

of skin color on health care

Featuring
Diljeet K. Singh, MD, DrPH

This time on Code WACK!

Why do Black women have a 5-year mortality risk from endometrial cancer that's 90 percent higher than White women? Is it about race or racism – and what can we do about it?

To find out, we spoke with **Dr. Diljeet Singh**, a women's health advocate and integrative gynecologic oncologist who has practiced for nearly 25 years. She's also the vice president of **Physicians for a National Health Program**, which advocates for Medicare for All.

SHOW NOTES

WE DISCUSS

Black women have a five-year mortality risk that is 90% higher than White women. Does this mesh with what you're seeing with your patients?

"Absolutely. There's not only the disparity, but there's increasing incidents of endometrial cancer in general. And the disparity between White and Black women is getting bigger. And so absolutely we see that in the office." - **Dr. Singh**

A 2020 study in the American Journal of Obstetrics and Gynecology found that the greater mortality rate for Black women from endometrial cancer can be partly attributed to genetic markers. But the study also found that Black women are less likely to receive the proper care for this disease than White women, less likely to receive necessary surgery at every stage of endometrial cancer and are more likely to be diagnosed at an advanced stage of the disease. What's behind these differences?

"Let's...clear the air on that. Like let's make it black and white to people: That doesn't mean Black women have a higher risk of getting cancer when they're born based on the color of their skin....

"...When they say molecular and genetic markers, they're talking about "now I'm looking at that cancer and I'm looking at the genes of the cancer, not the person I see." ...There are uterine cancers that are inherently predisposed to [cancer], and it's about the genes you were born with, but most endometrial cancers are about the genetic changes that happen to your body over time and why genetic mistakes happen and accumulate over time has to do with how we live, which how we live obviously influenced by what the color of our skin is in America. - *Dr. Singh*

What impact could Medicare for All have on these deeply concerning racial disparities?

"Clearly if everybody ... had [equal] access to care, we could change these things ... if people didn't wait because they had to make a decision. Like, were they going to buy food or buy their medication or go see a doctor? Right?

"If they weren't making those decisions, could we prevent cancer? Yes. Could we identify cancers earlier when they're treatable? Yes. Once you're getting treatment, are you more likely to be able to stay on protocol and get all access to the best things you need? Yes. So absolutely in a multitude of ways we could prevent cancer and treat cancer better and help people who have cancer live better if they had health insurance.

"But I will say it's not just having health insurance, it's taking that for-profit motive out of things.." - **Dr. Singh**

Helpful Links

Racial-Ethnic and Socioeconomic Disparities in Guideline-Adherent
Treatment for Endometrial Cancer (Abstract), National Library of
Medicine

Key Statistics for Endometrial Cancer, American Cancer Society

Impact of quality of care on racial disparities in survival for endometrial cancer, American Journal of Obstetrics & Gynecology

Assessment of Prediagnostic Experiences of Black Women With Endometrial Cancer in the United States, National Library of Medicine, JAMA Network Open New Study: Race and Race-based Stresses May Interrupt Gynecologic Cancer Treatment, *MedStar Health*

Racial Disparities in Cancer Outcomes, Screening, and Treatment, Kaiser Family Foundation

'A very well-kept secret': Women doctors detail widespread sexism in medicine, Yahoo Finance

<u>Trying To Avoid Racist Health Care, Black Women Seek Out Black</u>
<u>Obstetricians</u>, *NPR*

<u>US: Cervical Cancer Disproportionally Kills Black Women</u>, *Human Rights Watch*

Episode Transcript

Read the full episode transcript.

Biography: Diljeet K. Singh, MD, DrPH

My name is Diljeet K. Singh and I am a women's health advocate using she/her pronouns. I am an integrative gynecologic oncologist and I've been in practice since 1999. I work with women who have ovarian, endometrial, cervical, vulvar, or vaginal cancer or have symptoms or a test that suggests there's a possibility of one of these cancers or have a genetic risk for getting one of these cancers.

I love my calling which is fulfilling and inspiring; however, the work has shown me the catastrophic shortcomings of our healthcare system and the pernicious effects of racism, classism, sexism and misogyny in medicine and their harmful impact on the health of our society as individuals and collectively. The innumerable stories of the people I have cared for compel me to give them voice and to use their experiences to advocate for equity and access to opportunities for best health for all.

I currently work with Virginia Oncology Associates in Norfolk, VA. I received my medical degree from Northwestern University and master's degree from the Harvard School of Public Health. I completed an obstetrics and gynecology residency at the Johns Hopkins Hospital and a gynecologic oncology fellowship at the MD Anderson Cancer Center.

I completed a doctoral degree in public health on cost analysis at the University of Texas School of Public Health and an associate fellowship in integrative medicine at the University of Arizona. I am vice president of Physicians for a National Health
Program working to achieve universal health care.

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