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The Stain of Slavery on the Black Women's Body and the Development of Gynecology:

Historical Trauma of a Black Women's Body

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Abstract

It was 1419 when the transatlantic slave trade would begin the stripping of black womanhood, by 1650 becoming the slave masters sex object on the plantation, and in 1840 to the surgical table where they were experimental subjects of medical doctors for the development of women reproduction health also known as Gynecology. Anarcha, Lucy, and Betsy were the first women experimented on under the racist ideology that was produced by scientist stating that black bodies are “super bodies” when it comes to pain. Transgenerational trauma has left the black “painless” bodies of women isolated from proper medical treatment in women’s reproductive health. The objective of this paper is examining the historical usage of black women’s bodies within the field of medicine, while address the present-day treatment and experiences of black women within the health sector and the implications it has on diversity and health. Through work of Marion Sims one of the forefathers of Gynecology, this research will highlight the transgenerational trauma of unethical medical experimentation on black women’s health today, specifically examining the mortality rate of black women and black children. The medical experience of black women contributes to our understanding of diversity and health, by the historical and institutional practices that have trickled down, both on to black women and through the scalpels and medical research of medical physicians. The black women’s body has been faced transgenerational trauma leaving the body uncured resulting in possibly death because of how their bodies have been viewed throughout medical history. The black women’s body has been found guilty throughout history because the verdict comes from the bloodline that started in 1419.

The abuse of African American bodies began during the start of the transatlantic slave trade but intensified during slavery. In particular, enslaved black women suffered from the stripping of their womanhood on the plantation and placing them on surgical table where they endured various unethical surgical experiments. Between 1840s and 1860s, physicians and slave owners would become the principal beneficiaries of the experimentation of black women's bodies. Black women's bodies historical use as instruments in the advancement of women reproduction health, has left traumatic consequences and has stigmatized black women health and medical experience within present-day. Despite, the liberation of black women, their bodies are still being seen as "super bodies" when it comes to enduring pain and gynecological attention. Through the observation of the work of Marion Sims and the historical usage of black women's bodies within gynecology, this paper will address the contemporary treatment and experiences of black women within the health sector and the implications it has on diversity and health. The systematic abuse of black women bodies has produced theories based on racist ideology. Black women's bodies still suffer violations and cruelties similar to the experiences of Anarcha, Lucy, and Betsy. They professed: "I must've been found guilty of something, not that I was wronged but verdicts come in a bloodline" (Judd).

For the duration of the 18th- century, scientist-physicians such as Josiah Nott, Samuel Cartwright, Samuel Morton, Charles Darwin, and many others reinforced and produced scientific studies that identified the institution of slavery as acceptable because blacks were considered inferior beings. These physicians would use the "scientific studies" to emphasis African Americans as a different species compared to white people, which would justify the unethical experimentation on their bodies.

Two of the popular theories during slavery that would later grant invisible consent to physician like Marion Sims to proceed with these experiments, were polygenesis and monogenesis creation narratives revolving around the origins of modern humanity. Since these theories resonated what white, pro-slavery scientist and slave owners believed, medical treatments and instruments would be created off the experimentation of black women; but before the physicians would begin to experiment surgically, slave owners would experiment on the plantation.

The first experimentation of enslaved black women's bodies without consent was on the plantation through the raping of women. The records of the sexual abuse of black women are voluminous, and sources evidence how some bondwomen suffered physically from many of these brutal sexual encounters with white men (Ownes). Black women were of great value to white men in meeting sexual desires, increasing reproduction of children on plantation, and economic wealth from the freely usage of enslaved women's bodies. These men would be the first to take away sexual liberties, dignity, and humility from black women. Through the experimentation of forced sexual acts, black women would experience childbirth at a higher rate, but would also experience health defects after childbirth leaving them of limited value on the plantation and to slave owners. In the efforts to maintain capital on plantation, this would leave slave owners to establish the owner-physician pact. The owner-physician pact allowed slave owners to trade black slaves to physicians to perform painful and risky experiments that were too objectionable to inflict upon whites, in return for money under health insurance policy, unless the enslaved women had healed from illness. Many knew that some of the treatments worsened problems and perhaps most important, they realized that a master's interest in their fitness for work was sometimes inimical to their health (Washington). Through this pact, Dr. Marion Sims

would begin to experiment on the first three black women's bodies, that has built his legacy as the "Father of Gynecology".

Marion J. Sims, who is considered the Father of Gynecology, despite his unethical conduction of painful experiments on black women's bodies, would begin his work as a plantation doctor in Alabama. Sims focused his work on black motherhood and infant children, when he noticed the high infant mortality rate of black children on plantations. As a plantation doctor, he would begin to use black infant babies as subjects for dangerous experiments, who were diagnosed with tetany (muscle spasm), which was caused by vitamin D deficiency. However, he would have no success in the experimentation of enslaved infants, due to their young age and underdeveloped bodies, so he would begin to take interest in enslaved women. By 1845, Sims would have seventeen enslaved women, but would first experiment on three women Anarcha, Lucy, and Betsy who would undergo agonizing pain under Sims' scalpel. These women suffered from vesicovaginal fistula, which afflicted many women black and white, who survived intense childbirth (Washington). During 1845-1849, Sims would use these three women to develop a series of techniques to treat and fix the vesicovaginal fistula of all women. His first patient was 17-year-old Anarcha, who he experimented on thirty times until he achieved his first successful surgery in 1849, developing the cure for vesicovaginal fistula (Axelsen and Ivy).

Despite these achievements, these experiments were extremely dangerous and painful because black women would not receive anesthesia, while Sims would later routinely use anesthesia on white women (PMC). In his later writings, Sims would describe the pain that Lucy endured as he experimented on her body. "Lucy's agony was extreme... she was much prostrated and I thought she was going to die. That was before the days of anesthetics, and the poor girl, on her knees, bore the operation with great heroism and bravery" (Washington). This

tenacious belief that black women could endure all types of pain because they did not feel pain, excused surgical experiments without anesthesia, which created a medical gaze of the black women superbody (Owens). Through the experimentation of Marion Sims, the influence of race and health perpetuate the differences between black and white women bodies within medicine.

During a period where physicians held no professional stature to look at a women's genitalia, Sims experimentation on black women's bodies gave way to the exception for black women. This shows how race determines the health experience women receive. White doctors like Sims, were free to perform procedures on black women that would have been socially unacceptable to white women, at the minimum violating the standard of modesty (Medical Bondage). Many white women came to Sims for treatment of vesicovaginal fistula, after the surgery had been perfected on enslaved black women. However, none of them were able to endure a single operation (Axelsen). This perpetuated the racist science belief of "painless blacks" and defends the ideology that black women could only tolerate pain, while white women could not endure the pain. Physicians would see no moral wrongs in the way they used black women bodies to explore experiments. Despite this, black women enduring agony of surgical procedures could not resist, but white women could resist due to race and freedom.

George Cuvier a French physician during the 19th- century is a prime example of Physicians viewing black women's bodies as objects of experiments and they did not perceive these actors as people. After the death of Sara Baartman at the age of 27, George Cuvier would pickle Baartman's genitalia for experimentation purposes(Youé). This shows how racial identity determines what can be done and who has power to experiment on black women's bodies. Just a century following this Fannie Lou Hamer would also be a victim of a medical procedure that resumed in the removal of her uterus illegally without her consent (Washington). Although Sara

Baartman, Fannie Lou Hamer or other enslaved black women did not verbal give consent the historical invisible consent had already labeled their bodies and gave physicians approval over their bodies because it was within the bloodline. Physicians would find black bodies to be more available and more accessible within the white dominated society because they were rendered physically visible by their skin color but were legally invisible because of their slave status (Savitt).

Sims research demonstrates the relationship of race and health treatment between black women and white women and the generational cycle of institutional practices still exhibited today towards black women. Although, the historical experimentation of black women bodies can be seen as a past history within gynecological medicine, it is still haunting black women's bodies today. This complex superbody gaze of the black women's bodies from the start of slavery has left a lasting imprint on the medical attention African American women have received over the course of history. The racial concept of "painless black bodies" has allowed African American women to be stigmatized as pain enduring beings, and has left medical researchers looking for answers on addressing the increase of childbirth mortality rates for black women and children. Today, African American women are still enduring pain and death, that has labeled their bodies through the bloodline of their foremothers.

The same trauma that Anarcha, Lucy, and Betsy endured, has continued to shock the bodies of black women after childbirth in 2018. Serena Williams, the greatest woman tennis player alive, was one of the thousands of African American women who experienced being just another case, instead of a patient. In 2017, following the birth of her daughter Olympia, she suffered from a pulmonary embolism. Having had a long history with blood clots, Serena Williams instantly knew something was wrong with her body; however, the doctor would

suggest that “the pain medication she was on left her confused” (Haskell and Salam). Due to the disbelief of her doctors, she was almost on her death bed for what she knew was happening within her body. This response by the doctors has a historical precedence on the way medical doctors have developed racial biases towards the treatment of black women, despite socioeconomic status or education level, black bodies are still treated as racially different than white women’s bodies. Serena Williams’s body is strong on the outside, it does not correlate with high pain tolerance, which throughout history has been the case for all black women bodies. However, Serena Williams would not be the only generational case that would almost lead to death.

Tia Moore was a 32-week patient who faced complication with pregnancy. When she arrived at the doctors after expressing pain, doctors never checked her cervix or ran any test on her to make sure she was fine, she would later find out that she suffered from a placental abruption, which could have led to the death of her baby and herself. Moore stated in a 2018 interview with the Huffington Post, “I feel like they always diminish us and think that we’re complaining too much, or asking too many questions, or we’re drug seeking” (Pearsons). Just like Tai Moore, other African American women, would come to realize or believe that their health treatment by medical physicians has to do with race. Owing to this strong skepticism that has been racially developed around physicians, African American women may experience Iatrophobia, which Harriet Washington defines as the fear of doctors. Iatrophobia, has led black women to avoid the doctors and take on home remedies, just like enslaved women would do in order to hide illness from slave owners, and avoid experimentation of their bodies (Washington). This method of care reflects social heterogeneity among African American women that is rooted in the medical racism that continues to afflict black women. Many of the stigmas of high death

rate during childbirth birth of women and infants, ties to the transgenerational trauma from enslaved black women who experienced the same trauma, that could be linked to physicians using unsterilized instruments during delivery. Through the experiences of Serena Williams and Tia Moore's they tell a historical story of black women's bodies and how it has infiltrated in the training, treatment and examination process of black women.

The history of black women's bodies within medicine has become a generational curse or cycle, which has continued to label black women's bodies as painless. This has led to the rise in childbirth death amongst black women. According to the 2014 CDC report, black women are three to four times higher than white women to endure risk of pregnancy related death. In addition, black women experience 44 deaths per 100,000 while white women experience just under 13 per 100,000 (CDC, 2014). These statistics are very high and has become a public health crisis. Many doctors and researchers have come to conclusions that these influences are based on disparities and higher morbidity amongst African American women. Dr. Elizabeth Howell, director of Women's Health Institute at Mount Siani's Icahn School of Medicine, concluded that "there are economics, social, environmental, biologic, genetic behavioral and health care factors that all contribute to this disparity" (Howard). This is a national problem because the death of black women during childbirth can possibly be linked to morbidity. According to research, rates of obesity and high blood pressure (or hypertension) risk factor for pregnancy complications tend to be higher among black women (Persons). These levels of morbidity could be due to the superwoman complex that society has placed on African American women, to be everything for everyone, and again these themes are contributed to the many slave-owners and physician-scientist that changed the sexual nature and identity of a womanhood for African American women's bodies.

In order to address this national problem, researchers have been cultivating solutions on how to decrease these numbers. One of the solutions that has been looked at in 2017, is the creation of one protocol that will be used on all patients receiving gynecology services (Howard). This protocol will hold physicians to a higher standard for equal treatment of all patients despite race or any historical pretense of the view of black women. These examinations could possibly decrease the mortality rate of black women during childbirth and decrease infant mortality, but this has yet to be performed by physicians, because women like Serena Williams and Tai Moore have still encounter racially biases treatment.

Throughout history black women's bodies have consistently confronted many unethical medical experiments and examinations that were passed down from generations and left an indelible mark on the medical profession. Medical researchers have a negative relationship with severely high episodes of maternal mortality. As we can see from the agonizing pain Anarcha, Lucy, and Betsy experienced under the hands of a medical physician, black women are still baring the longsuffering of these experiments. The health of black women has been racially unequal because of the exploitation and objectification of bodies, not viewed or examined as bodies, but rather instruments to perfect medical procedures and technique. In order to find solutions to the high childbirth date rates that have increased over time, physicians and scientist need to observe the historical treatment of black women's bodies and the trauma that started with Physicians such as Marion Sims, impacting black women's body today and the negative imprint it has left on the medical practice toward these actors. The history of black women's treatment demonstrates how socioeconomic status, education, morbidity and other factors impact the way in which treatment is distributed amongst white women and black women. The medical experimental legacy of black women contributes to our understanding of diversity and health,

through the lens of the historical and institutional practices that have trickled down, both on to black women and through the scalpels and medical research of medical physicians. Living in a black women's body in need of medical attention has been "Punishment"--- the body is murdered by its own weight will lynched (Judd); continuing the negative legacy of unfair, exploitive, and unethical medical practices.

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