

Diversity Week Presentation

Slide 1 – Title Slide

Slavery, Other Historical Contexts & Impacts on Health Care & Health Care Disparities

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Slide 2 – Introductions

Advances in medical treatments and services are not equally accessible to all in the United States. Accordingly, continuing racial, ethnic, cultural and economic disparities provided the impetus for the recent passage of the health care reform legislation by Congress and the President. This presentation is a collaboration involving Drs. Marie Jenkins Schwartz, History; Diane Martins, Nursing; and Delores M. Walters, sriAHEC, who will explore the management of childbirth during slavery and attempts to control women's lives in various contexts in order to understand health care disparities in today's environment.

How will the program increase awareness, knowledge & competency in the area of multiculturalism?

This program will help participants place health care disparities into a historical context. Students in nursing and other health care programs especially will gain insight into the continuing adverse relationship between access to health care treatments and services, including preventive and primary health care and factors such as race, culture, ethnicity, income and education. Our goal is to facilitate assessments by workshop attendees regarding the production of better health outcomes for people in underserved communities.

Slide 3- Health disparities (or healthcare inequality) Defined: Refers to

Gaps in the quality of health and health care across racial, ethnic, sexual orientation, gender/gender orientation and socioeconomic status [Federal Dept. of Health & Human Services]

"Population-specific differences in the presence of disease, health outcomes, or access to health care." [The Health Resources and Services Administration –HRSA]

Other References:

Health Care Disparities Tutorial (Kaiser Family Foundation)

<http://www.kaiseredu.org/tutorials/REHealthcare/player.html>

Health Care Disparities as we see in this slide and the next one also refers to the ability or lack thereof of certain communities, especially poor, communities of color to prevent unhealthy products from being advertised in their neighborhoods.

Slide 4- Who is Affected?

Race & Ethnicity are linked to the status of one's health; one's access to primary and preventive health services. Those who are affected: African American, Latino, Asian American or Native American and Native Hawaiian or Pacific Islanders will be less likely to receive diagnostic tests and treatment for diabetes, asthma, AIDS, prostate cancer or other chronic conditions than Whites.

What Prevents People in those Communities from Defining and Establishing their Access to Health Care?

Economics & Stereotypes:

Poor, communities of color are much more likely to have ads such as the one in this slide placed in their neighborhoods. These billboards play into stereotypes re: Black men, smoking and alcohol.

Income is a factor as access to lower wage jobs will likely eliminate or reduce the chances that low wage earners will have health care coverage or be able to prevent advertising for unhealthy products in their neighborhoods.

We want to place the continuing presence of health care disparities into a historical context with the intention that those interested in health care training -- namely teachers and students - will gain insight into the continuing adverse relationship between access to health care treatments and services, and such factors as income and education. Our goal is to facilitate assessments made by health care practitioners that will result in better health outcomes for people in these underserved or marginalized communities.

Slide 5 – Henrietta Lacks

A case from 50 years ago illustrates the impact of history on present-day health care.

Henrietta Lacks (1920-1951) was diagnosed with cervical cancer at Johns Hopkins Hospital in Maryland; was treated for the cancer, but died at age 31 in 1951. What is remarkable about the story of Henrietta Lacks is that during her hospitalization, cells from her cancer were removed without her knowledge or permission (which may have been standard at the time); but these cells, later called HeLa cells (after the donor's name) have been reproduced in laboratories around the globe until today in research to treat and diagnose diseases not only of the female reproductive system, but of countless conditions affecting human health.

Even though it may have been standard procedure to remove cells involuntarily from patients, it is likely that Henrietta Lacks was perceived as poor, from a rural southern community (originally from Virginia) and lacked much formal education, allowing her exploitation.

New Book: *The Immortal Life of Henrietta Lacks*, 2010 by Rebecca Skloot.

The Tuskegee Experiment: Another instance where Blacks were used to gain advances in medical treatment and diagnosis, but in the case of these Black men who were untreated for syphilis for more than 30 years (1940s-1970s) by a government-run experiment, they were not to benefit from those advances. The Tuskegee Effect refers to the distrust by many African Americans of the medical system in the United States that resulted from experiments such as these.

Despite the fact that such health care disparities are known to exist and the fact that unequal access to health care is being addressed by the new Affordable Health Care reform measures, most people in the U.S. including most physicians are not aware or do not believe that racial/ethnic disparities exist in health care.

Furthermore, while most nurses acknowledge that being competent to care for people from different cultures or backgrounds is a critical skill, cultural competency training still needs to be more consistently and more comprehensively integrated into nursing education and practice.

Slide 6 - Margaret Garner

Although these cases indicate that Blacks in particular, but people of color and others who are perceived as different in general have been marginalized in the U.S. health care system, there are also examples of women who have defied stereotypical images of themselves as revealed in the next two slides.

Margaret Garner was an enslaved woman in the 1850s, who resisted stereotypes, and understanding of herself as being powerlessness. A failed escape attempt resulted in Margaret's killing her two-year daughter in order to prevent her from being re-enslaved and experiencing a life of sexual exploitation and abuse with which she herself was probably all too familiar. It is the true story which inspired Toni Morrison's novel, *Beloved* and her libretto for the opera, *Margaret Garner*.

Slide 7 -- Harriet Jacobs

Harriet Jacobs (1813-1897) used another method of resistance: she hid from the unwanted sexual advances of her slave owner – a doctor – in a crawl space attic for 7 years. She was eventually able to escape from North Carolina and reunite with her children. She also provided a detailed account of her experiences in *Life of a Slave Girl* published in 1861.

The slide also shows a runaway ad for the return of Harriet by her would be abuser, Dr. Norcom

Slide 8 – The Hidden History of Slavery – in the North

The History of Slavery in RI is a largely a Forgotten History

Despite the work of such institutions as Brown University, which under its African American president, Ruth Simmons, commissioned a committee to explore the basis of the founding of Brown in the slave trade, people still tend to associate slavery with the southern states. Yet, URI also has evidence of its involvement in slavery: Ryan Stadium was built upon a plantation called the Niles Farmstead. Pictured here is the location of the cemetery part of the 18th century Niles farm that utilized the enslaved labor of both African Americans & Native Americans. The Niles Burial Ground was dedicated in 2002.

Why Bring this Up? Remaining ignorant of a people's past appears to be correlated with being less likely to grant them their full rights as citizens, including equal access to health care. What about those whose descendants were exploited by slavery, exclusionary or removal acts or other means of discrimination passed by or condoned by the federal government? Are they less likely to recognize that their historical legacies of survival included resistance to victimization, exclusion or enslavement? Do they recognize that they are descended from a people who survived injustices and abuse – and have passed on that legacy to us? These are questions that we have yet to fully reconcile with present-day realities of different people's lives.

Now Prof. Schwartz will provide another aspect of the historical dimension of women, especially Black women in health care.

Slide 9 Born in Bondage: Growing up Enslaved in the Antebellum South by Marie Jenkins Schwartz

Enslaved people valued children. They represented a chance to love and be loved, and their care offered adults opportunities to be more than a slave in the slaveholder's field or kitchen or other work site. As in other agricultural societies, children worked, offering an extra set of hands to trap rabbits, gather berries, mend clothes, and carry out other chores of benefit to slave families. After the nation's participation in the international slave trade ended in 1808, slaveholders began to pay more attention to enslaved children. Everyone knew that the only way slavery could continue into future generations was through human reproduction.

Slide 10 Birthing a Slave: Motherhood and Medicine in the Antebellum South by Marie Jenkins Schwartz

Physicians were beginning in the early nineteenth century to pay attention to pregnancy, childbirth, and other women's health issues. By employing doctors to attend enslaved women, slaveholders hoped to increase the number of babies born in bondage as well as to improve the health and wellbeing of mothers and infants. It's not clear that mothers and infants always

benefitted. Physicians like J. Marion Sims (depicted on the book's cover) often acted in their own or in the slaveholder's interest rather than the patient's. This modern painting depicts the enslaved women Anarcha, Betsy, and Lucy who underwent experimental surgery multiple times over the course of four years, always without anesthesia. Sims operated thirty times on Anarcha alone. After Sims perfected a cure for vesico-vaginal fistula (a tear between the wall of the vagina and bladder that sometimes occurred during childbirth and that left a new mother debilitated), he moved to the North and treated free white women.

Sims's career in medicine raises questions about medical practice. Medicine is not solely about biological processes but also about who gets what type of treatment and why, Anarcha, Betsy, and Lucy received experimental treatment at the hands of an inexperienced doctor.

Sims's cure made him famous. He eventually became president of the American Medical Association, and he has been called the father of modern gynecology.

It's not known what happened to Anarcha, Betsy, and Lucy, but many enslaved women grew distrustful of physicians, preferring to manage pregnancy, childbirth, and other health problems through traditional means handed down from one generation to another.

Slide 11 -- sriAHEC & Pathways

Unequal access, distrust of the health care system and low representation of health care practitioners of color is a persistent manifestation of health care disparities in Rhode Island, especially in underserved communities. To address these disparities, the College of Nursing (CON) at URI in 2009 became the host of the Southern Rhode Island Area Health Education Center (sriAHEC) whose mission is to provide support for and greater access to careers in nursing (and other health care professions) and to improve the delivery of health care services to underserved communities in southern Rhode Island.

The collaboration between sriAHEC and the CON provides a valuable opportunity to diversify nursing student enrollment and to diversify the health care workforce.

#12 – Two Pioneers Who Continue the Legacy of Improved Health Care for People of Color

- **Lula Owl Gloyne, R.N. (1891-9185)**

The first Eastern Band Cherokee public health nurse “spent her life improving the health of Cherokee people through direct service, political advocacy and community partnerships”
www.minority_nurse.com

- **Lucille C. Dawson, R.N. (1937-2000)**

Member of the Narragansett Indian Tribe & tribal historian; authority on Native American Studies; obtained her B.S., from the College of Nursing, URI, 1959; Masters in Education

Slide 13 - Lula Owl Gloyne, R.N. & Lucille C. Dawson, R.N.

Conclusion:

As we have shown, advances in medical treatments and services are not equally accessible to all in the United States and this has a complex historical dimension. There are continuing racial, ethnic, cultural and economic disparities that we have mentioned in particular, but that is not to deny other areas of concern – some of which are beginning to be addressed: language barriers for example have prompted hospitals to use translators or interpretation services. We also took a substantial step forward when this past April President Obama mandated that the Dept. of Health & Human Services issue a directive granting visitation rights to gays and lesbians whose partners have been hospitalized.

Cultural competence is essential to enable us to move beyond the mistakes of the past; avoiding stereotypes and being able to provide health care that recognizes the complex cultural identities of diverse individuals and groups.

QUESTIONS & ANSWERS