



# North Coast Physician

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“CACTUS FLOWER”

Stephen Kamelgarn, M.D.

*The Editorial and Publications Committee encourages our member’s comments for publication. Please submit electronically prior to the 15th of the month preceding publication. [hdncms@sbcglobal.net](mailto:hdncms@sbcglobal.net)*

*North Coast Physician* is published monthly by the **Humboldt-Del Norte County Medical Society**, 3100 Edgewood Road, P.O. Box 6457, Eureka, CA 95502. Telephone: (707) 442-2367; FAX: (707) 442-8134; E-Mail: [hdncms@sbcglobal.net](mailto:hdncms@sbcglobal.net)  
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# Health Is Political

Stephanie Dittmer, M.D.



The moment in time when you realize that objectivity is sculpted by cognitive bias, culture, politics, and historical precedence is always a harsh one.

Clearly recognizing that the foundation of personal freedom this country lays claim to as a world leader of democracy is a privilege easily stripped away has left people reeling with shock, surprise, and anger.

Many of us who fit into marginalized groups have long experienced this rage. Especially those of us with the experiences in the intersection of those marginalized groups. The daily trauma we experience is oftentimes misappropriated, misinterpreted, belittled or simply unacknowledged.

As a society, we do not place enough importance on understanding our history and its lingering effects woven into each one of our individual lives. Depending on your personal position of privilege, you may not have the lens to see these effects.

However, when you use a historical or anthropologic lens, it is obvious that this country has yet to comprehensively and meaningfully address the effects of colonization, ethnocide and genocide.

While I was listening to the oral arguments of *Dobbs v. Jackson Women's Health Organization* in December, I was seething with resentment and rage.

The surreal experience of recognizing that there was a more than likely chance of *Roe v. Wade* and *Planned Parenthood v. Casey* being overturned by the unworthy political appointees of an unhinged narcissist who was never supported by the majority of this country was only matched by the expletives emanating from my mouth while drinking coffee and wearing headphones in my pajamas and my multiple attempts to refute the teenage offspring and husband's attempts at reassurance.

Having to compartmentalize misogyny, inequity, discrimination is no new task, but the ripple effect of this particular pivot in medical ethics being questioned by unqualified, not medically educated judicial leaders is just now beginning to take shape.

May's breaking news of The Supreme Court's leaked majority opinion confirmed what I had witnessed in December. Then, over a month and a half later, when the SCOTUS final decision was rendered, I felt as if everyone else around me had suddenly opened their eyes.

Using the bodies of people who can get pregnant as means to control the population, restrict power, maintain authority has a long history in the United States. Our history is intricately woven with slavery and the creation of lives to enslave. White supremacy is literally the back bone of the anti-abortion efforts in the United States.

The Medical Industrial Complex is com-

PLICIT in this history and is not difficult to expose, especially in the field of obstetrics, gynecology, and reproductive health.

Unless the medical community steps up to defend its basic tenets of beneficence, non-maleficence, autonomy, and justice with regard to individual freedom to access timely reproductive medical care, it will be yet again, a co-conspirator in creating more health inequities.

The medical community needs to do more than lip service to the importance of social determinants of health care with token efforts to require implicit bias training.

It needs to demand the legal codification of the physician-patient relationship at the national level.

It must demand the creation of safe, confidential, autonomous decision making in the medical realm at the national level

It needs to insist that the lives of all people will improve with the basic principles of bodily autonomy.

Locally, access to reproductive services has been limited by the greed of corporate practice of medicine, legal restrictions from the Hyde Amendment, and ongoing geographic centralization of resources.

How will we as Humboldt county physicians answer to the health inequities being created in our own front yards and in the rest of the country? What is your lens? Are your eyes open? §

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Send email to: [hdncms@sbcglobal.net](mailto:hdncms@sbcglobal.net)

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