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RECLAIMING MY BODY:
BLACK WOMEN & THE FIGHT FOR REPRODUCTIVE JUSTICE

By

Shelby Ray Pumphrey

B.A., University of Louisville, 2012

A Thesis
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A Thesis Approved on

April 17, 2014

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ABSTRACT

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Shelby Ray Pumphrey

April 17, 2014

My paper explores the unique forms of reproductive inequality experienced by poor women of color during the nineteenth and twentieth centuries. By analyzing the experiences of eight African-American women, I will illuminate their struggles and triumphs in the fight for reproductive justice. I focus on the impact of the breeding system of enslavement, inhumane medical experimentation and forced and coercive sterilization. In this work I argue that Black women's subordinate status across multiple racial, gendered, and socioeconomic systems allows them invaluable insight into said systems and especially how they work in tandem to recreate oppression. Finally I explore the holes in the traditional reproductive rights framework, particularly in its failure to account for the concerns of poor Black women, and also discuss future implications of the reproductive justice framework on clinical practice and policy formation.

TABLE OF CONTENTS

Acknowledgements.....	iii
Abstract.....	iv
Introduction.....	1
Methodological Framework.....	7
Black Women & Enslavement.....	13
Gynecological Resistance.....	16
Black Women in Nineteenth Century Science.....	20
Racist Origins of Gynecology and Obstetrics.....	25
Black Motherhood & Enslavement.....	28
Anarcha, Betsy and Lucy (1845-1849).....	28
Margret Garner (1856).....	32
The Theft & Jarring of Black Bodies.....	36
Josephine Scott (1874).....	36
Henrietta Lacks (1951).....	38
Involuntary and Coercive Sterilization.....	43
Fannie Lou Hamer (1961).....	43
Loretta Ross (1976).....	45
Conclusions.....	50
Future Work.....	52
References.....	55
Appendices.....	58
“A Case of Craniotomy” W. H. Parrish.....	60
Garner/Kite genealogy.....	62
Gaines genealogy.....	63
<i>Cincinnati Gazette</i> article.....	64
Curriculum Vita.....	65

INTRODUCTION

"If you have come to help me, you are wasting your time; but if you are here because your liberation is bound up with mine, then let us work together."

–Elder Lilla Watson, Indigenous Australian reproductive rights activist

The above quote speaks to the necessary investigation of the intertwined herstories of past women activists, specifically those whose narratives have been doubly suppressed by interlocking systems of oppression. With this project, I hope to raise awareness about the historical struggle that African-American women have faced regarding state-sanctioned regulation of their reproduction. By looking back to the successes and missteps of these women, we can get a clearer picture of the battles that women of color currently face, like forced sterilization, access to safe abortions and contraception, and most importantly, viewing themselves as agents of change within their own communities. Additionally, by looking at the discursive practices used to talk about Black women and motherhood over time, we can better facilitate more productive and inclusive conversations.

In this study I analyze the work done on Black women's experiences with reproductive inequality and exploitation in the United States during the nineteenth and twentieth centuries. My work takes into account the social institutions that sought to control the reproductive lives of Black women during enslavement and through the

nineteenth and twentieth centuries. In addition to this my work will look at the various social evolutionist modes of thought that attempted to justify the exploitation of the Black female body. By deconstructing these discourses, my work seeks to illuminate the socio-historical experiences of reproductive inequality endured by enslaved Black women and to reveal the overwhelming resilience of the Black female tradition. By placing the Black female body and the politics of that body at the center of analysis, this work will hopefully, allow the reader to grasp the truly personal and tragic harms produced through enslavement, eugenics, institutionalized medicine and other systems that continue to pathologize Black and female bodies. Lastly, my work demonstrates the ways that race and class discrimination have isolated Black women within the mainstream reproductive rights movement, placing them at odds with exclusionary, choice-based agendas that refuse to acknowledge their concerns (Ross 2002; Davis 1983). By analyzing the political agenda as well as participation, I demonstrate the mainstream movement's reluctance to acknowledge issues like forced sterilization, access to basic reproductive healthcare and inhumane medical experimentation. Using this analysis I argue that the mainstream frame is exclusionary and disempowering to women outside of its main constituency. This portion of the paper is important in that it demonstrates why the mainstream framework doesn't satisfy the needs of poor Black women and additionally why viewing them through the human rights lens of the reproductive justice framework is more appropriate. While an in-depth analysis of Black women's involvement in mainstream feminist movements is an important and rich topic, here I focus mainly on how Black women's concerns were not integrated into that agenda and how they generated their own modes of

thought to capture the unique manifestations of reproductive violence running rampant in poor Black and Brown communities.

Scholars such as Dorothy Sterling, Wilma King, Loretta J. Ross and Dorothy Roberts, all have added valuable pieces of information regarding the reproductive struggles of Black women in America. For example in “Suffer with Them Till Death: Slave Women and Their Children in 19th Century America”, King explores the conditions under which enslaved Black women were forced to give birth and acknowledges their use of birth control methods and infanticide as a means to resist the system of chattel enslavement. In “African American Women and Abortion,” published in *The Abortion Wars*, Ross echoes Sterling’s work by contending that Black women have always found ways to control their reproductive function, especially in times of extreme peril. While my objective is not to focus on the various means of resistance I do find it necessary to point out the few times that Black women have been able to diminish the overwhelming powers of white supremacy with stories like Ross’. By including her story of involuntarily sterilization, Ross contributes to the larger narrative about Black women’s struggle for reproductive justice. In addition, Sander Gilman in *Difference & Pathology* discusses the experiences of figures like Sarah Baartman and Josephine Scott. He deconstructs the pathology ascribed to the Black female body, and looking at how racial commodification impacted Baartman’s life, as well as the injustices done to her body after death. Gilman compares stereotypes of Black women to those assigned to white women living during the nineteenth century in order to fully contextualize how Black sexuality, particularly Black female sexuality, is degraded by the medical sciences, specifically the fields of obstetrics and gynecology.

My goal with this study is to re-member¹ the trauma experienced by Black women, relating to their inability to control their reproductive destinies, in order to map a historical trajectory of the relationship between Black women and reproductive inequality in this country. In this regard, my project is a project in recovery. Examining social evolutionist theories', I explore the impact that they had on the ways Black women experienced reproductive inequality and additionally how those theories shaped social attitudes towards Black motherhood. By examining the then emerging field of obstetrics and gynecology as well as physicians journals and articles, my work will hopefully paint a picture of how Black female bodies were regarded in socio-medical research and culture. In addition, my work will also examine several pieces of nineteenth century artwork, which was used to maintain myths of Black womanhood and sexuality in popular culture. Further, my work deconstructs academic journals and the personal writings of enslavers to provide insight into medical and mental pathologies that were used to objectify and exploit the Black female body.

In this project I also use primary sources where available, including the writings of J. Marion Sims and W.H. Parrish and other historical documents demonstrating the discursive practices used to discuss figures like Margaret Garner, Lucy, Betsy and Anarcha. In *The Story of My Life* Sims provides insight into the ways that nineteenth-century physicians viewed the pathology associated with the Black female body and manifestations of sexual deviance. Academic journal articles published by W.H. Parrish provide the same type of information about how Black women were studied

¹ Toni Morrison coins the term re-memory and uses it as a psychological and narrative tool to reconstruct past experiences. The terms functions as both a noun and a verb to describe the process of accessing past experiences and connecting those experiences to a larger collective memory around a particular issue of event (Hirsch 1994; Hite 1989).

approximately a quarter of a century later with Josephine Scott's case in 1874. Finally, portraits depicting the final moments of Mary's life and also the horrific experiments performed by Sims exemplify the ways that propaganda and mistruths, promulgated by white male professionals, have skewed the historical record.

In the second chapter I lay out the reproductive justice framework and the reasons why it is the most appropriate lens through which to view the inequality experienced by Black women in regards to controlling their reproductive destinies. I also describe the ways that mainstream movements have excluded issues faced by women of color from their political agendas and mobilizing efforts. The third chapter investigates the lives of enslaved Black women, looking specifically at the impact of sexual assault and enslavement on those who became mothers. Without this contextual background it is nearly impossible to understanding the crushing weight that the peculiar institution had on Black female bodies. The third chapter also sets the foundation for chapter four, which demonstrates the intellectual currency given to racist and sexist stereotypes promulgated by scientists like Georges Cuvier and Louis Aggaiz. It is also in the fourth chapter I introduce the first group of women whose stories are a part of the sample used in the project: Margaret Garner, Lucy, Betsy and Anaracha. Moving towards the end of the nineteenth century I introduce a lesser known figure, Josephine Scott, alongside the more famous story of Henrietta Lacks. Both are integral to an understanding of the American legacy associated with the dismemberment, jarring and sale of Black bodies after 1865. I mold the sixth chapter around stories of coercive and involuntary sterilization experienced by two social justice activists, Fannie Lou Hamer and Loretta Ross. Additionally I explore how Ross' own situated standpoint knowledge informed the

production of the reproductive justice framework in 1994. The final chapter brings the stories of all eight women together to inspire a more nuanced understanding of their experiences and also a broadening of the ways that we define reproductive inequality as well as coercion and resistance. It is also in this chapter that I map out how this project can be used to supplement future research on similar contemporary issues.

METHODOLOGICAL FRAMEWORK

A large majority of the organizing around reproductive rights has involved the legal fight for access to abortion and other forms of birth control, led predominately by middle class and rich white women. While the work done by Black women has gone largely unacknowledged by those documenting the history of women's struggle for reproductive autonomy in the United States, Black women, in addition to many other women of color, have always been active in grassroots organization working for the rights of women (Ross 2002; Silliman, et al., 2004). This has been a recurring issue for women of color within feminist organizations, as their members refuse to acknowledge their own privilege regarding issues of race and class. It is because of these biases that mainstream feminist organizations have neglected issues like welfare reform, the criminalization of women who use drugs and alcohol during pregnancy and similar issues impacting mainly poor Black and Brown communities (Ross 2006; Davis 1983). This section explores the inadequacies of the mainstream reproductive rights movement, paying particular attention to the ways that the concerns of women of color are pushed to the margins and often go unaddressed in supposedly progressive safe spaces. Additionally I aim to prove how these spaces were actually disempowering to poor Black and Brown women, making them feel isolated and necessitating a shift to a more social justice-oriented approach.

The desire for an alternative framework was realized through the reproductive justice framework, an intersectional approach that links sexuality, health and human rights to social justice movements by placing abortion and reproductive health issues in the larger context of the well-being and health of women, families and communities (Ross 2006). The reproductive justice framework emerged during the Chicago Black women's caucus in 1994 and after collaborative efforts with other human rights activists at the International Conference on Population and Development in Cairo (Ross 2006; Silliman, et al 2004). Reproductive justice is viewed through the human rights lens instead of the extremely limited choice-based framework. It was generated by women of color who believed that their concerns were not being met by an exclusively pro-choice framework. Ross (2002) writes, "Our ability to control what happens to our bodies is constantly challenged by poverty, racism, environmental degradation, sexism, homophobia and injustice in the United States" (p. 4). Taking these interlocking forms of oppression into account is necessary in order to benefit the greatest number of women. This tool is the most appropriate for a thorough investigation of the relationship between Black women and reproductive inequality because of the ways that various systems of oppression are working simultaneously to control their reproductive destinies and without the application of the human rights lens women of color would remain on the periphery of mainstream agendas.

Both Ross and Silliman devote space in their work to breaking down the disconnect between Black and white feminist-aligned women in an effort to understand why women of color have typically been left out of historical narratives documenting the larger fight for reproductive autonomy. While Silliman (2004) explores the ways that

poor women as well as women of color have been isolated within traditional movements, Ross (2006) is more concerned with the ways that women of color, Black women specifically, can use their experiences to create a more inclusive framework to combat the interlocking systems of oppression that work simultaneously to control their reproductive destinies. Silliman (2004) criticizes mainstream organizers for operating strictly from the choice-based framework, which denies the impact of structural violence on the availability of choices. She also faults them for relying on those in power to affect change for those being victimized rather than initiating grassroots activist strategies and organizing with diverse groups of women. Additionally Ross (2006) documents the emergence of the reproductive justice framework in 1994 as an alternative to the mainstream framework; she also points out how moral decay has often been blamed on those deemed undesirable, typically those who were poor and of color, and it is with that understanding she argues that Black women have had to develop a dual consciousness that is able to navigate the eugenicist-based family planning or nationalist rooted objectives. Davis (1981) took up the same cause and explored how the movement's leaders have avoided the issues of all poor women but particularly women of color. And while she provides the typical responses given as to why Black women were not seen in larger numbers, she cites the true problem as a reluctance to recognize the depths of race and class discrimination.

The mainstream feminist movement's focus on a choice-based framework makes dangerous assumptions that negate the reality of the interlocking systems of oppression working simultaneously in Black women's lives (Silliman, et al., 2004; Ross 2006).

Without careful consideration of how race, class and gender biases are working in tandem, any solution reaps zero benefits for those existing as poor, Black and female at the same time. In *Policing the National Body* Silliman (2002) adds, “This conception of choice is rooted in the neoliberal tradition that locates individual rights at its core, and treats the individual’s control over her body as central to liberty and freedom” (x-xi). Reliance on this frame is problematic in that it denies the fact that social histories as well as stereotypical images of Black womanhood impact the range of choices available to these women. Many of contraceptive options, as well as education about those options, that were accessible to affluent white women are not even suggested to Black women due to underlying racist and classist assumptions (Roberts 1997; Ross 2006).

Not only does the choice-based framework fail Black women, but the waters are also muddied by the social evolutionist origins of the movement. One of the most famous proponents of birth control and abortion rights was Margaret Sanger, an advocate for all women’s right to control their fertility, and who also linked that control to upward social mobility (Solinger 1998). Like many of her contemporaries, Sanger realized that larger families required more financial support and with this understanding she promoted family planning for all women but particularly for poor Black and Brown women. However her activism has been questioned by those who recognized the eugenicist underpinnings of the American Birth Control League (later to be renamed Planned Parenthood). Due to a growing societal fear of white race suicide, and the rise of Black and Brown births, the eugenicist focus seemed far more politically fruitful than the earlier feminist agendas focused primarily on each individual woman’s right to choose. Solinger argues, “In 1919 [Sanger’s] American Birth Control League began to rely heavily for legitimacy on

medical doctors and the growing eugenics movement. The eugenics movement provided scientific and authoritative language that legitimized women's right to contraception" (p. 171). From this union we witness the beginnings of two seemingly separate but intertwined ideological movements, both heavily invested in proving the inferiority of the Black female body.

Black women recognized the benefits of family planning but were also aware of the racist origins of emerging population control policies so as birth control became an option for affluent white women, it manifested as a requirement for poor Black and Brown women. For example the Negro Project, proposed in 1939 by Sanger's Birth Control Federation was an elitist birth control program designed strictly for the purposes of population control and completely disavowed notions of civil rights, women's rights or combating southern poverty (Solinger 1998). The Negro Project used African American ministers to recruit African American doctors to encourage family planning among their congregations and communities; Sanger thought that this approach would quell any accusations of an attempt to exterminate the Black race. However the more radical Black leaders opposed such programming and in turn encouraged Black women to produce more children in an effort to "populate the movement". Black male leaders like Marcus Garvey condemned the use of birth control and described it as a white man's tool, a characterization espoused by Black male leaders as Black women attempted to gain personal autonomy in various spheres. This struggle to control the fertility of Black women placed them at odds with both communities, forcing them to choose either to engage in the racist system meant to keep them from reproducing at all or to waddle barefoot and pregnant back to the era of compulsive childrearing.

A more tangible example of mainstream feminist's reluctance to acknowledge issues facing poor women of color is their lack of support for organizing against harmful pieces of legislation such as the Hyde Amendment (1977), a legislative provision restricting the use of federal funds for women seeking abortions (Roberts 1997; Ross 2006; Silliman 2004). This piece of legislation made it increasingly more difficult for women relying on health insurance from the federal government to gain access to safe and affordable abortions, particularly those relying on Medicaid. The Amendment had devastating effects on poor, overwhelmingly Black and Brown, communities who were made to choose between carrying unwanted pregnancies to term or relying on more permanent methods of birth control like tubal ligation and hysterectomy. Roberts adds, "The number of federally funded abortion dropped from nearly 300,000 in 1977 to under 300 in 1992 as a result of the amendment. Most states have restrictive policies similar to that of the federal government and pay for very few abortions" (p. 231). The Hyde Amendment continues to be one of the more covert ways that the fertility of poor women is policed, and it was only in the early 1990's that mainstream reproductive rights activists slightly widened their exclusionary scope to include issues integral to Black women's definition of reproductive health, like the detrimental effects of long term contraceptives like Depo-Provera and Norplant. Black women, and other women of color, may have been excluded from the mainstream reproductive rights political agenda but they have always found ways to organize around critical issues in order to better their lives and communities (Roberts 1997; Ross 2006).

BLACK WOMEN & ENSLAVEMENT

In this section I explore the multi-layered oppression faced by Black women during enslavement and how those interlocking systems impacted the ways that they were allowed to experience their bodies. When considering the relationship between enslaved Black women and reproductive rights in nineteenth century America one must take into account the socio-historical context that framed Black women's lives at this time. While the daily lives of enslaved Black women were filled with overwhelming tragedy, there were three realities that had a major impact on their experiences: the impact of the breeding system of chattel enslavement, the disregard for human life by enslavers using Black bodies as human material for experimental medical procedures and the use of social evolutionist theories to aesthetically and biologically prove Black and female inferiority. All three contributed to the ways Black women experienced reproductive oppression. These historical moments are crucial to a full understanding of the ways that these institutions sought to control the reproductive function of Black women. The

institution of enslavement and difference assignment model² did (and still does) impact the unique way that Black women experienced reproductive inequality, which has seldom been examined, and commonly misunderstood in both African-American Studies and Women's & Gender Studies. I have chosen to focus at the nineteenth century because it allows me to observe the changing and constant variables that frame the relationship during enslavement, through the close of the Trans-Atlantic Slave Trade in 1808 and ending in 1865.

In *Ar'n't I A Woman*(1985) White investigates the ways that enslaved Black women experienced a radically different reality than the commonly recorded history of enslaved Black men. White pays attention to the various components that made up the lives of enslaved Black women such as physical labor performed in the fields as well as the domestic work like cooking, cleaning, nursing children, etc. Neely in "Dat's one chile of mine you ain't never gonna sell" (2000) goes a step further in describing the details of the paternalistic division of labor that caused many enslaved Black women to work in close proximity with one another, helping to foster networks among the women. Neely (2000) argues that these networks were of great benefit to enslaved young girls who were able to receive great amounts of knowledge from older women about plantation life, birth control, and other survival tips. I argue that this is one of the ways that enslaved Black women protected themselves, and their children, from falling victim to the perils of enslavement. By educating younger enslaved girls, older enslaved women were able to continue other forms of cultural resistance as well.

² Gilman argues that the difference assignment model illustrates the ways that meaning is attached to difference through socio-institutional interaction, especially regarding race, gender and sexuality. He focuses on the ways that perceived physical abnormalities buttressed theories of Black and female inferiority, confirming the exploitation and enslavement of Black and female bodies.

In *Labor of Love* (1985), Jones works toward a similar goal to discover the details of the lives of enslaved Black women; however, she adds another significant lens to this research in that she expands the understanding of work to include motherhood and the nurturance of children (both enslaved and enslavers') as work. By focusing on the extremely limited amount of time that enslaved Black women had to themselves during the work day, we can more clearly see why more covert and strategic forms of resistance were necessary. White (1985) also deals with the anxiety that many enslaved Black mothers felt regarding the forced labor system in which they were held and the relationship that they had with their children. Enslaved Black women were painfully conscious of their position within the system and bore the weight of their families in every decision that they made. While a great many enslaved Black women willingly took husbands and formed families, many enslaved children were not the result of consensual unions. The fear of sexual violence from enslavers was constant because of the vulnerability of Black women's status in society; with no legal rights to their bodies (or their children) Black women were repeatedly violated by enslavers and other unknown white men during enslavement (Davis 1985; White 1985). Just after the turn of the century there is evidence of amelioration packages provided by enslavers in an effort to raise birth rates among the enslaved; with the abolition of the Trans-Atlantic Slave Trade in 1808, enslavers were forced to rely solely on the breeding system. Unlike systems of enslavement in the Caribbean, the United States had relied primarily on the breeding system rather than the consistent importation of newly enslaved people. Amelioration packages included larger food rations, better living quarters, more family time, and in some circumstances producing any more than ten enslaved children may have gained

degrees of independence. Finally Jones (1985) and White (1985) both make the point that any considerations made for enslaved Black mothers was directly related to the potential profit to be earned by their respective enslavers.

Another important relationship that can help to shape our view of enslaved Black women's lives is their relationship to female enslavers; Fox-Genovese in *Within the Plantation Household* (1988) illustrates the divide between enslaved Black women's concerns and the concerns of white female enslavers during the same time. Enslaved Black women lived under the constant threat of sexual violence, and regardless of the overwhelming protection of white female chastity, enslaved Black women were frequently assaulted by enslavers who viewed them as hypersexual savages. Mixed race children were the result of these sexual assaults and were constant reminders to female enslavers of their husband's infidelities (Genovese 1988). Situations such as these made enslaved Black women even more vulnerable to harsh treatment by female enslavers. Enslavers also realized the economic value of forcing themselves on enslaved Black women, as any child that was birthed from that union automatically became his property (Roberts 1997). Jones (1985), White (1985), and Genovese (1988) all speak to the tremendous amount of work demanded of enslaved Black women as both producers and reproducers in the capitalist system of American enslavement.

Gynecological Resistance

During enslavement the Black female body was marked in two distinctive ways that worked in tandem to exploit that body for economic and scientific, as well as individual purposes. Chattel slavery was dependent upon enslaved Black women to

produce as many children as possible and slave laws required that children born to enslaved women followed the condition of their mothers. Here lies one of the earliest examples of the intrusive interest that self-appointed authority figures (enslavers), as well as, the state have had and continue to have in the reproductive happenings of Black women. Taking this phenomenon into account, I will illustrate the ways that some enslaved Black women were able to mold unprecedented forms of resistance in order to protect themselves and their children.

In “Day to Day Resistance” (1942) Bauer & Bauer highlight the ways enslaved African people resisted enslavement. They argue that, contrary to the existing scholarship on enslavement at that time, enslaved Black people were not content to be ‘taken care of’ by white enslavers, instead they fought and sometimes died for a chance at freedom. Bauer and Bauer (1942) were some of the first scholars to suggest the enslaved Black women may have killed their children in order to resist the system of enslavement by denying enslavers monetary gain from their offspring. White (1985) confirms Bauer and Bauer’s assumptions, recounting the stories of two enslaved Black women, one named Elizabeth (enslaved by former president James Polk) in 1834 and an enslaved Black woman in Missouri who was accused of poisoning her infant in 1831. Ross (1998) and Neely (2000) also document instances of infanticide on plantations in the South. These scholars suggest that we must redefine resistance to include infanticide as well as birth control and abortion. Like these scholars, I argue that gynecological acts should be seen as sites of resistance for enslaved Black women.

Neely (2000) argues that enslaved Black women passed down knowledge to younger girls about resisting the sexual advances of enslavers, as well as ways to abort unwanted pregnancies. She offers that this oral knowledge is proof that enslaved Black women had a full understanding of their reproductive selves, and also the effect that these acts had on the institution of enslavement. Unlike a single runaway, the will of enslaved Black mothers to stop producing more property posed a very serious and costly threat to enslavers. This is significant because it points to the ways that enslaved Black women's personal acts of resistance to the system gave way to collective forms involving the entire community of enslaved individuals. Knowledge passed down through this oral tradition was enslaved women's only means of learning about their bodies, and was greatly influenced by cultural traditions (Neely 2000). While Neely advances the argument that Black women were fully conscious of their actions, Schwartz (2006) is reluctant to describe enslaved Black women as agents in instances of gynecological resistance, particularly in the ways that she portrays enslaved Black women's consciousness as it relates to their bodies and the wellbeing of their children. Using the testimonies of former enslavers and nineteenth century physicians, she contends that enslaved Black women *may* have gone so far as to injure their infants or regulate pregnancies in order to spite enslavers; but offers no full account from enslaved Black women.

Like Neely (2000), White (1985) argues a more active role by enslaved Black women and also documents the aid of midwives, who were also enslaved Black women either from the same plantation or a neighboring plantation, to enslaved Black women around birth control and access to abortions. Formally trained physicians were rarely

called on to attend to the health of enslaved individuals, even during the delivery of infants. White describes the ordeal of an enslaved woman named Lucy, who instructed the midwife to kill and hide the infant to conceal her pregnancy from the enslaver. Neely (2000) also gives credit to midwives in enabling enslaved women in hiding unwanted pregnancies from enslavers, and credits them with sharing similar knowledge with other enslaved women on surrounding plantations; midwives maintained a certain degree of mobility while the majority of enslaved Black women were confined to the grounds of the enslaver throughout the day and night, unless given written permission.

In trying to decipher the true motives of enslaved Black women whose infants perished, we must also take into account the prevalence of SIDS (Sudden Infant Death Syndrome), more commonly known as crib death, before it could be diagnosed, which Gary Y. Okihiro notes in “Strategies and Forms of Resistance: Focus on Slave Women in the United States” (1986). White (1985) also points this out, however due to a lack of sophisticated technology there is no hard and fast way for researchers to deduce whether the infants who died shortly after birth were killed intentionally or unintentionally. SIDS is characterized by the unexpected death of an infant between birth and its first twelve months. In light of this previous work on reproductive resistance and enslaved Black women, theorists advance the argument that these acts should be taken into account collectively. Traditions practiced by midwives were typically passed down from one generation to the next but originated in west African countries far before enslavement

began; by providing abortifacets³, herbal remedies, and security for enslaved mothers' secrets midwives contributed to the cultural forms of resistance that were occurring daily on plantations across the southern United States (Bauer & Bauer 1942; King 1996; White 1985).

³ Abortifacets include substances or mixtures used to induce abortion, during the nineteenth century it is known that enslaved Black women used things like quinine tablets or turpentine (orally or as a douche) (Ross 2002).

BLACK WOMEN IN NINETEENTH CENTURY SCIENCE

In *Difference & Pathology* Sander Gilman describes the pathology attached to Black female bodies as one more closely related to sexuality than to mental disorder⁴. He takes an interesting approach, focusing on how meaning is attached to the difference of the Black female body, and how that meaning came to be. During the nineteenth century there was much interest in the pathologizing both Black and female bodies, this desire was realized when hard scientists began to give racist and sexist theories of biological inferiority intellectual currency. Gilman focuses on the ways that meaning is assigned to difference and links to Wakefield's work by exploring the ways that said difference is socially constructed through the naturalization of the European male body, it is through this process that European androcentrism became a staple in modern medicine. By situating the European male figure as the center, in social evolutionist discourse and forming medical fields like gynecology and obstetrics, the Black female body is placed at a double disadvantage due to her racialized and gendered body. This also makes the Black female body distinct from both Black male and white female bodies. It is also

⁴ During the nineteenth century sexuality and sexual practices were of major interest due to the status quo's desire to police sexuality in all possible ways. In order to effectively regulate sexuality, hetero normative standards were created; acts deemed deviant by the ruling, white male class were pathologized, as well as the bodies that performed them.

important to note the uniqueness of the Black female's disadvantage because it is one experienced neither by Black men nor white women.

By placing the white and male body at the center of corporeal standards this provides a fuller understanding of the pathology assigned to the Black female body; first looking at the superiority assigned to white individuals, and second looking at the inherent rationality assumed to be present in only those born male. Additionally, there are more detailed ways the Black female body was marked but I find it helpful to first deal with the primary ways that the Black female body was pathological and more specifically psychopathological. In setting up the binary between Black and white bodies, social evolutionist thinkers sought to provide aesthetic and scientific justification for the exploitation of Black people through enslavement and other forms of oppression. The first effective method of doing this presented itself through racial classification and was not particularly difficult given the pre-existing societal fear of darkness and those with dark skin (i.e. people of color).

Towards the middle of the nineteenth century there was another major push for Americans to justify the horrors of enslavement to anti-slavery advocates, both domestic and abroad, and it was through racial classification that the country's pro-slavery factions performed this task. Two of the leading scientists engaged in this project were Louis Agassiz and Samuel Morton, both interested in classifying the various species of human beings by race. Evidence of Morton's work can be found in *Crania Americana* (1839)

and *Crania Aegyptiaca* (1844)⁵, both of which greatly contributed to understandings of race in America at that time. Agassiz's work on racial classification is most clearly demonstrated through the collection of daguerreotypes⁶ commissioned by him in March of 1850. The collection contained a total of fifteen images of enslaved Black people, posed and naked. One of the earliest images captured was of an enslaved Black woman named Delia (Figure 1)⁷. While Agassiz was a self-proclaimed abolitionist and Morton a Quaker, both of their works greatly informed the discursive practices around racial classification at that time in favor of white supremacy. In "Black Bodies, White Science" Brian Wallis describes the undeniable political implications of Agassiz's research, adding, "That Agassiz would employ science in a project that implicitly supported the southern view of slavery is significant because it demonstrates how the pose of disinterested empiricism actually fortified preexisting, though unstated, political views" (p. 44). By refusing to acknowledge the undeniably political implications of his work, Agassiz and theorists like him contributed to solidifying stereotypes about the Black female body.

Perceived physical abnormalities, specifically the hips, buttocks, and genitalia, played a major role in pathologizing the Black female body through the medical sciences. In order to generate concrete aesthetic differences between the Black female and white female body, biological scientists began to assign meaning to perceived abnormalities

⁵ Both *Crania Americana* (1839) and *Crania Aegyptiaca* (1844) included studies of human skull size and other characteristics that Morton used to distinguish evolved races from primitive races. *Crania Aegyptiaca* (1844) asserted that the ancient Egyptians could not have been Black Africans but had to be Europeans because of their high intellectual capacity.

⁶ Daguerreotypes were the earliest forms of photography, they were formed on a silvered metal plate which had been exposed to halogen fumes then transported to the camera (Wallis 1995).

⁷ Found in Sekula, A. (1986). The body and the archive. *October*, 39, 3-64.

present in the Black female body. To do this they used the white female body as the norm; of particular interest were the primary sexual organs, the genitalia. In *Difference and Pathology* Gilman notes, “The black female looks different. Her physiognomy, her skin color, the form of her genitalia mark her as inherently different. The nineteenth century perceived the black female as possessing not only a primitive sexual appetite, but also the external signs of this temperament, primitive genitalia” (p. 85).



Figure 1 -- *Delia*, an enslaved Black women photographed by Louis Agassiz.

Cuvier goes a step farther with this argument, asserting that the perceived abnormalities were posited as a direct link to sexual relationships between African women and orangutans.

Other fields also supported theories about the hypersexuality of the Black female body were, for example European and American travel narratives paint the same picture of the Jezebel figure that dominated perceptions of the Black female body over centuries. A term used in a number of eighteenth and nineteenth century travel narratives is the Hottentot Apron; Gilman describes it as a “hypertrophy of the labia and nymphae caused by manipulation of the genitalia” (p. 85). The most popular historical example of the white fascination with the Black female body is the life of Sarah Baartman, also called the Hottentot Venus. Baartman was a 25-year old Khoisan woman who was kidnapped and forced into indentured servitude by Dutch settlers during the early nineteenth century. She was placed on exhibit in various parts of Europe for approximately five years, during which time she was made to parade around in a cage for her European audiences. She was a spectacle and was used as such. In describing Baartman’s purpose Gilman adds, “Sarah Baartman had been exhibited not to show her genitalia, but rather to present to the European audience a different anomaly, one that they (and pathologists such as Blainville and Cuvier) found riveting; her staetopygia⁸, or protruding buttocks” (p. 85). Unbeknownst to scientists like Cuvier there was an alternate explanation for Baartman’s appearance, staetopygia was condition common among migrant peoples, which the Khoisan were. Rather than exploring alternative explanations for the perceived abnormality scientists like George Cuvier used her difference to assign permanent

⁸ Staetopygia is characterized by an accumulation of fat around the hips and buttocks, and it was used to give credence to the argument that Black women had overdeveloped sexual parts and therefore inherently licentious. Also note the term Hottentot Apron still being used in the late nineteenth century referring to a hypertrophy of the labia and nymphae caused by manipulation of the genitalia, a condition considered beautiful to Khoisan. (Gilman 1985).

negative value. Cuvier goes a step farther, theorizing that Baartman's buttocks and thighs are a direct result of the sexual relationship between women of African descent and orangutans. After Baartman's mysterious death her brain, genitals, and skeleton were taken by Cuvier to the Musee de L'Homme in Paris where they were kept until 1974 (Briggs 2000). The 'jarring' of Black bodies would continue well into the Jim Crow era, specifically when white spectators at lynchings severed body parts like ears or fingers from the deceased as a souvenir of the experience. The same interpretation can be applied to the jarred Black female body because of how the body parts were then came to personify their lives.

Racist Origins of Obstetrics and Gynecology

The link between race, gender, sexuality, and reproduction in the United States came to a nexus in the early and mid-nineteenth century when emerging medical fields, like obstetrics and gynecology, began to borrow from social evolutionist theories to buttress justifications for enslavement and later Jim Crow segregation in the twentieth century. The diagnosis of hysteria, a sexual disorder experienced by middle and upper class white women with weak nervous systems, plays an important role in the culmination of these ideas. Common reasoning attributed this malady to women's exposure to education and urban environments, as well as labor performed outside the home. Feminist scholars in the 1970s pointed out the obviously sexist overtones expressed by practitioners of institutionalized medicine, who were exclusively white, male, and economically secure; however less work was done on the racist and classist implications of the disorder. On feminist scholarship about hysteria Briggs (2000) writes,

“The hysterical woman, women’s historians suggest, is both sign and symptom of conflict over the cultural meaning of gender. In this scholarship, hysteria is at once a diagnostic gesture of dismissal of women as competent participants in public life, a social role uncomfortably” (p. 247). She takes up this cause arguing that the upper middle class white woman served as a foil for the primitive, impoverished Black woman. White women were prone to the ailments caused by the weak nerves inherent in ladies of leisure while Black women served as the symbol of sturdiness. By juxtaposing the two models social evolutionists were able to effectively provide a theoretical as well as aesthetic basis for the difference assigned to the Black female body, and then attach that pathology to all Black bodies. Gilman (1985) uses the story of Sarah Baartman to explain how social evolutionist thinkers used the perceived abnormalities of the Black female body in order to justify enslavement, exploitation, as well as inhumane medical treatment and experimentation. Relegation to a lower status served two purposes, to provide an explanation as to why the Black body was perfectly conditioned for enslavement and other forms of exploitation as well as the propagation of the inherent subordinate status of women. Theories such as these allowed physicians to butcher the bodies, and particularly the wombs, of many enslaved Black women (Briggs 2000, Gilman 1985, Schwartz 2006).

The process of othering the Black female body in juxtaposition to the white female body gets at why, historically, Black women (enslaved or otherwise) have been subjected to torturous experimental procedures while white women have not. In “selling hot pussy: representations of black female sexuality in the cultural marketplace” bell hooks discusses the commodification of the Black female body and how even after

Baartman's death her parts served as what was thought to be a comprehensive personification of her life. By disassociating Black women from human beings scientists, like Cuvier, were able to view them as nothing more than a sum of parts void of human feeling, biology, and worth. White women did not experience this form of exploitation and here lies another explanation of the divide between the politics of two distinct groups, both desperately fighting to control their bodies.

BLACK MOTHERHOOD & ENSLAVEMENT

The system of enslavement had a major impact on the ways that Black women were allowed to experience their bodies, particularly in regards to the decisions whether or not to have children, and definitely colored the lens through which they would be viewed for the next four hundred years. The racist and sexist assumptions attached to the Black female body worked to justify the exploitation of Black women in two main areas, production (labor) and reproduction. In this section I focus on the ways that enslavement impacted the Black female body, specifically in regards to motherhood and the development of modern medical practices. The first group of women whose stories are used played an important role in the beginnings of obstetrics and gynecology but went unrecognized because they were enslaved Black women. The second historical figure included in this section is Margaret Garner and I use her story to explore both the ways that enslavement influenced her experiences with motherhood and also the ways that she resisted the system.

Anarcha, Betsy and Lucy (1845-1849)

The rise of obstetrics and gynecology generated more assignments of difference and opportunities for the exploitation of the most vulnerable of society. J. Marion Sims, hailed as the father of modern gynecology, exemplifies the gross abuse of enslaved women's bodies for the betterment of science that was typical at that time. In 1845, Sims constructed a small backyard hospital behind his Montgomery, Alabama residence where he experiments on enslaved Black women in the hope of finding a cure for vesico-vaginal fistulae. The ailment was characterized by a tear from the bladder to the vagina and caused a constant leak of urine that transformed those who suffered from it into social pariahs. Anarcha, one of his most famous test subjects, was operated on over 15 times without anesthetic, even though it was available at the time (McGregor 1989; Schwartz 2006). It is important to recognize, from Sims' own descriptions of encounters with his patients, the blatant disregard for the health and well being of the human beings used in the study (Sims 1889). His work provides one of the most transparent examples of the way that the fields of obstetrics and gynecology used nineteenth century stereotypes to justify the continued exploitation of enslaved Black women based on their embodied difference.

Ojanuga in "The Medical Ethics of the Father of Gynecology" focuses on the experiences of seven enslaved Black women experimented on by Sims, including Anarcha⁹ and Lucy. He argues that even though Sims is valorized in the field of gynecology, his methods make his fame highly controversial and contribute to the

⁹ Almost four years to the day after his first operation (June 21, 1849) Sims successfully repaired Anarcha, she had endured thirteen operations without anesthesia.

distrustful relationship between Black women and institutional medicine in the United States. On Sims' professional reputation, Ojanuga observes, "His fame and fortune were a result of unethical experimentation with powerless Black women. Dr. Sims... was the first doctor to perfect a successful technique for the cure of vesico-vaginal fistula¹⁰, yet despite his accolades, in his quest for fame and recognition, he manipulated the social institution of slavery to perform human experimentations, which by any standard is unacceptable" (p. 30). Anarcha, Betsy and Lucy each suffered from vesico-vaginal fistula and were thereby unable to bear children, and it was solely due to this reason that each of their enslavers had allowed them to see a formerly trained physician. At this time it was rare for any enslaved person to be seen by a physician but because of the overwhelming investment in the fertility of Black women all three women were experimented on up until 1849. The work of J. Marion Sims demonstrates the utter disregard shown for the Black female body and also explores how modern gynecological practices perpetuated myths about the "primitive" woman's tolerance for pain. Ojanuga (1993) explores the experiences of the enslaved women, either purchased by Sims to experiment on or made to see Sims by their respective enslavers, the author also investigates how representations of Black women's experience is often lacking in authenticity and depth.

Washington (2006) builds on that argument, offering that portraits such as "J. Marion Sims, a gynecological surgeon" (Figure 2) were used as propaganda to hide the horrific truth of the enslaved women's experiences. In *Medical Apartheid* Washington

¹⁰ Enslaved Black women were commonly afflicted by vaginal fistulae and endured much pain and humiliation from the ailment, which caused an inability to empty the bladder and foul odor. Most importantly to enslavers, enslaved Black women who suffered from vaginal fistulae were unable to conceive, meaning that they were unable to serve their full purpose as both producers and reproducers in the system of chattel enslavement (Schwartz 2006)

describes how interpretation and appropriation of the original portrait remains a point of contention, especially to the corporation that holds the copyright, formerly Park Davis Pharmaceutical House now Pfizer Pharmaceuticals. The work portrays Sims in the early stages of his first experimental surgery on a powerless Betsy, the young woman calmly seated on the examination table (in the Sims position), as two physicians observed (Ojanuga 1993; Washington 2006). However that depiction couldn't be farther from the truth, in reality the procedures were extremely painful and typically were performed from start to finish without anesthetic.

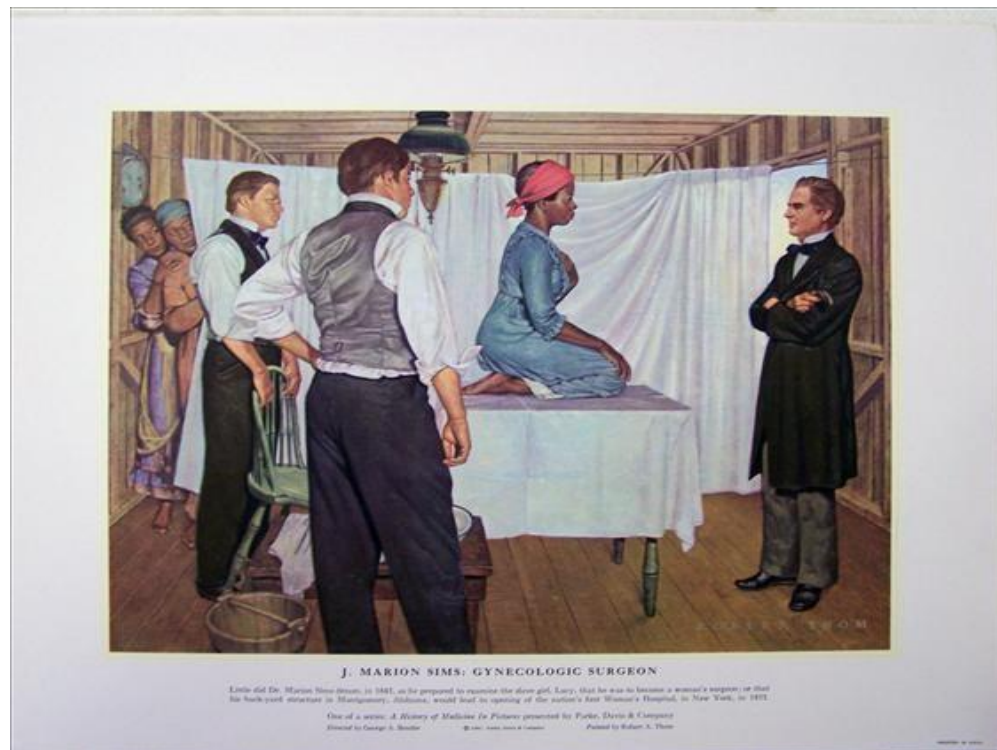


Figure 2 -- J. Marion Sims: Gynecological Surgeon was commissioned by Park Davis Pharmaceutical House, now Pfizer Pharmaceuticals, and completed by Robert Thom in 1876.

Sims' arrogance motivated his unabashed desire to be watched as he worked. He invited as many as thirteen other physicians to witness his first experimental procedure. He

believed that he would be able to cure Betsy in his first attempt but was greatly dismayed that it took upwards of four years for him to develop an effective cure (Washington 2006). Finally it goes without saying that the enslaved Black women that Sims experimented on were given no credit for their service or information around their condition. They were quite literally mutilated in the name of modern medicine.

Margaret Garner (1856)

One of the most famous examples of infanticide and controversial fugitive slave cases in American history is that of Margaret Garner. After escaping from the Gaines plantation in Boone County, Kentucky and crossing the Ohio River with her husband and young children Garner was captured at the home of Elijah Kite (Bordewich 2005). Upon capture she slit the throat of her youngest daughter, Mary, with a butcher knife and attempted to kill her two older sons to prevent them from returning to a life of enslavement. I use Garner's story to explore the public discourse around Black women at this time and also the impact that enslavement had on how they related to their children, both are integral to a full understanding of the ways that enslaved Black women were allowed to experience their bodies.

Garner's escape began January 27, 1856 when her group crossed the Ohio River from into Cincinnati, Garner (pregnant) and her husband made the dangerous journey with their children and extended family members. The escape and events leading up to Garner's trial became one of the most controversial fugitive slave cases in American history, bypassing the popularity of historical figures like Dred Scott. Yanuck (1953)

provides a historical trajectory of the trial and discourse regarding one of the most misunderstood persons prosecuted under the Fugitive Slave Law, Garner became a symbol used by both the abolitionist and pro-slavery factions.

Notes on the position taken by northern abolitionists can be found in the personal writings of Levi Coffin of Ohio, in 1856 Coffin was among the leading white members of the Underground Railroad. He aided the Garner's party in getting to the home of Elijah Kite, where Garner killed Mary and tried to injure her other two children (Coffin 1876). An article clipped from *The Cincinnati Gazette*, a local daily that was one of the first newspapers to report on the case, begins to construct the narrative that would be talked about . On January 29, 1856 the citizens of the free state of Ohio learned the gruesome details of Garner's crime. This article as well as others covering the case started to mold Garner into the controversial anti-slavery figure that she came to represent even years after her death. Enslavement, as a moral and economic issue, was of major importance to Americans living in northern and southern regions of the United States. Yanuck (1953) argues that capture of Garner and her party was extremely important to the United States government, reaching as far as the President.¹¹ Thomas Satterwhite Noble captures the final moments of Mary's life through *The Modern Medea* (1867) (Figure 3), in which Garner is depicted as a vigilante heroine taking back the lives of her children. Living in Kentucky, Noble knew the horrors of enslavement and despite his feelings around the system he served in the Confederate Army during the American Civil War from 1862 to 1865.

¹¹ The Garner case cost between \$30,000-\$40,000 at the expense of the federal government, and in order to pay the 400 federal marshals that were hired to appropriately cover the case. President Franklin Pierce considered using funds reserved for his own Secret Service detail in order to settle the debts.

It is unclear whether or not Noble was aware but it is true that Mary, the infant child that Garner killed, was the result of a non-consensual sexual union between Garner and her enslaver, Archibald Gaines. He constructs the image of Garner as a ‘mad Black woman’, a stereotype that has its own bearing on the lives of African American women. We must also consider the mythological links that guided Noble’s decision to name the piece of artwork. Walters (2013) remarks that, “A literal translation from the era of the Greek tragedies to the enslavement era in the United States would present Margaret’s motive for killing her children, like that of Euripides’s Medea, as retaliation by a willful, jilted lover” (p. 11).



Figure 3 -- Thomas Satterwhite Noble painted *The Modern Medea* in 1867, eleven years after her escape, trial and return to enslavement.

Reading Noble’s work through this lens completely obfuscates the crushing weight of enslavement and prioritizes Garner’s image as a willful and jealous woman over that of the passionate mother. It is also important to recognize Noble’s reluctance to

convey historical accuracy, specifically regarding the race and complexion of Garner's children. On this Walters (2013) adds, "Neither Margaret nor the mannish-looking children lying lifeless on the floor of the canvas are depicted as mulatto or 'almost white' in keeping with the newspaper accounts of the time" (p. 11). This information confirms that Garner was more than likely the victim of numerous sexual assaults perpetrated by her enslaver. So while I do argue that Garner acted out of rage and anger towards Gaines, her actions were more deeply rooted in her refusal to subject her children to a life of enslavement, especially Mary who undoubtedly would have suffered the same types of assaults.

While infanticide was not a common means of resistance, there are many accounts of midwives as well as other members of the enslaved community assisting enslaved mothers in disposing of the evidence of childbirth. It was a commonly accepted racist assumption at this time that Black women were ignorant of their reproductive biology, but it can be safely assumed that due to the conditions of enslavement many Black women made the conscious choice not to carry pregnancies to term (Fried 1990). There are small amounts of recorded evidence of these acts but it can be safely concluded from both enslaver's narratives and doctor's accounts that there was great suspicion that enslaved Black women knew more about their bodies than they were given credit for (Sterling 1984). The tools to induce abortion included alum water, petroleum jelly and quinine, as well as turpentine and laxatives (Ross 1993). Also, in the Caribbean, enslaved women passed down birth control methods including breastfeeding infants for extended periods in order to space out pregnancies, as well as abortifacets like pennyroyal and quinine (Bush 1996). These methods prove that enslaved Black women retained useful

information regarding their bodies passed down through oral traditions and used them both to control their own reproductive lives and resist the system of chattel enslavement that relied on their reproductive labor.

THE THEFT AND JARRING OF BLACK BODIES

This section of my project deals with the mutilation, use and/or mistreatment of the body parts of two Black women, Josephine Scott living in Pennsylvania in 1874 and Henrietta Lacks living in Virginia in 1951. Both women were victims of theft perpetrated by white, male physicians in the name of modern medicine, much like Lucy, Betsy and Anarcha were less than a century before. With these stories I demonstrate the ways that even after 1865, Black bodies were bought and sold as commodities. Additionally I highlight the fact that both women gave (parts of) their bodies to the advancement of modern medicine and were never asked for permission or offered compensation. They were treated this way because they were both Black and poor which proved to be a dangerous combination for those seeking medical attention.

Josephine Scott (1874)

Josephine Scott was a Black woman living in Philadelphia in 1874. She was also a dwarf. Pregnant for the third time, Scott sought the professional help of physicians W.H. Parrish and John Parry. Due to her abnormally small pelvis, both of her previous pregnancies resulted in craniotomy, a particularly gruesome procedure that included

removing the fetus, by the head, through the vaginal cavity using forceps. Her final pregnancy followed the same pattern and Parrish performed the same craniotomy procedure once more. It was known to be a very dangerous procedure that commonly ended in the death of the fetus and mother and was complicated even more by her small pelvic opening. Scott was a perfect patient to advance arguments in favor of the new and innovative technique sparking the interest of nineteenth century obstetricians: the cesarean section. Briggs (2000) explains, “Scott’s case entered the medical literature as an argument for liberalizing the indications for cesarean...three successive Philadelphia physicians performed craniotomies on Scott; the second and third, John Parry and W.H. Parrish, used her case to launch arguments in the medical community for the wider use of the cesarean” (p. 264). It is important to note the ways that Scott’s body was used as an argument by Parry and Parrish as well as the discursive practices used to describe Black women in institutionalized medicine. I argue that practices such as those used by physicians like Parry framed the dynamic between poor Black patients like Scott and those who treated her.

By exploring the work done by professionals in the field we can get a clearer picture of how their racist, classist, and sexist assumptions informed the treatment that they provided to Black female patients. Parrish writes:

“I found her in a rickety wooden building...occupied by a mongrel crowd of whites and negroes in various stages of drunkenness, and exhibiting all the evidences of abject poverty, wretchedness, and degradation...We saw our patient...with a couple of

boxes for her bedstead, with a few straws and rags, and old skirts for her bedding, and in the midst of filth and vermin.” (p. 39)

Notes such as these prove that Parrish and Parry viewed Scott through a lens colored by race, class, and gender biases that validated their right to mutilate her body after death.

Scott died three weeks after the craniotomy performed by Parry and Parrish and they used her case as an example as to why the method should no longer be used. Afterwards

Parrish contributed a specimen to the natural history collection of the American

Obstetrical Society in Philadelphia: Scott’s pelvis and the bones attached (Briggs 2000).

Much like the story of Sarah Baartman, her body parts became a personification of her life and she was seen as nothing more than an example of embodied difference.

Henrietta Lacks (1951)

Moving forward almost eighty years into the twentieth century the story of Henrietta Lacks still has major implications for poor women of color fighting for reproductive justice. In this section I explore how inhumane medical experiments performed on Black bodies, sometimes inadvertently and other times purposely, sterilized patients. Additionally I contend that these injustices continued because Black patients were viewed as subjects instead of patients. She was an African American tobacco farmer and mother of five who was diagnosed with cervical cancer at John Hopkins Medical School in February of 1951. While Lacks’ family lived in Virginia they had to travel to John Hopkins in Maryland because it was the closest facility treating Black patients at the

time. Lacks was admitted to the public ward and told by Dr. George Gey to return the following week for medical treatment.

When a sample of Lacks' cells was taken for diagnostic testing, another cell sample was also collected and that second sample was delivered to the research facility also housed at John Hopkins Medical School. After viewing Lacks' sample through the microscope, researchers made a breakthrough discovery: her cells did not die. Her cells became known as the first immortal human cell line¹² as they grew in rapid numbers within cell cultures, which ironically is exactly what Gey and his team had been searching for. An immortal human cell line had endless potential for those interested in the cause and cure of mysterious diseases like polio and cancer. In describing the rapid growth of Lacks' cells, Skloot says, "They kept growing like nothing anyone had seen, doubling their numbers every twenty-four hours, stacking hundreds on top of hundred, accumulating by the millions...As long as they had food and warmth, Henrietta's cancer cells seemed unstoppable" (p. 41).

Once Lacks returned the following week she was treated with radium. Vials of the toxic material were stitched into her cervix and made to stay in place with rolls of medical gauze stuffed into the vaginal cavity. While this was an extremely dangerous procedure, radium was commonly used to treat a variety of cancers at this time; however it also should be noted that many medical professionals during the 1950's believed that those seeking free medical treatment, especially those both Black and poor, could be used as experimental subjects. And while regulations regarding the use of humans in clinical

¹² An immortal cell line is a continuously dividing line of cells all descended from one original sample, cells that would constantly replenish themselves and never die. (Skloot 2010)

trials hadn't been dealt with yet, informed consent around patients receiving experimental care can be found as early as 1807.¹³ So when looking at Lacks' story we must recognize the fact that her existence as both Black and poor greatly impacted her interactions with Gey and other researchers, who used her as a test subject rather than treating her as a patient, and also by stealing her cervical cells. So while intense radiation treatment was being used to treat all races of people at this time, I argue that a white female patient faced with the same disease would have been informed about the potential for irreparable damage being done to the reproductive organs. It is also fair to assume that a middle-class Black or white woman in this situation wouldn't have had to be seen through Hopkins' public ward, instead they would have been seen by a private physician, where there was less of a chance that they would experience the negligence and exploitation that Lacks was exposed to. Her story is a perfect example of the ways that race and class have worked in tandem to disadvantage poor, Black women.

Another of the researchers working to demystify cervical cancer was Richard Wesley TeLinde, who wrote one of the most widely used textbooks on gynecology and also is credited with developing the Pap smear, which is still considered an accurate detector of cervical cancer today. TeLinde, much like Gey, believed that patients seen in the public ward at Hopkins were primarily to be seen research subjects not patients. So while the white patients seen in the private wards of John Hopkins were given detailed explanations of the potential side effects of their respective treatments, those being seen free of charge had no rights to information about their treatment, potential side effects or

¹³ Examples of informed consent, particularly regarding gynecological surgeries can be found as early as 1809. Dr. Ephraim McDowell removed a 22-pound ovarian tumor from Jane Todd Crawford, a white woman (Ojanuga 1993).

what was being done with samples taken (Skloot 2010). Specifically on the information provided to white female patients on the potential effect of sterilization TeLinde wrote, "...It is well to present the facts to such an individual and give her ample time to digest them...it is far better for her to make her own adjustment before the operation than to awaken from the anesthetic and find it *fait accompli* (an accomplished fact)."¹⁴ He argues that such an important decision should be made by the patient rather than the attending physician, unless she was poor or Black. Henrietta was both.

The injustices done to Henrietta, and consequently to the Lacks family, should be considered under the reproductive justice framework because the treatments administered to her by the medical staff at John Hopkins inadvertently sterilized her. While Lacks was unaware of the potential of sterilization, the medical staff were aware and still neglected to inform her, Skloot adds, "In this case, something went wrong: in Henrietta's medical record, one of her doctors at John Hopkins wrote, 'Told she could not have any more children. Says if she had been told so before, she would not have gone through with treatment.' But by the time she found out, it was too late" (48). These types of practices were not illegal at this time but they were certainly unethical. Even though robbing her of the potential to have more children, as she desired, was not the primary concern of the physicians, it was a devastating result that prefaced her death. Lacks' fear that the 'knot in her stomach' would cause her to be unable to have any more children was what initially led to her to seek treatment and ironically it was the treatments that ended up ruining her reproductive organs. Lacks' story has small linkages to Lucy, Betsy and

¹⁴ TeLinde, R. W. (1949). Hysterectomy: present-day implications. *Journal of Michigan State Medical Society*, 48(7), 829-831.

Anarcha's in that they were all being treated for conditions that would affect their reproductive capabilities, and due to the different historical time periods, the attention paid to their fertility concerns varied.

FORCED & INVOLUNTARY STERILIZATION

This section of my project focuses on the ways that sterilization has been used as a tool to police motherhood, particularly in poor Black and Brown communities. I use the stories of two Black women activists, Fannie Lou Hamer and Loretta Ross, to explore a couple of the different ways that the policing of fertility have been carried out by eugenics-based medical professionals and negligent for-profit corporations. With each story, I focus on two main components. First are the ways that race, class and gender impact how reproductive destinies are realized. Secondly, I address both women's use of situated standpoint knowledge to generate a formidable stance in opposition to those who sought to control their reproductive choices. Both components are important as we shift from considering these specific manifestations of reproductive violence in the mainstream framework to viewing them through the reproductive justice lens.

Fannie Lou Hamer (1961)

Fannie Lou Hamer was born in 1917 to Jim and Lou Ella Townsend of Montgomery County, Mississippi and at the age of six she began working alongside her

parents and nineteen siblings on the farm of W.D. Marlow. They lived in poverty, as the majority of Black people in Mississippi did at this time; however the large number of children proved beneficial in helping provide for the family. Hamer lived an extremely impoverished childhood despite her parents' efforts to provide for the entire family. Her mother sewed patchwork quilts and her father sold illegal alcohol to supplement their income but still had a great deal of trouble making ends meet (Bracey 2011). Her father died from a massive stroke in 1939 and her mother in 1961. After the passing of her parents Hamer continued to work on Marlow's farm as a sharecropper until he realized that, unlike the majority of his Black employees, she could read. Hamer used this opportunity to effect real change for the poor Black sharecroppers living in Sunflower County, particularly by organizing against the oppressive practices that kept them in constant debt to white farm owners who claimed that they had to pay back advances for clothing, seed and other miscellaneous expenses. White landowners intimidated Black sharecroppers into not voting as a way to prolong their subservience, and also registering Black voters also became a major piece of Hamer's activist work over time. Her upbringing as well as the hardships she experienced in Montgomery County greatly influenced her later activist work and gave her the impetus to use her own interactions with systems of inequality to help others in her community.

Hamer is a known civil rights giant, active in registering voters through the Student Nonviolent Coordinating Committee (SNCC) and co-founding the Mississippi Freedom Democratic Party (MFDP) in 1964 (Hine 1993). What is less known is that in 1961 she was involuntarily sterilized after seeking treatment for a small uterine tumor at

the Sunflower County Hospital in Sunflower County, Mississippi. An estimated 60% of the Black women living in Sunflower County in 1961 were sterilized by unnecessary and involuntary procedures, later called Mississippi appendectomies (Bracey 2011). Many physicians felt as though they were doing poor and unsuspecting Black women a favor by eliminating their potential to reproduce, a position inextricably tied to their belief in eugenicist ideology; there was no medical reasoning for such compulsory sterilization practices, however dominant racist, classist and gendered stereotypes allowed them to continue. Hamer and her husband were greatly upset by the news that they would never be able to conceive a child of their own and after much discussion they decided to adopt. They adopted two girls, Dorothy Jean and Virgie Lee, who were later given the Hamer last name, so although the ability to have children was taken from her, she still pursued her desire to be a mother. In doing so, she rejected the racist and sexist assumptions surrounding her 'fitness' to be a mother.

It was through forced and involuntary sterilization that state agencies, as well as individual physicians, have tried to police specific populations. A majority of the affected women were unaware of the procedure until they either attempted to have a child or sought medical attention for separate issues. The disregard for their ability to control their own reproductive destinies can only be appropriately dealt with through an intersectional analysis that pays attention to the unique ways that both poverty and racism impact every aspect of Black women's lives.

Loretta Ross (1976)

Loretta Ross is a scholar and reproductive justice activist. She has been a force within various social justice movements both domestically and internationally. As many Black women activists before her, Ross has used her personal experiences with sexual assault, reproductive inequality and other forms of structural violence to shape her activist work, specifically the reproductive justice framework. At age eleven Ross was sexually assaulted by a stranger and at age fifteen she was sexually assaulted by family member, the second assault resulted in the birth of a son named Howard. By choosing to carry Howard to term she lost her scholarship to Radcliffe College and later enrolled at Howard University in 1970, where she began organizing around nationalist politics and tenets' rights in Washington D.C. After graduating from Howard she became the director of the DC Rape Crisis Center, the first agency of its kind to be run by and focused on Black women, and it was from this position that she organized the first National Conference on Third World Women and Violence (Ross 2006).

Ross is also credited with developing the theoretical foundation related to contemporary reproductive justice movements and has worked to develop its literal implications through organizations like SisterSong, an educational and advocacy organization that uses an intersectional approach to links reproductive rights issues to social justice movements through a human rights framework. A major piece of her work deals with securing complete physical, mental, spiritual, economic and social well being of women and girls and in trying to actualize her theoretical vision of a world without violence, Ross started the Women of Color Program within the National Organization for

Women (NOW) and founded the National Center for Human Rights Education (Ross 2006; Loretta Ross Papers Biographical Note). As birth control was becoming more common, many college-age women were searching for forms other than oral contraception and at the age of twenty-three, Ross was sterilized by the Dalkon Shield inter-uterine device¹⁵, a device that had already sterilized or otherwise seriously injured hundreds of thousands of unsuspecting women (Hicks 1994). After filing a civil law suit against A.H. Robins, Ross became one of the first women to win a settlement against the corporation. The Shield, developed by Dr. Hugh Davis in the early 1970's, is now known to cause severe hemorrhaging, septic abortions, pelvic inflammatory disease, infertility, loss or mutilation of reproductive organs and death (Hicks 1994). Regardless of the fact that Robins' medical team received reports of varying degrees of bodily injury from physicians, the product was still manufactured and advertised as the *Cadillac of contraception*. There were also reports from inside the corporation that identified the tail string attached to the IUD as a breeding ground for the harmful bacteria. According to Mintz (1985), "Wayne Crowder, a quality control supervisor at the Robins's manufacturing plant, observed problems with the strings and speculated about the dangers of infection and septic abortion. He recommended methods to correct the

¹⁵ Ross remembers seeing the head physician in OB/GYN at George Washington University Hospital in Washington, D.C. He diagnosed Ross with a rare venereal disease called lymphogranuloma venereum and told her that it was sexually transmitted disease that GI's returning from Vietnam had brought back. Of course he was wrong and she was actually suffering from a bacterial infection brought on by the Shield that had been implanted in her body two years earlier. This information is important for two main reasons, the first being that the physician's diagnosis was inaccurate and caused Ross to undergo painful and invasive treatments for six months. (Hicks 1994). What's more important is that rather than running as many tests as necessary to find the cause of Ross' symptoms, the physician instead gave her an inaccurate diagnosis that could have possibly caused far more harm than good. Also note that even as late as 1976 Black women were still being made to operate under the same racist and sexist assumptions about their inherent promiscuity and undeniable propensity for catching rare and abnormal venereal diseases (Ross interview 2005).

problems, but company officials ignored him” (p. 141). Shortly after his report was sent up the chain of command, he was fired without cause. Evidence of the harms of the Shield was available and the potential of sterilization or death were not enough to get either A.H. Robins to pull the product or the FDA to initiate a comprehensive recall. Types of medical abuse such as these are typically not viewed through the lens of reproductive inequality but it is one of the clearest examples of patient suffering due to the negligence of medical professionals.

When investigating the detrimental effects of the Shield and the negligence of A.H. Robins, we must also consider the racist implications of everything else that went into the development and testing stages of the defective device. Hicks (1994) adds, “The earliest Dalkon Shield models thus were tried out on Davis’s patients. He simply inserted various models into poor, mostly African-American, women from Baltimore’s inner city” (p. 23). It is still unclear exactly how much or how little information was given to those women but what is clear and definite is the fact that they were not informed about the possible side effects, including loss of reproductive organs and fertility and death, or asked for consent regarding the experimental procedure. Moreover, once the Shield reached the height of its popularity, countless women of color received it without their consent. It was implanted into their bodies without their knowledge, which of course added to their risk of infection, sterilization and death (Hicks 1994). Even for those women of color who were aware that the Shield had been implanted were at greater risk for infection, than their white and middle-class counterparts, because they were more likely to receive poor-quality health care and had less access to impartial and unbiased

medical advice. This section of the research is probably the most telling regarding the social milieu and mores about the Black female body and especially around covert ways to police that body through modern medicine. Both women's stories explore the ways that licensed medical professionals have used women's bodies, particularly poor women of color, to carry out their own self-serving agendas and additionally how poverty helped to justify a trivialization of their pain and suffering.

CONCLUSIONS

Through this work I accomplish four main goals, each one tied to the next in my overarching pursuit to chart an accurate historical trajectory regarding Black women's fight for reproductive justice. The first goal was to explore the unique ways that Black women have experienced reproductive inequality during the nineteenth and twentieth centuries. In doing so I also had to deal with how racist stereotypes, given intellectual currency, have shaped Black women's experiences, particularly in their interactions with modern medicine. That history has major implications on Black women's current fight against reproductive inequality and it is only once we deconstruct the stereotypes and stigma associated with the Black female body that we can understand how they recreate oppression and police the fertility of poor Black women. I am also interested in how this history and the reproductive justice framework, can be used to positively impact policy construction and clinical procedures. The stories used in this project demonstrate not only the ways that Black women have been treated but more importantly the ways that they have responded can provide contemporary reproductive justice activists with a usable past to aid them in strategic planning. In doing so I found it important to include their experiences with the mainstream reproductive rights movement as well as how the

concerns of poor Black and Brown women have been neglected, both in its theoretical framing and political mobilizing efforts. Finally I show that because of the ways that race, class, gender and other systems of oppression are working simultaneously in the lives of many poor Black women, the reproductive justice framework is a most appropriate lens through which to view their experiences. Only with an investigation of the ways that these systems intersect and reinforce each other can we fully understand the gravity of violence happening in poor women in Black and Brown communities.

As I highlight the ways that Black women have experienced unique forms of reproductive inequality I also demonstrate how mainstream movements historically have chosen to organize exclusively under the choice-based framework, isolating other groups of women. For instance, arguing for legal access to abortion without addressing poverty and the possibility that poor women wouldn't be able to afford those services, regardless of legality, is an example of the inability of the traditional framework to fully benefit poor Black and Brown women. Such political agendas actually prove to be more harmful and disempowering to poor Black and Brown women who cannot access the gains won by the exclusionary framework. Therefore I reject the traditional framework and opt for an expanded understanding of the ways that interlocking systems of oppression have worked together to control the reproductive destinies of Black women. Through the chapter on motherhood and enslavement, I illustrate the ways that enslaved Black women used their bodies as weapons to cripple the system, specifically by inducing abortions, abstaining from sexual intercourse and using infanticide as a means of resistance. As is true of certain women's histories of the nineteenth and twentieth centuries, many

contemporary scholars maintain a focus on the victimization of the Black female body without any consideration given to their ability to gain autonomy. These types of narratives continually place Black women in a permanently subordinate status, a niche that they have occupied within historical narratives for centuries in the United States. It is not my intention to ignore the reality of their victimization but to acknowledge it while also drawing attention to the creative ways that they subverted the system even when facing the overwhelming dynamism of white supremacist ideology. Resistance was not always an option as sometimes the subjects used in my sample were overwhelmed in their fight against the interlocking systems. For example the barriers faced by Josephine Scott included racism, poverty and disability discrimination, which each played a part in her the way that she was treated by Parrish and Parry. Without looking at the variety of ways that she experienced discrimination, we cannot understand her experience or similar experiences.

Future Work

Using this work I would like to continue similar research dealing with contemporary manifestations of reproductive violence, specifically addressing the criminalization of Black motherhood within the American penal system. This can be seen in the overwhelming push to punish mothers who use drugs and alcohol while pregnant as well as the sterilization of female inmates by the California Department of Corrections from 2006-2010. In *Shattered Bonds* (2002), Dorothy Roberts deals with the criminalization of Black mothers, particularly when interacting with the child welfare system and she argues that by criminalizing families living in poverty, state and federal

governments have literally broken the Black family and increased the number of Black and Brown children in the care of the state (Roberts 2002). I would build on this work, elaborating on how state and federal governments have used social programming to police reproduction. Using contemporary manifestations of reproductive violence, I will analyze previous pieces of harmful legislation that denigrate Black motherhood. I would also like to analyze how the constructions of Black femininity have covertly, and sometimes overtly, juxtaposed Black and white mothers to create a binary between good and bad mothers.

I will also expand the criteria of my sample, exploring how the reproductive justice framework can be applied to contemporary clinical practice and future policy construction, specifically focusing on four main facets of the issue: the barriers to contraception, the low rates of general reproductive care, accessing abortion care and sexual violence. Each of the components reveal disturbing truths about the ways that Black women interact with modern medical professionals and other institutions. I would be building on a relatively new area of study that brings together scholars, clinicians and activists to incorporate the reproductive justice framework into institutional practices. In exploring the various barriers to contraception I will focus on the personal, social and economic obstacles like the lack of contraceptive health insurance coverage, funds to pay for contraception and lack of contraceptive knowledge. But I would like to highlight the collective memory of Black women in regard to medical abuses by modern medical practitioners, a history that complicates Black women's interaction with modern medical institutions. The section covering the low rates of general reproductive care will deal with the overwhelmingly large number of poor Black and Brown women who cannot afford,

or are not informed of, preventative gynecological procedures like Pap smears, etc. This analysis takes into account the ways that poverty, racism and gender oppression intersect to disproportionately disadvantage poor women of color. While the mainstream reproductive rights movement has always dealt with access to abortion, my research into the topic would deal with federal and state governments that burden young, rural, undocumented, poor women and women of color by denying them coverage through pieces of legislation like the Hyde Amendment (Gilliam, et al. 2009). The final component that I find necessary to future work is an in-depth understanding of the role that sexual violence has played in Black women's fight for reproductive justice. Without understanding the detrimental impact that sexual violence has had, we cannot fully capture the traumas experienced by Black women. With this work I hope to highlight issues of reproductive inequality and eventually increase the awareness of options for all women, but particularly poor Black and Brown women, and also to enhance the quality of life for the largest number of people.

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APPENDIX A

1. Parrish, W.H. (1874). A case of craniotomy. Transactions of the Philadelphia Obstetrical Society, 1, 38-43.

38

Transactions of the

opening be narrowed. He had never found a pessary that would permanently support the uterus in these cases until he tried Dr. Spooner's instrument, which had thus far proved successful in giving relief.

DR. JENKS replied that he recognized the fact that there was a doubt as to the true nature of the specimen. The intravaginal portion was a specimen of hyperplastic growth. The case was one of hypertrophic enlargement of the supra-vaginal portion of the cervix.

DR. A. H. SMITH gave his plan for the treatment of procidentia uteri. After replacing the uterus, he introduces a pessary, and then sustains the pessary in position by sponges, saturated with an astringent, such as the glycerole of tannin. By constantly renewing this support for a while an astringent effect on the tissues is produced, which is sufficient to relieve the difficulty.

LUMBAR COLOTOMY.

DR. PACKARD gave a detailed account of a case of lumbar colotomy, the operation being performed for the relief of a patient suffering from the almost entire closure of the rectum by the pressure of a large cancer of the uterus. The operation was successful, the patient expressing great relief from her previous sufferings.

He reported the case as one that might be of service to the members of the society in assisting them in relieving some of the sufferings in these cases of large uterine cancer. He thought, further, that it would help to remove the general impression that such an operation leaves the patient in a condition worse than death.

STATED MEETING, MAY 7, 1874. DR. ALBERT H. SMITH, PRESIDENT, IN THE CHAIR.

DR. W. H. PARRISH read the following history of a case of craniotomy. Rachitic pelvis, antero-posterior diameter $1\frac{1}{2}$ inches. Death at beginning of fifth week, from pyamic puerperal fever.

During the night of March 18th, 1874, I was called to a colored woman, then in labor, and on whom it was stated craniotomy was required. The woman, aged 28, was an out-patient of the Bedford Street Mission Hospital, and had been under the charge of a female physician. I found her in a rickety wooden building in Middle Alley. The house was occupied by a mongrel crowd of whites and negroes in various stages of drunkenness, and exhibiting all the evidences of abject poverty, wretch-

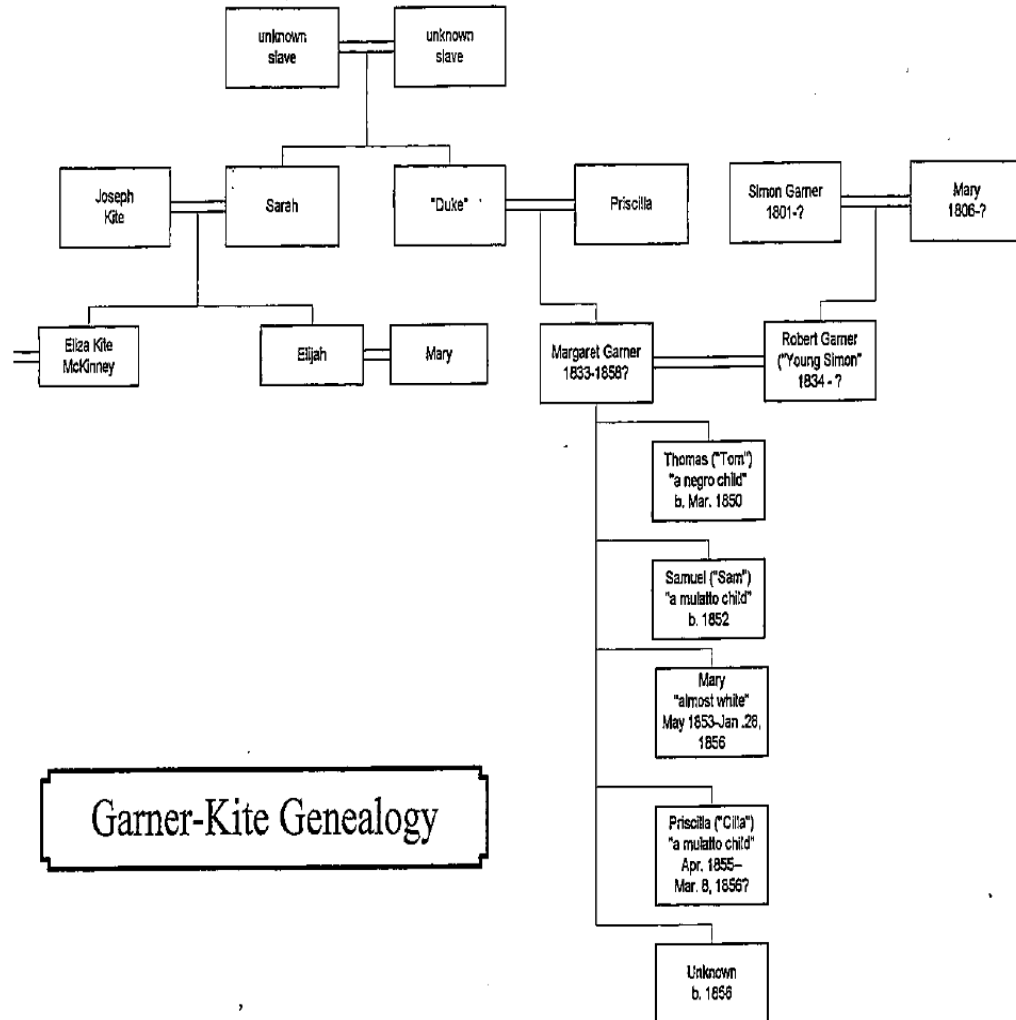
edness, and degradation. We were shown to the garret, a most dismal, forbidding den, so low that by persons of ordinary stature the erect posture could not be assumed. The leaky roof let in the wind and rain, and there was no fire or other means of counteracting the chilling effects of the weather. By the gloomy light of a smoky coal-oil lamp we saw our patient, a black dwarf, a fit denizen of the contracted apartments. With a couple of boxes for her bedstead, with a few straws, rags and old skirts for her bedding, and in the midst of filth and vermin, her surroundings could but seem to us not at all propitious for the performance of so serious and horrible an operation as craniotomy. Moreover, the woman was at full term, had been in labor for at least 36 or 40 hours; was restless, with a feeble pulse of 120 per minute, and with evident exhaustion. The external genitals were hot and exceedingly sensitive. The abdomen protruded markedly forward, and the uterus was deflected to the left. Her stupidity was such that no satisfactory history of herself could be given; she stating that on two previous occasions, two children had been taken from her, and that in neither was the head crushed.

We etherized her for examination. The examining finger came directly in contact with the sacral promontory. With the hand only, we took the antero-posterior of the superior strait to be not more than two inches, and its shortening to be due to the jutting forward of the promontory. There was evidently less relative diminution of the other diameters—especially of all the diameters of the inferior strait. The membranes were intact, but were then ruptured. The head, the presenting part, was in the left anterior position of the vertex, and above the pelvic brim.

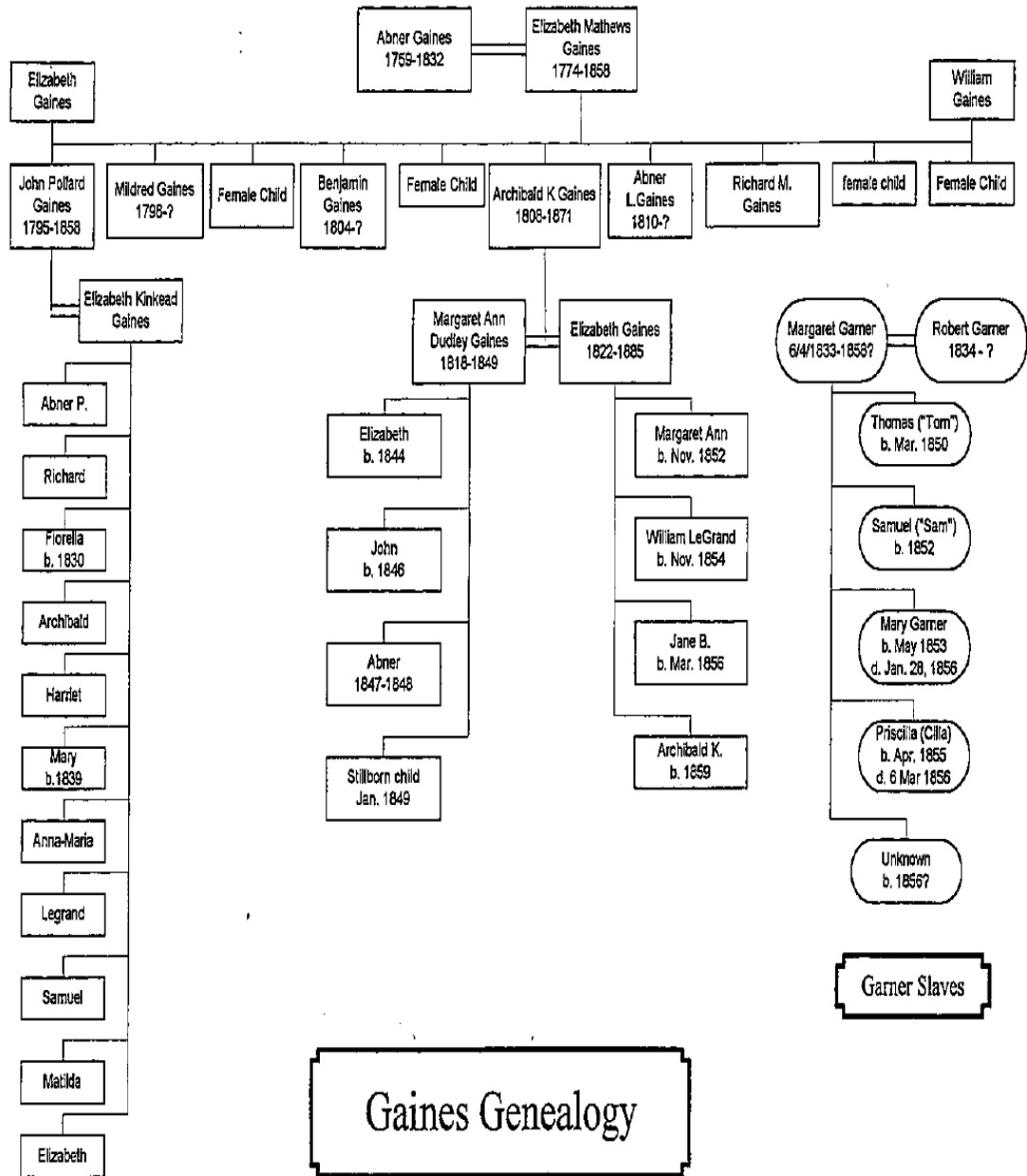
The case evidently called for either craniotomy or the Cæsarean section, and the already much depressed state of the woman demanded an immediate operation. Her circumstances seemed to me to preclude the idea of Cæsarean section, and I at once decided on craniotomy.

Owing to a number of unexpected delays, the instruments for the operation did not arrive until $1\frac{1}{2}$ hour after the rupture of the membranes. In the meantime, the woman—though aroused from the ether, and receiving morphia and whisky—was becoming more exhausted, so that before being again etherized for the operation, the pulse had risen to 130 per minute. The head, by external pressure, being steadied by Mr. Loder, I easily passed Harlow's perforator through the posterior fontanelle into the cranial cavity, and with it broke up the brain tissue. Then, with Meigs' embryulcia forceps, leaving the scalp when practicable, I tore off, piece by piece, the bones

2. Weisenburger, S. (1998). Garner-Kite Genealogy. In *The modern medea: a family of slavery and child-murder from the old south*. New York: Hill & Wang.



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CITY NEWS

AMUSEMENTS, ETC., TO-DAY.
PEOPLE'S THEATRE.—*Corner of South and Pine streets.*
Open every evening.
LECTURE BY THE REV. CLEMENT M. BRYANT, D. D.,
at South & Pine's Hall.

Arrest of Fugitive Slaves.

A Slave Mother Hurdles her Child rather than see it Returned to Slavery.

Great excitement existed throughout the city the whole of yesterday, in consequence of the arrest of a party of slaves, and the murder of her child by a slave mother, while the officers were in the act of making the arrest. A party of seventeen slaves escaped from Boone and Kenton counties, in Kentucky, (about sixteen miles from the Ohio,) on Sunday night last, and taking with them two horses and a sled, drove that night to the Ohio river, opposite to Western Row, in this city. Leaving the horses and sled standing there, they crossed the river on foot on the ice.

Five of them were the slaves of Archibald K. Gaines, three of John Marshall, both living in Boone county, a short distance beyond Florence, and six of Levi F. Daugherty, of Kenton county. We have not learned who claims the other three.

About 7 o'clock this morning the masters and their agents arrived in pursuit of their property. They swore out a warrant before J. L. Pendergast, Esq., U. S. Commissioner, which was put into the hands of Deputy U. S. Marshal Geo. H. Bennett, who obtained information that they were in a house belonging to a son of Jo. Kite, the third house beyond Millersreek. The son was formerly owned in the neighborhood from which they had escaped and was bought from slavery by his father.

About 10 o'clock the Deputy U. S. Marshal proceeded there with his posse, including the slave owners and their agent and Major Murphy, a Kentuckian, and a large slave holder. Kite was called out and agreed to open the door, but afterwards refused, when two Kentucky officers, assisted by some of the Deputy Marshals forced it, whereupon the young negro man Simon, the father of the children, fired a revolver three times before he was overpowered. By one of these shots special Marshal John Patterson, who raised his arm to reach the pistol, had two of his fingers of his right hand shot off the ball afterwards striking his lip.

In the house were found four adults, viz: old Simon and his wife, and young Simon and his wife and four children of the latter, the oldest near six years and the youngest a babe of about nine months. One of these, however, was lying on the floor dying, his head cut almost entirely off. There was also a slash about four inches long in the throat of the eldest, and a wound on the head of the other boy.

The officers state that when they questioned the boys about their wounds they said the folks threw them down and tried to kill them.

The young woman, Peggy, and her four children belonged to Marshall, and her husband and the child Simon and the old woman Mary to Gaines. Simon and Mary are the parents of young

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2013 Introduction to Pan-African Studies (PAS 200), University of Louisville,
Louisville, KY

Guest Lectures

University of Louisville, 2012 – Present

Black Political Thought (PAS 326)

Race, Color, and Consciousness (PAS 205)

Introduction to Pan-African Studies (PAS 200)

CONFERENCE PRESENTATIONS

“Reclaiming My Body: Black Women and the Fight against Reproductive Inequality” on panel:
Reclaiming My Black Body. National Council for Black Studies 38th Annual Conference. Miami,
FL. 8 March 2014.

RESEARCH EXPERIENCE

Working with Dr. Ricky Jones on the republication of *Black Haze* (coming out in 2014) I worked
to find incidents of hazing in Black organizations including Greek letter organizations, marching
bands, as well as other fraternal organizations from 2000 to 2012. I was also responsible to
making additions to the list of incidents compiled for the first publication.

PROFESSIONAL AND SERVICE ACTIVITIES

2012 – 2014 Pan-African Graduate Student Association, University of Louisville, Louisville,
KY

2012 – 2013 Vice President, Pan-African Graduate Student Association, University of
Louisville, Louisville, KY

2011 – 2012 Intern, Wheatley Elementary School, Jefferson County Public Schools,
Louisville,

KY

2012 Women’s Book Club Facilitator, Women in Transition, Louisville, KY

2009 – 2012 Participant, Minority Teacher Recruitment Project, College of Education,
University of

Louisville, Louisville, KY

2009 – 2011 Debater, Malcolm X Debate Team, University of Louisville, Louisville, KY

AWARDS & ACCOMPLISHMENTS

2014 Graduate Dean’s Citation Award

2011 Dr. J. Blaine Hudson Scholar

2011 Naval Academy Double Octo-finalist (Varsity Division)

2011 CEDA Triple Octo-finalist (Varsity Division)

2010 UNLV Debate Tournament Octo-finalist (Novice Division)

2010 CEDA Triple Octo-finalist (Varsity Division)

2010 CEDA Quarter-finalist (Novice Division)

2009 – 2012 Minority Teacher Recruitment Project Scholarship Recipient

2009 – 2011 Malcolm X Debate Team Scholarship Recipient

2009 Harold Adams Scholarship Recipient

2008 – 2012 Kentucky Educational Excellence Scholarship

ORGANIZATIONAL AND PROFESSIONAL AFFILIATIONS

Ankh Maat Wedjau Honor Society (Spring 2012)

Cross Examination Debate Association (2009 – 2011)

National Council for Black Studies (2012 – Present)

National Debate Association (2009 – 2011)