Reviewer comment-1

I have read the manuscript “Disparities in Healthcare Access” with great interest, and suggest the authors revise and resubmit the manuscript.

Regarding the introduction section, there are a few topics and suggestions that come to mind.

On the historical mistrust of healthcare providers, I would suggest the authors consider discussing, briefly, the Mothers of Gynecology, Tuskegee Study, and the case of Henrietta Lacks. The Mothers of Gynecology—Anarcha Westcott, Betsey, and Lucy—were enslaved Black women subjected to non-consensual surgical experiments by Dr. J. Marion Sims in the 19th century. Sims, often called the "father of modern gynecology," performed numerous procedures on these women without anesthesia, falsely believing that Black people experienced less pain than white patients. This dehumanizing treatment reflects broader patterns of medical racism, where Black bodies were exploited for scientific advancement while being denied basic ethical considerations and bodily autonomy. The legacy of these experiments continues to shape racial disparities in healthcare, with Black women still facing higher maternal mortality rates, inadequate pain management, and systemic medical neglect. Recognizing the *Mothers of Gynecology* challenges the glorification of Sims and highlights the need for historical accountability in medical ethics. This history connects directly to both the Tuskegee Syphilis Study and the case of Henrietta Lacks as part of a broader pattern of medical racism in the United States, where Black bodies have been exploited for scientific advancement without consent or regard for their well-being. Like Anarcha, Betsey, and Lucy, the Black men in the Tuskegee Study (1932–1972) were subjected to unethical medical experimentation when the U.S. Public Health Service deliberately withheld treatment for syphilis to study the disease's progression, despite the availability of penicillin. Similarly, Henrietta Lacks, a Black woman diagnosed with cervical cancer in 1951, had her cells taken without consent, leading to the development of the HeLa cell line, which has been instrumental in medical research but without compensation or recognition for her or her family. In all three cases, Black individuals were denied autonomy over their own bodies, highlighting how systemic racism has shaped medical ethics and trust in healthcare institutions.

On the Foucauldian method, I would suggest adding specific historical examples from *The Birth of the Clinic* to illustrate your approach to this topic. For example, Foucault introduces the concept of the "medical gaze," which allows doctors to view patients as objects of

knowledge rather than as individuals with agency. This framework dehumanizes marginalized patients, paralleling how enslaved Black women like Anarcha, Betsey, and Lucy were treated as experimental subjects rather than as people with autonomy. The medical gaze reinforces racial and class-based hierarchies, privileging elite medical authority over the lived experiences of oppressed populations. Likewise, Foucault describes how hospitals, particularly in the 18th and 19th centuries, functioned as institutions of surveillance and discipline, disproportionately affecting the poor and marginalized. He critiques how hospitals treated indigent patients differently, often using them for medical experimentation while denying them the full benefits of emerging treatments. This historical process directly connects to modern racial disparities in healthcare access and the history of unethical experimentation on Black populations, such as the Tuskegee Syphilis Study.