

Overview

[The Global Health Education and Learning Incubator at Harvard University](#) (GHELI) supports interdisciplinary education about world health through the production, curation, and dissemination of educational public goods. This exemplar work was a project for “Maternal and Reproductive Health and Health Policy: What Do We Know? How Do We Know It? What Are We Doing About It?,” a General Education course at Harvard College taught by Professor Jessica Cohen. For this creative assessment designed with support from GHELI, students combine narrative with academic research to illuminate a maternal or reproductive health issue they care about and create a “real world” product intended to influence policy or motivate change.

Abstract

A poster exploring medical mistreatment of Indigenous women and the impact it has on Indigenous maternal mortality.

Artist

Edinelly Peguero Rosario (2026)

Caption

Indigenous women face maternal mortality rates four times higher than white women, largely due to medical gaslighting, neglect, and discrimination that invalidates their knowledge, feelings, and lived experiences. In a nation where maternal deaths are climbing, an astounding 60 percent are deemed preventable deaths that occur not because of a lack of medicine, but because of a lack of respect. By combining qualitative research, national data, and personal narrative, this poster aims to show that Indigenous maternal morbidity is not inevitable; it is produced.

Artist Lens

In this poster, I approach Indigenous maternal health through the lens of listening—who is heard, who is dismissed, and what it costs when medicine refuses to honor lived experience. My poster is not only an academic exploration of maternal mortality disparities, but a visual argument that respect is a life-saving intervention. I center my work on Vanessa Sanchez’s story from the CDC’s HEAR HER campaign because her experience reveals a powerful paradox. Vanessa survived preeclampsia not because of advanced technology or extraordinary intervention, but because her doctor listened. In a system where Indigenous women are four times more likely to die from pregnancy-related causes, her survival becomes both hopeful and unsettling. It forces us to ask: why is respectful care rare enough to be described as “lucky”?

My project focuses specifically on obstetric gaslighting—the denial of mothers’ humanity, knowledge, rationality, and feelings within clinical encounters. Research describes this as structural violence embedded in modern obstetrics, but I wanted to make that violence visible not through abstraction, but through contrast. Vanessa’s quotes sit at the center of my poster because the very act of centering her voice challenges the systemic silencing Indigenous women experience. Her words are not decorative captions; they are the

foundation of the piece. By enlarging and isolating her statements, it visually disrupts the hierarchy that typically privileges clinical authority over patient experience. The layout itself reflects this argument. I placed statistics on the left to represent the weight of systemic inequity, the data that quantify Indigenous maternal mortality, preventable deaths, and documented mistreatment. Numbers establish urgency, but they can also distance us emotionally. On the right, I positioned community-led solutions and calls for culturally specific provider training. This placement creates a visual movement: from harm, to voice, to possibility. The center holds Vanessa's story as the bridge between these forces—proof that outcomes change when power shifts.

Through this poster, I argue that the crisis is not rooted in a lack of medicine but in a lack of respect. Ultimately, my project asks viewers to reconsider what counts as expertise. When Indigenous mothers say something is wrong, they are not being emotional; they are offering embodied clinical insight. Listening is not passive. It is policy. It is practice. And for many Indigenous women, it is the difference between life and death.

Media

Digital

THE FATAL COST OF NOT LISTENING: MEDICAL MISTREATMENT AND INDIGENOUS MATERNAL MORBIDITY

INDIGENOUS WOMEN FACE MATERNAL MORTALITY RATES FOUR TIMES HIGHER THAN WHITE WOMEN, LARGELY DUE TO MEDICAL GASLIGHTING, NEGLECT, AND DISCRIMINATION THAT INVALIDATES THEIR KNOWLEDGE, FEELINGS, AND LIVED EXPERIENCES. IN A NATION WHERE MATERNAL DEATHS ARE CLIMBING, AN ASTOUNDING 60% ARE DEEMED PREVENTABLE-DEATHS THAT OCCUR NOT BECAUSE OF A LACK OF MEDICINE, BUT BECAUSE OF A LACK OF RESPECT


Table 4 Mistreatment indicators, stratified by maternal race (n = 2138)
From: The Giving Voice to Mothers study: inequity and mistreatment during pregnancy and childbirth in the United States

	Black +1 238	Hispanic +1 178	Indigenous +1 14	Asian +1 89	Women of color +1 643	White +1 1474
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Your provider or personal information was shared without your consent	218 (92)	152 (71)	21 (5)	63 (71)	415 (64)	117 (8)
Your physical privacy was violated (i.e., being undressed or having samples in the delivery room without your consent)	278 (117)	121 (56)	4 (3)	77 (87)	527 (83)	62 (4)
Health care providers (doctors, midwives, or nurses) shouted at or scolded you	187 (78)	187 (86)	18 (13)	9 (10)	471 (73)	11 (0)
Health care providers withheld treatment or let you face pain to accept treatment that did not work	218 (92)	152 (71)	7 (5)	19 (21)	453 (72)	30 (2)
Health care providers threatened you in any other way	43 (18)	42 (24)	1 (7)	1 (1)	11 (2)	2 (0)
Health care providers ignored you, refused your request for help, or subjected you to a procedure that was not medically necessary	103 (43)	103 (58)	1 (7)	1 (1)	23 (4)	1 (0)
You experienced physical assault (including aggressive physical contact, inappropriate sexual contact, or physical force) or sexual abuse during pregnancy or childbirth	19 (8)	19 (11)	0 (0)	1 (1)	1 (0)	0 (0)
Any mistreatment (one or more of the above)	712 (29)	472 (26)	31 (22)	92 (103)	762 (120)	119 (8)

Vanessa is a member of the Shoshone Bannock Tribes. Her intuition was treated as valid knowledge rather than being dismissed, which allowed for an early preeclampsia diagnosis and a healthy labor and delivery. Vanessa's story is a perfect example of how maternal deaths are preventable when patients are listened to and are allowed to be full participants in their healthcare.

VANESSA'S STORY

"I DO HAVE A VERY CLOSE RELATIONSHIP WITH MY DOCTOR, WHICH IS VERY, I BELIEVE, VERY RARE ON A LOT OF RESERVATIONS."



"I WAS REALLY LUCKY TO HAVE A DOCTOR THAT WAS VERY ACCOMMODATING, VERY OPEN AND COULD LISTEN TO ME ABOUT ANYTHING. BUT I KNOW MANY WOMEN ARE NOT THAT LUCKY. MANY WOMEN DO NOT HAVE SOMEONE THAT THEY CAN TURN TO OR SOMEONE THAT WILL LISTEN TO ALL OF THEIR PROBLEMS OR CONCERNS."

Patient Advocacy

INDIGENOUS MOTHERS ADVOCATE FOR COMMUNITY LED SUPPORT TO HELP NAVIGATE MEDICAL SYSTEMS, ASSERT THEIR RIGHTS, AND COMBAT POSTPARTUM DEPRESSION

"I would tell women if they are experiencing any symptoms, to trust their gut feeling. To be their own advocate."

Sensitivity Training

INDIGENOUS MOTHERS SUGGEST NATIVE AMERICAN-SPECIFIC TRAININGS FOR PROVIDERS TO IMPROVE CULTURAL HUMILITY, ACKNOWLEDGE AND CHALLENGE HARMFUL BEHAVIOR, AND DECREASE STIGMA SURROUNDING CULTURAL PRACTICES AND CUSTOMS.

"When you are pregnant, you are considered one of the most sacred people of your tribe. Just honor those women because they are the keepers of life."