

HEALTH EQUITY NEWSLETTER

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Welcome to Health Equity, a monthly newsletter advocating for racial health equity and environmental justice in the United States, brought to you by Equal Justice Society and Lieff Cabraser Heimann & Bernstein LLP

SPOTLIGHT ON GYNECOLOGIC CANCER



Gynecologic cancers are cancers that begin in a woman's reproductive organs and include cervical, ovarian, uterine, vaginal, vulvar, and fallopian tube cancer.

The risk of gynecologic cancer increases with age and treatment is most effective when the cancer is detected early.

Screening tests are specific tests performed at regular intervals on people without any symptoms of cancer in order to detect these conditions as early as possible. Unfortunately, only cervical cancer has a screening test (called a pap test or smear) and so it is especially important to look out for warning signs and symptoms.

Symptoms

The CDC cautions that the signs and symptoms of gynecologic cancers are not uniform and can differ from person to person, however the CDC has provided the following list of common symptoms ([English](#)) ([Espanol](#)):

Abnormal vaginal bleeding or discharge is common for all gynecologic cancers except vulvar cancer.

Feeling full too quickly or difficulty eating, bloating, and abdominal or back pain are common for ovarian cancer.

Pelvic pain or pressure is common for ovarian and uterine cancers.

More frequent or an urgent need to urinate and/or constipation are common for ovarian and vaginal cancers.

Itching, burning, pain, or tenderness of the vulva, and changes in vulvar color or skin, such as a rash, sores, or warts, are found only in vulvar cancer.¹

Prevention

Currently, the only gynecologic cancer with a screening test is cervical cancer. Recommendations differ by age and each woman's individual risk factors, however generally it is recommended by the [American College of Obstetricians and Gynecologists \(ACOG\)](#) and the U.S. Preventive Services Task Force (USPSTF) that low-risk women between the ages of 21 and 29 have a pap test every three years. In addition to pap tests, testing for High Risk Human Papilloma Virus (hrHPV) is recommended in addition to or in lieu of pap tests for women ages 30-65. It is best for each woman regardless of age to discuss her medical history with her healthcare provider in order to make an individualized plan for cervical cancer screening.

Almost all cervical cancer and most vaginal and vulvar cancers are caused

CALIFORNIA REPARATIONS REPORT RECOMMENDATIONS ON BLACK WOMEN'S HEALTH

By Lisa Holder, President of Equal Justice Society

On June 29, 2023, the California Task Force to Study and Develop Reparation Proposals for African Americans released its final report and recommendations for redressing the historical atrocities perpetrated against African Americans in California. The task force was the first initiative of its kind by a state government. It spent the past two years documenting how enslavement and its enduring legacy of systemic racism cemented structural inequality.

The Reparations Task Force's final report identifies numerous policy changes directed at redressing every aspect of the atrocities perpetrated against African Americans. The report includes several important findings and recommendations related to Black women's health.

African American women experience disproportionate racial discrimination in access to and quality of prenatal care. Expecting and new African American mothers often find that their reports of painful symptoms are overlooked or minimized by medical practitioners.

¹ https://www.cdc.gov/cancer/gynecologic/basic_info/symptoms.htm

by hrHPV. The HPV vaccine protects against these cancers. **Yes, there is a vaccine that can prevent cancer!** The [CDC recommends that all girls and boys receive the vaccine between ages 11 and 12](#), however it is approved by the FDA for anyone between the ages of 9 and 45. Because HPV is a very common sexually transmitted infection, the vaccine is most effective when received before someone is sexually active, however it is still effective in people after they become sexually active as there are many high risk strains of HPV.

In October 2022, [a study led by the National Institutes of Health \(NIH\) reported that](#)

women who used hair relaxers were more than twice as likely to develop uterine cancer as women who did not use such products.

Smoking is associated with an increased risk for cervical cancer.

While alcohol consumption is linked to an increase in risk of certain cancers ([English](#)) ([Espanol](#)) including breast cancer, there currently is no conclusive data linking alcohol consumption to gynecologic cancers.

Treatment

The treatment of gynecologic cancer depends on the type of cancer and how early it is detected. Treatment regimens can include a combination

of surgery (to remove cancerous tissue), radiation (rays to fight cancer cells), chemotherapy (drugs that fight cancer cells), and immunotherapy (a treatment that uses a person's immune system to fight cancer cells). Your healthcare provider can explain the benefits and risks of the different treatment options. Each woman's gynecologic cancer treatment plan is individualized based on the cancer diagnosed, her medical history, and other factors.

Racial Disparities

Sadly, there are racial disparities in gynecologic cancer outcomes.

Black women have worse survival rates of ovarian, uterine, or cervical cancer than White women and these disparities have worsened since the 1970s.²

Black women are nearly twice as likely to die from endometrial cancer (a type of uterine cancer) as White women.³

There are many causes for these disparities, including [racial disparities in research funding for uterine cancer and other gynecologic cancers](#) and [race-based factors causing treatment interruptions for women of color](#), increasing the risk of complications and death.⁴ Recognizing these racial disparities is essential in the fight for health equity.

African American women disproportionately experience adverse birth outcomes and adverse maternal health. Researchers have found evidence that this may be influenced by the uniquely high level of racism-induced stress experienced by African American women.

African American mothers in California are substantially more likely than White mothers to suffer severe health complications during their pregnancy, give birth prematurely, die in childbirth, and lose their babies. The pregnancy-related mortality ratio for Black women during 2014 to 2016 was four to six times greater than the mortality ratio for any other ethnic group.

Black women in California disproportionately experience unfair treatment, harsh language, and rough handling during their hospital stay, compared to White mothers.

To remedy the higher rates of injury and death among African American mothers and infants, the recommendations include: funding care provided by doulas and midwives from conception to postpartum for African American women, including free lactation education and education at every stage of pregnancy; and funding research to study all of the factors and causes that contribute to disparities in maternal health outcomes among African Americans.

The report also established that African American physicians provided the most care to African American communities and patient populations (Chapter 12: Mental and Physical Harm and Neglect), a correlation that was impacted when the Supreme Court's banned affirmative action programs for medical schools, leading to a dearth of African American doctors.

In the 1960s, White medical and dental schools began efforts to increase

² Towner M, Kim JJ, Simon MA, et al. Disparities in gynecologic cancer incidence, treatment, and survival: a narrative review of outcomes among black and White women in the United States *International Journal of Gynecologic Cancer* 2022;32:931-938.

³ Cancer Stat Facts, 2021, Cote et al., 2015, Bregar et al., 2017.

⁴ Zambrano L, Myers E, Spencer R, Havrilesky L, Moss H. Disparities in allocation of research funding for female reproductive cancers based on race-specific disease burden. *SGO* 2023. March 25-28, 2023.

African American enrollment through affirmative action programs to recruit and graduate higher numbers of African American medical students. Affirmative action programs increased the number of African American medical school students from 2.2 percent of all medical students in 1969 to 7.5 percent of all medical students by 1975.

Chapter 29 of the report makes specific policy recommendations for increasing Black physician representation:

Funding to allow the University of California to permanently expand the UC PRIME-LEADABC program—which includes a specialized curriculum, training experiences, and dedicated faculty mentorship to train and recruit physicians to serve in the programmatically-defined predominantly African, Black, or Caribbean (ABC) communities—to be available on all UC medical campuses.

Creating and funding equivalents to the UC PRIME-LEAD-ABC programs for recruiting and training psychologists (Ph.D. and Psy.D. programs) and licensed professional counselors and therapists (master's programs) committed to serving



EJS President Lisa Holder (second from right) with Senator Steven Bradford (left), Secretary of State Dr. Shirley Weber (second from left), and Assemblymember Reggie Jones-Sawyer (right). Holder, Bradford, and Jones-Sawyer were members of the California Reparations Task Force. AP Photo/Haven Daley (used with permission).

predominantly African American communities.

Funding the pathway initiatives in the California Medicine Scholars program and create an equivalent pathway program for students in the CSU and UC systems. The California Medicine Scholars Program (CMSP) was created to connect community college students to medical schools, clinics, and medical practitioners to promote pathways for underrepresented college students to enter the field of medicine.

These findings and recommendations are in Chapter 12 (<https://bit.ly/3Q70ghl>) and Chapter 29 (<https://bit.ly/3pVCs5q>) of the [final report](#).

EJS President Lisa Holder was appointed to the Task Force by Gov. Gavin Newsom following his signing of AB 3121, authored by then-Assemblymember Shirley Weber to establish a task force to educate the public about slavery and its history and pernicious aftereffects in California and make recommendations on how the state could provide reparations.

HAIR RELAXER LITIGATION UPDATE

As detailed in the [June edition of Health Equity](#), lawsuits by women who used hair relaxers and now suffer uterine and ovarian cancers are progressing together in a consolidated Multi-District Litigation (“MDL”) before federal judge Hon. Mary Rowland in the United States District Court for the Northern District of Illinois in Chicago.

In July 2023, the defendants (the companies that manufactured and sold

hair relaxers) filed a joint motion to dismiss plaintiffs’ claims in the long-form complaint, the document that states the plaintiffs’ collective claims in the lawsuit. The Plaintiffs’ Leadership Committee will oppose defendants’ motion in August, Judge Rowland will make a decision afterward.

In the meantime, the parties will enter what is called “discovery”, where each side gathers information about their claims and defenses. Plaintiffs will use this process to gather lots of information about the defendant companies to prove their cases. This

process is expected to last at least until summer 2024.

Revlon in Bankruptcy

Revlon, a company that currently owns or formerly owned many hair relaxers (such as Creme of Nature and African Pride) [filed for bankruptcy](#) on June 15 and 16, 2022. **Revlon is one of many defendants in the MDL but is the only defendant in bankruptcy, so this should not cause concern. However, there are special requirements for consumers who were injured by Revlon’s hair relaxers.**



Bankruptcy courts handle all bankruptcy cases with a process separate from the civil courts that manage cases like the hair relaxer MDL. Because of this, **consumers who used Revlon hair relaxers must file claims in the bankruptcy court proceedings to protect their rights to seek compensation from Revlon.**

Originally, the period for hair relaxer consumers to file claims in the Revlon bankruptcy was scheduled to end only seven days after National Institute of Health study was published that linked

hair relaxer use to a doubled risk of developing uterine cancer. This deadline was before many hair relaxer users knew they might have injuries caused by Revlon.

Attorneys for hair relaxer users successfully argued to extend the time limit to file bankruptcy claims to April 11, 2023. But Revlon issued only a very limited notice about the extension, and many injured hair relaxer users missed this deadline. In particular, the attorneys for hair relaxer users claim that **Revlon's notice failed to reach Puerto Rican and other Latina/Afro-Caribbean hair relaxer consumers, because the notice was only in English and for other reasons.**

Lieff Cabraser has filed two motions in bankruptcy court to extend the

April 11, 2023 deadline for certain hair relaxer consumers to file bankruptcy claims and protect their right to sue Revlon. Revlon opposed these motions. The Bankruptcy Court of the Southern District of New York will hear arguments on these motions on August 29, 2023, and then decide if select consumers can file late claims against Revlon.

Claimants who filed bankruptcy claims on time must still file a lawsuit against Revlon in the hair relaxer MDL by September 14, 2023 to preserve their rights to seek compensation from Revlon. Attorneys that represent hair relaxer consumers are currently working to extend this deadline. Please be assured, if this applies to you, the Court is about to approve a very streamlined checklist for claimants to file their claims, and we will post this on our case website when it is available, at hairrelaxercase.org.

We will continue to report on the status of this important ongoing litigation.

MEET OUR LEGAL TEAM



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