The United States Healthcare System Keeps Failing Black Women

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Keeps Failing Black Women

There have been many articles written over the past year about the maternal death rate in the United States for black women. These articles have been written in response to a ProPublica publication that shared that black women are dying at a higher rate post-partum than their white counterparts, regardless of socio-economic status. Many people took to Twitter to start a conversation and black women shared their fears and feelings on an issue that makes black women feel powerless. This issue is beyond individual black women. This problem’s roots stem from racist beliefs. At the time of slavery, offensive racial caricatures and stereotypes about black people constructed beliefs about black bodies that are still prevalent today. Black women were dehumanized. Black women were described as the antithesis of white women. Black women could never be vulnerable, warm, beautiful, and graceful. Even today there are myths being taught in medical schools regarding black people’s pain tolerance and susceptibility to contracting certain illnesses. Through infiltrating the medical field, these harmful and false beliefs created a “medical apartheid.”

James Marion Sims, the father of modern gynecology, performed surgical experiments on black female slaves without anesthesia in the 19th century. Sims was operating under the racist notion that black women can endure an immense amount of pain. Henrietta Lacks, a dying 30-year-old black mother, had cancer cells taken from her body without her knowledge and/or consent in the 1950s. The cells were sold and used in experiments after a researcher observed their uniqueness. The cells played a crucial role in finding a cure for many illnesses, including leukemia and hemophilia. After her death, her family was not informed or compensated. They were not made aware of this incident until decades later.

When looking at the state of maternal and infant health in the United States compared to other industrialized countries, America is failing terribly. In fact, U.S. statistics about maternal and infant health can be compared to undeveloped nations. Professionals agree that about 700 to 900 women die each year due to complications in pregnancy or childbirth, but no one knows the exact number which is an embarrassing fact. The United States has not had a proper count of maternal and infant death rates. There is virtually no funding dedicated to research on maternal health therefore, maternal health is not prioritized or valued in the US. If women’s health issues are not taken seriously, black women will suffer more from the consequences because according to the CDC, black mothers in the U.S. die at three to four times the rate of white mothers. A black woman is 22% more likely to die from heart disease than a white woman. A black woman is also 71% more likely to die from cervical cancer and 243% more likely to die from pregnancy or childbirth-related reasons. In the South, no one is talking about the cervical cancer epidemic that is killing black women at an alarming rate. Studies show that black receive less aggressive treatments for cervical cancer compared to their white counterparts. Additionally, numerous ones from black women express how their physical pain was not taken seriously during their emergency room visits. Some of these instances even resulted in death. For example, Lashonda Hazard died at Women and Infants Hospital in Providence, Rhode Island. These negative health outcomes are less likely to affect those who can easily access healthcare. The case of Lashonda Hazard also demonstrates how unaware healthcare providers are of their racist biases.

Racist hierarchies put black women in life-threatening situations, especially when in the hands of healthcare during childbirth. Black women face many daily stressors from microaggressions to unequal pay. Healthcare should be our solace. Many black women go as far as to use doulas to ensure safe pregnancies and deliveries. Unfortunately, this only ignores the problem and does not fix it. Doulas can only operate if they are affiliated with a hospital. Also, if any complications occur during birth, the mother has to go to the hospital where she will be treated by a physician. Disparity in healthcare settings are rooted in institutionalized racism. Structural inequality and implicit bias are key factors to understand in order to tackle this issue. Healthcare providers need to check their implicit biases in order to avoid discriminating against their patients. Healthcare facilities need to acknowledge these archaic models of health that perpetuate old racist beliefs. Governments are responsible for ensuring they create policies that address structural inequality and eliminate social determinants of health.

We need to remind ourselves that reproductive justice includes black mothers and black women. Until then, black women remain the group the most marginalized by the US healthcare system.