Aim/Purpose The purpose of this article is to raise awareness regarding the systemic issues contributing to the disproportionate death rates of Black women during the child birthing process.

Background Understanding how Black women are at disproportionate risk of dying during childbirth, this article addresses contributing outside factors in order to expand the discourse related to the topic.

Methodology Data was collected through available archival data, medical experiments and studies from peer-reviewed journals, news articles and self-reported accounts of racism within the medical field.

Findings Research in the United States has identified a Black maternal mortality rate of over 3.55 times that of white women. Causes for said deaths relate to various cardiovascular conditions, the source of which can be traced to systemic injustice.

Impact on Society The desired impact of this study is to shed light on an ongoing medical issue that has continuously been discussed at the surface level. Unpacking systemic factors contributing to Black maternal mortality allows the rebuilding of the healthcare system in order to prevent further unnecessary deaths.

Keywords Black Women; Black Maternal Mortality; Medical Racism; Systemic Issues; Systemic Violence; Racial Bias; Racism; Discrimination.

Corresponding Author
© The Author(s) 2020. Open Access: This article is distributed under the terms of the Creative Commons Attribution 4.0 International License. (https://creativecommons.org/licenses/by-nc/4.0/)
# Areas of Contribution

<table>
<thead>
<tr>
<th>Paper Category</th>
<th>Industry</th>
<th>Discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Original Research</td>
<td>☒ Media</td>
<td>☐ Business Technology</td>
</tr>
<tr>
<td>☐ Case Study</td>
<td>☐ Telecom</td>
<td>☒ Human Resources</td>
</tr>
<tr>
<td>☐ Reviews</td>
<td>☐ Consumer Financial Services</td>
<td>☐ Management</td>
</tr>
<tr>
<td></td>
<td>☐ Retail</td>
<td>☐ Marketing</td>
</tr>
<tr>
<td></td>
<td>☐ Technology</td>
<td>☐ Finance</td>
</tr>
<tr>
<td></td>
<td>☐ Policy</td>
<td>☐ Accounting</td>
</tr>
<tr>
<td></td>
<td>☒ Consumer Products</td>
<td>☐ Computer Science</td>
</tr>
<tr>
<td></td>
<td>☐ Non-Profit</td>
<td>☐ Engineering</td>
</tr>
<tr>
<td></td>
<td>☒ Business/Professional Services</td>
<td>☒ Medicine / Healthcare</td>
</tr>
<tr>
<td></td>
<td>☐ Higher Education</td>
<td>☒ Law and Justice</td>
</tr>
<tr>
<td></td>
<td>☐ Diversity and Inclusion</td>
<td>☒ History</td>
</tr>
<tr>
<td></td>
<td>☐ Training</td>
<td>☒ Philosophy</td>
</tr>
<tr>
<td></td>
<td>☒ Health Care</td>
<td>☒ Religion/Theology</td>
</tr>
<tr>
<td></td>
<td>☐ Manufacturing</td>
<td>☐ Mathematics</td>
</tr>
<tr>
<td></td>
<td>☒ Transportation</td>
<td>☒ Physics</td>
</tr>
<tr>
<td></td>
<td>☒ Basic Research</td>
<td>☐ Digital Media</td>
</tr>
<tr>
<td></td>
<td>☐ Sustaining</td>
<td>☐ Astrology</td>
</tr>
<tr>
<td></td>
<td>☐ Architectural</td>
<td>☐ Social Sciences</td>
</tr>
<tr>
<td></td>
<td>☐ Component/Modular</td>
<td>☐ Art and Culture</td>
</tr>
<tr>
<td>☒ Discriminatory Bias</td>
<td>☒ Discriminatory Bias</td>
<td>☐ Psychology/Consciousness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☒ Economics</td>
</tr>
</tbody>
</table>

## Human Elements Addressed

- ☐ Personality Traits
- ☐ Behavior
- ☒ Equality and Equity
- ☒ Development
- ☐ Environmental
- ☒ Social
- ☒ Mental Wellbeing
- ☐ Consciousness
- ☒ Physical Wellbeing
**Introduction**

Racism and racial discrimination have plagued society since its inception. While they have manifested themselves in different ways throughout history, an outstanding and unfortunately consistent social system, which has been strongly affected by it, is the global healthcare system. Whether it be the racial biases alive within healthcare providers that determine how they treat a patient of colour, societal privileges, which allow one to enter the medical field, or access to healthcare, we cannot deny that racist ideologies have infiltrated this system.

While access to healthcare varies from country to country, access to suitable and proper healthcare has widely been acknowledged as a privilege. However, in countries like Canada and the United states, which pride themselves on the quality of services offered to their inhabitants, the reality is that there are persistent race-based health disparities and inequitable access to healthcare. Through the lens of medical racism, I will discuss an unfortunate trend in Western medicine: Black maternal mortality. Throughout this piece, the term Black maternal mortality will directly refer to the countless Black women and mothers who have lost their lives during childbirth.

It has been found that Black women in the United States are approximately 3.55x more likely to die during the child birthing process than White women (MacDorman et al., 2021) and that “[maternal] in-hospital mortality during the delivery hospitalization among Black patients is more than double that of White patients” (Burris et al., 2021). Black women are dying at disproportionate rates of eclampsia, preeclampsia and cardiomyopathy (MacDorman et al., 2021 and Wang et al., 2023) and we are doing the community a disservice by refusing to investigate further. These alarming numbers have sparked a personal interest of mine, not only as a Black woman, but also as one who intends to have children. While writing about this very topic has been made possible in part thanks to the recent rise in anti-racist advocacy allowing more understated topics to be addressed. There is still a missing piece in understanding why Black women are at such higher risks of death during a process which should be natural to most women desiring it, hence the need for this paper and those alike. What are the root causes of these deaths? Why are many medical journals identifying them as preventable? Why are not the individual systems who have supported medical racism and neglect being blamed? Would Canadian statistics reflect similar results? Using data collected from the United States, in part due to Canada’s lack of race-based data collection, I will identify high profile Black women who have suffered medical neglect during childbirth. Then the study will address the various systemic and structural causes that may be the root of these lost lives.
This is followed by the measures Black women and medical institutions are taking to cope with this issue and, finally, endorsing a call to action for Canada to collect race-based data in order to uncover whether these American trends are mimicked in our country.

**Disclosure of Biases and Social Inclusion**

Prior to beginning this piece, I must provide the following disclaimers:

Due to available data, the term women here is used exclusively for cisgender women, however I as an author acknowledge and respect trans- and non-binary women and female presenting people. Additionally, most of the available data solely compares Black non-Hispanic women and White non-Hispanic women, but I am aware that women of colour suffer from racial discrimination in the medical field as well. I want to particularly acknowledge Indigenous women who, alongside Black women, have been routinely neglected and mistreated by the Canadian government and healthcare system.

**Argumentative Review**

**Structural and Systemic Injustice**

This article, the themes of structural and systemic injustice are explored in depth. The concept of structural injustice is identified by the way it is maintained “through the [behaviour] of ordinary decent people whose choices are constrained by existing social, political, economic, and cultural institutions.” (Zheng, 2018). Robin Zheng (2018) writes that “[what] is needed to rectify structural injustice is not (merely) that people modify their individual actions and attitudes, but that we radically transform an entire complex of interlocking structures, i.e. the system itself”. Further examples of structural injustice can be found through “desperate poverty, human trafficking, police misconduct, institutional racism, [and] environmental sacrifice zones” (Powers, 2019). Structural violence can manifest itself through “structures characterized by poverty and steep inequity” (Collu, Sept. 27 2022). Structural violence itself, however, implicates society, as we are complicit in its proliferation being that without being enabled by humans, structural violence itself would crumble (Collu, Sept. 27 2022). Structural violence can be compared to a loop, wherein its very victims are sucked into participating in the cycle, not of their own volition, but through societal restraints. An example of this could be poverty. Poverty makes you vulnerable to contracting diseases, but certain social identities and classes are overrepresented within this structure, having been forced into it by societal systems, which expand the wealth gap (Collu, Sept. 27 2022). These diseases will then be treated by the healthcare system, wherein lie innumerable preju-
dices, supported by our society, that can affect the care these people will receive. Being unable to afford better healthcare after having become ill from the diseases to which one is exposed through poverty is just a glimpse of the many cycles within structural violence. When describing something as systemically racist, we identify “forms of racism that are pervasively and deeply embedded in systems, laws, written or unwritten policies, and entrenched practices and beliefs that produce, condone, and perpetuate widespread unfair treatment and oppression of people of color, with adverse health consequences” (Braveman et al., 2022). To distinguish systemic racism from structural racism, we must understand that systemic racism identifies “the involvement of whole systems, and often all systems for example, political, legal, economic, health care, school, and criminal justice systems including the structures that uphold the systems” (Braveman et al. 2022). Whereas structural racism describes, “the role of the structures (laws, policies, institutional practices, and entrenched norms) that are the systems’ scaffolding” (Braveman et al. 2022).

**Black Maternal Mortality: Lived Experiences of High-Profile Black Women**

Beyond these statistics, celebrities the likes of Beyoncé and Serena Williams have been outspoken about their birthing complications. Beyoncé, who suffered from preeclampsia, underwent an invasive emergency Cesarean section in order to ensure her and her twin babies’ would make it out alive (Howard, 2018). Preeclampsia, a pregnancy complication that involves high blood pressure and protein in the urine, is estimated to affect about 3.4% of pregnancies in the United States (Howard, 2018). While the prevalence of preeclampsia itself is quite low, Black women are disproportionately suffering from it. In a 2022 study conducted by Jasmine D. Johnson, MD and Judette M. Louis, MPH titled “Does race or ethnicity play a role in the origin, pathophysiology, and outcomes of preeclampsia? An expert review of the literature”, researchers found that preeclampsia occurred between 2% to 8% of pregnancies (Johnson & Louis, 2020). Results from a National Inpatient Sample (NIS) study determined that “4.7% of the 177,000 [United States] deliveries included were complicated by preeclampsia” (Johnson & Louis, 2020). Within these percentages, they found that 69.8 of every 1000 Black women experienced preeclampsia or eclampsia during delivery, “compared with 43.3 per 1000 deliveries in White women, 46.8 per 1000 deliveries in Hispanic women, 28.8 per 1000 deliveries in Asian or Pacific Islander, and 46.6 per 1000 for all women, overall” (Johnson & Louis, 2020). Additionally, race must be accounted for when evaluating the timing during which these women experience preeclampsia. An affected woman can
suffer either from this early or late in her gestation. However, “[in] a cohort of 9149 women who were prospectively evaluated for preeclampsia risk factors, compared with their White counterparts, women who self-identified as a member of the Black race were more likely to develop early preeclampsia (<34 weeks’ gestation) [...] and late preeclampsia (34 weeks gestation) [...]” (Johnson & Louis, 2020). Serena Williams reveals that she “almost died after giving birth to [her] daughter, Olympia” (Williams, 2020). She too underwent an emergency C-section because of her “heart rate [dropping] dramatically during contractions” (Williams, 2020). However, the bulk of her complications arose following the birth of her daughter. In her words, “[it] began with a pulmonary embolism, which is a condition in which one or more arteries in the lungs becomes blocked by a blood clot. Because of [her] medical history with this problem, [she] lives in fear of this situation. So, when [she] fell short of breath, [she] didn’t wait a second to alert the nurses” (Williams, 2020). She trusted her intuition and used her knowledge of her own body to request medical assistance, however, upon her request for blood thinners and a CT scan, “the nurse suggested that pain medication had perhaps left Ms. Williams confused” (Salam, 2018). Despite her request being discarded by this nurse, Serena Williams escalated her concerns to a doctor, but rather than listening to her and acting on the cause, they “instead performed an ultrasound of her legs” (Salam, 2018). She continued to advocate for herself, reaffirming to her medical team that she needed “a CT scan and a heparin drip” (Salam, 2018), but it wasn’t until the ultrasound she underwent couldn’t prove anything that she was able to undergo a CT scan, revealing “several small blood clots in her lungs” (Salam, 2018). The topic of Black women feeling and being unheard or ignored by medical personnel will be recurrent throughout this paper.

While today, the Williams-Ohanian household is alive and well, this risky birth could have led to the death(s) of two people; Serena Williams and her daughter. Most recently, Olympic track and field athlete Tori Bowie, lost her life on May 2nd 2023 due to complications during childbirth. Found alone in her bed following a welfare check, the Orange County Medical Examiner’s Office in Florida confirms that she was in labour at her time of passing (Chappell, 2023). When examining this case further, Associate Medical Examiner Chantel Njiwaji “cited possible complications from respiratory distress and eclampsia” as the potential catalysts for her departure (Chappell, 2023). With the National Institute of Health (NIH) defining preeclampsia as “a sudden spike in blood pressure” and eclampsia as “more severe and can include seizures or coma” (Chappell, 2023), their prevalence within the Black community should be alarming us all. It is our societal duty to uncover the root causes of these illnesses to prevent further loss.
**STRUCTURAL AND SYSTEMIC FACTORS CONTRIBUTING TO BLACK MATERNAL MORTALITY**

While many Black women suffering from birthing complications are subjected to substandard medical care, the root of their complications and unfortunately in some cases, their deaths, can be tied to various structural and systemic factors in North American society, particularly in the United States.

**Redlining and Hard Working Conditions Leading to Heart Disease**

In an attempt to remedy the 1930’s housing crisis, the United States federal government “began a program explicitly designed to increase and segregate America’s housing stock” (Gross, 2017). Indeed, the U.S. federal government managed to find and allocate housing towards “white, middle-class, lower-middle-class families” (Gross, 2017) during a time at which there was a shortage in available homes, effectively ignoring BIPOC and subjecting them to unsafe and unstable housing conditions, referred to in this context as the projects. The Color of Law, a book written by author Richard Rothstein, identifies the many housing policies used to segregate white Americans from people of colour, primarily Black Americans. In his book, Rothstein details the tactics employed by the Federal Housing Administration (FHA) to maintain a housing gap between the aforementioned communities, the main one being redlining, the refusal of insuring mortgages “in and near African-American neighborhoods” (Gross, 2017). Conversely, in order to support their redlining tactics, the FHA “[subsidized] builders who were mass-producing entire subdivisions for whites — with the requirement that none of the homes be sold to African-Americans” (Gross, 2017). Examples of infamous redlined areas in the United States are Los Angeles and New York, with these densely populated cities being conglomorative sites for many Black communities in the United States (Bloch & Phillips, 2021; Galperin, 2023 and Rothstein, 2017). Consequences of this segregation can be identified through the lack of grocery stores made available in majority-Black and Brown neighbourhoods – commonly referred to as food deserts (Move ofr Hunger). It comprises low rates of municipal maintenance due to poor city infrastructure (Vermeer, 2020), limited access to private education or low funding of public schools (Guastaferro, 2020) and the hyper-policing of these areas (Powell). In the case of redlining being a driving force in high instances of Black maternal mortality, the issue of access to food is one worthy of being highlighted. The Black community along with many other communities which have been casualties of redlining and other forms of modern segregation – demonstrate disproportionately high cases of high cholesterol, hypertension, diabetes and obesity. Research on food insecurity and cardiovascular
Joseph

disease has concluded that coronary health is determined in part through diet and access to food factors (food insecurity) (Liu, 2021). Without access to fresh foods, free of preservatives and GMOs, people cannot sustain a healthy diet. Individuals with very low food security were also found to have 2.36 times higher odds of having a 10-year [cardiovascular disease] risk >20% compared to food-secure individuals [27]; food insecurity is also associated with higher likelihood of cardiovascular mortality (Chang et al., 2021). From this, we can identify a trend between fewer grocery stores and more bodegas and convenience stores in Black & Brown neighbourhoods, with findings demonstrating that “[food insecurity] prevalence was considerably higher among non-Hispanic Black (NHB) (21.7%) and Hispanic (17.2%) households when compared to the national average (10.5%) and non-Hispanic white (NHW) households (7.1%)” (Chang et al., 2021), presenting evidence of racially disproportionate food insecurity rates in the United States. Access to good, clean and fresh food is primordial for overall health.

Paired with this is the overworking of Black and Brown bodies in America. In order to meet basic needs such as food, housing and transportation, Black and Brown Americans often work high-effort jobs providing low-pay, with fewer Black and Hispanic people working in management and detaining high-paying roles (U.S. Bureau of Labor Statistics, 2019). In the United States, Black and Hispanic men's white men (Patten, 2016) outearn wages and all women's wages. “In 2015, average hourly wages for black and Hispanic men were $15 and $14, respectively, compared with $21 for white men” (Patten, 2016) and at the time of the cited article, “Black and Hispanic men [...] had made no progress in narrowing the wage gap with white men since 1980, in part because there had been no improvements in the hourly earnings of white, black or Hispanic men over this 35-year period” (Patten, 2016). Additionally, it has been reported “[a] higher proportion of [Black] African–Caribbean respondents reported high work stress [compared to white] respondents.” (Wadsworth et al, 2006). This toxic combination provides a breeding ground for the development of coronary heart disease.

When addressing overwork’s impact on stress and cardiovascular disease, it has been found that “[an] immediate consequence of the long hours spent at work is increasing stress levels, a major risk factor for cardiovascular disease” (Juneau, 2019). It also reported “adults with work stress or private-life stress [having] a 1.1-fold to 1.6-fold increased risk of incident coronary heart disease and stroke” (Kivimäki & Steptoe, 2017). The overworking of a Black body, with it being placed under constant physical and psychological stress, paired with poor diets is a recipe for disaster. Underlying causes for maternal mortality such as
embolisms, preeclampsia and eclampsia result in part from poor coronary health (Johnson & Louis, 2020 and Righini et al., 2015). Redlining, having established a harmful precedent for the neglect of Black and Brown Americans’ cardiovascular health, actively contributes to disproportionate rates of coronary disease and the illnesses that follow.

**Anti-Black Beauty Standards Leading to Fertility Issues and Complications**

Historically, the discourse surrounding Black women’s hair has been a point of contention between the Black community and outsiders. From shaving Black people’s heads to serve as furniture stuffing for wealthy white folk (Flood, 2021), to 1736 Tignon laws forcing Black women to cover their hair by fear of sexually enticing the very white men who’d enslaved African Americans (Dillman, 2013), to the United States’ 2019 Crown Act legislating against the workplace discrimination of Black People’s natural hair (The Official CROWN Act)(S.3167 - 116th Congress, 2020). There has long been an over policing of Black hair, what can be done with it and where it can be worn. From societal pressure placed upon Black women to conform, texturism seeped within the community rather than it remaining an external force. Texturism, defined as “discrimination based on one’s hair texture; the idea that certain types of natural hair patterns are preferred over others” (Smith, 2022), demonizes “[those] with kinky and tightly coiled hair textures [viewing them] as undesirable and “less than” [when] compared to those with straight hair textures”(Smith, 2022).

While hair relaxers -chemical treatments meant to straighten and tame natural type-4 Black hair -have been around since the late 19th century (LaFlora, 2023), it was in the late 20th century that their marketing and sale skyrocketed (Allen, 2022). From brands like Just4Me, ORS Olive Oil and Dark and Lovely - who, for the majority, are white-owned (Morris, 2020) - showing Black women and children what their hair could look like should they purchase this chemical treatments to the common texturist language used in media (Asare, 2022). Black women were steered into the direction of self-hatred to meet Western society’s beauty standards. These chemical treatments work by changing the hair’s appearance and texture: “[a] relaxer is designed to straighten your curl pattern, so if you want your hair straight or to loosen your natural hair, relaxers are for that[, whereas a] perm is designed to create curl, waves, and texture that is not natural” (Allen, 2022), effectively allowing Black women to conform to racially exclusionary beauty standards. Unfortunately, recent medical research has found a direct correlation between the chemicals and toxins in the hair products and the high rates of fibroids and uterine cancer in Black women (Chang et al., 2022). Indeed, multiple class action lawsuits against big relaxer brands
such as L’Oréal and ORS Olive Oil have been enacted due to the findings relating their products to cancer (Miller, 2023; Mohdin, 2023 and Neal-Holder & McInnis, 2023), reason being that the chemicals found in these products contain endocrine-disruptors (EDCs)(Miller, 2023). EDCs can be harmful as they “mimic or antagonize hormones or alter the way they are transported, disrupting the endocrine system’s normal functioning in various ways” (Miller, 2023) causing the body to respond inappropriately to the signals it receives, effectively disrupting the body’s natural functioning. In addition to this, “EDCs can also block the hormone’s stimulus through epigenetic changes, modifications to DNA that regulate whether genes are turned on or off, or altering the structure of target cells’ receptors. Numerous studies over the past two decades have demonstrated the adverse impact of EDCs such as Di-2-ethylhexylphthalate on the male and female reproductive systems, inducing endometriosis, abnormal reproductive tract formation, decreased sperm counts and viability, pregnancy loss, and abnormal puberty onset” (Miller, 2023).

The aforementioned lawsuits cite The Sister Study to support their claims, with their findings detailing, “Clear evidence that using hair relaxer products like ORS could cause uterine cancer (and other related conditions such as uterine fibroids and endometriosis)” (Miller, 2023). They add “[study] participants who used hair relaxers like ORS at least 4 times per year were 2 and a half times more likely to develop uterine cancer compared to women who did not use relaxers” (Miller, 2023). A century’s long battle between Black women, self-acceptance and social pressure has ingrained itself so deeply in the Black diaspora, that our reproductive health has been put on the line. In addition, while we can trace the culprit back to the transatlantic slave trade, dishonest beauty companies and poor Food and Drug Administration (FDA) regulation are to blame for the ease with which these products entered the market. Greed and racism have engrained themselves within the healthcare systems through the many Black cancer patients who now face fertility complications because of structural inequities and targeted marketing.

**Generational Trauma & Skepticism Within the Black Community: History of Gynaecology and Contraception**

Another contributing systemic factor is the built up skepticism from the Black community towards Western healthcare systems. Lived experiences can determine one’s perception, but so do generational ones. Generational trauma, which is “trauma that extends from one generation to the next” (Gillespie, 2023), has solidified both values and mindsets within the Black Community. By younger generations internalizing previous generations’ trauma, they become available to be affected through their own beliefs (Collu, Sept. 8 2022).
Despite this being an unconscious response, the younger generation’s affect processes trauma, as though they had experienced it themselves, being that initial trauma remained unaddressed in prior generations. This snowballing of unresolved, repressed trauma lies within the current generation’s unconscious, stored away, yet still hyper aware of potential repetitions (Collu, Oct. 4 2022). In order to unpack the generational trauma associated with Black maternal mortality, we must first understand the history of gynecology in the United States. Science has been used to justify racial inequality and white biological superiority since slavery. One of the many hateful ideologies which resurfaced through the Transatlantic slave trade is that of eugenics. Defined by the American Psychology Association as “a social and political philosophy, based loosely on Charles Darwin’s evolutionary theory and Francis Galton’s research on hereditary genius, that seeks to eradicate genetic defects and improve the genetic makeup of populations through selective human breeding” (APA Dictionary of Psychology. Eugenics was relied upon to support racist laws in the United States (ex: The Virginia Sterilization Act and the Racial Integrity Act) under the guise of Enlightenment Science (Reynolds, 2020). Throughout the last centuries, scientific racism has manifested itself in numerous ways as, “societies in which there has been systematic discrimination against specific racial groups [have inevitably been accompanied by] attempts to justify such policies on scientific grounds” (Tucker, n.d). Medical racism, however, is intertwined with eugenics in that the latter was used to justify the ensued non-consensual human medical testing on Black people. Of the most notable experiments is the 1932 Tuskegee Experiment. To provide further context, the Tuskegee Experiment, which lasted approximately 40 years (Zaragovia, 2021), was meant to treat the prevalence of syphilis within the Black community. However, behind these studies lied a more sinister underbelly:

- Researchers targeted the Black community by enlisting Black men between the ages 25 to 60 to participate in the study under the pretext of treating their “bad blood” for free, a colloquial term “used to describe several ailments, including syphilis, anemia, and fatigue” (CDC, n.d.)(McVean, 2019). However, rather than doing so, researchers purposefully left these men untreated as “[multiple] times throughout the experiment researchers actively worked to ensure that their subjects did not receive treatment for syphilis” (McVean, 2019), participating in the preventable death of 28 participants from syphilis and 100 participants from related causes (Nix, 2023). Additionally, “40 spouses had been diagnosed with it and the disease had been passed to 19 children at birth,
(Nix, 2023), leaving both these Black families and the entire Black community in shambles.

- It was not until 1972 that “the Assistant Secretary for Health and Scientific Affairs appointed an Ad Hoc Advisory Panel to review the study” (CDC, n.d.) following the release of an article by the Associated Press (Heller, 2017). Results of this review determined that the study was “ethically unjustified.” That is, the “results [were] disproportionately meager compared with known risks to human subjects involved” (CDC, n.d.).

Additionally, when discussing the violation of bodily autonomy against the Black community, the case of Henrietta Lacks needs to be addressed. Lacks, a Black woman who succumbed to her battle with cervical cancer, had her patient rights violated by Johns Hopkins doctors who had sampled her cells during her treatment and then “gave some of that tissue to a researcher without Lacks’s knowledge or consent” (Nature, 2020). It was then discovered that her cells held extraordinary properties, as they are immortal. Upon this discovery, “[the] researcher shared them widely with other scientists, and they became a workhorse of biological research” (Nature, 2020). With her cells now being referred to as HeLa cells, their use in scientific research “have been involved in key discoveries in many fields, including cancer, immunology and infectious disease” and most recently, COVID-19 (Nature, 2020). While this may seem like a miraculous finding for the scientific field, this case emphasizes racial dynamics of the era. At the time of her hospitalization, Johns Hopkins was one of the only hospitals, which treated Black people and, even with the widespread use of HeLa Cells, not a single institution awarded her descendants any financial compensation, despite continuously exposing her medical records to both the public and various other institutions (Nature, 2020). It has been during this past decade that the Lacks family has begun enacting legislative change, requiring both patient consent and the acknowledging of racial disparities to be prioritized in cases like that of Henrietta’s (Nature, 2020). Despite its overall positive influence on healthcare’s findings, the story of Henrietta Lacks remains that of a Black woman’s experience with medical racism and healthcare negligence.

Less commonly known however, is the medical testing was done on Black women to develop the field of gynecology. Commonly referred to as “The Father of Modern Gynecology”, Dr. James Marion Sims “developed pioneering tools and surgical techniques related to women’s reproductive health” (Holland, 2018). Located in Alabama, Dr. Sims performed “a series of experimental operations on black slave women between 1845 and 1849” (Wall, 2006), using the stolen rights of enslaved women to his professional advantage as they could.
not legally provide consent. Isolating these “patients” in a “small hospital behind his house in Montgomery” (Wall, 2006). Although Sims’ practices receive criticism for their breach of ethics when foregoing the collection on patient consent, the more vile part of his work involves his omitting of anesthesia during his procedures on Black women. Indeed, once he had fine-tuned his craft, “he routinely used anaesthetics when operating on white women who, it is alleged, unlike blacks, were unable to stand the pain involved” (Wall, 2006). This form of pain assessment discrimination is the bedrock of many healthcare disparities between Black and white people. Within medical schools was the common iteration that Black people either do not feel pain or feel pain differently than white ones.

Beliefs like “black people’s skin is thicker than white people’s skin” (Hoffman et al., 2016) actively perpetuated by ignorant healthcare professionals leads to further mistreatment of Black patients. In 2021, in British Columbia, Assetou Coulibaly endured a disheartening experience at the Royal Jubilee Hospital, during which nurses disregarded her pain as they were searching for her veins, essentially poking and prodding her with the needle multiple times. Coulibaly had advocated for herself, explaining that a specialist is usually required when needing to draw her blood due to her particularly small veins. The two nurses brushed her off and their careless methods ended up leaving her in even more pain than she was in when she had arrived.

Following this, Coulibaly began to cry and express her desire to return home, but neither the nurses who discounted her pain nor the hospital staff acknowledged her, to the point where she eventually left the facility to go home. She is quoted as saying: “If I have to die, I will die peacefully in my bed, not here” (Romphf, 2021), representing the internal conflict many Black people, but particularly Black women face when considering a hospital visit. She compares hospitals to the police in that “[Black women] find the medical system to us is what cops are to Black men”, criticizing the continued neglect of Black women within these institutions (Romphf, 2021). Sims’ practices remain controversial through the modern interpretation of many writers; however, recent discourse surrounding abortion rights have shone light on the racist origins of Planned Parenthood. Often cited when advocating for contraceptive care and body autonomy, Planned Parenthood “is the leading provider of high-quality, affordable healthcare, and the [United States’] largest provider of sex education” with over 2 million patients relying on their services yearly (Planned Parenthood, n.d.). Its founder, Margaret Sanger, was herself a eugenist. She was so intent on her mission to advocate for birth control. She chose to align herself with ideas
and organizations that were ableist and white supremacist promoting her birth control methods to the Ku Klux Klan (KKK) in 1926 (Planned Parenthood, n.d.). She also advocated for the forced sterilization of “unfit” peoples, these same people being the ones society would interpret at undesirable through the white gaze (Planned Parenthood, n.d.). As described by Planned Parenthood’s own website, “in a society built on the belief of white supremacy, physical and mental fitness are always judged based on race” (Planned Parenthood, n.d.). Sanger eventually founded the Negro Project to put Black doctors and nurses in charge of birth control clinics to reduce mistrust of a racist health care system (Planned Parenthood, n.d.). However, in its growth, Sanger was unable to manage the flow of Black patients and these women ended up being sent to white physicians “for birth control and follow-up appointments, deepening the racist and paternalistic problems of health care in the South” (Planned Parenthood, n.d.). The stories of both Marion J. Sims and Margaret Sanger provide a foundation for the deeply rooted history of medical and scientific racism in the United States healthcare systems. Nevertheless, in the field of gynaecology in particular through which countless Black women lose their lives every year. This evidence corroborates the generational skepticism many Black people face when consulting healthcare professionals, often anticipating mistreatment based not only on the ongoing experiences of their peers, but based upon the history of the institution.

**Coping with Systemic and Structural Injustice**

**How Are Black Women Coping?**

In order to cope with the trauma which accompanies giving birth as a Black woman in America, Black women have begun looking within the community to find support. NPR covered Dr. Adrienne Hibbert, a Black South Florida doctor whose goal is to create a non-discriminatory safe medical space for her patients. She cites her personal experience of feeling othered by white physicians as the catalyst for the creation of her network. She mentioned as a patient, she “[wants] someone who understands [her] background; [she wants] someone who understands the foods that [she eats; she wants] someone who understands [her] upbringing and things that [her] grandma used to tell [her]” (Zaragovia, 2021). On the other hand, as a physician, this is something she seeks to provide to her community. While culture and ethics are a part of medical care, author Verónica Zaragovia (2021) explains that the core reason for which Black patients seek out Black physicians is for safety, validation and trust.

The author cites the United States’ long history of disparities within the healthcare provided to BIPOC. She explains that “Black patients have had their complaints and symptoms dismissed, their pain undertreated, and are referred...
less frequently for specialty care” and using the likes of the aforementioned Tuskegee Experiment to justify the Black community’s fear of “unethical medical failures and abuses” (Zaragovia, 2021). Black OB/GYN, Nelson Adams, confirms that beyond “recruiting more young Black students to the fields of medicine and nursing” (Zaragovia, 2021), the solution to providing better healthcare to Black people as a whole, but more specifically in this case, to Black pregnant women, is systemic change. The good news is that institutions such as Georgetown, School of Medicine and Jacobs School of Medicine and Biomedical Sciences, University of Buffalo have already begun adjusting their curricula to combat systemic influence. At the Florida Atlantic University’s Charles E. Schmidt College of Medicine in Boca Raton, students “start learning about racism in health care during their first year, and as they go, they also learn how to communicate with patients from various cultures and backgrounds” (Zaragovia, 2021). These teachings come as a remedy to racist teachings, which were previously taught in medical schools. For example, Adam recalls being taught that if a Black woman came to the doctor or hospital with pain in her pelvis, “the assumption was that it was likely to be a sexually transmitted disease, something we refer to as PID, pelvic inflammatory disease. The typical causes there are gonorrhea and/or chlamydia (Zaragovia, 2021).

An ideology enabled by the promiscuous, hypersexual lens through which Black women are viewed; a lens which does not apply to their white counterparts (Jim Crow Museum, n.d.). While this progress signifies that the medical field is finally acknowledging its centuries of neglect towards Black bodies, it is an added burden placed upon the Black community to have to fight to receive proper healthcare. The emotional and mental labour, which accompanies advocating for oneself against a system as strong and powerful as the United States’ healthcare system, could further damage the health of the individuals seeking to improve their own. This constant stress can add to one’s allostatic load, effectively “[overtaxing] the body’s delicate, overlapping regulatory mechanisms including the immune, endocrine, and circulatory systems, and those regulating blood sugar and mood” (Greenberg, 2020). Being constantly under pressure, these systems can become dysregulated and eventually crash, lowering how effectively they can function. Research on weathering, the idea “that certain populations experience structural inequities on a cellular level” (Greenberg, 2020). This has been used to support the theory that one’s biopsychosocial health can affect their own physical health. During a study measuring teenagers’ cortisol levels throughout the day, developmental psychologist, Virginia Huynh and her team found that “[teenagers] who reported experiencing discrimination had
higher levels of cortisol that did not decline normally over the course of the day, suggesting that they were not only experiencing more stress but that they weren’t recovering from it fully” (Greenberg, 2020). In a follow-up study done on college students, the subjects reported “increased levels of cortisol after simply witnessing or overhearing a racist comment, indicating that even vicarious discrimination can create a physiological response” (Greenberg, 2020).

From this data, we can assert that there is a link between experiencing racism and discrimination and increased stress. By elevating cortisol levels could contribute to the dysregulation within one’s physiological systems. Knowing this, we can infer that Black pregnant women, whom do their physicians subject to race-based medical, neglect and who have to find the strength to self-advocate for themselves. All the while ensuring that they take care of their own health for both their wellbeing and that of their unborn child would be experiencing a particular level of stress that could be harmful to both lives. The burden of advocacy and education is one often placed on marginalized groups when faced with situations of injustice. Many cite white fragility (Caporuscio, 2020), colour blindness and willful ignorance as primary factors in the burden of race-related education being placed upon those marginalized (DiAngelo, 2018), but at what point does it become too much? At what point are we as a society going to recognize the medical impact of racism on BIPOC?

**How Are Institutions Coping?**

Nevertheless, Black women are not the only ones searching for solutions to this ongoing problem. Many medical schools are now implementing anti-racist teachings during students’ first year to ensure centuries-old stereotypes about Black and Brown people are dispelled before these same people suffer at the hands of ignorant doctors. This helps students understand the “structural racist systems have led to disparities and inequities in health” (Wilpone-Welborn, 2022), with the hopes that unlearning this so early in their medical education allows them to stop the propagation of these ideas in their tracks. At Georgetown, School of Medicine in Washington, DC, students are first introduced to racism and medicine through their required anti-racism summer reading (Wilpone-Welborn, 2022). Moreover, the anti-racist education does not stop there as these students participated in a group discussion held by Gjanje Smith-Mathus, MD, during which she informed the students of “a history of racism in medicine from the use of surgeons on slave ships to the infamous Tuskegee study of untreated syphilis” (Wilpone-Welborn, 2022).

They not only acknowledge the history of structural racism within medicine, but students are provided with real-life case examples of Black people seeking medical care, but having been mistreated as a result of ignorance and structural
racism. At the University of Buffalo in New York, the Jacobs School of Medicine and Biomedical Sciences has implemented structural racism in healthcare into their curriculum. Thanks to a widespread petition from the students, themselves following murder of George Floyd in 2020. In the university’s words, this push from students demonstrates “the depth of commitment that [their] students bring to this work collectively as they work with faculty to achieve health equity in every aspect of patient care” (Goldbaum, 2022). These teachings will include “providing racial and socioeconomic context behind longstanding health issues in African American communities and directly acknowledging the effects of systemic racism and the threat of police violence on the physical health of people of color”. It complements with the history of anti-Blackness in America, how to properly advocate for their patients and the history of discrimination against marginalized groups including the LGBTQ+ community and people of colour (Goldbaum, 2022). Beyond these academic changes, the institution has also recommended their professors and lecturers participate in anti-racist workshops, they have created a crisis responses team to address biases and they have vowed to protect those speaking out about the social injustice they have faced. When the education system and the healthcare system come together to both condemn passed down racist ideologies and advocate for a marginalized group is indicative of these systems acknowledging their complicity in the spread of medical racism. Fixing the issue at its systemic root provides the masses with hope that there could indeed be hope for a reformed medical and more inclusive system.

WHAT ABOUT CANADA? SITUATIONAL ANALYSIS

CANADA AND RACE DATA COLLECTION

Many Canadian provinces and cities have been crying out for Statistics Canada to begin collecting and releasing race-based data. To clarify, “[in] the Canadian context, race-based data is not widely collected and has never been collected in federal censuses [; instead], the census collects data on the number of Canadians who identify as a visible minority” (Menezes, 2022). However, provinces like Manitoba (Hoye, 2023), Ontario (Bailey et al., 2023) and Nova Scotia (Edwards, 2022) are demanding the collection of race-based data to remedy issues of medical racism, neglect and discrimination within the country. Canada not collecting race-based data is harmful to all racialized people within the country. By denying the public of race-related information, the degrees to which BIPOC are marginalized remains unknown. This could lead one to believe that
this decision is a conscious choice following the country’s history of downplaying the severity of certain race-related atrocities (e.g. omitting the history Indigenous Genocide and the erasure of Canadian’s role in Black slavery within school curriculums) (Forani, 2021 and French, 2020). A push from the public has come to demand Canada begins the inclusion of race within their medical studies, with the province of Nova Scotia’s website citing that it can benefit society by: “[identifying] and [eliminating] structural racism in healthcare by responsibly using race-based data to:

- Uncover inequities
- Improve access to healthcare
- Inform policy and service development
- Support institutional and structural changes
- Improve representation of racialized health professionals
- Make sure consistent and meaningful feedback is provided on policies, Programs and services
- Engage and work with marginalized communities
- Increase access to interpretation services and supports within racialized communities” (Government of Nova Scotia).

The collection of this data benefits all Canadians as the improvement of the medical system for one, means it is improving for all, ensuring that all Canadians receive better medical services.

**Evidence of Medical Racism in Canada**

Despite a lack of data collection, evidence of poor and discriminatory medical care against people of colour in Canada remains readily available. In fall 2018, a 44 year-old Haitian woman whose anonymity has been preserved for the sake of maintaining her privacy, was permanently sterilized without her consent in a Montréal hospital after having given birth to her seventh child (Fournier, 2021). She had gone into labour and been made aware that she would need an emergency C-section, but prior to bringing her into the operation room to complete the process, Medical professionals asked her if she wanted to undergo a tubal ligation, which is a permanent sterilization method. Having answered that she was unaware of what the procedure entailed, she denied receiving this service and professionals continued with the delivery of her child. It was not until two months later, “during a follow-up with her family doctor” (Fournier, 2021), that she was made aware of her permanent sterilization.

Despite the fact that there is no evidence of a signed consent form, the hospital claims that the patient provided verbal consent, however this practice shadows the age-old practice of sterilizing Black and Indigenous women without
consent and violating their rights to safe maternal health (Cheng, 2023; Fournier, 2021 and Lennard, 2020). On September 28th, 2020, Joyce Echaquan, an Indigenous woman with an Atikamekw background, died of pulmonary edema at the “Centre hospitalier De Lanaudière” in Joliette after having been subject to racist rhetoric at the hands of the healthcare “professionals” tasked with treating her (Nerestant, 2021b). While she was receiving treatment, the patient recorded two nurses who were caught “calling Echaquan stupid, questioning her life choices, saying she’s only good for sex and that she would be better off dead (Feith, 2020). She passed shortly after the incident, presumably of “an excess of fluid in the lungs” (Nerestant, 2021b). Had it not been for her recording, no one would be able to advocate for Joyce Echaquan as she herself is not here to tell us what happened. While her cause of death was not the direct fault of the medical staff who treated her, she experienced a vile form of discrimination no one should ever have to endure.

In accordance with the country’s history of discrimination towards Indigenous peoples, Prime Minister of Québec, François Legault has refused to draft legislation ensuring Indigenous communities can have safe healthcare free of discrimination because the proposed recommendations titled “Joyce’s Principles”, written by Atikamekw leaders, mentioned systemic racism (Nerestant, 2021b). He was quoted as saying “There are racist people, but it’s not true that the education network, the healthcare network have racist systems. I don’t think there is [a system]. There are Quebecers who think there is one. We have to respect each other, but we have to work together to fight against racism” (Nerestant, 2021b), evidently denying the lived experiences of many Quebecers. In February 2021, in an effort to enact change after adamantly denying the systemic racism endured by most people of colour in this province, François Legault appointed Benoît Charrette. He is a white man whose qualifications for the role include being the minister of environment and having a Haitian wife (Lofaro & Rowe, 2021), to be the spokesperson of the province’s fight against racism (Nerestant, 2021a). While doubts about the minister’s qualifications arose following his being appointed, minister Benoît Charette doubled down on his role, stating that “[his] wife and my kids can speak to their experiences [with racism]” (Elliot, 2021) and that his skin colour should not exclude him from the role (Nerestant, 2021a). Shortly thereafter, in March 2021, the St-Eustache hospital of Québec made the news for its publication of job postings requesting white applicants only following a difficult, cognitively impaired patient’s request (Caruso-Moro, 2021 and Teisceira-Lessard, 2021). Beyond the discriminatory nature of this request, the patient themselves was located in a “green zone”,
meaning that the area was free of COVID-19 cases. Acting upon this would ensure a higher rate of BIPOC in the hospital’s COVID-19 areas. While “the issue took on life at the National Assembly with politicians of all stripes saying it was not acceptable” (Auhtier, 2021) soon after, Minister Benoît Charette “insisted it’s too soon to say the postings were an actual racist act” (Auhtier, 2021). He blatantlly stated that they should not be hasty in identifying this as a racist matter. He asserted that he would investigate the issue, but that what [they] suspect now is that it is clearly a lack of training at the human resources level. They wanted to take care of a man who is very sick, with significant cognitive issues who can be violent. Nevertheless, at the same time, they clearly violated the civil rights of employees who could not apply for this job offer. It is a troubling situation, with completely inappropriate acts, but before concluding it was a racist act, we need to wait for the results of the investigation (Auhtier, 2021). Evidence of the sort provides immediate evidence that systemic racism plagues healthcare facilities.

Wisely worded by Hassen et al. (2021): “[decision-makers] and staff in healthcare settings have a responsibility to take anti-racism action” and a government, which denies the existence of systemic racism, who then remedies the issue by appointing a loosely qualified man, paired with a healthcare facility who enables racism is improper action. Ultimately, it is up to the Canadian government to put forward the necessary efforts to not only protect the country’s inhabitants, but the power lies in them to take accountability for their shortcomings regarding racialized community’s statistics, leaving way for a gap to expand when these same communities attempt to prove real factors which disproportionately affect us.

**CONCLUDING REMARKS**

In closing, it has become evident that the already alarming rates of Black maternal mortality stem from more than just medical neglect, rather the centuries-long dehumanization of the Black community and the historical violation of Black women’s individual and reproductive rights.

From the root of gynecology, being Black women is suffering at the hands of a curious and sadistic white man to the origins of Planned Parenthood and contraception. Alike in the western America being a white woman’s hatred of the Black race and redlining, a sociopolitical and racist city planning practice leading to the long-term harm of Black community’s coronary health, it’s clear
that Black women have been burdened with barriers and setbacks existing long before the conception of their children. Systemic oppression is an active contributor to these preventable deaths and without enacting systemic change, effectively neglecting these outside systems’ influence, these deaths will prevail.

REFERENCES


Factors Contributing to Disproportionate Rates of Black Maternal Morality during Child Birth.


DiAngelo, R. (2018). In White Fragility: Why it’s so hard for white people to talk about racism (pp. 8, 51, 77, 127). essay, Dreamscape Media, LLC.


French, J. (2020, October 21). Leaked Alberta school curriculum proposals include cutting references to residential schools, equity | CBC News. CBCnews. https://www.cbc.ca/news/canada/edmonton/education-experts-slam-leaked-alberta-curriculum-proposals-1.5766570?rbcld=1wAR1G__try5B50e7ua07UZ7fPDzKwWbjc35gLqrVP10wEv7N7-GJ40h0e172o

Galperin, R. (n.d.). Black history is L.A. history. ArcGIS StoryMaps. https://storymaps.arcgis.com/stories/c9c7c9db4d3f4c2aa5bb967a51c7d768#:~:text=Each%20February%2C%20the%20City%20of%20Los%20Angeles%20celebrates%20Black%20History%20Month%20with%20a%20citywide%20event%20called%20%22Black%20History%20Month%22%2C%20which%20includes%20a%20variety%20of%20programs%20and%20events%20that%20highlight%20the%20history%20and%20contribution%20of%20African%20American%20people%20to%20the%20city%20and%20the%20nation%20at%20large%2C%20and%20promotes%20a%20greater%20understanding%20and%20appreciation%20for%20multicultural%20heritage%20and%20identity%2C%20and%20fosters%20a%20sense%20of%20community%20and%20togetherness%20among%20all%20residents%20of%20the%20city.


---

International Journal of Community Development and Management Studies, Special Issue on Black in Quebec


Guastaferro, L. (2020, November 2). Why racial inequities in America’s schools are rooted in housing policies of the past. USA Today. https://www.usatoday.com/story/opinion/2020/11/02/how-redlining-still-hurts-black-latino-students-public-schools-column/6083342002/#text=District%20boundaries%20are%20based%20on%20redlining&text=This%20meant%20a%20loss%20of%20The%20National%20was%20by%20design


Factors Contributing to Disproportionate Rates of Black Maternal Mortality during Child Birth


AUTHOR’S BIOGRAPHY

Isabelle Joseph is an undergraduate student at McGill University, majoring in Psychology with two minors in both Social Studies of Medicine and Gender, Sex and Feminist Studies (GSFS). She has dedicated the better part of her studies to tackling the intersection of race and healthcare, avidly researching the topic of Black Maternal Mortality since 2020. In that same year, she has used her social media platforms to host educational workshops on racism, colourism and misogyny, having been interviewed to discuss these very topics numerous times.