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Response Paper
SW505 – Engaging Social Justice, Diversity, and Oppression in Social Work
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Intersectionality, Structural Racism, and Health Disparities Among Women of Color

"Cervical cancer is almost entirely preventable and yet in Alabama there are areas where women are dying at a rate similar to that of developing nations" (Press, 2020). This quote serves as a stark reminder of the health disparities in the United States driven by factors such as racism, lack of insurance, and socioeconomic status. For instance, the widespread effects of structural racism, further exacerbated by the COVID-19 pandemic, is well-documented, particularly for communities of color. However, amidst this larger narrative, women of color continue to struggle for equitable healthcare, often in silence. This essay aims to explore how intersectionality and social determinants of health contribute to the unique health challenges faced by women of color in the U.S., and will argue that recognizing these forms of oppression is crucial for understanding and addressing health disparities faced by these individuals.

Women of color, especially African Americans, often experience differential treatment from healthcare providers due to social constructs like race and gender, despite no fault of their own (Press, 2020). In her TED talk on race-based medicine, Dorothy Roberts, a social justice advocate and law scholar, revealed that as soon as she arrived at the study site, she was asked to select her racial identity as part of a research study questionnaire (TEDMED, 2015). This reductionist approach, prevalent in many healthcare institutions, views patients as a sum of their "identity tags" rather than as individuals with unique healthcare needs. Oftentimes, when certain identity tags such as "woman", "Black", and "American Indian or Alaska Native" are grouped together, the emerging social identity of the individual determines the possibility and/or quality of care they will receive. This is just one example of the extent to which intersectional social identities play a role in the American healthcare system.

In broader terms, it is recognized that the healthcare experiences of women of color are largely driven by inherently racist laws, regulations, and procedures, as explained by the Critical Race Theory (CRT) (Cureton, 2023, slide 29). However, this is not to say that all women of color experience identical discriminatory treatment. Two of the fundamental principles of CRT, intersectionality and *differential racialization*, state that an individual should not be categorized in a single group based on their social identities and that individuals are racialized differently based on the stereotypes attached to their minority groups, respectively (Cureton, 2023, slide 15). This highlights the need for healthcare institutions to take a closer look at the challenges that women face with respect to their unique social determinants of health, as doing so will enable them to address their needs more holistically. Imagine a healthcare provider examining a woman's financial and housing situation instead of asking about her race, aiming to gain a more comprehensive understanding of her presenting condition – how transformative could this approach be for her healthcare experience?

Unfortunately, the impact of racism on women's health extends far beyond the realm of discriminatory treatment. In fact, racism has adverse physiological effects on women of color, frequently culminating in matters of life and death. The 2016 U.S. infant mortality rate for African American women was 11.4% whereas for White mothers it was 4.9% (Seervai, 2019). In her podcast on racial disparities in healthcare for Black mothers, Seervai (2019) discusses the relationship between racial discrimination and preterm birth in African American women. The guest speaker points out: “African American women live a more stressful life, which increases stress hormones that can have an adverse effect on labor. Chronic exposure to racism and inequality produces a link to prematurely aging the female reproductive system via stress-

induced pathways that render a woman vulnerable to adverse birth outcomes before she can even become pregnant" (Seervai, 2019). Additionally, being both a woman and an African American (in this case) automatically places the individual at a higher risk for receiving lower-quality care compared to their White counterparts. As previously mentioned, healthcare challenges can vary among women of color. An example of differential racialization can be seen in the manuscript by Gachupin et al. (2019), detailing the experiences of a 77-year-old American Indian woman who lost her life to ovarian cancer because she did not receive timely and quality care. Such instances explain why the ovarian cancer mortality rates for American Indian women in the U.S. are much greater compared to White women (Gachupin et al., 2019).

The above mentioned examples call attention to the concept of medical racism, which when compounded by the hurdles of American insurance, leave women of color feeling defeated vis-à-vis the U.S. healthcare system. Rana Mungin, a 30-year-old Black teacher, was ignored by healthcare professionals when she reported difficulty breathing, leading to her eventual death due to COVID-19 complications (Bronson, 2020). Considering that medical racism in America is deep-rooted and systemic, the efforts of individual health professionals practicing anti-racist medicine do not alleviate the persistent challenges faced by women of color. Another key social determinant of women's health is access to insurance. While the lack of insurance affects millions of people across the U.S., it has notable consequences for women as it relates to pregnancy and childbirth. The tragic story of Rosa Diaz, a 43-year-old Mexican immigrant who lost her life to complications from an ectopic pregnancy, exemplifies the grave consequences of the lack of insurance. Rosa's concern about treatment costs prevented her from seeking timely

help, and her case is just one among hundreds in Texas alone, highlighting the formidable barriers posed by insurance-related hurdles (Martin, 2019).

In conclusion, the exploration of women of color's healthcare experiences underscores the harsh realities of the American healthcare landscape, consisting of systemic challenges and disparities such as medical racism and dearth of insurance. Using the lens of intersectionality and social determinants of health provides a nuanced understanding of the healthcare challenges endured by women of color; however, further examination is required to identify ways in which systemic issues such as medical racism can be addressed effectively so that women across the nation can receive equitable healthcare and lead safer, healthier lives.

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