



— JOINT STATEMENT —

# Obstetrics and Gynecology: Collective Action Addressing Racism

As our nation confronts systemic racism and consequences of persistent inequities and disparate outcomes in health care, our organizations—which include the leading professional organizations in the fields of obstetrics and gynecology—are committed to changing the culture of medicine, eliminating racism and racial inequities that lead to disparate health outcomes, and promoting equity in women's health and health care. Our commitment to a better future requires an honest examination of the past and the present.

Recognizing that race is a social construct, not biologically based, is important to understanding that racism, not race, impacts health care, health, and health outcomes. Systemic and institutional racism are pervasive in our country and in our country's health care institutions, including the fields of obstetrics and gynecology.

Many examples of foundational advances in the specialty of obstetrics and gynecology are rooted in racism and oppression. For example, the mid-1800s surgical experimentation of James Marion Sims leading to successful treatment of vesicovaginal fistula was performed on enslaved Black women, including three women, Betsey, Lucy, and Anarcha, who underwent repetitive gynecologic procedures without consent.

Additionally, among many injustices, women of color have been subject to sterilization and experimentation with high-dose hormonal contraception without consent.

It is beyond the scope of this document to describe all the injustices inextricably linked to the fields of obstetrics and gynecology or recognize all the contributions made both willingly and unwillingly by oppressed and marginalized persons. Our organizations commit to working with scholars, advocates, and activists with diverse expertise and experiences as part of an intentional, sustained, and team-based effort to more extensively acknowledge the wide range of injustices.

We recognize that history weighs upon the present and the future. Racism in overt and covert forms persists in the delivery of health care. Black women are three times more likely to experience maternal mortality or severe maternal morbidity than white women. American Indian and Alaska Native women experience adverse maternal outcomes at a greater rate than white women. Black and Latinx populations experience higher rates of mortality from cervical cancer than white women. Unacceptable inequities in access to care and outcomes are not limited to these examples; inequities are found across our specialty including reproductive and gynecological health care. Differences in outcomes result from many factors, including racism and bias in access to and delivery of quality health care, and must be acknowledged and addressed.

Eliminating inequities in women's health care requires transformational change. Our organizations are committed to making this change and pledge, individually and collectively, to undertake the following initial actions:

- **Collaboration:** Our organizations recognize that transformative work is being done within the profession and the broader public health community by committed advocates, activists, scholars, and leaders. We will collaboratively consult, support, and partner with those presently engaged and leading work to achieve racial justice, reproductive justice, and equity in women's health care.
- **Education:** We are committed to active listening and education in obstetrics and gynecology and in the broader women's health community about the profession's history and role in the oppression and mistreatment of Black enslaved women, Black women, and other women of color in the name of scientific advancement. Drawing upon the expertise of scholars, advocates, and activists, curricula will be developed and available to medical and health professional students, residents, faculty, practicing obstetricians, gynecologists, and all health care professionals.
- **Recognition:** We are committed to officially designating February 28 and March 1, the dates that bridge Black History and Women's History months, as days for formal acknowledgement of Betsey, Lucy, and Anarcha, the enslaved women operated on by Dr. J. Marion Sims, and other enslaved Black women who were subjected to abuse in the name of advancing science.
- **Scholarship, research, publication, guidance:** Racism continues to be prevalent in research, in its conduct as well as its scholarship and publication. We will promote the conduct of research, publications, presentations, and other types of programming that incorporate anti-racism and address systemic and institutional racism manifested through disparate outcomes. We will make intentional and concerted efforts to support research that ethically addresses the needs of Black and Indigenous populations and populations of color and to promote the work and scholarship of physicians, clinicians, and public health professionals of color. We are committed to a comprehensive review of scholarship, clinical documents, research, and publications guidelines produced or directed through our organizations to address racism, in particular ensuring that race is not treated as a biological factor.
- **Inclusive Excellence:** We will work to achieve greater diversity and inclusion in the leadership of our own organizations at all levels. We will adopt policies and procedures that facilitate these goals and create an equitable and inclusive organizational culture. Within the specialty of obstetrics and gynecology, we will support policies, procedures, and the development of professional cultures where people of color are supported and promoted.
- **Caring for patients and communities:** We will work to ensure that health care is free from racism and bias. We will recognize the impact that history, racism, and violence have on our patients and their communities. We will treat discrimination and racism as evidence-based risk factors for poor health outcomes and will teach and encourage clinicians to recognize this in caring for patients. We will lift up, support, and amplify the work that community-based organizations, advocates, and activists are doing to advance reproductive justice and equity in the delivery of health care.
- **Policy and advocacy:** We will collectively advocate for public policies that seek to eliminate racial and other inequities in the delivery of health care and in health outcomes, including policies addressing systemic and institutional inequities outside of health care that lead to poor health outcomes.

Our organizations recognize that these actions require sustained, intentional commitment. We also recognize that to embark on this work will require team-based approaches with measurable goals and accountability structures. We also recognize that while these initial actions are a starting point, more work will need to be done. Through active listening, discernment, and humility, we will—individually and collectively—expand upon these actions and objectives as we undertake a commitment to embrace antiracism, learn and unlearn, change the culture of medicine, and eliminate racism and racial bias in the delivery of women's health care.