

As an Irma Cheatham Research Fellow in my last summer as an undergraduate student, I was rewarded with the chance to conduct my research, “Black Iatrophobia: COVID-19 Vaccine Hesitancy.” My larger project focuses on how foundational medical abuses in the Black community may contribute to COVID vaccine hesitancy. This summer I examined two of the most infamous medical transgressions in the Black community, The Tuskegee Study of Untreated Syphilis in the Negro Male and the Legacy of Henrietta Lacks, which evoked a great deal of iatrophobia in Black communities towards Western medical practices. I began preliminary research into how that community-wide hesitancy translates across social media platforms, such as Facebook and Instagram. The summer research is foundational for my independent study, as I will be continuing to analyze reasons for hesitancy towards vaccination. This is especially in response to future mandates and updates for vaccination rollout occurring past the deadline of my first leg of research.

The Tuskegee Study of Untreated Syphilis in the Negro Male was an infamous example of experimental abuse of Black males led by Dr. John Cutler that spanned from 1932-1972. This experiment used 600 Black males (399 infected with syphilis; 201 control subjects) to research how the disease, left untreated, affected infected subjects. Without collecting informed consent from each of the Black men in the study, researchers coerced them into believing that they were being monitored and treated for “bad blood” (an unspecified colloquial term that describes numerous illnesses) in exchange for free medical visits, food, and money towards their burial services. A major takeaway from my research of this study is the danger of medical myths circulating in the Black community and how they play a large role in iatrophobia toward Western medical practices. Many accepted the false idea that scientists *injected* syphilis into Black men, instead of denying treatment.

In the case of Henrietta Lacks, a Virginian born Black woman, we see the issue of unauthorized tissue collection and dissemination. In 1951, concerned with a prolonged period of intense vaginal bleeding, Lacks hesitatingly admitted herself to Johns Hopkins Hospital. During her visit, Howard Jones performed a cervical biopsy on her which came back positive for stage one epidermoid carcinoma of the cervix. Pieces of her cervical tumor were then collected without her knowledge or permission by George Gey, a cell biologist at Johns Hopkins who had spent most of his career “working to model human cancer in a test tube to develop therapeutics against the disease” (Jackson). Her cells were soon recognized as the first natural immortal cells and subsequently used to greatly advance cell biology without providing financial compensation to her family. In my in depth research of Henrietta Lacks’ legacy, I understood the importance of medical education for iatrophobic groups. This potential solution for Black iatrophobia came into fruition when Rebecca Skloot, author of *The Immortal Life of Henrietta Lacks*, introduced benevolent deception as a reason for why Henrietta Lacks (and other Black patients) do not question medical terms and diagnoses.

And finally, the aspect that I began to delve into towards the end of my summer research is focused on how social media reflects and voices the hesitancy of Black iatrophobic communities. I began to collect social media artifacts and classify them based on the argument that they defend (i.e. distrust in the vaccine, being forced and tracked by the government, etc.). My independent study will continue to analyze hesitancy across social media platforms and push for medical education that actively undo iatrophobia by dispelling health related myths.

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