendectomy, Henrietta Lacks, etc. are all timeframes of history that have affected the practice of medicine today. Books like *Medical Apartheid* and *Medical Bondage* are published that have portrayed the racial history and inequality of medicine. This conversation is not just about the amount of content on health disparities and discrimination; all of this content relates to us observing and explaining, in part, the

hesitancy of vaccination. We decided to focus some of our attention on people of color being hesitant on receiving the COVID-19 vaccination. Our theory as to why people are hesitant to vaccinate has some underlying cause involving the past medical history of this country. We conducted several surveys asking numerous people questions about healthcare and medicine. Through the surveys, the history, personal experiences, and the efforts made by different initiatives, we have observed the harsh past and present of medicine in this country, but in order to fix our country, we must tend to our own backyard here in the state of Mississippi. A way that a reader can advocate for this inequality in healthcare is to visit our website. Our website is a resource that will be used to further assist people in understanding more about our topic, and this website will give people a chance to connect with organizations that are taking a stand against healthcare inequalities. The website also contains videos that will give other knowledge seekers a different way of observing the history. To end, "...We need a stance of problem-fixing, not just problem-avoidance" (David Deutsch). Taking this quotation into consideration, do you think it's possible for racial health disparities to be eradicated in the society that we live in?

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APPENDIX A: IRB APPROVAL

PI:

This is to inform you that your application to conduct research with human participants, "Exploring Health Disparities in African-American Communities in the State of Mississippi" (Protocol #22x-179), has been determined as Exempt under 45 CFR 46.101(b)(#2). You may proceed with your research.

Please remember that all of The University of Mississippi's human participant research activities, regardless of whether the research is subject to federal regulations, must be guided by the ethical principles in The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research.

It is especially important for you to keep these points in mind:

- You must protect the rights and welfare of human research participants.
- Any changes to your approved protocol must be reviewed and approved before initiating those changes.
- You must report promptly to the IRB any injuries or other unanticipated problems involving risks to participants or others.
- If research is to be conducted during class, the PI must email the instructor and ask if they wish to see the protocol materials (surveys, interview questions, etc) prior to research beginning.

If you have any questions, please feel free to contact the IRB at irb@olemiss.edu.

APPENDIX B: SURVEY QUESTIONS

1. Are You Over The Age Of 18 Years Old?
2. Full Name
3. Email Address
4. How do you racially identify?
5. In what city and state do you reside?
6. What is your occupation?
7. Do you think racism exists in today's medical system?
8. Is there a need for more diversity in healthcare?
9. Have you had a negative experience in medicine that you believe was racially driven?
10. How can African-American patients overcome mistrust in medicine?
11. How does racism impact your role in patient care?
12. Do you have any other thoughts related to the topic? (Healthcare Disparities in African American Communities)