Misogynoir in Medicine

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1. Overview

Explanation & Summary of Misogynoir in Medicine

Explanation

Explanation

The practice of medicine has long been biased in its treatment of Black patients and providers, particularly those who are multiple marginalized by their race and gender, sexuality, etc. Misogynoir in Medicine explores Black women and people read as Black women's experiences of moments that bring them in contact with the medical system of the United States. Black women experience unique challenges as health care providers and patients because of how misogynoir shapes how they are viewed and treated in clinical settings. Because of misogynoirist assumptions about Black women’s biology, they are subjected to all kinds of negative treatment, particularly in clinical settings.

Summary

Summary

Misogynoir in Medicine documents the need to reimagine biology as it relates to Black women and people read as Black women. It includes a rationale, my dissertation, syllabi, and resource list for those looking to get started understanding Misogynoir in Medicine.

2. Content

This chapter outlines the rationale, dissertation, syllabi and resources list for the research.

Rationale

On December 4, 2020, during a particularly aggressive resurgence of the COVID-19 pandemic in the United States of America, Dr. Susan Moore created a video from her ICU hospital bed where she discussed her negative treatment by hospital staff as she struggled with COVID symptoms. Moore, a physician herself, tried to impress upon the hospital staff the severity of her case, expressing deep hurt that her doctor actively withheld a third treatment of Remdesivir, saying she did not meet the criteria for receiving the COVID fighting drug. Moore said the doctor “made her feel like a drug addict,” by also refusing to give her pain medication for the severe neck pain she was experiencing.

The hospital discharged her on December 7, despite her deteriorating condition and she was rushed to the hospital again, then died just two weeks after her facebook video. How does a Black woman physician turned patient lose her life so quickly? I argue that Black women negotiate the sickly synergist force of anti-Black misogyny that makes them more susceptible to implicit biases that inform their experiences in all aspects of society but to deep personal peril in health care settings, regardless of where they sit in relation to the exam table. Misogynoir in Medicine explores Black women’s experiences as health care workers and as patients to provide ample evidence of disparate treatment but more importantly, to find points of intervention, places where these disparities in care have the greatest potential for amelioration.

Healthcare outcomes for Black women in the United States are disproportionately worse than for their white counterparts. In 2002, the Institute of Medicine reported that members of racial and ethnic minorities are given lower quality health care than whites, even when they make as much money and carry the same insurance and unfortunately, that statistic is still true in 2021. When women report pain to health care providers, they are less likely to be believed than men. Black patients also report being denied pain medication by providers because white providers assume that these patients are seeking drugs for illicit use. For those of us who live at the intersection of race and gender oppression, the negative health consequences aren’t just doubled, they are synergistically increased three or more fold.

Misogynoir describes the co-constitutive, anti-Black, and misogynistic racism directed at Black women, particularly in visual and digital culture. The term is a combination of misogyny, “the hatred of women,” and noir, which means “black” but also carries film and media connotations. It is the particular amalgamation of anti-Black racism and misogyny in popular media and culture that targets Black trans and cis women. Representational images contribute to negative societal perceptions about Black women, which can precipitate racist gendered violence that harms health and can even result in death. I see racism and sexism as public health concerns that critically impact medical treatment and medical science, as they touch all aspects of our culture and society.

Misogynoir in Medicine examines the representational imagery of Black women that explicitly and implicitly informs their treatment in healthcare settings, looking at the way misogynoir is present in medical education and the way misogynoir shows up in clinical settings. It expands contemporary conversations about how to ameliorate health care disparities by centering the cultural component of medical education as described by medical students at the moment that institutional practices were standardized. I identify the components of the hidden curriculum within medical education that supersede contemporary cultural competency efforts. I locate the sites within medical education that need to be more seriously interrogated for a more efficacious addressing of disparities in care for Black women. I add to a growing body of literature through an investigation of medical school culture that produces doctors that treat Black women patients.

I examine the educational culture of future doctors at the moment of curricular standardization to get a sense of how these beliefs and practices are formed through the ways patients, particularly Black women patients, and future doctors themselves are represented. An examination of representational images and language produced during physician training demonstrates medical media's utility in helping students manage their anxiety as future physicians through racialized, gendered, and regional depictions of themselves and their future patients. I reveal the hidden curriculum and misogynoir of the institution through interrogating recurrent and evolving tropes within the vernacular medical media produced by Emory School of Medicine students.

This work emerges from a larger set of questions about how medicine and media interact in ways that exacerbate or mitigate health disparities among multiple marginalized identity groups. Images in medical texts shape readers interactions by creating a normative template against which bodies are measured, as well as construct doctors' understandings of themselves. The models and figures within medical materials are produced for health care providers as examples of health and disease, and as representations of who they are in relation to their patients. I label these representations didactic medical media as they are created with the intent to educate healthcare professionals and students about health and disease.

Dissertation

Race, Region, and Gender in Early Emory School of Medicine Yearbooks

The continued existence of care inequities along the axes of race, sex, gender, sexuality, ability, and class suggests that the examination of medical training--the mechanism by which all doctors are taught their craft--may hold the key to shifting this reality. My dissertation, Race, Region, and Gender in Early Emory School of Medicine Yearbooks, examines how patient and student bodies are represented in the yearbooks students create during their training. By analyzing the sociocultural aspects of medical education at Emory School of Medicine after the release of the influential Flexner Report, I build a foundation for understanding how representations shape medical students' understandings of potential patients and themselves. The hidden curriculum of medical education is communicated, not in classroom lecture, but in the ways that institutional culture promulgates certain representations over others. An idyllic student and patient emerge that reinforce one another at the expense of bodily diversity among patients and students, exacerbating care disparities through controlling vernacular medical media.

Syllabi

Syllabi

- Black Feminist Health Science Studies
- Gender, Race, & Medicine
- BFHSS Symposium

Resource Lists

Resource Lists

- BFHSS Publications
- BFHSS Symposium videos
- Misogynoir in Medicine Documentary

Authorship

This resource was compiled by me, Moya Bailey. When I coined the term "misogynoir" in 2008, I did not expect it to go viral. In addition to appearing in the New York Times, Ebony, Essence, NPR, and the Washington Post, “misogynoir” has its own Wikipedia entry, which receives thousands of views every day. It is also referenced in numerous scholarly journal articles and monographs. The adoption of the term and its wide reach in digital spaces make further theorization of its use important for gender, critical race, and cultural studies audiences outside the academy. My undergrad goal of becoming a medical doctor morphed into getting a doctorate to investigate the role that media representations play in the treatment of Black women patients by white doctors. I learned about the ways historical popular culture seeped into the consciousness of supposedly objective future physicians, which prompted me to consider how popular culture representations influence Black women’s treatment in society and medicine today. I am the co-founder of the Black Feminist Health Science Studies Collective that is working to address some of the systemic racism and sexism in the medical sciences that impact how Black women patients and providers are treated.