

Erin Welsh

Hi, I'm Erin Welsh and this is This Podcast Will Kill You. I am so excited to be starting up this book club again for our seventh season. A big thank you to everyone who reached out with suggestions for books to cover, keep them coming, I am always in need of book recommendations, and for giving us some feedback about the book club episodes, we really appreciate it. I have had such a fun time putting these episodes together and I am beyond thrilled to be bringing you more book club episodes this season, several more than last season in fact. Over the course of this season, we'll be chatting with authors about popular science books covering a huge variety of topics in science and medicine, all the way from the impacts that roads have on ecosystem and human health to plant an animal poisons and what draws us to these deadly substances; from the surprising early history of plastic surgery and its wartime origins to the tricks our memory plays on us and how forgetting is actually a feature, not a bug. And that's just a teeny tiny sampling. If you want to take a sneak peek at some of the different books we'll be getting into this season, head over to our website where you can find a link that will take you to our bookshop.org affiliate account and our book club list.

Today though I am so excited to be kicking off the TPWKY Book Club this season with a conversation with the incredible Dr. Deirdre Cooper Owens, award winning historian and author, reproductive justice advocate, associate professor in the History Department at the University of Connecticut, and an all around amazing and inspirational person to chat with. In 2017, Dr. Cooper Owens published her book 'Medical Bondage: Race, Gender, and the Origins of American Gynecology' which tells the story of how the field of gynecology in the US was built on the backs of enslaved and disenfranchised women. Their contributions, from acting as both experimental subjects as well as care providers in what were undoubtedly terrifying and agonizing situations, were instrumental to the development of gynecology. But until now their role has largely gone unrecognized, with most narratives on the history of gynecology, featuring white male physicians as the main or sole characters and omitting the racist and sexist beliefs these physicians held which led them to conduct horrific medicalized torture in the name of science and forward progress.

In 'Medical Bondage' Dr. Cooper Owens reframes these narratives, shining a spotlight on the women whose erasure from the histories of science and medicine reveals a larger bias in how we choose to tell these stories. 'Medical Bondage' also explores the changing landscape of medicine and midwifery in the 19th century and how formalization of medical training excluded people of color and women from practicing medicine, changing the relationships between physician and patient. As white male physicians began to insert themselves more into areas previously occupied primarily by women such as midwifery, they brought with them racist and sexist views that heavily influenced the ways they perceived the women in their care and the way they wrote about these women. This left a lasting imprint in medical literature, training, and practice, one which is still keenly felt today.

Histories of science and medicine are filled with stories of invention, of technological advancements, of rogue geniuses who revolutionized care or transformed the way we think about human health and disease. But too few of these stories acknowledge the human cost of progress. With 'Medical Bondage', Dr. Cooper Owens provides a much needed reappraisal of the history of American gynecology. Reading this book will leave you wondering how many other medical procedures or devices or med school buildings are named after physicians who did not consider the people in their care to be worthy of respect, dignity, or compassion. We on the podcast love this book and we've referenced it many times in different episodes of the podcast and so it is honestly just such a thrill to get to chat with Dr. Cooper Owens today. So let's get right into it.

TPWKY

(transition theme)

Erin Welsh

Dr. Cooper Owens, thank you so much for being here today. I am so thrilled to chat with you about your incredible book 'Medical Bondage' and its examination of the exploitative origins of American gynecology, origins that are so closely intertwined with the institution of slavery. How did you first become interested in this topic and when did that interest transform into writing a book about it?

Deirdre Cooper Owens

Yeah. First, thank you so much for having me on your show. I am really excited to be here. Not so excited to talk about the kind of nefarious beginnings of gynecology but really excited to share this information with your audience. I think like every traditional academic the idea first started when I was conducting research for dissertation projects when I was still in grad school at UCLA in 2005. I took a class dealing with the history of science in the US and the Atlantic world. And I remember I was thinking my gosh, there's nothing about black people in here. We were like only talking about the steam engine it seemed.

And so I'm like how do I make sense of this? Am I gonna pass this class? And I've always had a gift for gab so when I was in LA, I was very involved with my alumni association. I went to an all black women's college and I was going to moderate a panel with Johnnetta Cole and Reverend James Lawson, the civil rights pioneer. So I'm doing my research and read this book by Johnnetta Cole and also another pioneering black feminist thinker and scholar, Beverly Guy-Sheftall. And it was called 'Gender Talk'. And I remember only two or three lines were dedicated to this guy I'd never heard of, Dr. James Marion Sims, known as the father of American gynecology and his experimental research on enslaved women subjects.

And I thought wait, I thought experimental medicine began with the Tuskegee syphilis experiment or study. And I thought this is really interesting. And so I spoke with my professors, they said, yeah, why don't you pursue it? And that got me on the road to widening at least for me the lens of 19th century US history and slavery and thinking about it with regard to medical experimentation and the possible development of a branch of medicine. So that's what got me on the road. By the time I graduated in '08, I knew I had a book project. But it's really hard to write about a historical group when they were illiterate, they don't leave written records. And so I was thinking how do I center the experiences of enslaved women when all of the writings are basically from the physicians and their owners? And so that really proved I think to be the most challenging part for me.

Erin Welsh

In your book you discuss the inherent contradictions in the ways that black bodies were viewed by white male medical doctors in the 19th century and beyond really. Can you outline some of these contradictions that were present in so many medical journal articles from that period and also discuss the term that you coined, 'medical super bodies', to describe these conflicting beliefs?

Deirdre Cooper Owens

Right. Yeah, that's the thing. When I first started doing these talks and conferences and I would always get this question from folks in the audience. They're like wait, I don't understand, they're operating on enslaved women to cure all women but supposedly black people and white people are different, right? And I was like so that's the inherent contradiction I think that comes out for us in the 21st century. How in the world can you say human beings are different, right, that there are these biological distinctions? But you're using this allegedly inferior and degraded and abnormal group to cure normal white women. It just didn't make sense. And this is the thing even for 19th century physicians who are writing this, they are really letting us know that these, the term I call racial cognitive dissonances are apparent. So for instance I think what we most readily go to in the 21st century is this older belief that black women or black people didn't experience pain for very painful things, childbirth, surgeries.

But you'll see in the physician's notes, I had to restrain Betsey when she saw the surgical blade. And so you're like well if they don't experience pain, doctor, why are you restraining them like you would a white patient? Because clearly you know this is a human being. So whether you're wedded to a kind of anti-black belief, you still know these are people, you know that when you cut inside of this patient, she's gonna have the same cervix as a white patient. You know if you undress this patient, they're gonna have breasts just like white patients have breasts, right. I mean there's no biological distinction. But because this is such an anti-black moment and people are really invested in these differences, right, people will write something that stands in total contradiction of what is being played out. And so the 'medical superbodies' that I come up with, this term that I theorize and I come up with is really to show the kind of duality that black women represent both sides of the coin so to speak, they are the symbolic Janus head.

And so what that means is you can say that these bodies are degraded, that they are biologically inferior, that they intellectually exist in a state of arrested development but at the same time see these bodies as superior when they want the bodies to be superior, right. So when it comes to surgeries, they're superior. When it comes to childbirth, they're superior. Well why is that so? Because you know that the engine of American slavery is propagated by the birth of enslaved children. Because it's a law, right? The only way that 19th century slavery can continue is not through an Atlantic slave trade that's been outlawed, it's through the births, the pregnancies and the births of black women who then pass along the condition of bondage according to the colonial laws set up when there was no United States and we were still British colonies. And so there are lots of things that goes into this kind of medical superbodies theory that I created.

Erin Welsh

Let's take a quick break here and when we get back, there's still so much more to discuss.

TPWKY

(transition theme)

Erin Welsh

Welcome back. I've been chatting with Dr. Deirdre Cooper Owens about her book 'Medical Bondage'. Let's get back into it. How did medical doctors at the forefront of American gynecology use scientific or medical language to deepen racial categories or legitimize hierarchies across race and gender?

Deirdre Cooper Owens

Yeah. This is the wonderful thing and in some ways it's concept with what Ibram Kendi talks about in his 'Stamped from the Beginning', the racist history of ideas. These are really smart people, right? I mean these are not just kind of folk coming up with things off the top of their head. I mean the rise of 18th century racial science really helps to solidify why doctors are writing about black people's bodies as different. So in my book I start with a kind of intellectual genealogy, I jokingly call it my Roots section based on the TV miniseries. And so I'm like hey, this is not just one person, you know that there's a structure in a system that was being put into place in the United States.

And so for instance, I begin with Georges Cuvier in France when he is writing about and talking about and examining the South African born Saartjie Baartman who became derisively known as the Hottentot Venus. And he's captivated, I mean like kind of appalled but also captivated and enticed by Baartman, not because of her personality but really it's because of the size of her buttocks. To the point where you have Atlantic world doctors writing about the size of her buttocks as if it was abnormal, right? And they're saying she has steatopygia, an enlargement of the buttocks, that is an abnormal condition. And I was like have you been to South Africa? Because I know I used to live there. I'm like the way she is shaped is no different than any Khoikhoi woman, right, that's her ethnic group, than any Khoikhoi woman that you would meet today. It's a normal shape.

And the thing that proves that she's just a normal woman is when she dies and Cuvier dissects her cadaver and her skeleton is assembled. He finds that she's no different than anybody else. But the ways that people are writing and thinking about black bodies and black women's bodies in particular kind of travels across the Atlantic world. And so by the time you get to the United States, people have this, doctors I should say have this belief that black people are just inherently different, that they can reproduce faster, they have no pain, that they have distinctive medical diseases, that they are prone to underdeveloped lungs, their skin is thicker, they have flatter feet.

I mean it's everything that you can think of. There are all of these kinds of writings about black people supposed difference from white people, even folk who we would say, I'm gonna use a 21st century term, who are really progressive allies like Benjamin Rush. In a 1799 paper presentation that he makes at the American Philosophical Society he says the negro's skin is so dark because he has leprosy. But the way that we can solve this thing, dear compassionate white people who are abolitionists like me, is to show them compassion and then they will in turn become white, right. And so I mean from the most lauded intellectuals, pioneering doctors of the time, there are these ways that they are writing about black people as just different.

Erin Welsh

And what purpose do these differences ultimately serve politically?

Deirdre Cooper Owens

I think politically it shows that if you can say that these people need authority figures in their life, they need these patriarchal figures who will take care of them, this then becomes a natural state of race relations between black and white people. But also it can continue the economic labor system of slavery. So for instance, I often tell people about John C. Calhoun who, as racist as he was and he made no bones about his kind of anti-black hate, John C. Calhoun was also this really strategic and savvy political thinker. So before he becomes vice president, before we kind of talk about him as being the architect of secession and states' rights, I point people to Calhoun's very sophisticated use of the results of the 1840 census. And so what Calhoun does as an ambassador to Mexico, and he knows that the territory of Texas is being debated by lawmakers, whether it should enter the Union as a slave state or a free state. Calhoun points to the 1840 census and says look, negroes who are free suffer from insanity, or as it was called in the 19th century, lunatics, more than enslaved people. Enslavement is a condition of normalcy for black people or negroes as they were called. And so freedom actually causes a descent into mental mental illness or lunacy.

And so he's writing to the ambassador in Mexico sharing these statistics. Now of course there's an actual statistician who was like wait, the numbers are rigged, like bro, what are you talking about? In fact this isn't true at all. And you have leading black figures, black doctors, I mean there are not a lot of them but they're also writing to contest John Calhoun's claims. But politically when you are saying hey, we want this state or this territory to enter into the Union, we're gonna tell you why it needs to enter into the Union as a slave state. But what does this ultimately mean for America? Much of America's wealth is built on slavery, especially cotton production by the antebellum era. And so cotton makes the United States the fourth richest nation in the world, right. And so what you don't want to do is stop that.

So I often tell folks, I said what was the richest state in the Union at the start of the Civil War in 1861? And students are like I'm not sure. And I said Mississippi. And today we often think of Mississippi as the poorest state in the Union. But what does Mississippi do as soon as the civil war ends in 1865? It's the first state to institute the black codes that essentially tries to re-establish a kind of quasi slavery because they're trying to regain their economic standing. I mean it doesn't work economically for the state, right, but we know that Mississippi has some the most stringent laws, kind of anti-black laws. And so they're trying to replicate the system that made them really, really wealthy. And so that's how you have the kind of integration of politics into medicine. I mean even in terms of the beginning of the slave trade, guess who were the folk who always were on slave ships? Not just the captain and the crew and the captors, medical doctors for insurance purposes. So medicine has always been integrated into slavery and the development of certain branches of medicine.

Erin Welsh

And speaking of one of those branches, gynecology, for centuries midwifery was practiced primarily by women.

Deirdre Cooper Owens

Yes.

Erin Welsh

But then this began to shift in the 18th and 19th centuries with white male medical doctors invading the space more and more.

Deirdre Cooper Owens

Yeah.

Erin Welsh

What were some of the political factors underlying this shift?

Deirdre Cooper Owens

Yeah. It's really interesting. I love Laurel Thatcher Ulrich's book 'A Midwife's Tale' where she found the diary essentially of a white colonial midwife in the New England area. And there's this kind of funny passage where a young doctor comes in, and obstetrician/gynecologist comes in or a male midwife as he was called back then. And she's just like this guy doesn't know what he's doing, like he's messing everything up. And there was a lot of protest originally. It was like this is unethical. Why would a quote unquote "normal man" want to enter into this field? Like this is something that women have done for millennia, like leave it to women. They're the ones who become pregnant, they understand a woman's body.

But what you start to have especially in the 19th century in the US in particular is this kind of codification of these systems. So things are now no longer in process, they just are. Medicine is not simply becoming, you have these branches that are being validated, they're being institutionalized. And so you start to have in medical schools curriculum that include obstetrics and gynecology. And this is the thing, right, money can be made off of this. So even in slave management journals in the 19th century, you start to see a lot of letters to the editors, a lot of questions that are being asked.

Hey, what do we do around the issue of pregnancy and childbirth? How do we create spaces to ensure that these women are having the healthiest births that they can so that the children live? Right, so that the infants live. So it's starting to be institutionalized in the 19th century. And so you then have greater numbers of men who are enrolling in medical schools and they're taking up these courses. And this is the interesting thing, childbirth is seen as natural but also men are instituting themselves when the cases become dire or their emergency cases. And so all of a sudden this kind of biological function of women are seen as wait, there has to be intervention by doctors because clearly our expertise, our formalized training allows us to quote unquote "save the lives" of the children and the mothers, right.

And so you start to see the positions change. So as opposed to women walking around, having families in the rooms, all of a sudden you're lying on your back, your legs are up so that the doctor has a view. It's not an easy position for the woman, right, for the birthing person. And so all of these little things start to change and doctors begin to write about pregnancy and childbirth as if they are dangerous, unnatural things. And I'm like yeah, it's dangerous because in the 19th century you don't have germ theory into the latter part of the century. But you tend to lose more lives when doctors start to become I guess natural players in this game or, or I should say not natural but kind of normal players in the game. And that's when things really begin to change. And midwives are just not happy about it at all. And so it really upsets the balance unfortunately.

Erin Welsh

What did this shift from primarily women-led midwifery to then men invading the space, what did this look like in practice? Like where were these spaces invaded first? Was it in like more rural spaces? Was it with wealthy or poor patients?

Deirdre Cooper Owens

Yeah.

Erin Welsh

What did that shift look like?

Deirdre Cooper Owens

That's a great question. Well the shift really begins always with the introduction of the surgical blade, right. Because the one thing midwives are not doing, and it doesn't matter what kind of midwife you are, whether you're indigenous, whether you're white, whether you're immigrant, whether you're black, enslaved, they're not instituting practices that involve cutting. They're not surgeries, right. They are using what's termed as hand art during that time, right. So midwives tend to be more, they're just gentler, right, because they're not relying on instruments. So that's kind of the first real shift, this is how gynecology is born because of the introduction of these instruments, these surgical instruments. The shift actually can't be pinpointed because that's the thing, we're only relying upon the sources that exist. So in rural spaces, someone might not have left notes for instance. You just go into an emergency situation and you help the person deliver their child.

But what you start to see are the rise of hospitals kind of throughout the United States. The rise of these hospitals, really they aren't happening in the South as much. You start to see these hospitals developing in the North because most medical schools are in the North. But what is interesting in the South, you do have some hospitals and they have relationships with plantation owners, with slave owners because these are spaces where the the slave owners can send sick patients. And I'm talking about OB/GYN specifically, you can send these patients to the hospitals and the hospitals absorb the costs. And so this is really beneficial to a slave owner because now this person doesn't have to invest money. Then you might be investing the actual quote unquote "human commodity" who is the the chattel slave legally.

But the hospitals are promising to essentially fix, right, that's the term used back then, to fix the patient. With James Marion Sims, this is really interesting, he's known for creating or founding the first women's hospital in New York in 1855. What I show in my book is this isn't true. James Marion Sims creates a hospital in Mount Meigs, Alabama in the 1830s. By the 1840s, he's opened up a hospital in Montgomery, Alabama, which is a more urban space, right. Mount Meigs is the rural outpost, Montgomery is the city. And this actually is the first hospital that is founded for the creation and cure of women's problems as they call it, women's conditions. And so he performs the obstetrical fistula operation in the 1840s on enslaved women in Montgomery. And it actually is the first site of a kind of dedicated women's hospital.

It becomes erased from the history books because of course they're black. And I often tell people James Marion Sims didn't do that. The Chroniclers in the 19th century didn't do that. It was racist 20th century folk who just kind of ignored what he wrote about and said oh yeah, yeah, yeah, because this hospital was created in New York for white women then that's the first one. And I'm like wait, we're just gonna ignore what this man wrote in his autobiography, what he wrote in his articles? So yeah, that's kind of how it began in this urban Southern space. And lots of gynecological developments happened in the South because of the proximity of enslaved people to these doctors, they had easy access.

Erin Welsh

Let's take another quick break. We'll be back before you know it.

TPWKY

(transition theme)

Erin Welsh

Welcome back. I've been chatting with Dr. Deirdre Cooper Owens about her book 'Medical Bondage'. Let's get back into those questions. Why was maintaining reproductive ability among enslaved black women seen as so important?

Deirdre Cooper Owens

Because it made the slave South very wealthy. But also there was a colonial law that I referenced earlier that happens in the 1600s. And essentially British lawmakers are finding out that enslaved women are having babies by white men. Gasp! Right? And so they're having these babies by white men who are free. Some of them are really wealthy. I always say hey, look at Thomas Jefferson, right. And so what happens is a patriarchal society would then allow for a child born to a white man, that child would have access to his status which is freedom and it might even mean access to his wealth. Well if you continue to have black women giving birth to, back then they were called mulatto babies, these half white children, this undermines the institution that's supposed to make you money. And so they create a law called Partus Sequitur Ventrem.

There's a really wonderful scholar, Jennifer Morgan, who's written a book, an article about it. She just came up with a book called 'Reckoning with Slavery'. Her first book 'Laboring Women' talks about this. But anyway, what the law does, it institutes that enslaved women will pass along their condition of servitude to their children. It literally upends European law and practice. I mean this rarely happens, right? And so the fact that they could go to this kind of very antiquated law and place this on the backs of black women is antithetical to a patriarchal society.

If men are in power, why in the world would you then allow... I can't even call it power. Why would you then allow the most dispossessed group, right, which are enslaved people, why would you allow them to give a child this status? Well it's about keeping the colonies kind of flush with money. And so that's what happens and that law, right, that practice continues from the 1600s all the way to the 19th century until 1865 when the Civil War ends. And so that is not the case for white women. It's not the case for any other group but it is the case for black women. What is really interesting though for me and I often say this and I have to create a preamble when I speak to people, I said it is not hyperbole when I say that these men and the government were much more interested in maintaining, I wish your listeners could see me, I'm using air quotes, "healthy black births", "healthy black pregnancies" in slavery than they were in freedom.

Because in freedom you can't really force free people to work. I mean you can create all kinds of restrictive laws but if I run away, if I move some place where there are not restrictive laws around race or as restrictive laws around race, you can't control that. But in slavery you can control it because you own these people, they're chattel property, they're movable property. And so that law becomes really, really important. In freedom all of a sudden the very things that black women were praised for supposedly, having all these babies, they didn't care whether the woman was married or not, they didn't care who the fathers were, if you were an enslaved woman, goody for you because you are producing more slaves.

In freedom, all of a sudden the very behavior that had been praised, that had been seen as this kind of biological good is now being critiqued. They're baby mamas, they're welfare queens, they're creating a dependent generation of people who will topple America's economy. I mean all of these things. And I'm like wait but prior to this for centuries you have been applauding black women for their lasciviousness, for their promiscuity, for their ability to have babies without pain. And now that they are having babies but within these unions by black men, it's a bad thing, it's a financial burden. And so it is really not that complicated but really for me a nefarious law that we are still dealing with to this day in terms of seeing black women's sexuality and sexual lives as pathological.

Erin Welsh

So you mentioned James Marion Sims as the quote unquote "father" of American gynecology.

Deirdre Cooper Owens

Yes.

Erin Welsh

But in your book you also discussed the mothers of gynecology-

Deirdre Cooper Owens

Yes.

Erin Welsh

Who worked alongside Sims in his hospital. Who were these women and what role did they play in the birth of gynecology as a field?

Deirdre Cooper Owens

What a great question. And I always thank my colleague's daughter who heard me and her mom talking and I was like yeah, the father of American gynecology, blah, blah, blah. And she said well, you know a child's kind of thinking, well what about the mothers? And so I was like wow, yeah, that's a great question. So these mothers were Anarcha, Betsey, Lucy, they were women that Sims leased from their owners. There were other women on the plantation. Well you know what? I'm not gonna say plantation because he was not a wealthy plantation owner kind of like how we think of George Washington or Thomas Jefferson or those people. He owned a slave farm. And so he had just a few enslaved people. But he leases these women who are suffering from this condition back then called vesicovaginal fistula. So Anarcha, Betsey, Lucy and about 5-6 others, we just don't know their names unfortunately.

And so he gains permission from their owners to take them in and absorb the cost. This was pretty normal during the age of enslavement, it was called leasing slaves, just like how we would lease a car and apartment today. Because once again, enslaved people were considered chattel property or movable property. So he takes these cases and he originally does not rely on the enslaved women to assist him because he has two white male surgical assistants. I know the name of one of them, Nathan Bozeman, who actually becomes a critic kind of after Sims claims that he's fixed this condition. But after a few years the two white medical assistants are like hey, we're done, these surgeries are failing, we're losing money, people are whispering that we're using these women as guinea pigs, like this is not working out for any of us. So they quit.

And this is kind of where the shocking part comes in for a 21st century audience. I say well Sims then turns his enslaved patients into his assistants, into nurses, into surgical assistants. And people are like (gasp) how can this be? I was like it's called slavery. It's like not oh I'm gonna get sick leave and rest up. I'm like they are enslaved, they're slaves, it's an economic labor system. So they work. And he in turn makes them perform the duties that the white male surgical assistants do. So they help him as he's operating, they're holding instruments, they're also caring for each other in the capacity of nurses and surgical assistants. And this is a really interesting thing where I bring up this kind of racial cognitive dissonance.

Now Sims is working on these patients and they represent, once again, two of the most degraded groups of people in society, they're women. Well I should say three. They're women, they're black, they're enslaved. So in the 19th century, you probably didn't want to be born into any of those groups, right? And then to have all of those intersecting identities, you're like whoa. But Sims knows no matter what the the science says, no matter what the law says, he knows that these are still hardworking individuals, hardworking human beings who are thinking human beings. So even though slavery does not permit form of learning or literacy for black people, the thing is slave owners know black people are smart like any other group because if they weren't, slavery couldn't continue. Because why are you gonna continue to ship in thousands and thousands, millions of people across an ocean, if they weren't smart enough to perform the work and do so successfully and make your new nation a really wealthy one?

So that's racial cognitive dissonance number one. If women were really unthinking and illogical and their uteri were the things kind of leading them to behave the way that they would or they did, why then would you teach women the very thing that you taught these white literate men? And then of course for enslaved people who were like infants, their intellectual development was stymied, they could never get past the point of childhood. But if that was the case, you wouldn't have trained them in the very way that you did these white men who were your apprentices who went to medical school. So once again, there are all of these ideologies or sets of beliefs about black people, about women, about enslaved people. But what Sims actually does by training them is really you're exploding these myths. We can see this in the 21st century but nobody in the 19th century is ever gonna write about the hypocrisy of it all.

And so I often joke, tongue planted firmly in cheek, that he finally has the successful surgical reparative method when he has a group of enslaved women as surgical assistants and nurses and not those two white male assistants who quit. Like he finally gets it right because A) they're working on themselves and they don't wanna be there anymore, they wanna be healed. And so they're gonna do everything that they can to make these surgeries successful, to heal each other and themselves. And they do.

Erin Welsh

Enslaved black women had very little control over much of their lives, including not being able to refuse unwanted or unneeded medical treatment.

Deirdre Cooper Owens

Right.

Erin Welsh

But there were spaces where they could and did assert control. Can you talk more about these spaces?

Deirdre Cooper Owens

Oh yeah. It's a wonderful, I mean it's a sad case but it's a wonderful case narrative I have in my book where I talk about this enslaved woman whose owner was angry because she wasn't getting pregnant and she was in her prime years. And so he sells her in anger and kind of out of spite. Well you know what? I'm not gonna have this barren woman here. And she essentially gets pregnant at the new plantation. And so he then sues the new owner, like wait a minute, I want her back because she can have babies. But there's this kind of... This is retold by her grandchild in the Works Progress. So there's a Works Progress Administration of Franklin Delano Roosevelt set up in the 1930s and 40s during the height of the Depression. And so anyway, the WPA narratives as we call them, they are a wonderful resource for those of us who study American slavery. And so this person's grandchild mentions this but the grandmother actually she hates her owner and so she just does not get pregnant. The grandchild doesn't share what the grandmother does but the grandmother is in control of her reproductive health. And so when she sold away, then she is like hey, I'm now ready to get pregnant. And so there are these ways that black women can have some bodily autonomy.

There are also ways that they use the products from their environment. So using cotton root as a form of birth control. So it's like hey, I gotta pick it but you know what? There's a way that we can use this root to control our birth. Like many women know today, many birthing people know today with breastfeeding can prolong you getting pregnant immediately. And so they're utilizing these things. It's often and so I have to walk a fine line though about the ways that black women are asserting their kind of bodily autonomy, they're asserting their knowledge about reproduction and reproductive medicine. Because this is a group who is always under the gaze or the observation of those who own them, right, those who are politically powerful in their societies. And so there are many things that I don't have access to that they have taken to their graves or that their families have never revealed. And I have to be okay with that as a historian of slavery.

And I have to honor that there is a private side because their lives are made so public. And so often I'll get well what recipes did they leave? And I'm like it's a secret. They didn't want anybody to know, right. And so I have to also honor that privacy because that's one of the most valuable things that enslaved women had. And so one can only speculate. And there's a lot of speculation when you write about American slavery because you're talking about an illiterate population. But you're also talking about a population who put high value on the privacy of their lives. And so I can only imagine the kind of creative care that they had to give each other and that they had to not only create but rely upon in those quiet moments of healing. And so for me it's as simple as holding someone's hand. There's a woman named Nanny that I write about in my book who dies unfortunately because of the amount of pregnancies that she has.

But some enslaved person inserts themselves, I don't know if it's a man or a woman, I don't know if there were several people, but as the physician and surgeon who operated on her is trying to collect information for his case, his medical case and to write his article, he says someone who is enslaved lets him know that Nanny died because she bred too much, that her body was fragile. And so even in those ways of collectively caring for her and helping this physician create a narrative in the afterlife of slavery becomes really important, right, that you could risk physical punishment. And yet this person inserts themselves in his kind of fact finding mission to say no, this woman bred too much. And so that's why she died, her body was overused. And so those are the moments that I try to, even if it's just a phrase, if it's just a sentence or two, to have people think about the loving care that also becomes healing and becomes so integral to the slave community.

Erin Welsh

Your book got me thinking about how we define success in medicine and how that measure of success could be different depending on if you ask the person undergoing treatment or the physician performing it.

Deirdre Cooper Owens

Right.

Erin Welsh

And for instance, James Marion Sims may have felt that a hysterectomy was successful if the person recovered fast enough to be able to return to work right away. But that person may not have viewed it as a success if they wanted to maybe one day become pregnant. Do you feel that studying the history of gynecology can give us insight into what we deem quote unquote "broken" and what needs to be quote unquote "fixed" and who makes those designations?

Deirdre Cooper Owens

Yeah, that's such a great question because by all accounts, right, the surgical repair method that Sims creates was successful, right. I mean he had a very loud vocal critic in Nathan Bozeman but for the most part doctors are still, surgeons are still using Sims method, they're still using his redeveloped and refined speculum that carries his name, the Sims speculum. But I often think about, as you said, the other side of the coin. So okay, let's say these women are cured, they're fixed, they're sent back to their slave farms, to their families and friends. But let's think about the emotional trauma that they experience.

We don't know much about them for the most part, I know that there is an author, a journalist who who does medical history, JC Hallman. And so he's writing a book, I think it's called 'Finding Anarcha', but he kind of traces a journey of Anarcha. But for those other women whose names have been lost to the historical record, no one talks about the ways that they return home, if they do, if they don't die, they return home and they're taken away from their family for years. How do you address the emotional, the possible emotional damage and trauma, the psychological damage and trauma? The fact that these surgeries were performed before anesthesia becomes commonplace. But also even if it is commonplace, some doctors might have chosen not to use it because black women don't experience pain allegedly.

And so what goes through the mind of someone who was taken without consent? Because you can't ask an enslaved person for consent because they're not considered legally human. Their owners are. And so what if they had children? What if they were married in love? A beloved member of their community? And I often joke with folk, and I don't mean joke in terms of laughing at things but I'm like they were human beings. Anarchax might have hated Betsey. Betsey might not have liked Lucy, maybe Lucy talked too much, maybe somebody had a nasty attitude, maybe somebody was shady and you gotta live with these people for years and learn to care for people physically that you might not have liked. Because as human beings we tend to think of the oppression as just binding them. So it does in some way but they're still human beings, right. Maybe she was stealing somebody's food because she liked cornbread or whatever, right? you know, because she, she liked cornbread or, you know, whatever, right? Claver milk. I don't know.

But you're also forcing people who are human beings who might not have loved each other in the kind of idealized way that we write about enslaved people as if they don't have natural and normal human interactions with people. What happens when they go home? We will never know, right. What happens to people who are sold at will? We don't know. And so those are the things that for me point to what you say that they are not successful because trauma is real and trauma is lived out. We don't know how this impacts them. So yeah, their bodies might be healed, maybe they can now have healthier pregnancies and healthier birthing sessions. But we don't know the other side of the coin.

Erin Welsh

Yeah.

Deirdre Cooper Owens

And so I think that's really important that you bring this up to have people think about the very human responses to quote unquote "successful" surgeries. In the afterword of my book, and I'm certainly not enslaved, I wasn't born in the 19th century, but I talk about my own IVF experience as descendant of enslaved people. And I was living in New York at the time and I remember being told that this one infertility specialist or fertility specialist, however you want to think about these doctors, was the best in New York, right, had been on one of those like New York Magazine top specialists in infertility medicine. But I want the best for me. I underwent cervical dilations twice with no anesthesia and it was really painful. I mean it was extremely painful. And I remember him just kind of saying with incredulity, oh I thought I told you to take a Motrin. And I'm thinking, sir, you bore a hole into my cervix manually for 15 minutes.

But he was considered the best of the best. And I can tell you I was probably the poorest person in the waiting room because those women there were in Chanel and big diamond rings and this was on the Upper East Side and I was just a CUNY professor at Queens College who barely broke into the middle class in some ways and it wasn't the best experience for me. And so you're right, we have to kind of analyze and examine what that means. What does success mean for a group of people who've often been on the negative side of the medical industry? So that's once again another really good question that creates I think a moment for us to really ruminate on what success means.

Erin Welsh

And thinking about sort of the language used in the 19th century vs the language used today, I think that there's a lie that a lot of people like to tell themselves like oh well that was the past and this is the present and there is no lingering trace of that.

Deirdre Cooper Owens

Right.

Erin Welsh

But where do you see the language that authors, medical doctors used in these 19th century journals, do you see echoes of it today in medicine?

Deirdre Cooper Owens

Oh yes indeed. What a great question. Because I give a lot of talks, I do a lot of consultations with medical schools, nursing schools. I don't know how many grand rounds I gave at the height of COVID to medical doctors who just didn't know the history. And they wanted to know there are these gaps, how did we get to a birthing crisis in the 21st century that's not getting better? And black women have and birthing people have really represented the canary in the mine, so to speak. And now those numbers are becoming even more dismal because white women and birthing people are being negatively affected by this birthing crisis. I mean the United States is the most dangerous place for black women and birthing people to become pregnant and give birth.

And what I'm trying to offer in my kind of study of the 19th century and late 18th century is to show that we are really dealing with the legacy of this. So some of the language is patient blaming. For years, years, decades, right, when we would read about the negative medical outcomes of black women and birthing people's mortality and morbidity rates and even their children, it was ugh, these women are too fat, they don't go to their doctor's appointments, they eat unhealthy. I mean everything, right? And I'm sitting here like black people didn't create Popeye's and Kentucky Fried Chicken and McDonald's. It seems to me that white men did. And the average American woman wears a size 14, that has nothing to do with race. So how is it that other fat women, right, can have healthy pregnancies and births but black women are somehow different, right?

So that kind of patient blaming that was rampant in 18th and 19th century journals, 20th century medical journals is still being deployed today. And so the other thing that also has me furious is the way that black women's race and birthing people's race was seen as the indicator. And I'm like no, no, no, it's not because you're born black or you have more melanin, it's because of racism. And so finally within the past I would say couple of years, you started to have a real reconsideration of how we deploy language that is not race, it's not whether one is black or white or whatever, it's because of the racism that these patients are facing. And so the medical industry has really done a kind of about face and they've become much more reflective in their own practices.

One of the most damning I think studies done to show how dangerous racism is within medicine was a 2016 study that Kara Hoffman did at the University of Virginia. And she was a doctoral student at the time and in psychology. And so she and her team of researchers decided to do a survey of UVA medical residents and I think some faculty might have been included but largely medical residents. She conducted the research in 2014, the article was published in 2016. The results literally mirror articles written by antebellum doctors. Black people had thicker skin. If you go on med Twitter, and this is all anecdotal in terms of med Twitter, you will find nurses and doctors who will argue in the 21st century, no, no, no, I know black people have thicker skin. You're like what? Are you kidding me, right?

The results of Hoffman's study also found that there were overwhelmingly white medical residents who believe that black people and white people were biologically different, so they were different human beings. Black people, this cuts kind of across gender, class, age. Black people didn't experience pain. If black people experience pain, they were being histrionic or they were seeking drugs, right, seeking narcotics. The other was, and this was, at least I'm thankful that out of the almost 300 folk who were a part of this study, most of them did not believe this but two actually believe black people were born with tails. Black people. It's incredible. I mean it's easily googleable. They had all kinds of... Black people age faster. I mean all of these kinds of things. And once again these mirror the beliefs that white physicians had in the 19th century, in the 1830s and 40s. It's just incredible.

Another public health scholar, Rachel Hardeman, out of the University of Minnesota which has one of the nation's top ranked schools of public health, she had a much larger study that actually had a larger chronology. So from the late 19th, excuse me, late 20th century, so 1992-2015, the 21st century. So both of these studies centered in the 21st century. She found in 1.8 million of birth cases in a Florida Hospital that when black women and birthing people had medical specialists and practitioners who were black, the the rates of mortality and morbidity were cut by over half. And so I'm like... And there are lots of other studies that I could name, right, from the University of Chicago, I mean Harvard. Yeah, it goes on and on and on. If people just actually treated all of their patients in the ways that they tend to treat white patients, guess what? We could eliminate this birthing crisis.

So what I'm telling people is this is not me quote unquote "playing a race card", this is not me kind of making white people to be the boogymen and evil. But what I point to is especially with the UVA study, I'm a professor, I'm a professor of the humanities. So what I know about the humanities and the social sciences is that we write a lot of books about racism in particular, lots of books that folk in the hard sciences don't necessarily write and sometimes don't integrate into the curriculum. And what we said for decades is that race is not a biological construct, it's a social construct, right. And we can see this even through census, the kind of census racial classifications. Someone could be born in Egypt and look like me but the census will write them as white because Egyptians are supposed to be white, right? Middle Easterners are supposed to be white in this country, even though they're not treated as white people. You can even have a person with two black grandparents and two white grandparents but that person will be considered black, right.

And so I mean the racial classifications are just simply absurd in terms of how we classify people racially. So that's the social construction of race. But what we find is the impact of racism is real. So the fact that you have students who are going to one of the nation's top ranked medical schools, because UVA is nothing to sneeze at. You're not gonna find commercials for UVA like you do some of those online degree mail programs that you see at 12 midnight on cable, right. UVA is accepting the best of the best, the crème de la crème of students who have had to pass an MCAT, they are graduating at the tops of their classes. And these students are choosing to believe, because this is not anything they've been taught in college, that means you are willfully choosing to believe black people and white people are different.

I can tell you you're not finding that in the books written by humanities scholars and people in the social sciences or even in the hard sciences. You are not finding anywhere that black people are born with tails. That means these people are willfully choosing to believe anti-black ideologies that are harmful and yet they are taking a Hippocratic oath that says do no harm. And so we have to contend with why the allure of anti-blackness is so strong that people can't... Scientists, people of science are willing to forgo science and believe this thing that is a fiction. And so at the heart of it, that's what I'm most curious about. Like what is the allure? What is so intoxicating about believing that another human being is so fundamentally different than you? Then you can think that their skin is thicker and argue about that.

Even in terms of pediatrics. I was keynoting a summit a couple of years ago and I learned about this wimpy baby syndrome. Supposedly white male infants are not as strong as black male infants and female infants. So guess what happens with medical intervention? The doctors who believe in this wimpy infant syndrome, they will actually intervene on behalf. I mean, as they should for any child, you don't want any infant to die. But in these neonatal units, they will intervene and they'll create strategies and procedures to help save the lives of these supposedly more fragile white male babies. This is an interesting thing for me. I'm not necessarily concerned with that cause I'm like it should happen. What I'm concerned with is a that we think black babies are quote unquote somehow "stronger".

But also what's most interesting is none of the white parents are ever blamed. But I can tell you as a child who was born in the early 70s and grew up in the 80s when the crack epidemic hit this country, guess what? Black mothers were blamed. They were the ones, in fact the only ones who created a generation of crack babies that were going to somehow topple the American economy, that these promiscuous, pathological criminal women created this generation of babies who were going to just bleed this country dry financially of all of our resources. And then 25 years later we find out that it was all false. That in fact these people are living amongst us, they're doing quite well. And I'm like wait, the black women were blamed.

And if you actually read the actual report, the four page article that was published in 1985 by Chernoff or Chasnoff, I always kind of get the name mixed up but people can google it, and his team, right, it was only four pages. So I'm like wait, how does a four page article get in the New England Journal of Medicine? But that's another story. But also he never says that. Mainstream journalists found out and all of a sudden these babies that are born to women who are using cocaine and alcohol and they are low birth weight babies, I mean that that kind of just... Any infant born to people who use cocaine and alcohol are gonna suffer these kinds of consequences, they have to detox. But all of a sudden black women are blamed in a multi racial study. Black women are the ones blamed because historically that's what was done. Black women were seen as different and abnormal and their behaviors were read as more pernicious.

And I'm sitting here like well for the wimpy white babies, why aren't the white mothers being blamed? Now I'm saying this, I don't want anybody to say oh gosh, she wants white mothers to be blamed. No, I don't. But I'm just curious why that never even occurred to the doctors to figure out what were these mothers of birthing people doing to quote unquote "create" these wimpy white babies, right? These allegedly wimpy white male babies. So once again it shows the allure of anti-blackness and black women as inherently criminal and pathological when compared to other women and birthing people. And so that is the thing that saddens me that we really need to get to the heart of because people's lives hang in the balance and people who, infants and people giving birth, those should be really positive experiences. And we know better. So we need to do better.

TPWKY

(transition theme)

Erin Welsh

That was just so, so wonderful Dr. Cooper Owens. It was such a thrill to get to chat with you about your amazing book and I really hope that all of you listening head out right now to go pick up a copy for yourself because it is such a fantastic and important read. Speaking of, if you want to learn where you can get a copy of 'Medical Bondage', check out our website [thispodcastwillkillyou.com](http://thispodcastwillkillyou.com) where I'll post a link to where you can find it as well as a link to Dr. Cooper Owens' website. And don't forget you can check out our website for all sorts of other cool things including but not limited to transcripts, quarantini and placebo recipes, show notes and references for all of our episodes, links to merch, our [bookshop.org](http://bookshop.org) affiliate account, our Goodreads list, a firsthand account form, and music by Bloodmobile.

Speaking of which, thank you to Bloodmobile for providing the music for this episode and all of our episodes. Thank you to Lianna Squillace and Tom Breyfogle for our audio mixing. And thanks to you, listeners, for listening. I hope you liked this bonus episode and are just loving that the TPWKY Book Club is back for this new season and that you're excited to read and learn more. A special thank you as always to our fantastic patrons, we appreciate your support so, so very much. Until next time, keep washing those hands.