

INEQUITIES IN HEALTHCARE FOR BLACK WOMEN IN THE UNITED STATES: AN EXAMINATION OF MATERNAL HEALTH

Sadie Allen | Riverside High School

INTRODUCTION

Research Question: How Does the History of Racial Discrimination in the United States Impact Black Women's Maternal Health?

In the U.S, the maternal mortality rate for Black women as of 2020 was 55.3%, compared to only 19.1% for white women. For centuries, institutionalized racism and systematic disparities in healthcare have plagued Black individuals. This is especially the case for Black women in reproductive health.

Dr. James Marion Sims, the man known as "the father of modern gynecology," is famous for making groundbreaking discoveries about the female reproductive system and developing new surgical techniques. He did this by experimenting on, exploiting, and abusing enslaved African women.

Because of the long and complex history of racial and sexual abuse of enslaved people in America, Black women are often mistreated by American healthcare personnel. The goal of my research is to explore the history of the racial discrimination Black women face in healthcare and analyze and compose effective solutions.

HISTORICAL BACKGROUND

In 1808, Congress passed a bill prohibiting the importation of enslaved African people. Many slaveholders wanted to maximize the number of enslaved children born, so Black women's reproductive health became the focus of many American doctors, slaveholders, and even jurors. As a result, the well-being of Black mothers before, during, and after birth were completely disregarded.

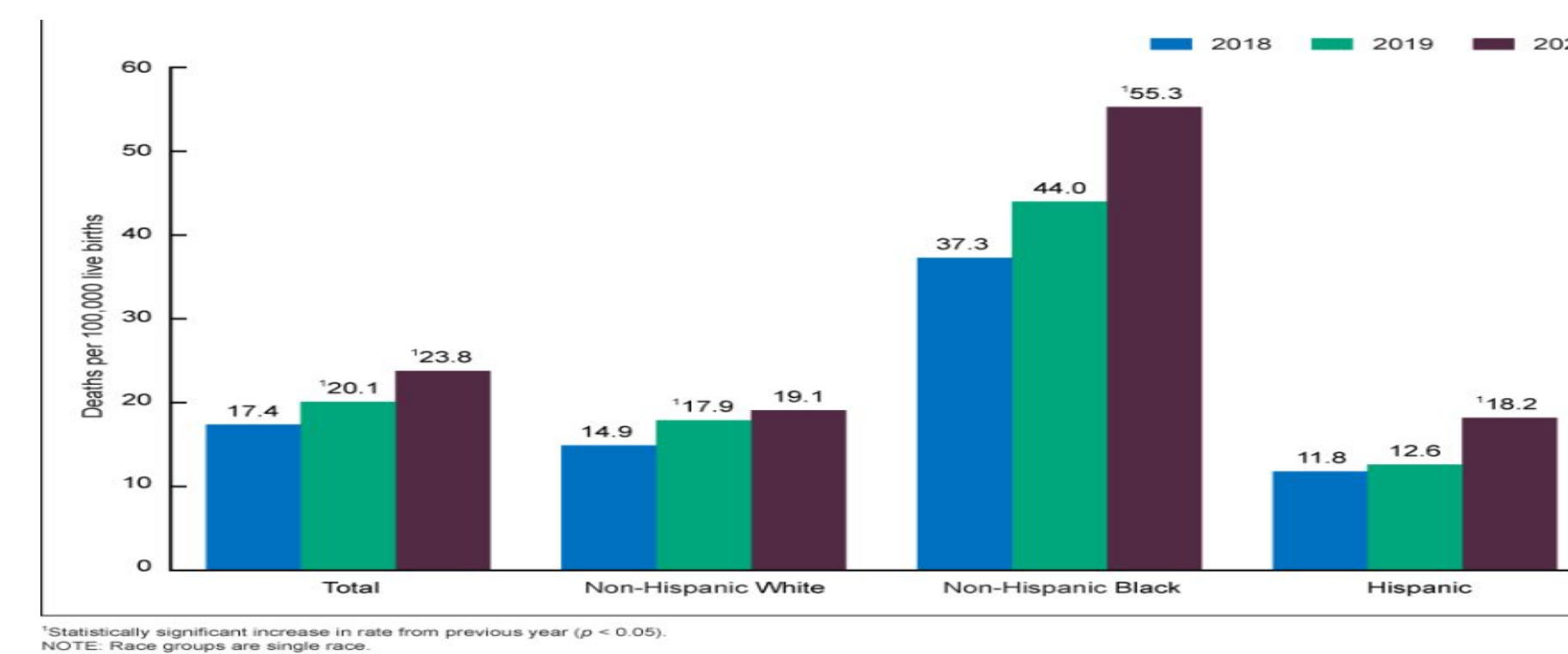
Additionally, Dr. James Marion Sims opened the first women's health hospital in the U.S on a small slave estate in Mount Meigs Alabama in the mid-1840s. He forced enslaved women to both work and be experimental subjects at the hospital.

Enslaved African people had no bodily autonomy. To slaveholders, they were simply lab rats or to some, "super bodies" who could somehow endure hundreds of years of physical, mental, and sexual exploitation. Because of this long-term abuse, assumptions about the Black body are often still prevalent in society, like that Black individuals have higher pain tolerances, and because of this, are often given a lower dose of pain medication compared to white individuals who report the same symptoms.

DATA AND FINDINGS

Maternal mortality is defined by the World Health Organization as "the death of a woman while pregnant or within 42 days of termination of pregnancy." These deaths can be caused by diseases like preeclampsia, eclampsia, and other common maternal conditions but exclude sudden and accidental deaths. The maternal mortality rate is calculated based on the number of deaths per 100,000 live births.

- According to the National Center for Health Statistics, from 2018-2020, Black women had the highest rates of maternal mortality in the U.S. They ranged from 37.3% in 2018 and 55.3% in 2020 while White and Hispanic women had the lowest rates, ranging from 11.8% to 19.1% in the same years



So, why is this?

- According to a report published by the [Institute for Women's Policy Research](#) in 2017 titled *The Status of Black Women: In the U.S*, many disparities in healthcare for black women are caused by unequal access to care and racial discrimination.
- As reported by the same article, about 25% of Black women live in poverty compared to 10.8% of White women.
- Though poverty and lack of insurance are leading causes of healthcare inequality, it does not directly affect the maternal mortality rate in the same way it may affect long term medical issues, like breast cancer.
- Healthcare inequality is when a group of people in a society do not receive the same access to care as other groups. Though this is an issue that should be explored in later projects, it does not directly influence maternal mortality because the rate is calculated according to live births, not deaths preceding the births, which would relate to lack of access to care.

So what does?

- Racism is no new factor contributing to the loss of life for Black individuals. The concerns of Black mothers are often ignored or not properly treated, leading to negative health outcomes.
- The racial discrimination that causes this disregard for the concerns of Black mothers can be attributed to the abuse Black women faced in slavery. The racist ideologies and beliefs that stemmed from the use of Black women to learn about the female body affect how Black women are treated in medicine now because of the influence racism has in medicine and other fields once dominated by racist people.

THE
SAMUEL DUBOIS COOK
CENTER ON SOCIAL EQUITY
AT DUKE UNIVERSITY

METHODOLOGY

In my research I explored the history of the roles enslaved women played in founding modern gynecology, the lack of concern and treatment of maternal conditions in Black women and the possible solutions for the issues.

I used websites like Jstor.org and Google Scholar to find publications, like *Medical Bondage* by the University of Georgia Press, about the experiences of Black women in slavery and medicine.

To gather and organize my information, I performed a series of literature reviews on all of my sources by chapter. I extracted valuable information about the history and treatment of Black women in medicine.

CONCLUSION

The creation of modern American gynecology can be accredited to Enslaved African women who were abused, tortured, and victimized in the name of modern medicine. The erroneous assumptions that were made about Black female bodies are still prevalent in society due to the influence racism has on the medical field. The concerns of Black mothers are often dismissed, causing high maternal mortality rates.

Though this issue is systematic and needs to be addressed by people who have influence, we can advocate to educate medical personnel in obstetrics and gynecology about the history of American gynecology so that they know the importance of being sensitive to the concerns of Black mothers.

It would also be effective to make Doulas, midwives, and other trained medical maternal companions and advocates accessible to vulnerable women, so medical personnel will be held more accountable for the treatment of the mothers.

REFERENCES

- OWENS, D. C. (2017). INTRODUCTION: AMERICAN GYNECOLOGY AND BLACK LIVES. In *Medical Bondage: Race, Gender, and the Origins of American Gynecology* (pp. 1-14). University of Georgia Press. <https://doi.org/10.2307/j.ctt1pwt69x.5>
- OWENS, D. C. (2017). THE BIRTH OF AMERICAN GYNECOLOGY. In *Medical Bondage: Race, Gender, and the Origins of American Gynecology* (pp. 15-41). University of Georgia Press. <https://doi.org/10.2307/j.ctt1pwt69x.6>
- OWENS, D. C. (2017). BLACK WOMEN'S EXPERIENCES IN SLAVERY AND MEDICINE. In *Medical Bondage: Race, Gender, and the Origins of American Gynecology* (pp. 42-72). University of Georgia Press. <https://doi.org/10.2307/j.ctt1pwt69x.7>
- DuMonthier, A., Childers, C., & Milli, J. (2017). POVERTY & OPPORTUNITY. In *The Status of Black Women: in the United States* (pp. 64-87). Institute for Women's Policy Research. <http://www.jstor.org/stable/resrep27082.8>
- DuMonthier, A., Childers, C., & Milli, J. (2017). HEALTH & WELL-BEING. In *The Status of Black Women: in the United States* (pp. 88-117). Institute for Women's Policy Research. <http://www.jstor.org/stable/resrep27082.9>
- Plater, R. (2021, March 11). The Discrimination Black Americans Face When It Comes to Pain Management. Healthline. Retrieved July 18, 2022, from <https://www.healthline.com/health-news/the-discrimination-black-americans-face-when-it-comes-to-pain-management>