

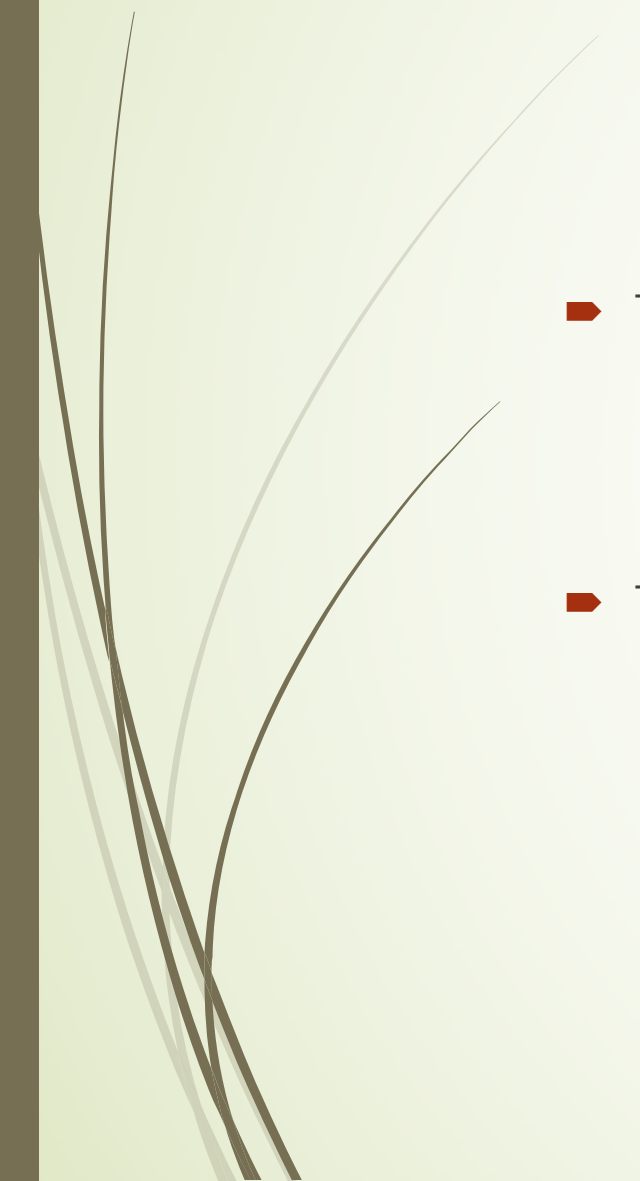




# Black Women and Bias in Medicine

Undoing the harm



# Black Women and Bias in Medicine

- ▶ To review
    - ▶ Historical Context and present ills
    - ▶ From structural oppression to poor outcomes-the physical manifestations of race and gender bias
  - ▶ The way out- finding solutions
    - ▶ The role of medical education
- 

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- *A black woman is 22 percent more likely to die from heart disease than a white woman, 71 percent more likely to perish from cervical cancer, but 243 percent more likely to die from pregnancy- or childbirth-related causes.-CDC*




## The stories

<https://www.today.com/health/implicit-bias-medicine-how-it-hurts-black-women-t187866>





# The stories

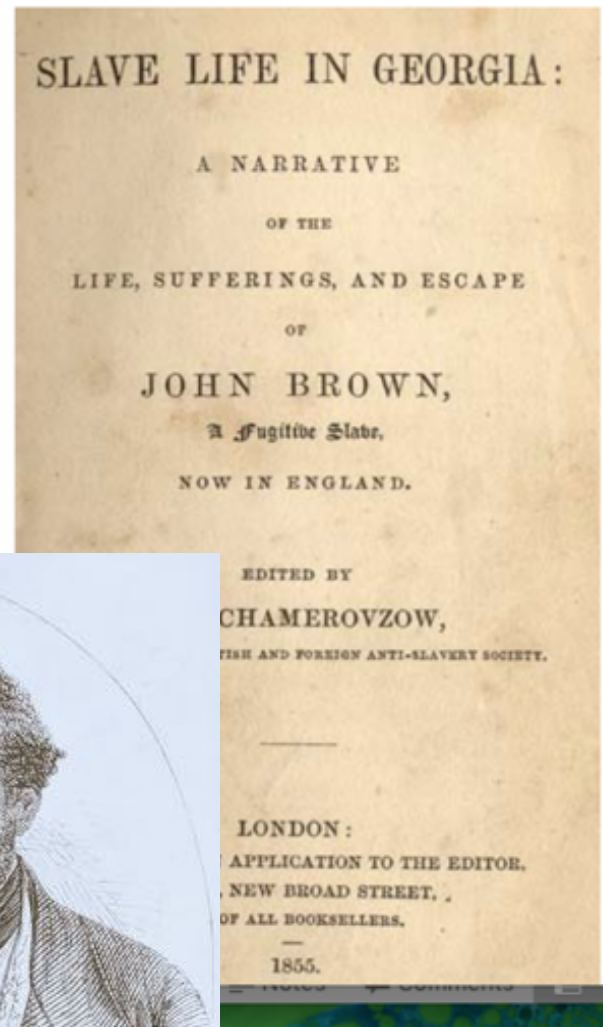
- ▶ Experimentation on Black bodies
  - ▶ Denial of treatment for pain
  - ▶ Forced sterility campaigns
  - ▶ Maternal mortality
- 

# Proving non-human-ness

- ▶ Hamilton was a courtly Southern gentleman, a respected physician and a trustee of the Medical Academy of Georgia. And like many other doctors of the era in the South, he was also a wealthy plantation owner who tried to use science to prove that differences between black people and white people went beyond culture and were more than skin deep, insisting that black bodies were composed and functioned differently than white bodies.
- ▶ They believed that black people had large sex organs and small skulls — which translated to promiscuity and a lack of intelligence — and higher tolerance for heat, as well as immunity to some illnesses and susceptibility to others. These fallacies, presented as fact and legitimized in medical journals, bolstered society's view that enslaved people were fit for little outside forced labor and provided support for racist ideology and discriminatory public policies

The idea that black people have thicker skin was born from 19th century experiments that were conducted by a physician named Thomas Hamilton. He was a wealthy plantation owner who regularly tortured an enslaved Black man named John Brown, creating blisters all over his body in an effort to prove Black skin went deeper than white skin

In Brown's words, Hamilton applied "blisters to my hands, legs and feet, which bear the scars to this day. He continued until he drew up the dark skin from between the upper and the under one. He used to blister me at intervals of about two weeks." This went on for nine months, Brown wrote, until "the Doctor's experiments had so reduced me that I was useless in the field."



# Myths about racial differences were used to justify slavery and are still believed by doctors today

Journal List > Proc Natl Acad Sci U S A > v.113(16); 2016 Apr 19 > PMC4843483



[Proc Natl Acad Sci U S A](#). 2016 Apr 19; 113(16): 4296–4301.  
Published online 2016 Apr 4. doi: [10.1073/pnas.1516047113](#)  
Psychological and Cognitive Sciences

PMCID: PMC4843483  
PMID: [27044069](#)

## Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites

[Kelly M. Hoffman](#)<sup>a,1</sup> [Sophie Trawalter](#)<sup>a</sup> [Jordan R. Axt](#)<sup>a</sup> and [M. Norman Oliver](#)<sup>b,c</sup>

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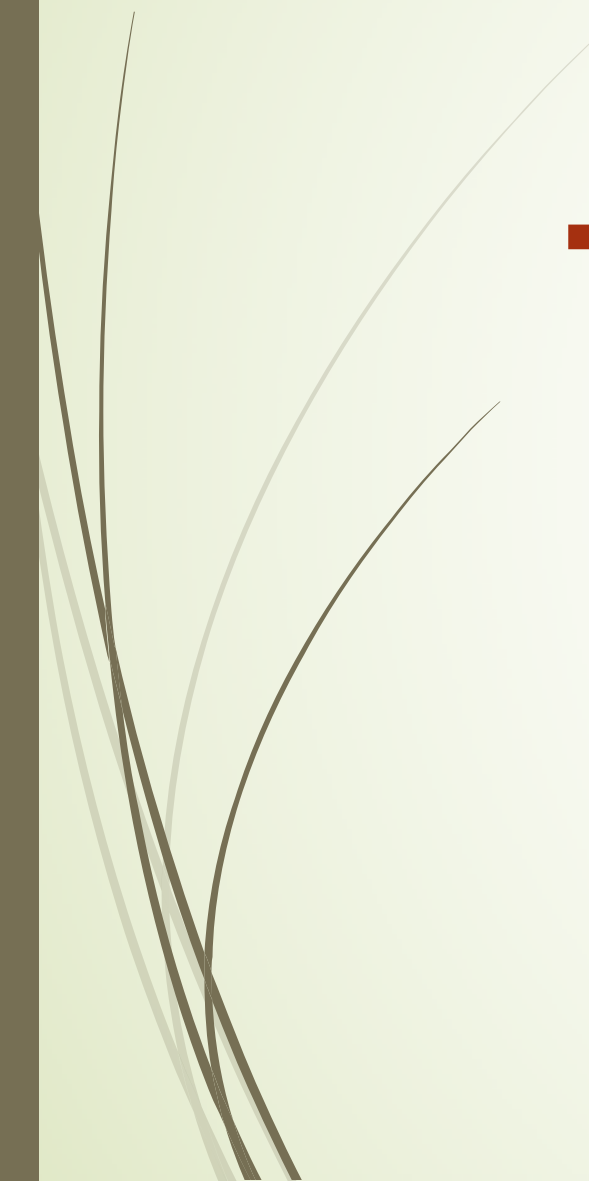
Perceptual co-  
recognition.

Do physicians  
affect clinical

Racial dispar-  
weight categories.

This study found that nearly half of first and second year medical students believed that Black people have thicker skin than white people, and perceived Black people as experiencing less pain than white people,



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REVIEW | VOLUME 37, ISSUE 9, P1770-1777, SEPTEMBER 01, 2019

## Racial and ethnic disparities in the management of acute pain in US emergency departments: Meta-analysis and systematic review

Paulyne Lee  • Maxine Le Saux  • Rebecca Siegel  • ... Chen Chen  • Yan Ma  • Andrew C. Meltzer 

Show all authors

Published: June 05, 2019 • DOI: <https://doi.org/10.1016/j.ajem.2019.06.014> •



PlumX Metrics

### Results

763 articles were screened for eligibility and fourteen studies met inclusion criteria for qualitative synthesis. The total study population included 7070 non-Hispanic White patients, 1538 Hispanic, 3125 Black, and 50.3% female. Black patients were less likely than white to receive analgesia for acute pain: OR 0.60 [95%-CI, 0.43–0.83, random effects model]. Hispanics were also less likely to receive analgesia: OR 0.75 [95%-CI, 0.52–1.09].

### Conclusion

This study demonstrates the presence of racial disparities in analgesia use for the management of acute pain in US EDs.



**The slavery-era belief that Black people were hypersexual and simultaneously less intelligent than white people also continues to impact the care that Black women get.**

- ▶ **"With Black women there is an assumption that they don't know their bodies, that they don't understand, that they're not educated about their bodies. Black women are less likely to be diagnosed for endometriosis than white women when they were experiencing pelvic pain, and instead, misdiagnosed as having pelvic inflammatory disease, which is typically sexually transmitted."**
- ▶ **Dr. Colene Arnold, a gynecologist who specializes in pelvic pain disorders, reported on New Hampshire Public Radio's [The Exchange](#) podcast.**

In the 1964 presidential election between Lyndon Johnson and Barry Goldwater, Johnson used the political slogan, "All the way with LBJ." A mid-1960s license plate shows a caricatured black woman, pregnant, with these words, "Ah went all de way wib LBJ." Johnson received overwhelming support from black voters. The image on the license plate, which also appeared on posters and smaller prints, insults blacks generally, black Democrats, and black women





A painting of Dr. James Marion Sims, by American artist Robert Thom from the 1950s, is the only known representation of Lucy, Anarcha and Betsey, three enslaved women who Sims operated on, American Historical Association .historians.org

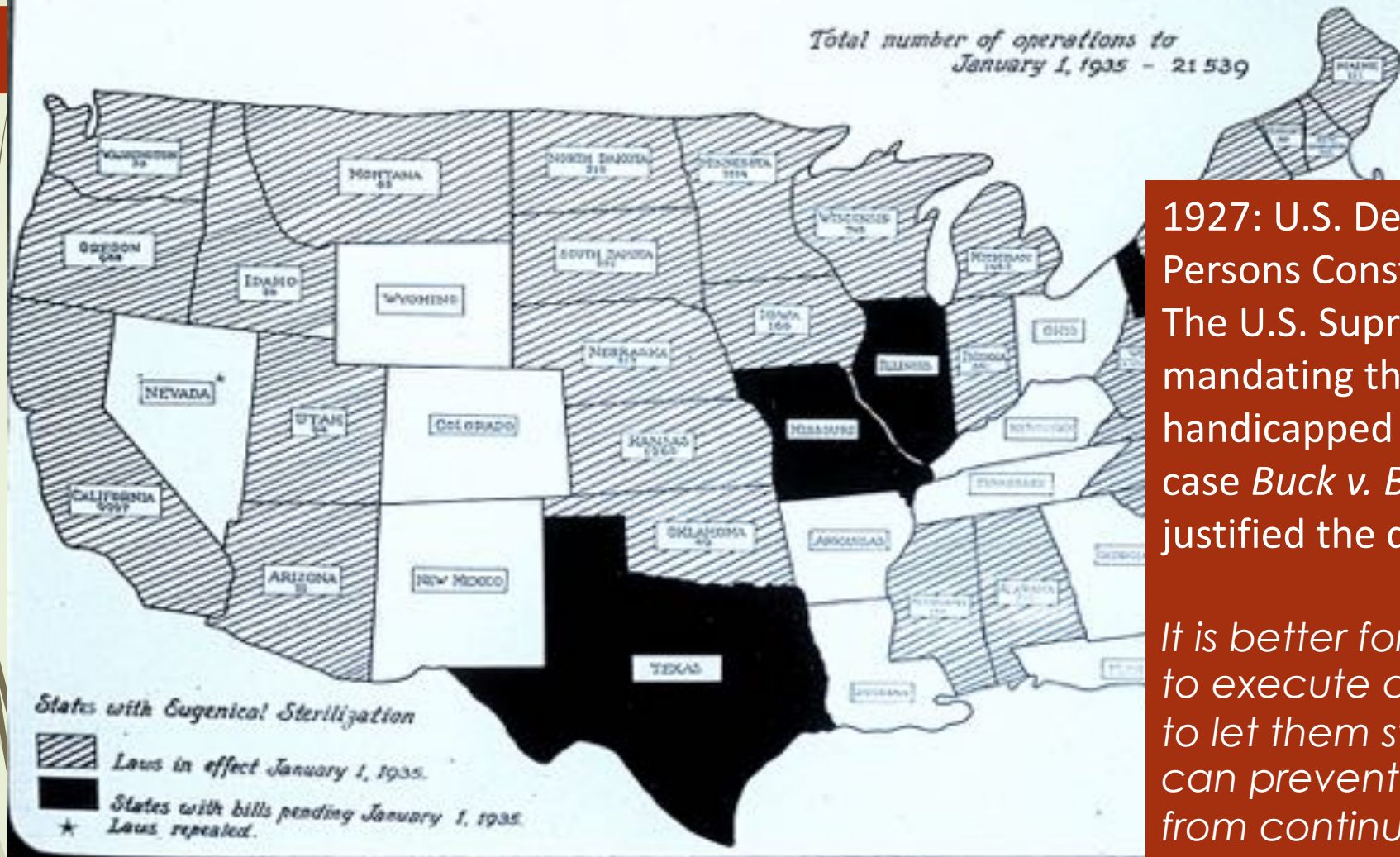


# Forced Sterilization

- Eugenics programs of the 1800's to 1980's- sterilization of individuals labeled as imbecils or low intelligence, with higher percentages being non white
- “ Mississippi Appendectomies”- ( secret unconsented sterilizations of black women in the U.S south
- Puerto Rico: birth control trials and forced sterilizations
- Recent unconsented hysterectomies on immigration detainees in Georgia

LEGISLATIVE STATUS OF EUGENICAL STERILIZATION IN THE UNITED STATES  
AND THE TOTAL NUMBER OF OPERATIONS BY EACH STATE TO JANUARY 1, 1935.

Total number of operations to  
January 1, 1935 - 21 539



1927: U.S. Declares Sterilization Of Handicapped Persons Constitutional  
The U.S. Supreme Court ruled (8-1) that laws mandating the sterilization of the mentally handicapped do not violate the Constitution in the case *Buck v. Bell*. Justice Oliver Wendell Holmes justified the decision in the following manner:

*It is better for all the world, if instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind.*



# Forced sterilization

- ▶ U.S. women of color have historically been the victims of forced sterilization. Some women were sterilized during Cesarean sections and never told; others were threatened with termination of welfare benefits or denial of medical care if they didn't "consent" to the procedure; others received unnecessary hysterectomies at teaching hospitals as practice for medical residents. In the South it was such a widespread practice that it had a euphemism: a "Mississippi appendectomy."
- ▶ **5. 1965: Sterilization of Puerto Rican Women Reaches 30%** The results of a sterilization campaign in the island of Puerto Rico that began shortly after WWI left 30% of the women there unable to have children by 1965. The earliest governor of Puerto Rico is cited as saying that there were too many unskilled laborers, and not enough jobs in the island.





# Forced sterilization

- ▶ **1970: Nixon Administration Funds Sterilizations**

- ▶ Through increases in Medicaid-funding and the passage of the Family Planning Services and Population Research Act of 1970, the Nixon administration widely offers sterilization of low-income Americans, primarily women of color. Independent reports would later indicate that many of the doctors performing these procedures do not follow informed consent protocols, deeming the sterilizations "involuntary as a matter of practice."

- ▶ **1973-1976: 3,406 Native American Women Sterilized Without Permission**

- ▶ The U.S government recently admitted to forcing thousands of Native American Indian women to be sterilized. The procedures even included 36 women who were under 21 years old, despite laws prohibiting anyone 21 years and younger from receiving the procedure. Dr. Pinkerton-Uri found that 25% of Native American Indian women had been sterilized without their consent. Pinkerton-Uri also found that the Indian Health Service had "singled out full-blooded Indian women for sterilization procedures." In total, it is estimated that as many as 25-50% of Native American women were sterilized between 1970 and 1976.



# **Maternal mortality**

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Sha-Asia Washington went into cardiac arrest while doctors delivered baby via C-section. Washington was pronounced dead after doctors spent 45 minutes trying to save her with CPR. Her newborn daughter, Khloe, was healthy.



***Shalon MauRene Irving  
was an epidemiologist with  
the CDC and was a  
lieutenant commander in  
the uniformed ranks of the  
U.S. Public Health***

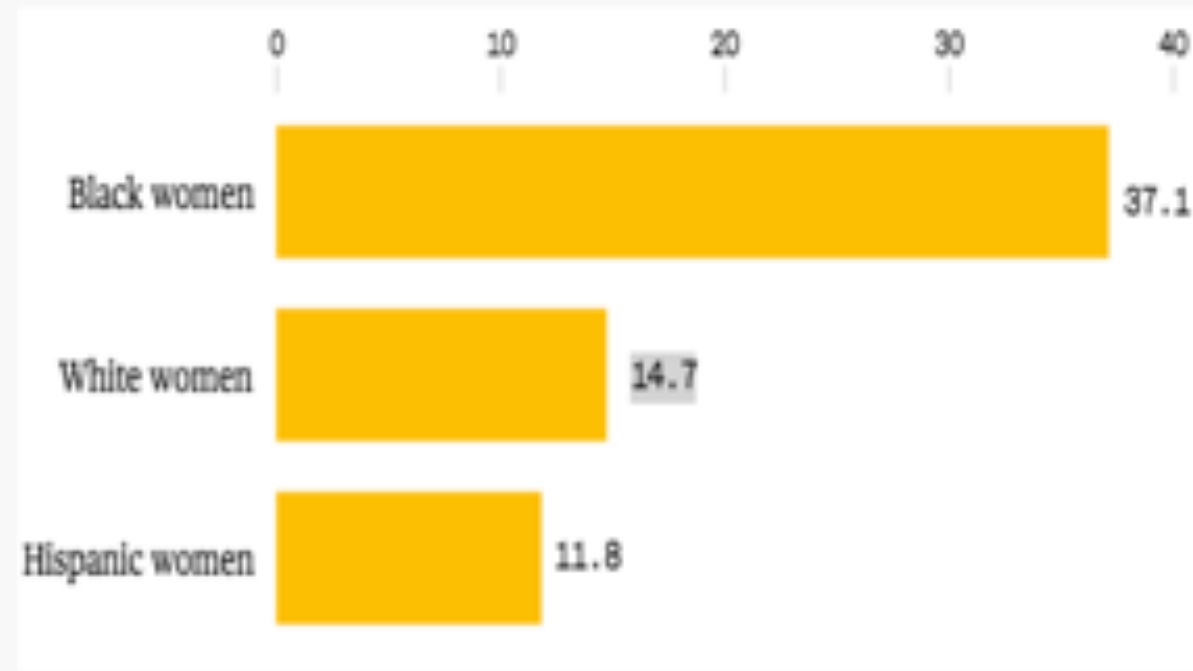
*Service. (Courtesy of  
Wanda Irving)*

*From ProPublica*

*[https://www.propublica.org  
/article/nothing-protects-  
black-women-from-dying-  
in-pregnancy-and-  
childbirth/amp](https://www.propublica.org/article/nothing-protects-black-women-from-dying-in-pregnancy-and-childbirth/amp)*

## Pregnancy-related deaths by race in the U.S. in 2018


Number of deaths per 100,000 live births.



Source: National Center for Health Statistics

Graphic: Jiachuan Wu / NBC News

In 2018, 658 women died of maternal causes in the U.S. A recent study showed Black women had a death rate of 40.8 per 100,000 births, three times higher than the rate of white women. (**4 times higher in Texas**) American Indian and Native Alaskan women had the next highest rate at 29.7 deaths per 100,000 live births, more than double the rate in white women. Experts have cited several reasons for the disparities, including systemic and institutional racism within the healthcare system, underlying health conditions more common in Black mothers and access to prenatal care.



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# Social Determinants of Health

- ▶ It is well known that taking care of ourselves by eliminating unhealthy behaviors (e.g., smoking), eating healthy, and staying active improves our health.
- ▶ However, our health is also determined in part by access to economic resources, the neighborhoods we live in, and our social interactions. Our health is influenced by economic, social, and physical conditions in our environment.
- ▶ According to the *Healthy People 2020*, “social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks” (U.S. Department of Health and Human Services [US DHHS], n.d.).



# Social Determinants of Health- (US DHHS).

- Socioeconomic conditions (e.g., concentrated poverty);
- Social norms and attitudes (e.g., discrimination, racism); residential segregation;
- Exposure to crime, violence, and disorder (e.g., presence of trash in the neighborhood);
- Built environment (e.g., buildings, sidewalks); and culture





# Social Determinants of Health- concentrated poverty-

- ▶ Residents of impoverished neighborhoods or communities are at increased risk for mental illness, chronic disease, poor dental health, higher mortality, and lower life expectancy and even fatalities from unintentional injuries
- ▶ Disparities in many maternal and child health outcomes persist in the United States. Mothers and children who live in poverty are at higher risk for a variety of mental, physical, emotional, and behavioral health problems, including depression, obesity, child maltreatment, teenage problem behaviors, drug abuse, and lower educational attainment.<sup>1</sup> Moreover, the 2010 US Census revealed that 20% of children in the United States are living in poverty with an overrepresentation of African American and Hispanic children
- ▶ Children from families that receive welfare assistance are 3 times more likely to use welfare benefits when they become adults than children from families who do not receive welfare.<sup>12</sup> Studies also report that migrant status<sup>18</sup> is a risk factor for poverty



# Social norms and attitudes-racism

- ▶ Structural –
  - ▶ Housing segregation, (built in to US law with redlining statutes of FDR)
  - ▶ Quality schooling and school tax base, inequalities contribute to drop out rate, cycle of poverty
  - ▶ School suspension and labeling as “ difficult” leads to “ criminalization of black children
  - ▶ Legal system- private prison system incentivizes harsh and prolonged sentencing “selling black youth to the private system”, criminalizing drug use without violent crime for blacks while sympathizing with whites plagued by the opioid crisis. “ Calling a ” Karen”
- ▶ Macroaggressions- hiring by name, hiring “like me”
- ▶ In Health
  - ▶ Lack of black physicians leads to poorer health outcomes for African Americans
  - ▶ Two tier systems for insured/vs uninsured

**Social Determinants of Health:  
Exposure to crime, violence, and  
disorder (e.g., presence of trash in  
the neighborhood)**

- Neighborhoods where low income families can afford housing
- Concentrated poverty
- Poor public transportation
- Increased violence leads to increased injury and fatality
- Trash and sanitation issues


Built environment (e.g., buildings, sidewalks); and culture

- Parks, areas for play and exercise that are safe are scarce
- Fewer safe walking paths for children
- More convenience stores and bodegas associated with increased crime
- Housing projects, warehousing the poor – poor upkeep, lead, can not isolate from infectious disease



# The structural oppression health outcome connection

- ▶ Disparity in access to care>> late diagnosis, increased morbidity, poor outcomes, higher mortality for cancer, perinatal outcomes, chronic diseases
- ▶ Neighborhood stress, increased injury and fatality, food deserts, less area for safe movement and exercise leads to inactivity
- ▶ Poor schooling quality leads to less opportunity for higher education and access to rise out of poverty, poor health literacy,
- ▶ Racial bias and social attitudes >>> stereotyping, increased risk of incarceration and even death in the legal system, fewer job opportunities preserving the cycle of poverty



# The structural oppression health outcome connection

- ▶ Structural racism leads to poor mental health and physical manifestations
- ▶ Discrimination against Black women has correlated to a poor sense of well-being and good health
- ▶ Black children have been noted to have increased adrenalin/ catecholamine and stress hormones leading to chronic vascular diseases in later life
- ▶ Poor neighborhood environments have been linked to poor maternal and neonatal outcomes



# The structural oppression health outcome connection- at the doctor's

- ▶ Black and LatinX peoples with diabetes have increased rates of end stage occurrences such as renal failure, amputations and orchiectomies
- ▶ Neonates treated by African American doctors fare better
- ▶ African American men and women report avoiding going to the doctor due to feeling discrimination and racism leading to presenting with more extreme morbidity
- ▶ Victim –blaming and labeling as non-compliant is more common with poorer patient who are often also non-white leading to poorer medical care
- ▶ Non-white patients are more likely to report having their concerns dismissed.



Primum non nocere...


first do no harm



# Medical Education and Reducing Racial and Gender-based Disparities in Health care

- ▶ 2012-“Prioritizing Health Disparities in Medical Education to Improve Care”, Conference convened medical school faculty and administrators, educators, and students to discuss how to create real solutions at the level of medical schools
- ▶ Medical schools have long operated on the bases of research, education, and patient care. Each of these pillars suggests an ethical imperative for universities to actively pursue the social mission of disparities reduction.





# Medical Education and Reducing Racial and Gender-based Disparities in Health care

- Mainstreaming diversity,
- Assessing graduates' goals and career development (with an eye toward underserved communities),
- advancing access to care,
- Raising awareness of health disparities among students.
- A process of increasing communication, outreach, and, ultimately, aligning the needs of the community with the resources of the university;
- New initiatives not only to increase the numbers of underrepresented minorities entering medical education, but also to encourage those that have to stay within academic spheres of medicine

# Medical Education and Reducing Racial and Gender-based Disparities in Health Care

## How do these initiatives look in 2020?

- Mainstreaming diversity
- Assessing graduates' goals and career development (with an eye toward underserved communities),
- Advancing access to care,
- Raising awareness of health disparities among students.
- A process of increasing communication, outreach, and, ultimately, aligning the needs of the community with the resources of the university;
- New initiatives not only to increase the numbers of underrepresented minorities entering medical education, but also to encourage those that have to stay within academic spheres of medicine
- Getting beyond tokenism
- Money for rural programs; support for doctors working in underserved areas
- Teaching systems based medicine, public health, healthcare economics and coverage issues in UGME: eg. ACA-Expanding Medicaid pros and cons without fear of politics-
- Community boards, community health workers, navigator programs
- Academic medicine remuneration



# Getting beyond tokenism

- Having the hard conversation- facing personal bias in medicine
- **Cultural empathy, not cultural competence- an ongoing process not a skill to be conquered**
- Diverse voices at all levels- patient to student to teacher
- Black lives matter – not a zero sum game
- Equity vs equality- taught as a systems based practice skill



# Money for rural programs; support for doctors working in underserved areas

- Rural medical school payback programs
- AHEC Area Health education Centers
- JAMP Joint Admission medical Program
- Public Health Service Positions pay for Med School
- BIH Service on Indian land
- FQHC
- Looking forward- will there be more comprehensive national coverage????






# Teaching systems based practice

- ▶ UGME and GME Curricula
  - ▶ Public health, healthcare economics and coverage issues in UGME: eg. ACA and other plans; understanding expanding Medicaid pros and cons
  - ▶ Learning coverage programs
  - ▶ Case coordination and navigation
  - ▶ Social Determinants of Health in real time
    - ▶ SES and "compliance"
    - ▶ Teaching tailored treatment plans



# Hardwired teaching/training on community interaction

- ▶ Community boards, community health workers, navigator programs
  - ▶ Hospital committees
  - ▶ County commissioner system and health departments
  - ▶ Community input on public health initiatives
- 

- 
- 
- “Of all the forms of inequality,” Martin Luther King Jr. told a gathering of the Medical Committee for Human Rights in 1966, “injustice in health is the most shocking and the most inhumane.”
  - *We can learn to make a difference!*

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