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Social Oppression & Transformation: Adapt a Module

Compelling Unit Question: Why do women have a difficult time feeling supported by their healthcare system?

Text Set

Bias in Medicine: Last Week Tonight with John Oliver (00:-8:12, 14:00-end) - John Oliver, video <https://www.youtube.com/watch?v=TATSAHJKRd8>

In this video segment from *Last Week Tonight*, John Oliver discusses bias in medicine. He covers the reality and effects of both gender and racial bias, however, we may skip the portion on racial bias for the sake of sticking to the topic of this unit. He discusses the history and present examples of institutional sexism in medicine, as well as the ways that doctors ignore women's experiences. He includes numerous clips to support his discussion of this topic. Following his explanation of racial bias, he also addresses the intersection of race and gender as it relates to bias in medicine, using the dangers of maternal mortality for Black women as an example. He closes with bringing in Wanda Sykes, who talks about ways that we can improve the biased medical system.

Closing the Gap: Understanding Gender Inequities in Healthcare - McMaster University, video <https://www.youtube.com/watch?v=Z5IPshBI06Y>

This video by Demystifying Medicine, from McMaster University, addresses the gender health gap and goes over four major healthcare inequities that contribute to this gap. First is the gender gap in healthcare research, where women are excluded from medical research. Then, they talk about differential care and outcomes experienced by women when it comes to chronic health

conditions. Next, they go over discrepancies in relation to cardiac health for women, such as the gendered differences when it comes to the experience of a heart attack. Fourth is the social determinants of women's health, such as SES, geographic location, and race/ethnicity. The video ends with examples of intervention to close the gender health gap.

1 in 10 Women Have Endometriosis. Why Don't Their Doctors Believe Them? - Rebecca Stoner, video

<https://www.vice.com/en/article/437ejm/1-in-10-women-have-endometriosis-why-dont-their-doc-tors-believe-them>

In this article, Stoner discusses Abby Norman's book, *Ask Me About My Uterus*, in which Norman shares her struggles with endometriosis, as well as explores how and why women's pain goes ignored. Stoner uses this book to explain the ways that women are impacted by sexism in healthcare, such as having to go years before their concerns are taken seriously and before receiving a correct diagnosis. She talks about stereotypes and ideologies that contribute to the ways that the healthcare system fails female patients.

KCRW's Bodies, "Anxious Mess" - Allison Behringer, podcast

<https://www.kcrw.com/culture/shows/bodies/anxious-mess>

In the episode "Anxious Mess," from KCRW's podcast, *Bodies*, we hear the story of Reese. For a long time, she struggled with daily tasks, such as being on time and organizing, but her problems were often brushed off by medical professionals as a result of her job as a stripper. She is eventually diagnosed with ADHD and prescribed Adderall, however this only made her problems worse. After speaking with people in a Facebook group for women with ADHD, she learned that there were others who shared her experience and was also led to a (self)diagnosis of autism. Her research provided her with answers to many unanswered questions and she discusses

how the lack of answers has a lot to do with the fact that these disorders present differently in women, yet these distinctions are hardly ever addressed.

“*This is not a new crisis’: What’s Being Done to Save the Lives of Black Mothers*” - Gabrielle Frank, article and video

<https://www.today.com/health/black-maternal-health-week-meet-women-who-are-working-improve-t148078>

“What’s Being Done to Save the Lives of Black Mothers” and its accompanying video from the *Today Show* highlights the work of Jennie Joseph, a professional midwife and maternal health advocate. This piece discusses the importance of addressing the alarming maternal mortality rates in the U.S., which disproportionately affects Black women and other women of color. Joseph is dedicated to providing underserved women adequate healthcare, as well as resources, connection, and support. The article also highlights work being done across the country that focuses on the very same issues, such as the Black Mamas Matter Alliance and the passing of the “Preventing Maternal Mortality Act.”

Why are women twice as likely to suffer from chronic pain, yet their reports of pain are more likely to be dismissed (Stoner 2018)? Why are women less likely to have reliable healthcare coverage (Travis et al. 2012)? In this unit adapted for high school students, the text set will explore sexism in the healthcare system, how it takes shape, and its consequences. This will help foster conversation on ways that this system can be transformed, as well. High school students are at an age where they may be seeing the direct effects of this oppression, can understand the diverse experiences of women that are included in the texts, and can use their knowledge to envision solutions. This set will help uncover the ways that the complex issue of sexism exists specifically in healthcare and tackle some of its root causes.

Why do women have a difficult time feeling supported by their healthcare system? It may be due to the fact that after a disease is diagnosed, men are more likely than women to be granted proactive treatment, even for conditions that are more common among women (Travis et al. 2012). Or it may be because doctors are more likely to consider pain in women as a psychological issue (Demystifying Medicine 2020). There is not a simple answer to this compelling question. There are countless ways that women are unsupported by the healthcare system and exploring this topic will give students the chance to learn about the complicated existence of sexism in healthcare, with ample room to delve into whichever aspect piques their interest the most. This question gets under students' skin in that it pushes them to question how they may have been led to understand the environments that surround them. No one wants to "feel unsupported" by the systems that they have been told are there to serve and protect them. Students will be encouraged to think critically about the reasons for this disconnect between women's lived experiences and how they previously perceived this system.

Szymanski's et al.'s (2011) article on the sexual objectification of women highlights that sexist discrimination is related to psychological distress far greater than typical stressful life, manifesting in ways such as anger, anxiety, and depression. Evidently, these experiences are not fabricated, which demonstrates a need to uncover events, ideas, and beliefs that contribute to this distress, such as stereotypes that inform gender-bias in healthcare, as highlighted by Stoner's (2018) article on endometriosis. Even further, having students look into why women feel unsupported will direct them towards analyzing their knowledge to formulate solutions and ways to incite transformation. Johnson (1997) describes that doing something and becoming part of the solution should follow acknowledging and paying attention to forms of privilege and oppression. This action can range from challenging paths of least resistance, such as not laughing at a sexist joke, to joining (or even starting) clubs that discuss these issues. Students will be able to reflect on what needs to be done, see what others are doing, and put their minds together to create their own forms of change. The text set for this unit provides a strong foundation to do so.

John Oliver's (2019) video segment, "Bias in Medicine," from *Last Week Tonight* provides an informative introduction to the reality and consequences of gender bias in healthcare, which would not overwhelm students who are not familiar with this discussion. His guest also offers two ways that this system can be improved, which serves as a useful way to get students thinking about not only why women are unsupported, but also how the U.S. healthcare can be transformed. Oliver does a great job, as well, at highlighting important and serious issues while incorporating humor, which is a great way to be engaging, especially when this text will be used for a teenage audience. Additionally, in this segment, Oliver introduces the topic of intersectionality and addresses the way that the intersection of race and gender influences how individuals experience the healthcare system. Kaiser's Women's Health Survey found that

women of color are significantly more likely to report that they are in fair or poor health than white women, as well as more likely to be uninsured (KFF, 2004). In order for students to understand why women are unsupported in healthcare, it is essential to uncover the various ways that sexism in the medical field takes shape. The overlap of race and gender informs how sexism will manifest in different contexts and ensuring that students understand this will provide them with a more holistic and inclusive view of the subject.

“Closing the Gap: Understanding Gender Inequities in Healthcare” is a video produced by McMaster University (2020) for one of their own courses, highlighting numerous problems that contribute to the gender health gap. Rather than lecturing students or simply providing them with an article, this animated video is a concise and engaging way to introduce students to the unfortunate reality of healthcare inequity. It provides substantial material, helping students feel well-informed without drowning them in facts and figures. This video also gives a breakdown of four specific ways that the healthcare system falls short when it comes to women. By no means are these the sole four examples of sexism in healthcare, however, students will still be able to see the wide array of its impacts. In answering why women feel so unsupported, they will be able to reference several concrete examples of this lack of support, as well as their consequences. In addition, this video offers several strategies for intervention, strengthening students’ ability to answer the compelling question through having to consider areas for correction.

Stoner’s (2018) article, “1 in 10 Women Have Endometriosis. Why Don't Their Doctors Believe Them?” looks at a slightly more specific example of the way that women experience sexism in healthcare. Students will have the chance to visualize particular ways in which women face sexism and engage with material derived from personal experiences. Additionally, despite the fact that endometriosis is fairly common, it is rarely discussed, so exposure to this material

may be particularly helpful for the young women in the classroom. Students will also have an even stronger grasp on how to answer the compelling unit question, as this article discusses ideological causes for sexism in healthcare. The stereotypes that Stoner notes are important to acknowledge when considering the reasons for biased thinking and how this thinking directly impacts women. Taub (2017) explains that countless women have been deprived of career opportunities as a result of fear of sexual harassment, such as those who are warned of and avoid Judge Kozinski due to his history of harassment. Similarly, women lose access to substantial healthcare out of fear of being ignored when they speak up, which is highlighted in Stoner's article. Students will be able to make these kinds of connections as they look for gaps in support for women.

“Anxious Mess” from KCRW (2018) engages its audience with a personal account of the toll that gender-bias in healthcare has taken on Reese. Students will be able to follow her journey from the beginning and see her frustrations, as well as moments of optimism. This podcast offers a chance to see the lived experience of a woman who has been ignored and impacted by medical bias, beyond what happens in the doctor's office. Students get to see how this permeates into her everyday life. In addition to showing students real-life experiences that lead women to distrust and feel invisible by the healthcare professionals, this podcast also shows ways that women can find support outside of this system. These supportive spaces serve as examples of what the healthcare system is lacking, which push students to think more deeply about what needs to be transformed. Recognizing potential sources of resilience is beneficial in understanding how to best help those who lack much needed support.

“What's Being Done to Save the Lives of Black Mothers” (2019) provides students with an example with another specific example of how sexism affects women. Even more than this, it

demonstrates how this happens at the intersection of gender and race, one set of many intersecting identities that face unique interactions with the healthcare system, informed by various forms of bias. They will be engaged with Jennie Joseph's perspective, as someone who this particular type of oppression directly affects, in addition to gaining a sense of optimism, as they will see how committed she and others are to changing this system. This text also directly relates to the portion of John Oliver's segment on Black maternal mortality, in that it both addresses the issue and showcases examples of ways that individuals are working to correct it. Through this text, students will have the chance to draw connections that both deepen their understanding of why women are unsupported within healthcare and their understanding of real methods that target this problem.

These texts all offer diverse and distinctive insights into the compelling question. Not only do they provide substantial information on the issue of sexism in healthcare, but they also build off of one another and interact in ways that help students find strong connections among the material. The video on closing the gender health gap and John Oliver's video on bias in medicine are excellent sources of information on sexism in healthcare, especially for individuals who have never been exposed to the topic. In addition, all of the texts share that women are far too often ignored by medical professionals, with the female hysteric stereotype, as described by Stoner (2018), expressed to some effect in many. Further, Stoner's (2018) article and "Anxious Mess" from KCRW dive into specific and personal examples of this occurrence. Women often go years without receiving a diagnosis for painful disorders such as endometriosis, or mental disorders such as ADHD and autism. Similarly, "What's Being Done to Save the Lives of Black Mothers" (2019) builds and expands on Oliver's segment on Black maternal mortality. It does not simply explain the phenomenon; rather, it provides a strong example of work being done by

and for women. Other texts describe times in which women were turned away and invalidated by healthcare providers and Joseph's story demonstrates a commitment to ensuring just the opposite. When uncovering why women feel unsupported by the healthcare system, students will have the opportunity to reference these texts that answer this question in intricate ways. Whether they draw from more institutional examples, such as exclusion from clinical research, ideological contributors, such as gender-based stereotypes, or refer to intersecting factors, such as race and gender, student will be well equipped to derive important insights, as well as find a sense of hope in seeing what can and has been done to remedy these feelings of invalidation.

Sexism in the U.S. healthcare system is a complex problem. Women are constantly subjected within society and this form of oppression is no less prevalent than other forms of sexism, making it important to expose students to the topic and equip them with tools to dismantle it. This text set will certainly help high school students learn more than what they have likely been exposed to on the subject and encourage them to think critically of these systems of oppression. The material creates a pathway for educators and students alike towards greater conversations on identifying and resisting gender-bias.

References

- Behringer, A. (Host). (2018, August 22). Anxious mess (No. 3) [Audio podcast episode]. *Bodies*. KCRW. <https://www.kcrw.com/culture/shows/bodies/anxious-mess>
- Frank, G. (2019, April 8). *'This is not a new crisis': What's Being Done to Save the Lives of Black Mothers*. Today. <https://www.today.com/health/black-maternal-health-week-meet-women-who-are-working-improve-t148078>
- Johnson, A. (1997). What can we do? Becoming part of the solution. *The gender knot: Unraveling our patriarchal legacy*. Philadelphia, PA: Temple University Press.
- KFF. (2004). *Racial and Ethnic Disparities in Women's Health Coverage and Access To Care: Findings from the 2001 Kaiser Women's Health Survey*. The Henry J. Kaiser Family Foundation. <https://www.kff.org/wp-content/uploads/2013/01/racial-and-ethnic-disparities-in-women-s-health-coverage-and-access-to-care.pdf>
- McMaster University. [Demystifying Medicine]. *Closing the Gap: Understanding Gender Inequities in Healthcare* [Video]. <https://www.youtube.com/watch?v=Z5IPshBI06Y>
- Oliver, J. (2019, August 19). *Bias in Medicine: Last Week Tonight with John Oliver* [Video]. YouTube. <https://www.youtube.com/watch?v=TATSAHJKRd8>
- Stoner, R. (2018, March 7). *1 in 10 Women Have Endometriosis. Why Don't Their Doctors Believe Them?* Vice. <https://www.vice.com/en/article/437ejm/1-in-10-women-have-endometriosis-why-dont-their-doctors-believe-them>
- Szymanski, D. M., Moffitt, L. B., & Carr, E. (2011). Sexual objectification of women: Advanced to theory and research. *The Counseling Psychologist*, 39(1), 6-38.
- Taub, A. (2017 December 14). How one harasser can rob a generation of women. *New York Times*
- Travis, C. B., Howerton, D. M., & Szymanski, D. M. (2012). Risk, uncertainty, and gender stereotypes in healthcare decisions. *Women & Therapy*, 35(3-4), 207-220