

Illustration/Chidiebere Ibe, 2021

THE HISTORY OF RACE IN OBSTETRICS GYNAECOLOGY AND THE MORTALITY RATE OF BLACK WOMEN

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HISTORY OF RACE IN OBSTETRICS AND GYNAECOLOGY

Figure 1
Painting by Robert Thom



Note. 1952 painting by Robert Thom representing James Marion Sims, Lucy, Anarcha and Betsey.

1800S: JAMES MARION SIMS

Focusing on obstetrics and gynaecology there are evidence of significant abuse, subjugation, and torture of black. Looking at the foundation of obstetrics gynaecology it is deeply rooted in the experimentation and exploitation of black slaves. The American Surgeon James Marion Sims also known as the “Father of Gynaecology” performed surgical experiments on slave women in the 1800s. This led to the treatment of vesicovaginal fistula. Corrective surgery that is performed on women who suffer from uncontrollable urination after giving birth. After the success of his experiment, Sims went around Europe to perform this surgery on wealthy white women in Europe which garnered him the reputation as the father of modern gynaecology (Washington, 2007).

For example, Anarcha Westcott was a slave Sims performed several experimental surgical procedures for over 3 years. Anarcha underwent over 30 procedures without Anaesthesia, which was available three years prior. Sims chose not to use it because he was under the impression that black people did not feel pain.

In opposition, other scholars argue that Sims was a product of the 18th and 19th centuries (Vernon, 2019). It was common to perform experiments on slaves. Moreover, there were no regulations regarding the consent of patients.

They argued that compared to other experiments Sims only experimented on women who were seriously ill and did not cause illnesses to the subjects (Vernon, 2019).

SCIENTIFIC RACISM: EUGENICS AND STERILIZATION

The Negro Project was a project enacted in the 1930s and in the 1940s to combat maternal and infant mortality of African Americans. This is a project closely intertwined with eugenics in healthcare, Margaret Sanger, and planned parenthood. The term “eugenics was coined by Francis Galton, in 1883 (Liscum & Garcia, 2021). He explained eugenics as

“...the science of improving stock, which is by no means confined to questions of judicious mating, but which, especially in the case of man, takes cognisance of all influences that tend in however remote a way to give more suitable races or strains of blood a better chance of prevailing speedily over the less suit-able than they otherwise would have had”

In other words, The interference of reproductive autonomy of shaping the reproductive choice to preserve the desired specimen. Eugenics was a movement that targeted disabled people, poor people, and people of colour. Furthermore, this has been a controversial study even today since it is associated with the Nazi program during world war II, sterilization, and social marginalization (Follet, 2019).

The topic of eugenics became associated with birth control after the great depression. African Americans were enduring dire health circumstances that had an effect on maternal and infant mortality (Follet, 2019). This created a need to limit the reproductive conditions of African American women through sterilization and birth control.

Figure 2

Photo Margaret Sanger



Note. Mrs Margaret Louisa Sanger is arraigned in the Federal Courthouse on January 18, 1916.

Through eugenics, black women were labelled as harlots and bad mothers who would give birth to defective children. This was linked to biology and hereditary mechanism (Washington, 2007).

Due to these circumstances in 1929 the Birth Control Federation of America (BCFA) now Planned Parenthood founded by Margaret Sanger intervened. The BCFA created “The Negro Project”. The project was created to assist black women suffering from a lack of health services and to enact population control for people of colour. Margaret Sanger was a well-known advocate for birth control, women’s rights to eugenics and developed a network of family planning centres that later became planned parenthood.

1900S: FORCED STERILIZATION

Eugenics was a movement deeply associated with forced sterilization, racism, and misogyny. Eastern European, black women, Hispanic and Latin women were the subjects of forced sterilization (Schickler et al., 2021). Due to eugenics sterilization became a topic in the 1920s. During this time California had the highest rate of forced sterilization (Schickler et al., 2021). In the 1930s there were law mandates in more than 30 states to sterilize the “unfit” population (Dejoy, 2019). There were concerns about the cost of the reproduction of unfit children and its burden on the state and taxpayers (Nelson, 2020). Moreover, in the 1950s and 1960s, the stability of the American family came to question. More sexually promiscuous women were giving birth (Nelson, 2020). In the 1960s black women were subjected to unnecessary sterilization in a state-run hospital without being informed, or in other cases misled to consent to this procedure (Dejoy, 2019).

A great example is the Mississippi appendectomy. Ruha Benjamin a professor of African American studies explains Mississippi Appendectomy as:

“The forced sterilization of black women, mainly but not only in the south and the reason why the phrase is so powerful is because it is naming the practice of deceiving black women because often people where admitted to the hospital and where told for example they had to get there appendix removed and really they were given an hysterectomy or tuba ligation.” (Oprah Winfrey Network [OWN], 2021).

Throughout history, African American, Hispanic, and Native American women have been subjugated to forced and coerced sterilization with the help of the government. Native American women were victims of eugenics campaigns (Smaw, 2021). They were targeted by the doctors working in Indian Health Services due to the fear of a high birth rate. Smaw (2021) stated that “the Indian Health Services coerced Native Americans women into getting hysterectomies or tubal sterilizations by threatening to take away their children and/or healthcare services”. In the 70s 3,406 Native American women were coerced into sterilization. Hispanic women were coerced into sterilization in the name of population control. It was so extensive that in 1965 in Puerto Rico 34% of women between the ages of 20 and 49 were sterilized (Smaw, 2021).

2000S: MORTALITY RATE AMONG BIPOC WOMEN

Looking at recent data there is a lot of inadequacy regarding the health of pregnant Black, Indigenous, and people of colour (BIPOC) individuals. It is often due to harmful complications from different causes such as human error, negligence, misdiagnosis, and lack of reactive interventions. This is more prevalent in pregnant BIPOC women compared to Caucasian people. For pregnant black women it is four to five times higher in the US to die during and after childbirth (Petersen et al., 2019). In the United Kingdom for black women, the chances are four times higher, Asian and mixed ethnicity women are two times higher compared to Caucasian women to die during or due to childbirth (MBRRACE-UK, 2021). According to Centres for Disease Control and Prevention (CDC), most of these deaths are preventable, and majority of it is due to racial and ethnic disparities (Petersen et al., 2019).

There are different perspectives on this situation. Some would argue, that individuals who are affected are suffering from income inequality, therefore not being able to afford good health care. Secondly, it is not due to racial disparity but due to the lack of adequate medical education and practices. Thirdly, there is not enough research to conclude that the mortality rate of BIPOC women is due to racial disparity. Lastly, the cases that are reported are largely from the United States and do not apply globally.

To disapprove of those statements. There is evidence showing historically that black and Asian women's disparities have been thought to be due to socio-economic factors and poor access to healthcare however, racial disparities recur after taking into account demographic and socio-economic factors. The tennis player Serena Williams and Candice Braithwaite an influencer have had life-threatening experiences even though they are affluent. Candice Braithwaite shares her story to raise awareness among mothers (Jamil & Braithwaite 2022, 45:45). She stated that she was being treated as if nothing is wrong even though she knew something is wrong.

Secondly, the numbers do not only apply to the United States. Great examples are Brazil and the United Kingdom. In Brazil, the mortality rate is greater among black women. There are prominent cases in Brazil where black women are unequivocally denied access to healthcare (Williamson, 2021). There is a combination of racism and socioeconomic status that are prominent in the maternal mortality rate which is also an indicator of inequality (Williamson, 2021). Moreover, the European Board & College of Obstetrics and Gynaecology (EBCOG) has recognized racial disparity as being one of the factors for a high mortality rate of pregnant women in Europe (Mukhopadhyay & Mahmood, 2022).

SHOULD RACE BE A BIOLOGICAL CONCEPT?

RACIAL ESSENTIALISM VS NOMINALISM

It is not in question that BIPOC women die to racial disparities, but the main dilemma lies in if the race should be a biological concept in healthcare. There is two opposing ideology when it comes to this topic. The first race is a human construct therefore it does not apply to medicine and healthcare. In contrast, taking race into account is beneficial and crucial for the development and improvement of healthcare for people of colour.

RACIAL ESSENTIALISM

As proven above racism and inequality have been central to the development of OB/GYN. By considering racial inequality the knowledge of racial disparities should not go unnoticed or unacknowledged in research and treatment. Moreover, social-economic status accounts for the disparities that BIPOC people face however the state of the health care system assists in the contribution of racial disparities and health outcomes (Bridges et al., 2017). Introducing race-conscious medicine is a way to prioritize the aspect of racism in healthcare and not a race and by using data to alleviate health inequalities (Bridges et al., 2017).

If we examine this from a Critical Race Theory perspective, this can be a way of challenging structural racism and racial status in medicine and healthcare. Moreover, there are should be a consideration of intersectionality and discrimination encountered by BIPOC women (Tawa, 2018).

Doing so can assist in shaping structural racism in healthcare. Lastly, CRT affirms that it is a necessity to recognize in theoretical and conceptual work how legacies and ideologies of discrimination affect society and generational beliefs. It is vital in moving forward in health sciences, the conceptions of human biodiversity, social justice, and racial equity in healthcare (Tawa, 2018).

NOMINALISM

In contrast, some believe racism in health care is an external variable such as in politics and social contexts but not in the medical field. Some state that seeing race in healthcare creates barriers within human biology in research and the relationship between doctor and patient (Tawa, 2018). Moreover, it contributes to the historical unequal treatment, delayed medical treatment, and racial disparities of people of colour.

Lastly, they disapprove of the notions of CRT because it promotes race essentialism which only views a person's race but disregards the human identity (Tawa, 2018). The application of race essentialism is inconsistent if applied in other areas. For example in terms of essentialism in medical education Stephen R. C. Hicks (2021) states

“they don’t need to learn that there are no biological differences between the three of us to learn that the same ethical standards of care apply.”

They call for a focus on structural racism in healthcare and not on the myopic of race. There should be a restructuring of the medical institution and school curricula to have a better transformative approach. This will additionally, address medical bias (Keeyes et al., 2021).

REPRODUCTIVE JUSTICE

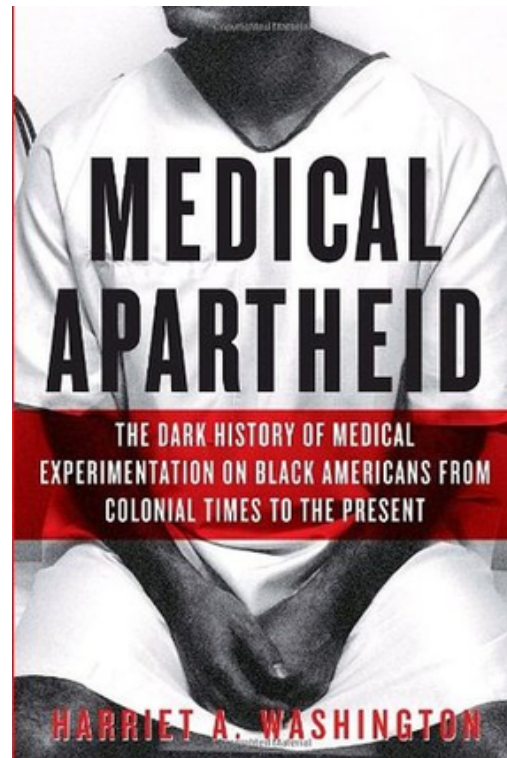
Currently, there is a promising intervention aimed at raising awareness and improving the health status of people of colour. Our first example is Chidiebere Ibe. He is a medical student who creates medical illustrations of black people in opposition to the majority of illustrations being of white skin color. He is using this opportunity to raise awareness of diverse illustrative medical textbooks. This is also since different symptoms appear differently in different skin colours. Secondly, the US, Committee on Health Care for Underserved Women (ACOG) is a committee that tackles the racial disparities in OB/GYN. They encourage health care systems to provide and engage in the achievement to reduce racial disparities (The American College of Obstetricians and Gynaecologists, 2018). They focus on raising awareness among medical practitioners, disclosing racial bias, and identifying structural and cultural barriers. In Europe, EBCOG recognizes health inequality and aims to improve the health of all pregnant women (The American College of Obstetricians and Gynaecologists, 2018).

Figure 6
Illustration of black baby fetus



Note. Black Pregnant Woman Illustration by Chidiebere Ibe

Figure 5
Medical apartheid book cover



Thirdly, the Book “Medical Apartheid” by Harriet Washington is a great detailing of the history of African American experiences in the medical field. She states the various cases and experiments that people of colour endured and in what aspects they are still enduring currently.

Throughout history, people have endured great extremities. Their pain has assisted heavily in the creation and progress of the OBGYN field. Without the forced contribution of enslaved women, the experiment on women OBGYN would not be where it is today. The trauma that has been imposed on these women is immense and continues through post-traumatic slave syndrome. There is huge mistrust amongst black women towards the medical field. It is important to tell black stories and to find a way to right the wrongs that have occurred. The only request is equal treatment, and safe reproductive rights for all women.

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