Medical Stigmata: Race, Medicine, and the Pursuit of Theological Liberation. Kirk A. Johnson. London: Palgrave Macmillan, 2019. Pp. 190.
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Over the past few years in the United States, issues of race and reconciliation have been at the forefront of societal concerns. In particular, the growth of the Black Lives Matter movement in 2020 unveiled the perpetuation of deeply entrenched racist attitudes and consequentially the systemic nature of racism across the United States. Kirk A. Johnson's recent publication *Medical Stigmata: Race, Medicine, and the Pursuit of Theological Liberation* tackles this issue directly, focusing on the systemic racism inherent in the practice of medicine. Johnson's work examines the historical maltreatment of Black bodies through the predominance of race-based medicine (RBM) – the use of race as a biological category within the medical field as "the primary indicator for the predispositions of certain diseases" (9) – in the American medical system since the late-nineteenth century, and how Black theology was used as a mechanism of solidarity to combat racial prejudice in medicine. Johnson, an associate professor at Montclair State University, provides a multi-disciplinary background on the issue. His knowledge of the Medical Humanities and Religious Studies, as well as serving as a member on the Atlantic Health Systems Bioethics Committee, proves to be particularly valuable in elucidating the connection between medicine, race, and religion.

The focus of his work is framed around a case study of the first race-based drug "BiDil" which was initially developed by scientists and later cleared by the Federal Drug Administration (FDA) as a drug specifically designed to treat Black people with heart disease. His case study which examines the path to approval

for BiDil reveals a harrowing reality – racial theories are still being applied to pharmaceuticals even in the twenty-first century.

Johnson's central argument is that race-based medicine is an ineffectual means of conducting medical research and treatment as it "undermine[s] minority communities' health" (2). In the past, RBM endorsed pseudo-scientific racial theories regarding inherited diseases such as Tay Sachs Disease (TSD) (which was deemed a Jewish Disease) and Sickle Cell Anemia (SCA) (which was deemed an African American disease). At the same time, the rise of eugenics in the mid-nineteenth century and its acquisition by the sciences legitimized xenophobia, racial myths, and discriminatory treatment of minorities in North America. While Johnson does a good job of surveying the many discriminatory actions carried out against minorities such as Jews and Latinos under the guise of RBM in the first chapter, the rest of his work focuses solely on discrimination experienced by members of the Black community because of race-based medicine. Johnson concludes his work with an examination of how Christian spirituality and scripture are used as a means of reconciliation. He demonstrates that as an act of resistance against this race-based medicine, Black people have turned to Black theology as means of holistic treatment. Johnson later concludes that racial categories in medicine should be abandoned in favour of "ancestry and geographic location" (97) as used in genome-wide association studies.

Johnson's chapters cover a wide breadth of topics such as the history of RBM, experimentation on Black bodies, maltreatment of Black patients, research into RBM, bioethics and international codes as well as Black theology. Particularly interesting is Chapter 3, where Johnson examines the historical maltreatment of Black bodies. Slavery in America as well as the influence of eugenic discourse during the nineteenth century

allowed for the proliferation of myths regarding what Johnson terms the "Black body" (40). The "Black body" was associated with several myths and stereotypes such as "Black hardiness," the idea that Black people were better suited to tolerate "extreme conditions or illness" (43), and the idea that the Black brain was underdeveloped when compared to Whites and thus less capable of intellect. These myths allowed for White members of society to rationalize the discriminatory attitudes and maltreatment of Black people in society and medicine. It also allowed for hundreds of medical experiments to be carried out on Black bodies where sufficient consent had not been obtained. Slaves were experimented on in the 1830s to test typhoid fever and smallpox inoculations (49–50). Some experiments, Johnson explains, were entirely cruel and had no scientific explanation whatsoever. He describes one experiment which involved placing a slave in an "open-pit oven" to peel back layers of his skin to see how deep his dark skin went (51). Perhaps the most disturbing part of this entire chapter is that many of these illusions regarding "Black hardiness" and unethical experimentation persisted well into the late-twentieth century. Government-sponsored agencies such as the United States Office of Scientific Research and Development, Central Intelligence Agency, and the Atomic Energy Commission have used a disproportionate amount of Black test subjects in their experiments since 1946 (55). Into the 1970s, various pharmaceutical and shampoo companies were able to test their products on prison inmates. Johnson reveals the lack of "informed consent" amongst Black inmates was nearly always a factor in these unethical experiments, often resulting in permanent damage or death (61–62). Ultimately, Johnson argues that this historical maltreatment has created a deep loss of personhood amongst Black people as well as a distrust of medical professionals, often resulting in "blacks' poor health literacy" (65). This analysis

reveals an inequity in the clinical treatment of Black people which still needs to be rectified today.

While Johnson does an excellent job surveying the history of maltreatment and unethical treatment of Black bodies, his analysis falls short in his examination of Black theology as a means of reconciliation to "mend the harms of race-based medicine" (125). Johnson is entirely correct in his evaluation that a large part of healing is sought through spirituality as opposed to physical treatment (125), but some of his definitions seem contradictory at times. For example, he asserts that Black theology "analyzes the oppression of black people, affirms the personhood of black people, and advocates their social and political liberation"[1] through reinterpretations of scripture as a response to "labels of race and illness" (126–127). Unlike race-based medicine, which provides a "truncated look at black experiences," Black theology, he claims, offers "multiple black perspectives and experiences." (127). However, this statement is complicated as he later states that "black theology is not solely based upon what whites did to blacks, but a symbol of justice for everyone who are oppressed. It is an extension of progressive action for anyone who are victims of the status quo" (129). Johnson is not clear as to whether Black theology is a mechanism used solely by members of the Black community or whether it is to be considered a universal means of reconciliation amongst all those oppressed minorities. Further, he does not offer any ways those Black people of alternative faith or belief systems might seek reconciliation for the lasting effects of race-based medicine. For example, how would a Black person who identifies as atheist use these pieces of

1. Kirk A. Johnson, *Medical Stigmata,* 126, as cited in Cheryl J. Sanders, "European-American Ethos and Principlism," in *On Moral Medicine: Theological Perspectives in Medical Ethics,* ed. M. Therese Lysaught and Joseph J. Kotova (Grand Rapids, MI: Wm. B. Eerdmans, 2012), 78.

reinterpreted scripture when they might not have belief in the Bible itself? Despite the confusion with definitions, Johnson's message through his analysis of pieces of scripture such as Jeremiah 13:23, Numbers 12:1–15 and Mark 1:40–45 illustrates the deep importance of scripture in reconciliation and empowerment amongst minority patients.

Johnson concludes by reiterating that RBM is "not compatible with genetics and causes maleficence because one drug is not adequate to solve and entire racial groups' illness" (164). Instead, Johnson advocates for the use of Genome-Wide Association Studies (GWAS) and EIGENSTRAT (a population genetics software) technologies in the development of medical diagnoses and treatment, which use genetics, geography, ancestry, and genome biography to account for disease prevalence (164). While it is undoubtedly correct that genetic diseases are a result of one's genes and not one's race, practitioners and the general public often conflate race and ancestry. This is something Johnson himself acknowledges (94–97). The question remains: how do we extricate racial groups from ancestry when various government agencies often do just this so that these GWAS and EIGENSTRAT technologies can be used effectively without being tied to racial categories?

Nonetheless, Kirk A. Johnson's *Medical Stigmata* is a fascinating multidisciplinary perspective on the dark history of race-based medicine in North America. It demonstrates how easily racist attitudes can be subsumed and normalized through the continued use of racial categories in determining disease prevalence within the medical field. At the same time, this work brings to light the importance of spirituality in healing, something that is often either forgotten or discounted in modern medical practice. Overall, Johnson's work contributes valuable information

on race-based medicine and offers important steps that can be taken within the medical field to fix these issues.