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Racism: The Leading Cause of Death in Black Maternal Mortality Rates

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Deep in the heart of Bois Sauvage, Mississippi lived Esch Batiste and her family when Hurricane Katrina hit and devastated the lives of millions of people, including hers and her family's. In the midst of cleaning old to jugs to fill with clean water, stealing money from her father's wallet to buy canned goods, and bracing their already-dilapidated house with any scraps of metal she and her brothers can find, fifteen-year-old Esch realizes she is pregnant. The father of the baby is in a relationship with another girl and is not interested in caring for a child, and Esch's mother passed away while giving birth to Esch's younger brother, which leaves Esch feeling completely hopeless and utterly alone. Her family is living in extreme poverty, and she can't think of any way to successfully carry, birth, and raise a child in these circumstances.

Jesmyn Ward uses the character of Esch in her award-winning novel, *Salvage the Bones,* to highlight a serious problem that is plaguing our society today: the fact that black women "are three to four times as likely to die from pregnancy-related causes as their white counterparts" in the United States (Villarosa). Esch's feelings of hopelessness towards motherhood serve as evidence of this fact; she lives in conditions that significantly lower her chances of having a healthy pregnancy and delivery. Ward writes Esch in such a way that allows audiences to come face to face with the harsh realities of poverty, especially when they are made harsher because of a surprise pregnancy.

However, even if Esch had lived in the most affluent place in the world and had been surrounded by wealth, opportunity, and familial support, she still would have been three to four times more likely to die from a pregnancy-related cause than a white woman. The problem persists even beyond the realms of poverty — despite what many people want to believe, racism is still alive and well in the Unites States and is in fact the driving cause of the stark difference between black and white maternal mortality rates. Studies have proven that both societal and systemic racism generate psychological stress that can lead to pre-eclampsia and hypertension, as well as other dangerous health conditions (Villarosa). This racial stress, then, is the leading cause of a lot of the complications that occur in both pregnancy and childbirth for black women. Tai Harden-Moore, a black mother who underwent a near-death experience during the birth of her daughter, said that even though nothing explicitly racist was said to her while she was in the hospital, "she believes the lack of care she received had to do with the fact that she is black" (Pearson). Although it is important to recognize each woman's experience is her own and is therefore subjective, it is also important to recognize that each woman's experience is real and cannot be brushed off or ignored.

This issue of racism in the health care system is atrocious for a few reasons — first, because racism is never acceptable in any form and should be eliminated in any and all situations. And second, because this is a problem that is affecting the lives and well-being of mothers and children all across the United States. In an effort to help eliminate this distressing problem, this paper will explain the details of what is happening to black women as they experience pregnancy and childbirth and then offer suggestions as to what people can do to come together and eradicate this problem.

As stated previously, black women in America are three to four times more likely to die from pregnancy-related causes than white women (Pearson). According to the Huffington Post and the most recent Center for Disease Control data,

> white women in America experience just under 13 deaths per every 100,000 live births; for black women, it's more like 44 deaths per 100,000. And the United States is an outlier among other wealthy countries in that our maternal mortality rates continue to trend upward at the same time that every other developed nation in the world has managed to lower theirs. (Pearson)

Some people who are unaware of the racial disparities in the health care industry see these statistics and assume that the high number of black maternal mortality rates are due to health issues not caused by racism. They attribute these numbers to the fact that black women are at a higher risk for certain health problems simply because of their race. However, this is not the case. Another study makes the problem clear by explaining that "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" (Martin and Montagne). 243 percent is an astronomical amount that cannot be easily swept under the rug with the idea that black women simply have more health problems than white women. Furthermore, it's important to remember that these mortality statistics do not account for all of the black mothers who almost died or had traumatic experiences during their pregnancies or deliveries — they only tell us the number of mothers who did in fact die due to pregnancy-related causes.

Many people have looked at these shocking statistics and have wondered why they are so high, only to discover that racism is the root cause of this extreme issue. Unfortunately, there is a

"pervasive, longstanding racial bias in health care" that leads health care providers to dismiss or ignore genuine concerns or symptoms of black women (Villarosa). Tai Harden-Moore also spoke to the racial bias that persists in the realm of health care. She said that she felt like she wasn't listened to because "I feel like they always diminish us and think that we're complaining too much, or asking too many questions, or we're drug-seeking . . . those types of things" (Pearson). Linda Villarosa also spoke to this exact issue in an interview with PBS News Hour when she said

> I think that what we have to do is change the medical system. Something is deeply embedded, you know, a kind of — I don't want to say individual people are racist. Maybe that is part of it. But this is a — something that's embedded in the system. It's baked in. And we have to — starting at medical school and before, to start getting doctors to face and other medical providers to face unconscious bias that is affecting the care that women of color and everyone receives in the health care system. (NewsHour)

These biases can be traced all the way back to the beginnings of slavery in the United States when black women were regarded as inferior to white women in all areas. In her book *Killing the Black Body*, Dorothy Roberts writes that "for three centuries, Black mothers have been thought to pass down to their offspring the traits that marked them as inferior to any white person," and that "a popular mythology that portrays Black women as unfit to be mothers has left a lasting impression on the American psyche" (Roberts 8). The false idea that white bodies were superior to black bodies was engrained in the minds of early slaveowners and has unfortunately been passed down through generations of white people who now, albeit subconsciously in some cases, believe that black women's concerns during pregnancy should not be addressed because black women are inferior beings. A likely cause of this incorrect thinking is that black women were

"marked . . . from the beginning as objects whose decisions about reproduction should be subject to social regulation rather than to their own will" (Roberts 23). This deeply-rooted racism is ultimately the reason that black mothers are not being listened to, and therefore the reason that the mortality rate of black women dying due to pregnancy-related causes is so high.

Traumatic pregnancies can happen even when the pregnancy looks completely perfect on paper, which supports the idea that racism is the cause of these traumas that sometimes lead to death because racism is never noted on paper. Tai Harden-Moore explains clearly the lack of care that she received during pregnancy and childbirth as she tells her story. Towards the end of her pregnancy when Harden-Moore was on bedrest in the hospital, she felt a change in her body and knew that something was wrong, although she didn't know what it was or how to explain it. She told each and every doctor and nurse that she saw, but her monitors didn't show any complications, so no one ran any tests or checked her cervix. Finally, one of the nurses whom Harden-Moore had come to trust started her shift, and Harden-Moore told her of her concerns and that something didn't feel right. This kind nurse listened to her and kept a close watch on her throughout the night — had she not, Harden-Moore believes that she would have bled to death. She got up to use the bathroom and was met with an outpouring of blood, but her trustworthy nurse was there to save her and her baby. The baby's oxygen supply had been cut off due to a placental abruption, which had also caused all of the bleeding in Harden-Moore. This experience is a very real example of the lack of care that black women are receiving in the childbirth process: no one said anything explicitly racist to her in the hospital, but she believes that "the lack of care she received had to do with the fact that she is black" (Pearson). The doctors and nurses who were on duty did not believe Harden-Moore when she told them that something was wrong, and because of that, she almost lost her life as well as her baby. One of the big questions

that this situation poses is the reasoning behind the disbelief. Why didn't the doctors and nurses believe Harden-Moore? What reason did they have to believe that what she was feeling wasn't real? The answers to these questions stem from traditional racist thinking in America, which unfortunately is still a problem today.

Many researchers now agree that race is not the problem driving these alarming statistics, but rather racism (Martin and Montagne). While there is truth in the fact that black women are more likely to die from heart disease, or die from cervical cancer, or suffer from high blood pressure and its related complications, these health problems are not nearly as responsible for the high maternal mortality rates in black women as racism is. However, there are other social issues that should be addressed when looking at these astronomical maternal mortality rates for black women. In an NPR article written in December of 2017, Nina Martin and Renee Montagne acknowledge that there are social inequities that have played into this systemic problem, such as "differing access to healthy food and safe drinking water, safe neighborhoods and good schools, decent jobs and reliable transportation" (Martin and Montagne). Their article also mentions some other social inequities that contribute to the mortality rates, including the fact that

> Black women are more likely to be uninsured outside of pregnancy, when Medicaid kicks in, and thus more likely to start prenatal care later and to lose coverage in the postpartum period. They are more likely to have chronic conditions such as obesity, diabetes and hypertension that make having a baby more dangerous. The hospitals where they give birth are often the products of historical segregation, lower in quality than those where white mothers deliver, with significantly higher rates of life-threatening complications. (Martin and Montagne)

These problems are quite real and do play a role in the pregnancies and deliveries of black mothers and children in the United States. Some of these problems are results of systemic issues, and some are more genetic, but either way, they contribute to the dilemma that black women are facing today.

These social inequities are vividly portrayed in *Salvage the Bones*. In the days that lead up to Hurricane Katrina, Esch and her brothers and father try to prepare as much as they can for the destruction that is headed their way while also dealing with each of their own personal hardships. Esch struggles with the idea that she is carrying a child whose father is in a relationship with another girl. When she tells him that she is pregnant, he simply "shakes his head," telling Esch that "'[he] ain't got nothing here . . . nothing'" (Ward 203). Not only does Esch have to deal with the hardship of raising her baby without the help of the father, but she will also be forced to raise the baby in poverty. Ward finishes her story before Esch delivers her baby, but readers don't have to have a full account of Esch's pregnancy to know that her delivery will likely be a lonely and traumatic and dangerous one. Hospitals in the affected area of Hurricane Katrina were destroyed, so it's possible that Esch would have had to travel quite a distance to get to a good hospital — or, more likely, she would have had to give birth in a dysfunctional hospital that would not have been able to give her the care that she needed.

After taking all of the necessary precautions that they can in protecting themselves and their house, Esch and her siblings realize that they still don't have all of the supplies that they'll need for the hurricane. Esch is approached by her oldest brother, Randall, who tells her that they need supplies, and that they are "'going to the white people's house'" to get them (Ward 205). Yet they are met with more hopelessness when they get into the house and find that "'there's nothing there. It smells clean. Probably took everything when they evacuated'" (Ward 209). This

is one of the many scenes that Ward uses to clearly depict the state of poverty in which the Batiste family found themselves — they were desperate enough for supplies that they felt the need to rob their neighbors. Neighbors who are not coincidentally white, but rather are written as white purposefully by Ward to further depict the social disparities that affected Esch and her family. And if the social disparities between the Batiste family and their white neighbors in regard to hurricane preparation can clue readers in to anything, it's that Esch would have certainly received worse treatment than her white counterparts in regard to childbirth. This is not to say that all of the doctors and nurses in these hospitals would be racist, but rather that Esch's social standings put her at a higher risk of not getting the appropriate care for the delivery of her baby. In studying the shocking statistics of maternal deaths in the United States, it's necessary to look at all factors that play a role in the 243 percent higher chance of dying that black mothers have over white mothers, and one of these factors is social standing. An article published by CNN states that "differences in socioeconomic status, access to health care, education, insurance coverage, housing, levels of stress and community health among black and white women, including even implicit bias and variations in the ways in which health care is delivered to black versus white women" are all factors in this large disparity between maternal death rates in black and white women (Howard). Thus, it's easy to imagine Esch receiving poor treatment simply because of the conditions from which she has emerged. What is sometimes not as easy to do, however, is to remember that although Esch is a fictional character, she represents a large number of real black women who come from places of poverty and go through traumatic experiences during pregnancy and childbirth because of their impoverished states.

But impoverished black women are not the only black women who die or have health problems because of pregnancy-related causes; in fact, many of the 700 women who die each

year because of pregnancy or childbirth complications are wealthy and educated black women ("Reproductive Health"). One such woman was named Shalon Irving. Shalon was a lieutenant commander of the Commissioned Corps of the US Public Health Service — she worked as an epidemiologist for the Center of Disease Control and Prevention (CDC). Her life's work was to "understand how structural inequality, trauma and violence made people sick" (Martin). Most of her friends at her funeral service also held doctorate degrees and were just as educated as Shalon was. These friends had rallied around Shalon as a strong support system to this single mother, but all of the support and education in the world wouldn't have been enough for Shalon. Just three weeks after giving birth, Shalon collapsed — dead because of high blood pressure complications. Even though she had visited the doctor several times and had complained of several different notable symptoms, the doctors and nurses did not take her complaints seriously. At one point she was even told that "'there is nothing we can do; you just have to wait, give it more time'" (Martin).

Shalon's life and death both serve as an example of the continuing disparity that is ever-persistent in the United States today, because "even relatively well-off black women like Shalon Irving die and nearly die at higher rates than whites . . . a 2016 analysis of five years of data [in New York City] found that black, college-educated mothers who gave birth in local hospitals were more likely to suffer severe complications of pregnancy or childbirth than white women who never graduated from high school" (Martin). This problem is simply and dangerously inescapable for black women. Raegan McDonald-Mosley put it best when she said "you can't educate your way out of this problem. You can't health care-access your way out of this problem. There's something inherently wrong with the system that's not valuing the lives of black women equally to white women" (Martin). Even the black mothers who are wealthy and have health care

and have everything going for them are still at a disadvantage — because their race is working against them.

The problem of racial disparities in pregnancy and childbirth was brought into the spotlight and proven to cross class lines last year when Serena Williams, world-wide tennis champion, almost lost her own life after giving birth to her first daughter. Serena underwent an emergency cesarean-section when her baby's heartrate dropped, but the procedure was done perfectly and everything was fine. That is, until the next day when Serena says that "everything went bad" (Scutti). Serena has a history of blood clots and usually takes blood thinners in order to prevent clotting, but she went off this medication after her C-section in order for her surgical wound to heal properly. But being off this medication started causing complications and Serena started gasping for air — she told a nurse that she needed to be put on blood thinner medication and that she needed a CT scan to check for blood clots. However, the nurse thought that the medication Serena was on at the time "might have befuddled" her, and when the doctor arrived, he simply performed an ultrasound that "revealed nothing" (Scutti). Only after Serena again persisted that she needed blood thinners and a CT scan did the medical team listen and perform the scan, where they did indeed find clots in her lungs. It's scary to think that even a world-famous athlete like Serena Williams was still at risk of losing her life because of her medical team not listening to her concerns. An article published by the New York Times looks at the problem this way:

> Though Williams should have been able to count on the most attentive health care in the world, her medical team seems to have been unprepared to monitor her for complications after her cesarean, including blood clots, one of the most common side effects of C-sections. Even after she received treatment, her problems continued; coughing, triggered

> by the embolism, caused her C-section wound to rupture. When she returned to surgery, physicians discovered a large hematoma, or collection of blood, in her abdomen, which required more surgery. Williams, 36, spent the first six weeks of her baby's life bedridden. (Villarosa)

If this issue is affecting even the lives of healthy, strong, educated, and wealthy people like Serena Williams and Shalon Irving, who can it not affect? Nina Martin and Rene Montagne explain that "Even Shalon's many advantages — her B.A. in sociology, her two master's degrees and dual-subject Ph.D., her gold-plated insurance and rock-solid support system — had not been enough to ensure her survival. If a village this powerful hadn't been able to protect her, was any black woman safe?" (Martin and Montagne). It would seem that the answer is no — no black woman is safe from this injustice.

Upon learning about this problem and understanding that it is indeed happening to all black women in the United States, many people have a desire to enact change and lessen the chances of death and near-death situations, but do not know how to do this. One of the biggest common denominators in all of the experiences of black mothers who have suffered death or near-death experiences is the fact that they were not listened to or taken seriously. Especially in the case of Serena Williams — she knew what was happening to her body, but her medical team did not listen to her at first. The women who are suffering through these racial disparities know their own bodies and know when something doesn't feel right, and they need to be listened to. Tai Harden-Moore is another example of this; had her trustworthy nurse not listened to her, she and her baby both would have died because no other nurses or doctors would listen to her. Therefore, one way in which this problem of astronomical maternal mortality rates in black

women can begin to decrease is by having medical professionals take the complaints of all patients seriously and equally. Black mothers' lives depend on this.

If medical professionals, along with everyone else, can start openly discussing the fact that there is indeed systemic racism driving the treatment of black women, the problem can be minimized. It won't happen immediately, but by accepting the fact that it is real and it is negatively affecting the lives of black women everywhere, the issue can be recognized and therefore eliminated. Bryan Stevenson says that "'we have to change the narrative if we want to be free'" (Ostergar). "Free" could mean a number of things, but in regard to this problem of racial disparity in maternal mortality, being "free" means to be free from the systemic racism that persists in the treatment of black mothers. As Linda Villarosa explains, this systemic problem will see change once doctors and "other medical providers face unconscious bias that is affecting the care that women of color and everyone receives in the health care system" (NewsHour).

Some doctors and medical professionals have recognized the racial disparities in the maternal mortality rates and have come up with ways to help reduce them. Dr. Elizabeth Howell, who is an obstetrician-gynecologist and a professor at the Icahn School of Medicine at Mount Sinai, says that "there have been efforts to establish standardized protocols, called patient safety bundles, across all hospitals — whether they serve mostly white or black patients — to appropriately assess and address childbirth complications, such as postpartum hemorrhage, with an equal quality of care" (Howard). It is not easy for new protocols to be established, but people are making the effort to establish them because they know that it is necessary in order for black women to have higher chances of surviving pregnancy and childbirth. Not only are efforts being made to establish new protocols and patient safety bundles, but medical professionals are trying to listen to their patients. In Jacqueline Howard's CNN article on the subject, she writes that

> Health officials, doctors and advocates gathered . . . at the CDC in Atlanta to discuss efforts to measure and prevent maternal deaths and the racial disparities that persist. The public meeting included discussions of the effects that maternal deaths have on families and communities, as well as efforts to prevent deaths, such as those patient safety bundles. (Howard)

These patient safety bundles are a great step in eliminating the racial disparities that persist in pregnancy and childbirth for black women. They focus on the education of implicit bias for staff members and are also working to "establish a mechanism for patients, families, and staff to report inequitable care and episodes of miscommunication or disrespect" ("Reduction of Peripartum Racial/Ethnic Disparities"). These bundles will allow for everyone to be heard and listened to, which should prove to have a large impact on the racial disparity in these maternal mortality rates.

Along with medical professionals who are striving to enact change are the families of mothers who have lost their lives due to pregnancy- or childbirth-related causes. One such family member is Charles Johnson, the husband of Kira Johnson. Kira lost her life after going through a routine C-section but then bleeding internally for ten hours before any action was taken by the medical staff to help her. Her husband and family then took action and began the 4Kira4Moms campaign, whose mission is to "advocate for improved maternal health policies and regulations, to educate the public about the impact of maternal mortality in communities, provide peer support to the victim's family, friends, and promote the idea that maternal mortality should be viewed and discussed as a human rights issue" (4Kira4Moms). It is most likely uncomfortable for the Johnson family to share so publicly the tragic loss of their mother, wife, daughter, and friend, but they do it because they know that in doing so, they are raising awareness of the

injustices that continue on in the treatment of black mothers today. The 4Kira4Moms foundation has asked its supporters to take action in helping the maternal mortality rate decrease. The website introduces viewers to two bills that the campaign is working to have passed — HR 1318 and S 1112, which would "provide states with funds for the purpose of establishing formal Maternal Mortality Review Committees. By submitting annual reports to the CDC identifying and reviewing all pregnancy-related and pregnancy-associated deaths in the United States, these committees aim to eliminate disparities in maternal health outcomes" (4Kira4Moms). This foundation gives ample opportunities for everyone to act and accomplish change in the health care system — this is important, because it allows anyone to help this cause, not just the families of those mothers who have been directly affected by the racial disparities imbedded within the system.

Without groups like 4Kira4Moms, it's likely that women like Tai Harden-Moore or even Serena Williams may have lost their lives or the lives of their children, because health care providers may not have been aware of the real problems that black women are facing when going through pregnancy and childbirth. Because women of color cannot rely on the health care system to give them fair treatment or genuinely listen to them, a lot of great work is being done by groups similar to 4Kira4Moms, such as the Black Mamas Matter Alliance (BMMA). This is a group of black women who have created an alliance where women can come together to advocate and change the culture for black maternal health and justice. They are actively working to enact change for pregnancy-related mortality rates by "provid[ing] technical assistance, trainings, and capacity building for grassroots organizations, maternity care service providers (e.g. clinicians, midwives, doula networks and community health workers), academia, and the public health industry" ("Our Work"). This work is essential because it helps educate the people

who work in the medical field and witness the racial disparities in pregnancy and childbirth every day in the hopes that they will recognize racial biases and work to stop them. The BMMA also works to "increase the visibility of Black women leaders" in order to magnify the work that they are doing to create equality in the health care system ("Our Work").

Another group who is advocating the reproductive rights of black women and raising awareness about racial disparities in the health care system is SisterSong. This group was founded in 1997 when several women of different colors and ethnicities came together and recognized that they had the responsibility of representing their communities and themselves, as well as the "equally compelling need to advance the perspectives and needs of women of color" in the health care system (SisterSong). Their goal is to achieve reproductive justice through magnifying the voices of women of color, thus allowing them to be seen, heard, and validated. Magnifying these strong voices allows black women everywhere to be empowered by each other and to have hope in the knowledge that they are not alone in their traumas. SisterSong is also striving to "create spaces for [their] movement leaders and organizations to engage in continual professional and organizational development toward the sustainability and longevity of [reproductive justice] work" (SisterSong). These strong movements and powerful groups of women are crucial in lowering maternal mortality rates — because nothing will change if people only sit and wish for change to happen.

These are all groups of women who see that there is an obvious and inexcusable disparity in pregnancy- or childbirth-related deaths in black women the United States and who are doing something to fix it. Without groups like these, there wouldn't be anyone to explain to the world that "the United States, by failing to address the crisis in black maternal mortality, [is] violating

an international human rights treaty," or to educate health care providers about the prevailing racial inequalities in the health care system (Villarosa).

As wonderful as it is that there are groups of women who have come together to advocate for better treatment of black mothers in the health care systems, the problem has not yet been eliminated, because racism has not been eliminated. Unfortunately, some of the problems won't go away even if racial biases are rejected. Esch in Jesmyn Ward's novel *Salvage the Bones* reminds readers that there will always be some women found in circumstances, such as poverty, that are somewhat unavoidable. There will always be people who live in dire circumstances and will not be able to receive the care that they need. But there are thousands of situations that are avoidable and changeable, such as was the case with Shalon Irving. Had her doctors simply listened to her and taken her complaints seriously, she might have lived to raise her daughter herself. She may have lived to be able to say with conviction, just as Esch did at the end of *Salvage the Bones*, "'I am a mother'" (Ward 258). Change is possible, and it is necessary in order to save the lives of black women and children all across the United States. Enacting change will help lower the risk of death for black mothers and children, thus proving that there truly is liberty and justice for all.

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