

Reproductive Care and Medical Racism

A study published by the non-profit organization, March of Dimes, found that 35% of the US population who need gynecological care, a total of 2.3 million people, do not have a place in their county to give birth as of 2022.¹ Most of these underserved counties are either in the Midwest or South – areas that are largely rural and where obstetrical care, defined as care for a pregnant person, continues to be rolled back.²

This decrease in access to gynecological care, nationwide and especially in rural areas, comes at a time when rural areas are becoming increasingly racially diverse.³ The growth of diversity in these geographical spaces compounds the already poor access that Black Americans have to medical care in comparison to white Americans. Studies find that some of this disparity is based on economic factors; racial discrimination often prevents people of color from receiving the same level of education and vocational opportunities as white people in the United States, leading to reduced access to benefits and health insurance.⁴

Another factor, however, is racism in the medical field itself. A recent study by the Journal of Racial Ethnic Health Disparities measured discrimination towards Black women receiving care for cervical cancer. The majority of the women in the study reported that five out of six measures of racism (less respect from doctors, nurses acting as if they were not smart, etc.) occurred “most of the time.”⁵ Moreover, as part of a survey that The Proceedings of the National Academy of Sciences conducted, 73% of doctors believed at least one false biological difference between white and Black patients to be true.⁶ This statistic raises another major issue in the medical field: the fact that doctors are more likely to perceive Black patients as having a higher tolerance for pain than white patients. This combination of decreasing opportunities to receive medical care and the ongoing issue of medical racism leads to infant and maternal mortality rates 2.5 times higher for Black individuals than white individuals.⁷

Medical racism, especially in gynecological medicine has its roots in enslavement when Black women were forced to become test subjects. Up until the 19th century, midwives had been the

¹ “Maternity care deserts report,” March of Dimes, 2022, <https://www.marchofdimes.org/maternity-care-deserts-report-2022>.

² Tony Leys, “As baby bust hits rural areas, hospital labor and delivery wards are closing down,” NPR, July 15, 2024, <https://www.npr.org/sections/shots-health-news/2024/07/12/nx-s1-5036878/rural-hospitals-labor-delivery-health-care-shortage-birth>.

³ “Racial and ethnic minorities made up about 22 percent of the rural population in 2018, compared to the 43 percent in urban areas,” Economic Research Service, United States Department of Agriculture, October 13, 2020, <https://www.ers.usda.gov/data-products/chart-gallery/gallery/chart-detail/?chartId=99538>.

⁴ David Williams and Toni Rucker, “Understanding and Addressing Racial Disparities in Health Care,” *Health Care Finance Review* 21, no. 4 (Summer 2000): 75-90.

⁵ Ariel Washington and Jill Randall, “‘We’re Not Taken Seriously’: Describing the Experiences of Perceived Discrimination in Medical Settings for Black Women,” *Journal of Racial and Ethnic Health Disparities* 10, no. 2 (March 3, 2022): 883-891, <https://doi.org/10.1007%2Fs40615-022-01276-9>.

⁶ Kelly Hoffman et al., “Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites,” *Proceedings of the National Academy of Sciences* 113, no.16 (April 4, 2016): 4296-4301, <https://doi.org/10.1073%2Fpnas.1516047113>.

⁷ Hoffman et al.

main aids in helping all women through the birthing process, but at this time, a movement to medicalize birth began gaining traction. Upper class women now gave birth in hospitals, with doctors present and doctors developed techniques to use in the delivery process of these wealthy white women⁸ by experimenting on enslaved Black women – who were also forced to work as nurses in these same birthing hospitals.⁹ Theories from this time perpetuated the idea of a biological difference between Black and white people, and a culture based on dehumanizing Black individuals continue to disproportionately affect the medical practices of today, making Black women a target.

⁸ Laurel Thatcher Ulrich, "'The Living Mother of a Living Child': Midwifery and Mortality in Post-Revolutionary New England," *The William and Mary Quarterly* 46, no. 1 (Jan. 1989): 27-848.

⁹ Deirdre Cooper Owens, *Medical Bondage: Race, Gender, and the Origins of American Gynecology* (University of Georgia Press, 2017).