

Searching for Safety: Black Women, Healthcare, and Systemic Neglect



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Black women in the U.S. face risks in every aspect of their lives, from maternal mortality and healthcare discrimination to systematic violence and economic marginalization. Black women are systemically exposed to violence, workplace discrimination, and poor health outcomes. These continue to leave people wondering if there is a place where Black women experience less discrimination or medical neglect. This story investigates where Black women feel safest, the different healthcare systems worldwide, and their prioritizations of well-being.

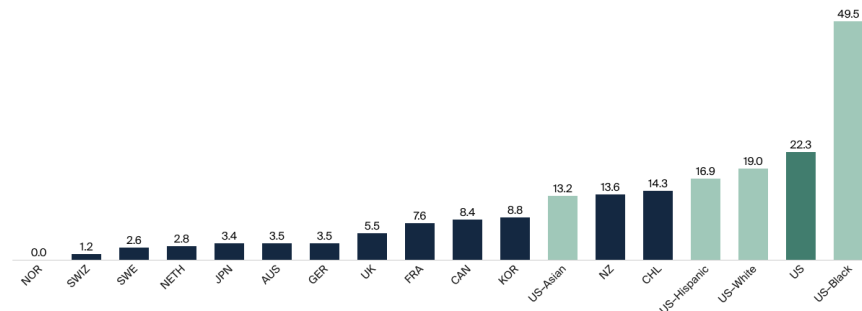
The U.S is typically viewed as a leader in modern medicine, although for Black women, it is an unequal battleground. Places like D.C., Chicago, and Atlanta have increasing rates of homicide and gender violence towards Black women, while southern states rank among the worst in the country for maternal mortality. A [2024 CDC report found](#) that Black women are three times more likely to die from pregnancy-related causes than white women.

Countries outside the U.S with universal healthcare and stronger protections have better data, although Black women abroad also experience disparities. In Canada, Black women benefit from universal health access and legal protections, while European nations like Finland and Sweden are known for progressive social policies. They consist of fewer disparities in maternal care outcomes. Simultaneously, Cuba's healthcare system makes access and prevention the main goals, and has been noted as having lower rates of maternal death than the U.S, despite reduced

resources. While neither country is ideal, research suggests that these countries reduce structural barriers and open more opportunities for Black women in health and safety.

The United States continues to have the highest maternal death rate, with the rate for Black women by far the highest of any group.

Maternal deaths per 100,000 live births



Notes: The maternal mortality ratio is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. For more information on how maternal mortality is defined, see Organisation for Economic Co-operation and Development, "Maternal and Infant Mortality," in *Health at a Glance 2023: OECD Indicators* (OECD, 2023). 2015 data for FRA; 2017 data for UK; 2018 data for NZ; 2020 data for CAN and SWZ; 2021 data for AUS, GER, JPN, KOR, NETH, and SWE; 2022 data for CHL (provisional), NOR, and US. Due to sample size limitations, data for US-AIAN cannot be displayed. AIAN = American Indian and Alaska Native. Asian Americans include a wide range of distinct communities. Such groupings are imperfect, as they mask significant difference in maternal mortality rates.

Data: All country data from OECD Health Statistics 2023 extracted on February 29, 2024, except data for US are 2022 data from the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, mortality and natality data files, "Maternal Mortality Rates in the United States, 2022."

Source: Munira Z. Gunja et al., *Insights into the U.S. Maternal Mortality Crisis: An International Comparison* (Commonwealth Fund, June 2024). <https://doi.org/10.26099/ctm-si75>

(Photo: Munira Z. Gunja/ Insights into the U.S. Maternal Mortality Crisis
June 2024)

The U.S healthcare system ranks as the most expensive yet least equitable in the world. An analysis by the [Peterson-KFF Health System](#) tracker found that the U.S spends nearly twice as much on healthcare per capita compared to similar nations, but ranks last in outcomes, including safety and preventable hospitalizations. Unfortunately, Black women experience the worst inequality with less access to quality care and higher rates of chronic health issues. They've also reported that Black women in the U.S are more likely to die from pregnancy-related causes than white women. Unfortunately, it was also found that they have higher rates of preterm births and low birth weight babies due to them being more likely to receive late to no prenatal care, which was reported to not be from genetics or behavior, but institutional racism and provider biases.

In some countries, Black women experience better birth outcomes than in the U.S., mainly because of prenatal programs and universal health access. Similarly, Cuba prioritizes maternal needs through clinics and home visits. These small changes help the maternal mortality rate stay significantly lower in the U.S. When women were asked what it's like having a baby in 7 different countries, like Australia, the Netherlands, and Hong Kong, they reported feeling more seen, heard, and supported compared to their experience in the U.S.

It's important to acknowledge the historical mistreatment of Black women in American medicine. Starting with J. Marion Sims' experiments on enslaved women, and still earned the name “father of gynecology,” despite forced sterilizations of Black women well into the 20th century. His actions prove that Black women have medical racism deeply planted into U.S healthcare. These terrible experiences continue to live on. The [2024 KFF women's health survey](#) found that Black women were more likely than white women to report negative experiences with healthcare providers. They've reported being dismissed, not believed, or disrespected, causing many of them to feel discouraged from speaking out, leading to their conditions worsening and further endangering their health.



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The American Psychological Association has reported that Black women are more likely to be misdiagnosed with severe psychiatric conditions despite being undiagnosed for depression and anxiety, which is rooted in stereotypes and a lack of competency among providers. Despite these stats, one central area of progress is the rise of Black-owned healthcare initiatives. The National Black Midwives Alliance and Black Mamas Matter Alliance are working towards culturally informed care. These Black led programs are focused on midwifery and doula support and have helped birthing outcomes by offering continuous care throughout pregnancy and labor. Studies show that doula-assisted births significantly reduce the risk of complications for Black women.

While some states try to reform, California has enacted implicit bias training requirements for physicians. They've expanded medicaid coverage and extended postpartum care, and it has lowered maternal outcomes for Black women. All these are constant efforts to demonstrate the effect of state policies on solving racial disparities.

Technology is playing a massive role in medicine; telemedicine platforms have made it easier for Black women to access culturally understanding providers, eliminating the need to rely on racially insensitive care. The U.S. could take note of nations like Canada and Cuba, where healthcare is considered a universal right instead of a privilege. These countries heavily invest in public health infrastructure, early intervention, and social support, which the U.S should consider implementing into their systems. Yet, the U.S continues to underfund or neglect them entirely.



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Overall, whether there is a safe place for Black women is not just geographic but systematic. Despite certain countries and cities offering better healthcare outcomes and protections, for Black women to be truly safe, there needs to be a dismantling of the deeply instilled inequalities in American healthcare. Providers need to be held accountable by expanding access to competent care for all genders and races, and learning from countries prioritizing prevention and public health.

Until these changes happen, Black women will continue to seek safe spaces, whether in the U.S or abroad, where their voices are heard and their pain is believed. That is the only way their lives will be valued, by word of mouth and being put into action. Promises, policies, practices, and protection should back up the safety of Black women. This is the only way they will finally feel safe in their spaces.