

SOCIETY DOES NOT R-E-S-P-E-C-T BLACK MOTHERS
HISTORICALLY RACIALIZED REPRESENTATIONS AND BLACK WOMEN'S
COMPROMISED OBSTETRICAL CARE

by

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THESIS

Submitted in partial fulfillment of the requirements
for the degree of Master of Arts in English at
The University of Texas at Arlington
December, 2018

Arlington, Texas

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ACKNOWLEDGEMENTS

I thank my Supervising Professor, Dr. Penelope Ingram, for planting a little feminist seed in my brain my first semester at the University of Texas at Arlington, supporting my growth in the years since, and supervising my thesis. Additionally, I thank my committee members, Dr.

Beck and Professor Harper, for challenging me, guiding me, and (ultimately) focusing me, resulting in a more developed thesis. I, literally, could not have accomplished any of this without their encouragement and support. Lastly, this work was supported, in part, by the Emory D. Estes

Endowed Scholarship.

ABSTRACT

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This thesis explores the correlation between racialized representations of Black women with the disparities in the level of healthcare they receive and the resulting outcomes. I argue racialized representations of Black women throughout history and into the modern-era compromise Black women's obstetrical care, affect their reproductive freedom, and contribute to their disproportionately higher maternal mortality rates. By citing pivotal historical events and the resulting racialized tropes from the antebellum, reconstruction, and civil rights time-periods, I identify the modern-era manifestations of those representations. Using theoretical lenses associated with Black Feminist Theory, Intersectionality, and Scripting, I analyze how historically racialized representations of Black women rhetorically position their bodies at the center of reproductive freedom debates. I corroborate my argument by presenting empirical data concerning Black women's reproductive-related disparities. Lastly, I juxtapose the empirical data with the historically racialized representations scripted onto Black women's bodies to draw the long claim, arguing that racism, in general, and implicit bias, specifically within the medical

community, are a direct result of the scripting of Black women's bodies with historically racialized representations, which are huge factors contributing to Black women's compromised obstetrical care.

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Introduction

According to the Center for Disease Control's Reproductive Health Division, between 700 to 1,200 women die in the United States of America every year due to pregnancy-related complications. The United States of America has the highest maternal mortality rate of the entire developed world. Additionally, the CDC's "research suggests that half of these deaths are preventable," and "[r]acial disparities persist. The risk of pregnancy-related deaths for black women is 3 to 4 times higher than those of white women" (Centers for Disease Control and Prevention, 2018). The United States' maternal mortality rate is the widest racial gap in health care. To best convey the gravity of that statistic, Black women are 22% more likely to die from heart disease than white women, 71% more likely to die from cervical cancer than their white counterparts, and 243% more likely to die from pregnancy-related complications than white women (Martin and Montagne, 2017). For those disillusioned into believing the United States achieved some semblance of a post-racial society, the data speaks volumes to the contrary. Therefore, I argue racialized representations of Black women throughout history and into the modern-era compromise Black women's obstetrical care, affect their reproductive freedom, and contribute to their disproportionately higher maternal mortality rates.

While it is important to remain cognizant of the fact that Black women are not monolithic in thought or action, the reality is they are often treated as a singular entity. By presenting the unique experiences of five Black women, I will reveal how the past manifests itself in the present and negatively impacts the lives and reproductive health of Black women as a consequence. Obviously, the experiences of five Black women cannot sufficiently convey *every* issue Black women confront, but their experiences are diverse enough to adequately discuss what I have defined as being some of the more serious issues relating to Black women's compromised

obstetrical care. I am not here to speak for or on behalf of the Black community; my voice is of little significance in relation to theirs. My objective in this thesis is two-fold: first, I aim to provide a platform for the narratives and experiences of those who are frequently ignored by mainstream media outlets or, when recognized, are frequently represented inaccurately either purposefully, in an attempt to perpetuate propagandized information, or accidentally, due to ignorance and a lack of cultural competency. Second, I seek to connect the experiences of the individuals cited in my thesis with the historical background precluding their experiences and in relation to the current cultural, political, socioeconomic, and medical context. Prior to proceeding any further, the content and issues discussed in this thesis will necessarily include discussions that can be emotionally and mentally challenging for some to engage. My thesis includes racist, sexist, classist, and dehumanizing rhetoric; unsavory language; references to violence against women; and references to maternal and infant deaths.

Methodology

In this section, I will briefly outline the structure of my thesis, specifically as it relates to each chapter's content and overall purpose. Next, I will provide a preliminary overview of each of the theorists who greatly influenced my research process and present the theoretical lenses I used when conducting my analysis. Additionally, I will discuss why I incorporated those theorists and their theoretical lenses into my analysis and how their research and lenses impacted my thesis. Lastly, I will present and refute a popular counter argument often raised in discussions concerning racial issues.

Structure

In "Chapter One: Historical Context," I present some of the more pivotal historical events relevant to racialized representations of Black women. Providing a historical context and

background serves the purpose of grounding my overall claim that those racialized representations are not strictly limited to the confines of the past, rather, they traversed history and manifest themselves in the modern-era to varying degrees. In “Chapter Two: Representation,” I present the previously mentioned five Black women’s experiences as case studies, which will allow me to address the various ways each of those women are rhetorically positioned within the broader context concerning disparities in the level of obstetrical care Black women’s receive and the resulting negative outcomes. Additionally, I connect the historical events discussed in “Chapter One” with the experiences presented in each case study to clearly elucidate how historically racialized representations of Black women manifest themselves in the modern-era. Furthermore, the importance of “Chapter Two: Representation” is to humanize the issues and challenges Black women confront as it relates to the topics and data discussed in this thesis. In “Chapter Three: Medicalization,” I present the empirical data necessary to corroborate my argument and draw the long claim that racialized representations of Black women throughout history and into the modern-era compromise Black women’s obstetrical care, affect their reproductive freedom, and contribute to their disproportionately higher maternal mortality rates. Lastly, in the “Conclusion” section of my thesis, I will posit the limitations of my research and discuss areas in which future research needs to be conducted.

Theorists and Analytical Lenses

When I first began the research process for this thesis, I focused my readings largely on prominent Black Feminist theorists, including Patricia Hill Collins, bell hooks, Julia S. Jordan-Zachery, and Kimberlé Crenshaw. As a result, each of these theorists and their research greatly influenced my interpretive process because I utilized analytical lenses predominantly attributed to them and their scholarship: Black Feminist Theory, Scripting, and Intersectionality. In the

following sections, I briefly outline each of the aforementioned theorists' research, discuss why my thesis is relevant to and builds upon their prior scholarship, and how I incorporate their work into my analysis.

Black Feminist Theory

Critical analyses of representations of Blackness, specifically Black women and Black mothers as it relates to the content presented in this thesis, act as the foundation upon which Black Feminist theory is constructed. As it relates to analyses of representations of Black women, my research draws heavily from the previous scholarship of Patricia Hill Collins, specifically *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment* (2015) and *Black Sexual Politics: African Americans, Gender, and the New Racism* (2004), and bell hooks, *Black Looks: Race and Representation* (1992). Considering my argument is that racialized representations of Black women throughout history and into the modern-era compromise Black women's obstetrical care, affects their reproductive freedom, and contributes to their disproportionately higher maternal mortality rates, dissecting and critiquing socially constructed representations of Black women and mothers is an integral component to my analytic process. According to Collins, racialized representations function "[a]s part of a generalized ideology of domination, stereotypical images of Black womanhood take on special meaning. Because the authority to define societal values is a major instrument of power, elite groups, in exercising power, manipulate ideas about Black womanhood. They do so by exploiting already existing symbols, or creating new ones... These controlling images are designed to make racism, sexism, poverty, and other forms of social injustice appear to be natural, normal, and inevitable parts of everyday life" (2015, 69). Additionally, bell hooks notes "the connection made between the realm of representation in mass media and the capacity of

black women to construct [themselves] as subjects in daily life. The extent to which black women feel devalued, objectified, dehumanized in this society determines the scope and texture of their looking relations” (127). Throughout my thesis, I focus my analysis on mass media’s representations of Black women, identifying the modern-era manifestations of historically racialized representations. I posit that racialized representations of Black women are a key component to the perpetuation of Black women’s compromised obstetrical care because “[j]ust as 19th-century representations of black female bodies were constructed to emphasize that these bodies were expendable, contemporary images (even those created in black cultural production) give a similar message” (hooks, 64). Broadly, the argument I make is that modern manifestations of historically racialized representations of Black women rhetorically position them as being expendable bodies. More specifically, because Black women’s bodies are rhetorically positioned as expendable via historically racialized representations, their obstetrical care is greatly compromised.

Scripting

Julia S. Jordan-Zachery is another Black Feminist theorist whose work greatly influenced my research. In *Shadow Bodies: Black Women, Ideology, Representation, and Politics*, Jordan-Zachery outlines the concept of scripting, which “suggests that all bodies are surfaces that can be written on; thereby, carrying cultural assumptions and understandings of how the body should behave and perform” (4). I argue in this thesis that the process of scripting is one method by which society perpetuates racialized representations of Black women throughout history and into the modern-era, resulting in society’s discriminatory engagement with Black women in all areas of life, including healthcare. Jordan-Zachery is keen about differentiating scripts from stereotypes—stereotypes are the product of scripts and act as generalized prejudgments of the

whole demographic; “[i]n contrast, scripts serve as mechanisms used to express beliefs and values that define our roles in the world and how we should ‘play’ these roles” (8)—arguing that “[s]cripts are learned patterns of framing and interpreting not only an individual’s behavior but also the behavior of others” (8). Additionally, within the context of compromised obstetrical care, scripting serves the purpose of revealing “‘how the treatment of Black bodies as commodities has persisted for hundreds of years and continues today’” (Jordan-Zachery, 32). While *Shadow Bodies* focuses on the effects scripting has on Black women as it relates to HIV/AIDS, domestic violence, and mental illness, I extend Jordan-Zachery’s concept of scripting, using it as a theoretical lens with which I analyze the various ways historically racialized representations are scripted onto Black women’s bodies in the modern-era. I pay particular attention to how the scripting of those representations compromise Black women’s obstetrical care. In my thesis, I detail the various ways, throughout the years, Black women’s bodies are scripted—historically, politically, socially, culturally, and nationally. The resulting outcome produced through that vector of forces is the encoding of her physical and ontological existence as both a site of subjugation and resistance, thus making her body a “corporeal text serv[ing] as a discursive tool in which meanings may be extracted” (Jordan-Zachery, 4). In relation to the argument I present in this thesis, the concept of scripting is an integral analytical component insofar as it “provides a means for understanding, projecting meanings, and categorizing Black women, as it influences how groups (both in- and out-groups) interact with Black women” (Jordan-Zachery, 33). In the third chapter of my thesis, I juxtapose empirical data with the historically racialized representations scripted onto Black women’s bodies to draw the long claim, arguing that racism in general and implicit bias specifically within the medical community are a direct result of the scripting of Black women’s bodies with historically

racialized representations, and that racism and implicit medical bias are huge factors contributing to Black women's compromised obstetrical care.

Intersectionality

“She is confronted by a woman question and a race problem, and is as yet an unknown or unacknowledged factor in both” (Cooper, 45). Too often social issues—similar to reproductive freedom or civil rights—are discussed in independent, monolithic, mutually exclusive terms, which fails to recognize the unique issues arising at those points of intersecting dynamics. Because I am analyzing the correlation between historically racialized representations of Black women and the level of care they receive as it relates to their reproductive-related health, an Intersectional Feminist approach is paramount to achieving an intellectually honest discussion concerning the topic. In 1989, Kimberlé Crenshaw coined the term Intersectionality “to highlight the ways in which existing institutional structures fail to address the unique needs of women of color,” noting that they are ““situated within at least two subordinated groups that frequently pursue conflicting political agendas”” (Tong and Botts, 108). Crenshaw's assessment could not be more relevant to my thesis and the real-world manifestations of Black women's bodies being rhetorically positioned at the center of the reproductive freedom issue because multiple oppressive systems work simultaneously with one another resulting in Black women's autonomy and agency being frequently usurped. I use an Intersectional Feminist theoretical lens to analyze and discuss how multiple systems of oppression—e.g., racism, sexism, geographical location, age, relationship status, socioeconomic class—function simultaneously with one another and in relation to one another resulting in Black women's compromised obstetrical care. To not take into consideration how multiple systems function to the disadvantage of Black women would result in an incomplete and inaccurate analysis.

In *Black Looks: Race and Representation*, bell hooks asks, “[w]hy is it so difficult for many white folks to understand that racism is oppressive not because white folks have prejudicial feelings about blacks (they could have such feelings and leave us alone) but because it is a system that promotes domination and subjugation” (15)? Within the context of an intersectional theoretical lens, hooks’ characterization of racism in conjunction with gender specific oppressive systems highlights how Black women are rhetorically positioned at the crossroads of intersecting oppressive systems, resulting in a unique form of subjugation. Furthermore, when the systems of oppression overlap with one another, marginalized demographics, specifically Black women, are disproportionately burdened by those systems of oppression. The pivotal historical events I discuss later in my thesis are all examples of intersecting systems of oppression specific to Black women’s experiences—the slave-breeding practices used to uphold the institution of slavery, the medical experimentations conducted on and at the expense of communities of color to progress medicalization, the forced sterilization of Black women as a form of population and social control, and the feminization of poverty disproportionately associated with Black (single) mothers. I use an Intersectional Feminist lens to analyze how Black women are uniquely scripted with historically racialized representations specific to the intersecting gender, race, class, et cetera oppressive systems, which, ultimately, results in Black women’s compromised obstetrical care. Understanding how various systems of oppression operate simultaneously, both historically and currently, is necessary to fully grasp America’s long history of controlling women’s fertility, especially Black women’s fertility. Reclaiming, nay, claiming ownership of reproductive freedom goes well beyond the scope of simply having access to it, and “[f]or black women, liberty with respect to reproductive rights includes not only the absence of government controls but also a reversal of centuries of social

and economic oppression that restrict the options available” (Goode and Rothman, 89).

Counter Argument

One would expect that socioeconomic class would be a huge factor as it relates to the issues discussed throughout my thesis. Considering I am ultimately discussing a healthcare related issue—i.e., Black women’s reproductive health—in addition to the fact that the American healthcare system is largely privatized, socioeconomic class is a huge factor contributing to the issues discussed in my thesis. There are three important points necessarily requiring an address as it relates to socioeconomic class in relation to Black women’s compromised obstetrical care. First, though it seems obvious that class does factor into this issue, the reality of the situation is, there is no available empirical data to substantiate that educated assumption because “reliable socioeconomic data are lacking on death certificates, which are the basis for the national mortality statistics,” according to Gopal K. Singh, PhD, at the Maternal and Child Health Bureau, an agency within the U.S. Department of Health and Human Services. Additionally, according to the Harvard School of Public Health’s Maternal Health Task Force (MHTF), “[n]ot all states gather information on race, ethnicity, income and health insurance status because there are no national standards for data collection and reporting of maternal mortality statistics... [and, a]s of 2010, only 23 states have a full or partial policy establishing maternal mortality review boards,” the commissions responsible for collecting data relating to maternal mortality and obstetrical and gynecological care (2018). Though researchers, organizations, activists, and scholars note the imperative for complete data and recording standards, the fact is, federal and state-level legislation is lacking in such regard.

The second point requiring an address is that, while the empirical data is lacking, educated inferences can and are frequently made by researchers, as it relates to the impact

socioeconomic class status has on the level of obstetrical care women receive and pregnancy outcomes. Researchers have identified ways to work around the absence of socioeconomic data in relation to maternal mortality rates—e.g., linking county-level poverty data with corresponding county-level mortality data—but, clearly, the data derived from those correlative methods is far from meeting empirical standards. Similarly, there is an absence of empirical data as it pertains to class' impact on obstetrical and gynecological care, resulting in correlative research methods in those areas as well. For example, “[a]pproximately 25% of all U.S. women do not receive the recommended number of prenatal visits; this number rises to 32% among African Americans and to 41% among American Indian or Alaska Native women” (Bingham et al, 190), in conjunction with the fact that, according to the U.S. Census Bureau, the median incomes for Black households (\$40,232) and American Indian households (\$41,882) ranked the lowest (2017). By juxtaposing available empirical data and considering the implications and variables associated with an impoverished socioeconomic class status—e.g., (paid) maternity leave, childcare, transportation, et cetera—researchers draw logical inferences.

The third point, and arguably the most important, is that while class is undeniably a determinate factor in the level of healthcare an individual receives, specifically as it relates to the reproductive care Black women receive, class in no way mitigates race's impact in such regard. In fact, I argue race is the predominant determinate factor when analyzing Black women's compromised obstetrical care because lower socioeconomic class statuses amongst the Black community, Black women specifically, is largely a result of racial inequality. By 1863, the stock value of slaves was three-billion dollars (factoring for the cost of inflation, slavery would be valued as an eighty-three-billion-dollar institution by 2018) (Ransom and Sulch, 3). I will discuss the commodification of slaves in greater detail later in this thesis, but the important point to note

now is, during the institution of slavery, Black men and women earned their white slave owners insurmountable wealth. Once slavery was abolished, white slave masters kept the wealth earned by the hands of their former slaves. With former President Andrew Jackson's reversal of Special Field Order No. 15 (what is popularly referred to as "40 acres and a mule"), the Black community was left largely in destitution (Gates, 2013). Wealth begets wealth, and centuries of inequality have compounded, resulting in the ever-broadening racial wage gap between white and Black Americans. According to the Urban Institute's Survey of Consumer Finance, the median wealth of white families is \$171,000 in contrast to the median wealth of Black families being only \$17,600 (Simms, 2016). Factors such as racial red-lining of housing districts, underfunded schools in predominately minority communities hindering students of color's chances of obtaining a higher education, mass incarceration of Black men and women resulting in single parent/income homes, criminal records resulting in limited employment and housing options, implicit bias within the banking industry resulting in limited access to loans for housing and small businesses for the Black community, implicit bias in hiring practices, et cetera are all racially motivated discriminatory acts that deny Black men and women meaningful forms of upward mobility as it relates to the socioeconomic class strata. Yes, class is absolutely a determinant factor regarding Black women's reproductive health-related issues, but it is because of their race that they are socioeconomically disadvantaged in the first place.

Lastly, as previously noted, class is a factor in Black women's compromised obstetrical care, but, for all of the aforementioned reasons, I maintain the position that race is the predominant determinant. For that reason, my research and thesis focus predominately on the racial implications surrounding the level of obstetrical care Black women receive. Class cannot be uncoupled from race, meaning, anytime discussions of race arise, class must also be

acknowledged and considered. But, imperative to an intellectually honest and complete analysis, class must be considered within the context of race. Though I maintain the argument that race is the most influential factor, I do account for socioeconomic class differentials within the context of racial issues—e.g., the criminalization and feminization of poverty as represented in former President Ronald Reagan’s “Welfare Queen” trope, which is predominately associated with Black (single) mothers. Additionally, and most importantly, I reveal the insurmountable impact race has on the compromise of Black women’s obstetrical care in contrast to arguments based predominantly on class differentials. Two of the five previously mentioned case studies I posit and analyze in “Chapter Two: Representation” dispel notions of class’ superior impact on Black women’s compromised obstetrical care in relation to the immense impact race has on obstetrically and gynecologically related disparities. Furthermore, in “Chapter Three: Medicalization” I draw the long claim, connecting historically racialized representations of Black women to their compromised obstetrical care via empirical data, thus substantiating my claim that race is the greatest determinant affecting Black women’s obstetrical care.

Chapter One: Historical Context

Pivotal Historical Events are Relevant

Pivotal historical events relevant to racialized representations of Black women are essential to discussions concerning modern reproductive issues for two key reasons. First, a contextual background provides a more complete lens through which one understands the issue central to this thesis. Second, history is not in the past, nor is it irrelevant—i.e., systems of power never cease in their operation, rather, those structures evolve parallel to and in accordance with the changing sociocultural landscapes, manifesting themselves in different ways that are most beneficial to the stagnant, oppressive objective. As a result, the challenges Black women face today are uncomfortably similar to those of the past. Additionally, current events, beliefs, and social policies do not occur in a vacuum. Providing a contextual background lends weight, credence, and validity to the modern-era issues surrounding Black women's reproductive freedom.

Reoccurring Historical Tropes

“The state's historical and contemporary regulation of the black body, specifically the economically unprivileged black body, is clear. Consider the numerous episodes in the long history of degrading black women's bodies for programs that did not benefit them” (Goode and Rothman, 66). Society frequently overlooks narratives stemming directly from slavery despite their relevance to the ways Black women's bodies are coded today: the mammy, Jezebel, broodmare, sapphire, winch, et cetera are all examples of racialized tropes stemming directly from antebellum southern ideologies concerning race. It is from those racialized archetypes modern manifestations are constructed. Additionally, as Gregory D. Smithers asserts in his book,

Slave Breeding: Sex, Violence, and Memory in African American History, “it is important to keep in mind that the details, experiences, and emotions of human life are rarely found on the bottom line of a slave ship’s manifest or a plantation owner’s account book. Sources of this nature often make it difficult to grapple in detail with the violent sexual encounters that accompanied slavery and expressed ‘complex, dynamic power relations’” (Smithers, 3). Rather, because the focus of this thesis is to explore the racialized representations of Black women throughout history and into the modern-era, detail how those representations compromise Black women’s obstetrical care, affect their reproductive freedom, and contribute to their disproportionately higher maternal mortality rates, historical archetypal constructs, belief systems, religion, ideological perspectives, et cetera are all relevant and pertinent material for my analysis. In fact, the importance of the historical understandings of Black women’s reproductive freedom within the modern Black community’s consciousness cannot be overemphasized because “[t]hese stories belong to an African American culture and oral tradition that incorporates memories of slave breeding into what Thomas Abercrombie refers to as ‘social memory.’ Social memory is an active and creative process in which ‘people constitute themselves and their social formations in communicative actions and interactions, making themselves by making rather than inheriting their pasts’” (Smithers, 9).

Slave-Breeding

First and foremost, as previously noted, the Black body, in general, was a commodity during the antebellum south. The entire southern economy was dependent on the institution of slavery, thus attaching a literal monetary value to Black bodies. Because of the commodification of people of color subjugated within the slave trade, the number of slaves a plantation master owned was directly indicative of his monetary wealth. For that reason, the reproduction of slaves

was paramount to the plantation owner's economic status within the antebellum southern society, as well as a predominately utilized means for white upward mobility. The reproduction of slaves to which I refer is commonly called "slave breeding," defined as "any practice of the slave master intended to cause the fertility of the slave population to be higher than it would have been in the absence of such interference" (Smithers, 10). The most enduring "imposition of slave-breeding regimes on black men and women separated family members and caused unquantifiable amounts of grief that lasted well into the twentieth century" (Smithers, 103).

Breeders, Broodmares, and Wenches

Between 1936 and 1938, the Works Progress Administration (WPA) conducted more than two-thousand interviews of former slaves from seventeen states. The point of the project was to gather narrated experiences about slavery from formerly enslaved Black men and women. Those described accounts provided ample information concerning the slave-breeding practices conducted on the plantations as well as retold the stories of the men and women subjected to that particularly egregious aspect of the institution of slavery during the antebellum south. According to the WPS interviews, generally speaking, slaves used for breeding purposes were referred to as "breeders." The male slaves were identified as "bucks" or "studs," and the female slaves were called "wenches" or "broodmares." Each of these terms traversed the decades and centuries since and are now racialized tropes within the mainstream consciousness. In this thesis, I focus solely on the feminine trope and use the term "broodmare(s)" when referencing it. Additionally, as it relates to the terms themselves, it is important to note the dehumanizing component these tropes carry. "Bucks," "studs," and "broodmares" especially denote animalistic connotations, thus dehumanizing the individuals identified as such. I emphasize this point because dehumanization and animalistic characterizations are rampant in racialized discourse. "Broodmares" were fertile,

enslaved women. They were highly commodified within the antebellum southern economy because they literally (re)produced the “workers,” i.e., future slaves who worked the plantations. “Broodmares” were often tasked with less strenuous duties on the plantation, and if they were particularly fertile or considered “fast breeders,” they were rewarded by the plantation masters with nicer living quarters, less strenuous duties, et cetera. In the antebellum south, the “broodmare’s” hyper-fertility was promoted and rewarded. Make no mistake, the role of the “breeders” was not idealized or glorified because “breeders” capture the “sense of degradation and sexual exploitation that African Americans associated with slavery and freedom. Where ‘bucks’ and ‘wenches’ were objects of sexual exploitation during slavery, after slavery the violence used to objectify black Americans as ‘horses and cows’ was redirected toward the brutal control and, at times, destruction of African American life” (Smithers, 99).

Medicalization of Fertility Throughout History

An equally important thread of contextual background running parallel to the history of Black women’s fertility is the development of the American medical field in general and, more specifically, the development of the obstetrical and gynecological medical fields. Progressing understandings of medicine via research and experimentation, in general, was, and still is, fraught with controversy as it relates to socially marginalized and disenfranchised groups, specifically the Black community and Black women. Once founded, the American Medical Association (AMA) “sought professional homogenization and increased standards for medical education” (Goode and Rothman, 78). At face value, that is a seemingly positive and beneficial shift, with the intent of progressing healthcare. However, directly relating to female health-related issues, “[t]he medicalization of fertility and infertility, pregnancy, abortion, contraception, childbirth, and postpartum care has most assuredly not always worked in the

interests of women. This, too, is something that all women face—but it is the most vulnerable women in society who are also the most vulnerable in the face of medicalization” (Goode and Rothman, 66). One major consequence of the professional homogenization of women’s healthcare was the systematic excising of the Black midwife.

Midwifery

The medical community’s attack on midwifery all began with “[t]he discourse of sanitary science and germ theory of disease,” which left midwives in a very vulnerable position because it “distanced [them] from the credentialed legitimacy of physicians and the perceived precision of modern scientific knowledge and application” (Goode and Rothman, 76). Filth, dirtiness, uncleanliness, disorder, impurity, and general unconventionality was not only associated with midwifery, but it also reified the white cultural understanding of the Black community because, again, the vast majority of practicing midwives and the women who utilized their services during the antebellum, post-emancipation, and particularly into the early 20th century, were Black women (Goode and Rothman, 83). The medical community’s desire to standardize birth went far beyond the birthing environment, “[c]lean, sterile, and dressed in white, midwives were symbolically cleansed of their race, their sexuality, and their motherhood” (Ladd-Taylor, 267). Midwives, again, many of whom were Black women serving the women of their communities, were required to be licensed as midwives with the state, and “functional literacy and participation in medical procedures became a condition for midwifery practice, often leading to the elimination of many older grand midwives” (Goode and Rothman, 82). Assisting births and other women’s health-related issues were undervalued by physicians, but the medical community was particularly condescending to midwives based specifically on their race and gender. Examples of this condescending attitude, similar to the following, are numerous, “a white nurse

in Mississippi stated: The negro women, although illiterate and ignorant, are natural nurses and are tractable, teachable, and for the most part, eager to learn the ‘white folks’ way’” (Muncy, 118). Additionally, “[p]hysicians, such as Darlington (1911) and Edgar (1911), regarded them as dangerous, dirty, and superstitious practitioners” (Goode and Rothman, 82). Despite the growing popularity for the medicalization of birth and the sharp critiques and attacks on the practice of midwifery, “until the 1940s, midwives had much lower rates of maternal and infant mortality than doctors, which made the insistence of medical professionalism deeply ironic.” (Goode and Rothman, 91).

Medicalization necessarily shifted the fields of obstetrics and gynecology away from the Black grand midwives, who were Black women, to professional physicians, white males. As a result, the Black grand midwives found themselves at the crossroads of two intersecting systems of oppression—i.e., gender and race specific oppressive systems. Hypothetically speaking, had the practice of delivery been the responsibility of white males within the community, the transition toward obstetrical and gynecological homogenization would not have been motivated by gender or race. Additionally, medicalization of obstetrical and gynecological fields inevitably required a classification and localization of knowledge. In *The Birth of the Clinic: An Archaeology of Medical Perception*, Michel Foucault identifies the medical community’s localizing classificatory act as “tertiary spatialization,” which he defines as “all the gestures by which, in a given society, a disease is circumscribed, medically invested, isolated, divided up into closed, privileged regions, or distributed throughout cure centres, arranged in the most favorable way” (16). Broadly, Foucault contends, with the 18th-century enlightenment, classificatory medicine came into prominence. One component of the classification of disease and treatments was the localization of knowledge within the medical establishment. Foucault’s

concept of tertiary spatialization is, in essence, the process by which the medicalization of obstetrical and gynecological care occurred, resulting in the localization of pertinent knowledge within the elite medical establishment, which, consequently, excised the Black grand midwives from the birthing process. Tertiary spatialization directly compromised Black women's obstetrical care because it limited obstetrical knowledge to "privileged regions," regions that historically and currently deny access to Black women as a result of their "inferior" racial status (a point expounded upon in greater detail later in this thesis).

To fully understand the void left as a result of the Black midwives being pushed out of the obstetrical process, one must also fully appreciate the cultural role the Black midwife filled, not only in the antebellum south time period, but also through the early 20th century. Midwives were esteemed members within their communities. Culturally, Black midwives were irreplaceable because they "provided physical relief and emotional support for birthing women" in addition to the moral support they offered the whole family (Ladd-Taylor, 262). Her duties continuing long after birth, of which included being "responsible for the care of the newborn and the rituals surrounding disposal of the umbilical cord and placenta" in addition to cleaning the house, preparing the family meals, laundry, and childcare for the family's other children, as to allow the mother the necessary time for recovery after birth (Ladd-Taylor, 262). Patricia Hill Collins discusses the long-standing tradition of communal child rearing within the African-American community, predating the Trans-Atlantic Slave Trade, and, "[a]lthough the political economy of slavery brought profound changes to Africans enslaved in the United States, beliefs in the importance of motherhood and the value of cooperative approaches to child care continued. During slavery, while older women served as nurses and midwives, their most common occupation was caring for the children of parents who worked." Referring to Black

midwives as “othermothers,” Collins goes on to assert that, throughout history and into the post-emancipation era, they maintained an integral position within Black cultural consciousnesses (2015, 181). It was because of their bloodmother and othermother activities that they achieved and maintained status within their communities, as the whole community participated in family-network systems, a communal childrearing practice Collins historically traces back to Black diasporic societies.

James Marion Sims

As it relates specifically to the medicalization of women’s health care and the fields of obstetrics and gynecology, there is one individual who progressed the study of women’s health issues exponentially through his research, while simultaneously increasing the rapidly growing chasm between the medical and Black communities—James Marion Sims, known as the “father of gynecology.” From 1845 to 1849, Sims performed multiple surgeries on over a half-dozen Black female slaves suffering from vesicovaginal fistula as a result of prolonged labor, none of whom were provided anesthesia. Much discussion has been given to whether or not Sims’ research was unethical, considering the time period in which he conducted these experiments, and some of the defenses made on his behalf are situated on a minute shred of validity. But, to be explicitly clear, regardless of the historical context in which he practiced, the medical standards during the time he practiced, and the fact that he was not the only physician literally practicing on enslaved women, James Marion Sims conducted blatantly unethical medical experiments. Furthermore, Sims’ unethical medical experiments were absolutely racially motivated because he specifically targeted Black women solely based on their marginalization, “thus all at once I found myself running headlong after the very class of sufferers that I had all my professional life most studiously avoided” (Sims, 52).

Unethical Medical Experimentation

Unfortunately, the torturous and highly unethical medical research and experimentations did little to improve over time. There are many notorious stains on America's past as it relates to unethical medical experimental research conducted on people of color. To note each case is beyond the scope of this analysis, but there is one prominent event needing to be addressed. The forced sterilization of women of color known as the "Mississippi Appendectomy" is an important event and beneficial to the objectives of this thesis, insofar as it emphasizes the shifts in society's engagement with Black women's reproductive freedom.

"Mississippi Appendectomy"

Black women in the south were frequently sterilized without their knowledge or consent because those procedures were conducted under an array of false pretenses. In fact, the procedure became so common, the term "Mississippi Appendectomy" was coined. Fannie Lou Hamer and sisters Minnie and Mary Alice Relf are three specific examples highlighting the diverse deceptive strategies utilized by medical professionals and the damaging impact these acts of forced sterilization had on the women and the Black community. In 1961, Fannie Lou Hamer went to the doctor to have a "knot in [her] stomach" removed, which was "probably a benign uterine fibroid tumor." Once home, while in recovery, news of Hamer's forced sterilization spread through the community. The news eventually made its way back to Hamer, thus making her the last person to know that her dreams of one day having a family would never come to fruition (Washington, 145). Like Hamer, many women were not told by their physicians they were sterilized, but one of the few methodological surveys conducted "revealed that at least 60 percent of the black women in Hamer's native Sunflower County, Mississippi, unwittingly suffered postpartum hysterectomies" (Washington, 155). June of 1973, two sisters in

Montgomery, Alabama, Minnie (fourteen) and Mary Alice Relf (twelve), were approached by a “Montgomery Community Action Agency nurse [who] took the girls to the hospital for a federally funded contraceptive shot [after obtaining] the ‘X’ of each illiterate parent on the consent form.” It was not until after the fact the parents learned their daughters were surgically sterilized. The parents sought help from the Southern Poverty Law Center (SPLC) in filing a class-action lawsuit to end the use of federal funds for involuntary sterilization purposes. As a result of the lawsuit, the “lawyers discovered that 100,000 to 150,000 women had been sterilized using federal funds and that half these women were Black.” When accounting for controlled variants, Black women were disproportionately represented in the forced sterilization movement (Washington, 154). Fannie Lou Hamer, in particular, became a vocal, outspoken proponent against forced sterilization practices. As such, she solidified her unique role in the civil rights movement, though, she is one of the movements under-sung heroes. Her civil rights activism is unique because she was decades ahead of her time. Advocating against the forced sterilization of Black women merged women’s rights-related issues with civil rights-related issues, thus making her a proto-Intersectional Black feminist.

Margaret Sanger’s Legacy

To say Margaret Sanger, a reproductive health activist and founder of Planned Parenthood, is a controversial figure in the public consciousness, is an understatement. Charged with attempting to commit Black genocide and purported to be a white eugenicist, her endeavors and the residual legacy continues to spark public outrage within the Black, religious, and pro-life communities. But, how much of that indignation is justifiably warranted and how much of it is based in misrepresentations of Sanger’s agenda? While defenses can easily be made concerning Margaret Sanger’s agenda, advocacy, and work within the field of reproductive freedom, the

arguments I make in this thesis require limiting the scope of such discussions specifically to Sanger's work in relation to America's long history of state sanctioned sterilization and Black women's compromised obstetrical care. Sanger was an outspoken proponent of contraceptive use, family planning, and limiting procreation. While her efforts traversed class and racial boundaries, the narrative promulgated within modern-era public discourse is that the driving force behind Sanger's agenda was white eugenics. At worst, Sanger firmly believed all women, regardless of their race, should stop procreating, and her work reflects that. Sanger was a women's reproductive health activist *in general* and sought to improve the lives of *all* women. Motivated by a "... 1938 U.S. National Resource Committee report which asserted that Southern poverty drained resources from other parts of the country," as well as the rural south being an ideal region in which funding could be attained through the New Deal legislation, Sanger and other reproductive activists focused their efforts on poor communities in the southern states (New York University, 2001). Some revisionist historians accuse Sanger of specifically targeting Black women in the south during that time and present that misrepresentation of reality as evidence supporting charges of white eugenics. In all actuality, though, Sanger's reproductive work in the south focused on impoverished, white, agricultural workers (New York University, 2001). To be clear, Margaret Sanger did work with Black women in the south because she believed it was racist to deny them access to the reproductive health information and resources she was providing their white counterparts. Sanger's activism in the south, as well as her later work in Harlem, were not efforts to systematically target and eliminate the Black populous one Ortho Tri Cyclen pill at a time. She sought to provide Black women the same resources she offered white women, so they too could improve their socioeconomic status (New York University, 2001). As previously discussed, generalized ideologies of domination utilize existing

representations to manipulate reality, and, in the absence of existing representations promoting the power structure's specific narrative, they simply proport *mis*representations (Collins 2015, 69). Though Sanger did not promote racially motivated state sanctioned sterilization or white eugenics, her legacy has been repackaged and misrepresented to rhetorically position her within those public debates nonetheless.

Misrepresentations of Margaret Sanger's activism, agenda, and legacy result in Black women's compromised obstetrical care, affects their reproductive freedom, and contributes to their disproportionately higher maternal mortality rates for multiple reasons. As noted above, Sanger founded Planned Parenthood, an organization dedicated to providing reproductive information, education, and resources (Planned Parenthood Federation of America Inc., 2018). Because Planned Parenthood is a government-subsidized organization, it is able to offer low-cost or free reproductive related healthcare services to its patients, including: breast, cervical, and ovarian cancer screenings; education and information concerning sexually transmitted disease (STD), as well as treatment options for those who contract a STD; education and information regarding contraceptive options, in addition to providing the actual contraceptives; mammograms, pap smears, pelvic exams, and other screening procedures typically included in routine gynecological visits; as well as many other services (Planned Parenthood Federation of America Inc., 2018). Due to the fact that a large portion of Black women are socioeconomically disadvantaged, Planned Parenthood's ability to provide low-cost and free reproductive healthcare is especially crucial to their well-being in general and their reproductive health specifically. Planned Parenthood's government-subsidized funding has been, and continues to be, under attack, largely because one of the services the organization provides is safe and legal abortion. Because access to abortion is a constitutionally defensible right, as a result of the passage of *Roe*

v. Wade (1973), pro-life advocates must be creative in their attacks on abortion facilitators. Specifically, as it relates to Planned Parenthood, attacks on Margaret Sanger's legacy via misrepresentations of her agenda prove to be particularly affective in swaying the public's opinion concerning the organization (Planned Parenthood Action Fund, Inc., 2018). Via misrepresentations of Sanger as being a white eugenicist, her feigned racial cleansing agenda is then associated with the modern-era organization's agenda—i.e., a modern manifestation of a revisionist historical representation.

These inaccurate representations of Planned Parenthood's agenda, historically and currently, are particularly damaging within the Black community because charges against the organization are so extreme that they include reports of efforts to commit Black genocide (Blackgenocide.org, 2018). Considering the services Planned Parenthood provides are crucial to the reproductive, gynecological, and obstetrical health of Black women, attacks on the organization, of any kind, are especially dangerous for Black women. Furthermore, the racialization of attacks against Planned Parenthood compound the damaging affects Black women experience because they are uniquely rhetorically positioned at the center of the debate as a result of the intersecting oppressive systems concerning their race and gender. Their bodies act as corporeal battle grounds, forcing them to fend off attacks from, not only pro-life and religious zealots, but from their own Black community as well (Lockhart, 2018). Black women who utilize the reproductive resources Planned Parenthood provides are identified as complicit actors in the organization's fabricated racial cleansing campaign. Additionally, the Black women seeking reproductive resources from Planned Parenthood are subject to racially specific psychological attacks (Lockhart, 2018), resulting in the deterioration of their physical health, a concept called "Weathering" (Geronimus et al., 2006). In "Chapter Three: Medicalization," I will

expound on the “Weathering” concept and reveal how it directly compromises Black women’s obstetrical care, affects their reproductive freedom, and contributes to their disproportionately higher maternal mortality rates.

Welfare Queens

Former president, then campaigning candidate, Ronald Reagan popularized the “Welfare Queen” trope in a January 1976 campaign speech. First, there is no government assistance program entitled “welfare;” the term “welfare” is colloquial slang indicating the six major government assistance programs: Temporary Assistance for Needy Families (TANF), Medicaid, Food Stamps, Supplemental Security Income (Social Security), Earned Income Tax Credit, and Housing Assistance (Amadeo, 2018). While government assistance programs fraud is an issue needing to be addressed, the image of the lazy, Black woman collecting ““ food stamps, Social Security, veterans’ benefits for four nonexistent deceased veteran husbands, as well as welfare”” (Reagan, 1976) was boldly fictitious, “racist malarkey—a coded reference to black indolence and criminality designed to appeal to working-class whites” (Levin, 2013). Reagan’s depiction of a largely fictionalized image of Black female criminality was successful, insofar as it sent him straight to the White House and generated support for his major cuts to government assistance programs. An additional component to President Reagan’s “Welfare Queen” speech was the criminalization and feminization of poverty, which redefined the way impoverished people are perceived in the public consciousness, a perception that holds true today.

Chapter Two: Representation

By presenting the stories of five Black women, I am able to make the central argument in this thesis—i.e., racialized representations of Black women throughout history and into the modern-era compromise Black women’s obstetrical care, affect their reproductive freedom, and contribute to their disproportionately higher maternal mortality rates. I apply Jordan-Zachery’s concept of scripting to the experiences of Angel Adams, Cheyenne Floyd, Simone Landrum, Shalon Irving, and Serena Williams, to analyze the historically racialized representations of each of these women. Angel Adams is a Tampa, Florida mother of seventeen, whose story went viral on *YouTube*. Cheyenne Floyd is the mother of eighteen-month-old daughter, Ryder, and the newest member of the *MTV Teen Mom* franchise, *Teen Mom OG*. Simone Landrum is a mother to two sons, living in New Orleans, Louisiana; she was featured in a *New York Times* article titled “Why America’s Black Mothers and Babies Are in a Life-or-Death Crisis.” Shalon Irving gave birth to her daughter, Soleil, when she was thirty-six-years-old and was an epidemiologist at the Centers for Disease Control and Prevention; her story was featured in a *ProPublica* and *NPR News* article titled “Nothing Protects Black Women From Dying in Pregnancy and Childbirth.” Serena Williams is a globally recognized tennis athlete and mother to fourteen-month-old daughter, Olympia. Each of these women’s experiences are unique in their own right, but their stories, when considered collectively, speak to the broader issue, Black women’s bodies are rhetorically positioned as expendable via historically racialized representations, as a result, their reproductive health is devalued, delegitimized, and disregarded by the medical establishment.

Angel Adams

Angel Adams' body is a perfect example of the scripting to which Black women's bodies are subjected in the public consciousness. In the specific case of Angel's body, she is actually encoded with multiple tropes and images of historical events to which Black women's bodies have been subjected: the image of the hyperfertile "broodmare" from the antebellum south's slave-breeding practices, the Black women who were deemed necessary candidates for forcible sterilization during the time of the "Mississippi Appendectomy," and former President Ronald Reagan's trope, "Welfare Queen." Her body being encoded with the "broodmare," "hypersexed" Black woman requiring sterilization, and the "Welfare Queen" all carry much deeper meaning than being simply scripts assigned to her body. Angel Adams' body also represents the historical arch and ebbs and flows of society's engagement with Black women's reproductive freedom. Additionally, the multiple scripts assigned to her tell a story of the "consequences" resulting from unregulated Black sexuality, which further emboldens society's belief in the necessity of social control programs as well as the abuse of social benefits programs in the absence of regulation.

In April 2010, local Tampa, Florida *NBC* affiliate, *News Channel 8, WFLA*, received a call about a woman living in a single motel room "with a number of children" (*WFLA*, 2017). When reporter, Jeff Patterson, pursued the lead, he was astounded, alongside the rest of America, by what he found—Tampa, Florida resident, Angel Adams and twelve of her, then, fifteen children living in the cramped, single motel room, the children all sharing the two queen size beds, as a result of being newly evicted from their apartment home. Angel explained that her children had no food or shoes, nor a clean change of clothes in three days. Uploaded to *YouTube*, the piece quickly went viral, not because of an outpouring of sympathy for Angel and her children or because of the series of events resulting in Angel and her children's, then, current

situation. Rather, the piece was a viral sensation because of one of Angel's statements, cut into a sound-bite for added emphasis, "[s]omebody needs to pay for all my children... and all our suffering... Somebody needs to be held accountable and they need to pay" (*WFLA*, 2017). Patterson opened the report by saying "Adams says children are a gift from God, but now she needs help caring for them. Adams is blaming the Hillsborough County Sheriff's Office Child Protection Team and others for her problems" (*WFLA*, 2017). The piece goes on to state that Angel is blaming the system for her problems despite the fact that the system is trying to help her and her children. In the years since the original news coverage, Angel Adams married and had two more children with her new husband, bringing the total to seventeen. Sadly, Angel has been in and out of court for child custody cases, a charge for battery against a law enforcement officer, evictions, contempt of court, et cetera.

Angel Adams is reminiscent of the antebellum south's "broodmare" trope, insofar as how her body is encoded as a highly fertile Black woman. Comment boards on sites covering the various aspects of Angel's story have numerous contributions noting as much to varying degrees. "Elisabeth" (screen name) of Beverly Hills California states on a *Daily Mail* comment section of an article covering Angel, "For some reason this woman thinks it's a good idea that she breeds? Seriously? What a waste of air - her and her children." On a *YouTube* comment board, "Christina Berry" (screen name) says, "smh [shake my head]... why do These females keep having kids," and "ghostbear200123" (screen name) notes, "She's a no good breeder." These are just a few examples of the comments harkening to the "broodmare" trope from the antebellum southern slave-breeding practices. Patricia Hill Collins argues updated versions of the "broodmare" image contrived during slavery, similar to the image scripted onto Angel Adam's body, "provides an ideological justification for efforts to harness Black women's fertility to the needs of a changing

political economy. During slavery the breeder woman image portrayed Black women as more suitable for having children than White women. By claiming that Black women were able to produce children as easily as animals, this image provided justification for interference in enslaved Africans' reproductive lives" (Collins 2015, 78). Throughout the remainder of this section, I analyze the "broodmare" trope, specifically pertaining to the various ways modern manifestations of it are presented through the scripting process. I address why the "broodmare" trope is scripted exclusively onto Black women's bodies and then focus my analysis on two of the trope's buttressing components, dehumanization and hypersexualization. I examine those two aspects because they are especially pertinent to modern-era manifestations of the "broodmare's" controlling image.

The "broodmare" image is specifically limited to Black women's bodies and does not traverse racial boundaries despite there being many white women satisfying such characteristics, Michelle Duggar being a perfect example. The Duggar family are devout Baptists who, like Angel Adams, consider children a gift from God. Jim Bob and Michelle Duggar have nineteen children, two more than Angel Adams, and were the focus of a popular *TLC* show *19 Kids and Counting*, which ran for seven seasons. Despite harsh criticism from good, childless liberals, Michelle has never been identified as a "broodmare." Both Angel Adams and the Duggar family are well above the national average as it relates to offspring, both assert "children are a gift from God," and neither show any signs of preventing future pregnancies, yet the Black mother, Angel, is the only mother encoded with "breeder," "broodmare" tropes. The image of the "broodmare" is strictly limited to Black women's bodies because it was specifically designed for Black women's bodies during the time of slavery. As previously noted, the bodies of slaves were commodified and acted as sites of production, in and of themselves, as it relates to the production

of more slaves. The slave masters encouraged Black women to reproduce by promoting and valuing hyperfertility amongst slaves. During that time, Black women who did not “willingly” comply were repeatedly raped, coerced, exploited, and denied their reproductive freedom. Next, I analyze the two aforementioned components designed to buttress the trope, the dehumanization and hypersexualization to which Black women’s bodies are subjected.

Trope images, including the “broodmare,” were created to defend the slave-breeding practices and justify the treatment to which enslaved women were subjected because Black women’s “[s]exuality and fertility were neither designed for [their] pleasure nor subject to their control. The system was designed to stamp out agency and annex Black women’s bodies to a system of profit” (Collins 2004, 56). As previously mentioned in the first chapter, in the section titled, “Breeders, Broodmares, and Wenches,” the term “broodmare” itself is noteworthy because it is a form of dehumanizing rhetoric. The term “broodmare” denotes animalistic connotations via the association of female slaves with chattel, thus dehumanizing the Black women identified as such. Referring to Black women as chattel makes treating them like chattel that much easier. I emphasize this point because, as I reveal throughout this section of the thesis, dehumanizing rhetoric and animalistic characterizations remain rampant in modern-era racialized discourse. On the *MTONews*’ comment boards, “Wayne Davis” (screen name) says, “[t]he REAL victims are those KIDS. They didn’t ask to be here, that gutter scum is incapable of raising them right. They don’t have a DEW DROP’S chance in HELL. 17 Kids??!! If I was the Judge I would’ve drawn up a court Order for that skank to get her TUBES TIED 10 Babies ago. Bitch got some damn nerve putting HER responsibility on taxpayers. Keep your damn legs closed hoe.” In this comment, “Davis” reduces Angel’s existence to “gutter scum,” “skank,” and “bitch.” “Davis”’ use of the word “bitch,” in the context of Angel’s reproductive capacity, is the most impactful

form of dehumanization because “[b]lack bitches are one thing. Black bitches that are fertile and become mothers are something else. In this regard, the term bitch references yet another meaning. Reminiscent of the association of Africans with animals, the term bitch also refers to female dogs. Via this association, the term thus invokes a web of meaning that links unregulated sexuality with uncontrolled fertility. Female dogs or bitches ‘fuck’ and produce litters of puppies. In a context of a racial discourse that long associated people of African descent with animalistic practices, the use of the term bitch is noteworthy” (Collins 2004, 130). The use of dehumanizing rhetoric throughout history and into the modern-era not only perpetuates racialized representations of Black women, but it also devalues their agency, autonomy, and, most importantly, their lives. Resulting in disparities in the level of obstetrical care Black women’s receive and their disproportionately fatal pregnancy outcomes because “[j]ust as 19th-century representations of black female bodies were constructed to emphasize that these bodies were expendable, contemporary images [and language] (even those created in black cultural production) give a similar message” (hooks, 64).

“Wayne Davis”’ comment touches on the hypersexualization scripted onto Black women’s bodies when he writes “Keep your damn legs closed hoe,” in addition to his use of the terms “skank” and “bitch” (which I discussed in the previous section, connecting his use of the term to unregulated sexuality in conjunction with uncontrolled fertility). “Hoe,” “skank,” and “bitch” are all modern-era manifestations of the historical trope, the “jezebel,” a racialized representation of Black women that “is central in this nexus of controlling images of Black womanhood. Because efforts to control Black women’s sexuality lie at the heart of Black women’s oppression, historical jezebels and contemporary [“hoes,” “skanks,” and “bitches”] represent a deviant Black female sexuality” (Collins 2015, 81). The “jezebel” is a controlling

image scripted onto Black women with origins deeply rooted in antebellum slavery. Collins explains the “jezebel” trope’s historical function “was to relegate all Black women to the category of sexually aggressive women... [and i]f Black slave women could be portrayed as having excessive sexual appetites, then increased fertility should be the expected outcome” (2015, 81). Because the institution of slavery commodified Black women’s bodies, hypersexualized images of the “jezebel” scripted onto Black women’s bodies in relation to the resulting expectations of hyperfertility, Black women’s bodies were linked to economic exploitation. The economic exploitation of Black women’s sexuality and fertility contributed to their dehumanization because it elucidates mental images of factory assembly lines. But, instead of the image portraying Black women as factory workers, producing products in the traditional sense, “Black female bodies become machines built for endurance. The Black superwoman becomes a ‘sex machine’ that in turn becomes a ‘baby machine’” (Collins 2004, 130).

As a result of the fall of the antebellum south and subsequent abolishment of the institution of slavery, the perception of Black women as “hypersexual,” “hyperfertile,” “baby-making machines” transitioned from being a valuable commodity to a social liability because the modern-era “thinking behind these images is that unregulated sexuality results in unplanned for, unwanted, and poorly raised children” (Collins 2004, 130). As a result of the changing social and political climates post-antebellum, regulations of the “hypersexed,” “hyperfertile” bodies of Black women necessarily required transitioning too, to best suit the changing social and political expectations. In the above section I noted the function of the “jezebel” trope “was to relegate all Black women to the category of sexually aggressive women...” (Collins 2015, 81), thus, consequently, all Black women were relegated to the category of sexually aggressive women in need of regulation once their fertility could no longer be commodified. Again, Black women’s

bodies, sexuality, and reproductive freedom were subject to the control of those in power. In the wake of the abolitionist's successful end of slavery, the manifestation of power controlling Black women's fertility evolved from promoting hyperfertility to limiting their reproductive capacity. In "Chapter One: Historical Context," I noted the state sanctioned sterilization practices of Black women, known as the "Mississippi Appendectomy," as being one form of racially motivated social and population control. In that same chapter, I also discussed the misrepresentation and misappropriation of Margaret Sanger's agenda, as it relates to public discourse purporting Sanger's, and through association, Planned Parenthood's, nefarious efforts to racially cleanse the American populous of the Black community. Though the "Mississippi Appendectomy" practices are no longer implicitly stated social and political policies and Sanger and Planned Parenthood never promoted white eugenicist agendas, these sentiments, in many ways, still hold true within the public consciousness. Conceptualizations of social regulations for Black women's fertility are explicitly depicted on the comment boards for websites covering Angel Adams story. On the *Daily Mail's* comment board for an article covering one aspect of Angel's experiences, commenter, "Really?" (screen name), states that society should "[s]terilize this waste of space" and commenter "Me Tired" (screen name) states (in part), "[w]e need to put a cap on the number of kids and the length of time of benefits... Sad we can't have her sterilized. Makes me sick!!!" Both of those comments are in addition to "Wayne Davis" previously quoted comment stating (in part), "17 Kids??!! If I was the Judge I would've drawn up a court Order for that skank to get her TUBES TIED 10 Babies ago." Each of these examples act as evidence supporting my assertion that societal desires to regulate Black women's fertility are not archaic aspirations of a bygone era that ceased to permeate throughout the public consciousness upon the cessation of formal, though implicit, sterilization efforts as forms of Black population control. Rather, such

social desires continue to exist within the public consciousness, manifesting themselves in different ways.

I cite “Wayne Davis” comment referencing a necessity for the judicial system asserting itself as the arbiter of appropriate levels of reproduction to substantiate my previously stated assertion. “Davis” comment concerning a judge ordering Angel Adams’ sterilization harkens a long-standing confrontation between the judicial body and Black women’s bodies as it relates to the reproductive freedom of Black women. Harriet Washington notes, in *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*, the history of the court systems’ use of sterilization of Black women as forms of social control. Specifically, the coercive practices of offering lighter punitive sentences to Black women willingly undergoing sterilizations (210). In a family court hearing regarding the custody of Angel’s children, the judge presiding over the case, Judge Sheehan, asked Angel if she was pregnant. When Angel refused to answer the judge’s question, Judge Sheehan held Angel in contempt of court and jailed her until Angel was willing to answer. After four days in jail, Angel finally acquiesced and answered, “no, I am not pregnant.” Only once Angel answered, was she subsequently released. Two arguments can be made on the judge’s behalf in defense of the contempt of court charge: first, the judge, in this case, was not suggesting Angel be forcibly or coercively sterilized; second, judges holding litigants in contempt for failing to satisfy the court’s expectations is not uncommon, regardless of the litigant’s gender and ethnicity. While both arguments are technically true, they fail to recognize the historical context regarding the judicial system’s blatant intrusion on the reproductive freedom of Black women. As it relates specifically to Angel Adams’ combativeness with the state and judicial systems, her confrontational behavior is largely a result of her distrust of those systems. The courts on numerous occasions removed

some or all of her children from her custody for failing to cooperate and comply with the expectations of the state and court systems. “Wayne Davis” comment (similar to many others just like it, some of which I previously cited), Judge Sheehan’s demand regarding whether or not Angel was pregnant, and the long history of judicial intrusion into Black women’s reproductive lives are not only a few examples reminiscent of images of state sanctioned, coercive sterilization practices used against Black women, but they all validate Angel’s apprehension when engaging with these systems of power.

Furthermore, pertaining to the rhetorical positioning of Black women’s bodies at the center of debates concerning reproductive freedom issues, arguments dismissing the contempt of court charges against Angel, fail to recognize the severity of the issue on a macro level. Angel was jailed because she asserted autonomous control over her body’s reproductive capacity, plain and simple, and she did so by refusing to answer a question that, by design, infringed on her reproductive freedom. To argue that Angel was charged solely on the basis of failing to cooperate by refusing to answer the judge’s question is reductionist because it fails to take into account the content, nature, and historical context of the question. The contempt of court charge was, quite literally, the judicial system’s show of power, reminding Angel specifically, and Black women generally, that Black women’s bodies, sexuality, and reproductive freedom are still subject to the control of those in power. The reallocation of control over Black women’s bodies to those in power necessarily denies Black women physical autonomy and agency over their own bodies. Denying Black women physical autonomy and agency over their own bodies compromises their obstetrical care, affects their reproductive freedom, and contributes to their disproportionately higher maternal mortality rates because it operates from the premise that Black women are incapable of making decisions on their own behalf as it relates to their health.

Operating from that premise not only justifies the need for systems of power controlling their bodies, but, more importantly, it emphasizes the expendability of Black women's bodies.

The historically racialized representation of the "Welfare Queen" scripted onto the bodies of Black (single) mothers lends additional justification for the social control of Black women's bodies, sexuality, and reproductive freedom through systems of power because "the welfare mother represents a woman of low morals and uncontrolled sexuality, factors identified as the cause of her impoverished state. In both cases Black female control over sexuality and fertility is conceptualized as antithetical to elite White male interests" (Collins 2015, 84). Angel Adams' body acts as the perfect representative for the impoverished, Black single mother in addition to each descriptor elicited by the "Welfare Queen" trope. As previously noted, former President Reagan's "Welfare Queen" trope did more than ignite his conservative base, sending him to the White House, it also redefined the way impoverished people are perceived in the public consciousness. His characterization racialized, criminalized, and feminized poverty, which was the genesis of identifying Black single mothers as criminals against the state. The mainstream public consciousness then connected that criminalized "Welfare Queen" image with the absence of morality and traditional American values. *Daily Mail* commenter, "Laurence of Pewsey" (screen name), clearly connects poverty and black single motherhood with amorality when he states, "Your typical social benefit, dependent Democrat voter. Besides a lack of morals and values, also missing is a father for the 16 children."

Statistically speaking, according to the Kids Count Data Center on single motherhood, Black single mothers account for 66% of the single mother demographic. Furthermore, 30.8% of Black single mothers live well below the poverty line (2018). All of which, culminated in the representations "of working-class Black femininity, namely, controlling images of poor and

working-class Black women as bad mothers. Bad Black Mothers (BBM) are those who are abusive (extremely bitchy) and/or who neglect their children either in utero or afterward... They are often single mothers, they live in poverty, they are often young, and they rely on the state to support their children” (Collins 2004, 130-131). Central to the success of President Reagan’s “Welfare Queen” trope is the use of “images of bad Black mothers to explain Black economic disadvantage links gender ideology to explanations for extreme distributions of wealth that characterize American capitalism” (Collins 2015, 76). Yet again, “Wayne Davis” comment exemplifies the real-world scripting of Black women’s bodies with historically racialized representations. “Davis” comment conjures images of the BBM by identifying Angel’s kids as being “[t]he REAL victims... They didn’t ask to be here, that gutter scum is incapable of raising them right. They don’t have a DEW DROP’S chance in HELL... Bitch got some damn nerve putting HER responsibility on taxpayers.” “Davis” perceives Angel to be a BBM, which is based on three key factors: first, the kids’ existences are a “consequence” of Angel’s “hypersexuality” and “hyperfertility,” thus rhetorically positioning Angel as the offender, victimizing her own children. Second, Because President Reagan’s “Welfare Queen” trope redefined poverty as being a criminal act, Angel’s “damn nerve putting HER responsibility on taxpayers” rhetorically positions her as a criminal whose acts victimize the public. Third, Angel is “incapable of raising them right” because of the convergence of her amorality inherent to her “hypersexuality” with her criminality inherent to her impoverished socioeconomic status. Angel is identified as a bad Black mother because she is rhetorically positioned at the center of three intersecting oppressive systems based on her race, gender, and class.

I previously cited an excerpt of commenter, “Me Tired’s,” quote in the section discussing the harnessing of Black women’s fertility. The quote, in its entirety, is particularly relevant to

discussions concerning Angel being rhetorically positioned at the center of multiple intersecting oppressive systems as well. “Me Tired” states Angel is “[a] perfect example of why people are angry their hard-earned money goes to benefit breeders like her! I’m sure she’ll live in free housing for life, as will some of her brood. We need to put a cap on the number of kids and the length of time of benefits. Unless you’re disabled/elderly, there’s no reason you can’t work. Sad we can’t have her sterilized. Makes me sick!!!” This comment, like many others, clearly shows how Angel’s body is at the intersection of multiple scripts working in tandem with one another via “Me Tired’s” incorporation of key terms and phrases like “breeders,” “brood,” “sterilized,” “cap on the number of kids,” “cap on the... length of time of benefits,” “free housing,” et cetera. However, the primary image this commenter seeks to acknowledge is that of the “Welfare Queen.” Because of the criminalization of poverty being directly linked to Black single motherhood, the Black single mother becomes a social liability needing to be regulated and controlled by the state. *Daily Mail* commenter, “Andrew” (screen name), has a suggestion to remedy abuse of government assistance programs, “This woman and all other ‘welfare women parasites’ should be put in ‘work houses’ just like there used to be in the 1800s and early 1900s. Then she would have to compensate society somewhat for the financial help to raise her tons of kids without her or her hidden husband having jobs, plus if she had to work she wouldn’t have so much time for FORNICATION to be creating yet more kids she dumps the financial support of on Taxpayers.” With that comment, the cyclical systems of oppression interlock and complete themselves—i.e., Black sexuality needs state interference and regulation, lest society fall victim to the Bad, Black, “Welfare Queen,” Mother.

Patricia Hill Collins takes the “Welfare Queen” trope encoded on Black women’s bodies one step further by connecting the American “Welfare Queen” with Ama Ada Aidoo’s

description of the popularly portrayed media depiction of impoverished African women: “she is breeding too many children she cannot take care of, and for whom she should not expect other people to pick up the tab. She is hungry, and so are her children. In fact, it has become a cliché of Western photojournalism that the African woman is old beyond her years; she is half-naked; her drooped and withered breasts are well exposed; there are flies buzzing around the faces of her children; and she has a permanent begging bowl in her hand” (2015, 241). Collins goes on to argue, the image constructs African women as being either too far gone for traditional assistance or as being willing beggar women, all too quick to outstretch their begging bowl for a government handout. Ultimately, Collins posits that the racialized trope “Welfare Queen” is the American version of African women with the beggar bowl. Through that juxtaposition, Collins reveals the variances in social engagement between the two images—Black women with permanent beggar bowls in hand are the representation of the women too far gone for traditional aid’s benefit; Black women identified as “Welfare Queens” represent the women who are too willing and passive in their acceptance of assistive aid. Regardless which associative image is attached to Black women, the outcome is the same—i.e., as a result of her “hypersexuality,” she has more children than she can care for, and it is not the government or the taxpayers’ responsibility to fund the products resulting from her sexual escapades.

While Angel Adams is not depicted as a half-naked, withered breast woman with an outstretched begging bowl on *News Channel 8, WFLA*, she is about as close as the Federal Communications Commission (FCC) will allow. Additionally, despite her clothing and the unknown fullness of her breasts, the concept was transmitted, nonetheless. Based on the level of public outrage, one could argue the viral video of Angel Adams sufficiently constructed the image of the half-naked, impoverished, African beggar woman either too far gone or looking for

more handouts. The historically racialized representation of the “Welfare Queen” scripted on the bodies of Black (single) mothers identifies them as burdens, leeching off of society, which rhetorically positions them as undeserving of reliable obstetrical care. As Collin’s posits, the racialized trope “Welfare Queen” is the American version of African women with the beggar bowl. Via the “Welfare Queen’s” association with African women holding outstretched beggar bowls, Black women, particularly Black (single) mothers, are deemed either too far gone for traditional assistance or too willing and quick to accept it, in which case her “problematic status becomes all the more threatening [because] responsibility for the destruction of the American way of life is attributed to [her]” (Collins 2015, 80). Regardless, both “representations of black female bodies were constructed to emphasize that these bodies were expendable...” (hooks, 64) either because they are identified as being too far gone and not worth the effort or because they threaten “the destruction of the American way of life” by being all too willing and quick to accept a handout.

In the case of Angel Adams, the fact that she never once utilized government assistance programs prior to 2008 is irrelevant to mainstream media because it does not support the narrative of the Bad Black Mother. Nor does the fact that Angel Adams was practically forced into using government assistant programs as a result of child protection investigators visiting her home and noticing there was no power or running water. Prior to that visit, Angel received money and assistance from the three men who fathered her children as well as her family. It was not until Angel and her children were forced into the state system that everything began to spiral out of control, ultimately ending up with the family needing government assistance to get back on their feet. Prior to the state’s interference, the children had a reliable roof over their head, they attended school every day, they were fed and cared for, and they were all together as a family,

which was the most important thing to Angel. After the state interjected themselves into the situation the family was split up numerous times, with the children being shuffled around from relatives' houses, foster care, and state facilities. Angel Adams was in and out of court hearings and jail. The family was evicted from numerous homes because Angel struggled to get back on her feet after moving expenses, court costs, and child custody fines (Morelli, 2013). Despite how conventional society defines a "good mother" or an "appropriate family dynamic," the reality is, Angel Adams and her children were thriving as a family prior to state intervention. To that point, communal family, much like the familial dynamic of Angel's family, has deeply entrenched cultural roots within the Black community, a point expounded upon later in this thesis. I am not suggesting that living in a home lacking electricity and running water is a dismissible fact concerning this case. What I am suggesting is state services should consider broadening their approach as it relates to managing issues of this nature. For example, if the wellbeing of the children were the primary concern, then why not simply pay to reinstate power and potable water to the residence, a point made by Angel's mother. When one honestly reflects on the events that transpired between the Adams family and the state, it becomes blatantly clear that the children's wellbeing is further compromised by the state's involvement. Additionally, as it relates to the allocation of funds to the Adams family, simply paying the utility bills would have been astronomically more cost-efficient.

When one takes into consideration the culminating events that led to the, now infamous, clip of her standing in a motel room boldly stating, "someone needs to pay for all of this," it is easy to identify with Angel's frustrations. In her mind, she and her family were doing well, living in poverty, yes, but at least doing so as a family with reliable resources available; it was only after the interference of the state that everything spiraled out of control. Angel was simply

saying, *you all got me and my kids into this mess, now you all need to pay to get us out of it.*

Angel Adams had no intention of being the modern-era embodiment of the “Welfare Queen,” nor did she ever want to be identified as a Bad Black mother. The brutal reality of the situation, however, Angel did not stand a chance against the system and society’s scripting of her body. She was, and continues to be, identified as the “hyperfertile broodmare;” “hypersexed” Black woman needing sterilization to regulate her procreative capacity, “Welfare Queen” depleting the system of valuable resources intended for those who are actually deserving. Her body is criminalized because she is a Black mother living below the median poverty line. Ultimately, the systems of oppression created a representation in Angel Adams that justified state interference and regulation of Black women.

Cheyenne Floyd

Cheyenne Floyd’s experiences as a young, Black mother are important to this discussion because she emphasizes the challenges Black, single mothers confront on a daily basis; the communal approach to family and childrearing; and, by proxy, the hypersexualization to which Black women and mothers are subjected. She actively resists the narrative tropes and boldly uses her platform to write her own script as well as attempts to rewrite the script for Black, single mothers in general. In the specific case of Cheyenne’s body, she is actually hyper-aware of the various tropes assigned to Black single mothers. As the newest member of the *MTV Teen Mom* franchise, she attempts to take on the responsibility of changing the way Black single mothers are represented in popular media. The show, *Teen Mom*, offers ample material with which one can analyze the representation-related issues specifically affecting Black women. *Teen Mom*, the collective franchise, presents the stories of nineteen young mothers in total over the five iterations of the show. The teen mothers represented diversity only insofar as they all represented

different socioeconomic backgrounds, geographical locations, and class strata, but not insofar as it relates to ethnicity. In fact, prior to the 2018 seasons of *Teen Mom OG* and *Teen Mom: Young and Pregnant*, all of the mothers on the show were white. Considering American culture standardizes whiteness, the lack of Black representation should come as no surprise. Ashley Jones of *Teen Mom: Young and Pregnant* and Cheyenne Floyd of *Teen Mom OG* were the franchise's first representations of young Black mothers.

When Cheyenne was first announced as being the newest mom on *Teen Mom OG*, she was instantly met with backlash from the fans because she was technically not a “teen mom” when she became pregnant. In an interview with *Us Weekly Magazine*, before the first episode of *Teen Mom OG* even aired, Cheyenne was already speaking out against the viewership's unacceptance of her story, saying, “I think that a lot of people are stuck on the word, and at the end of the day I'm still [a] young mom. I still have the same struggles, and I'm still learning just like everyone else. I don't think twenty-three is the ideal age to have a baby. She was unplanned, so in other ways, other than me not being a teen, I have different things that you can relate. So instead of me screaming all day long that I'm not a teen mom, I'd rather just talk about things that I am” (Longeretta, 2018). Considering the issues with which Cheyenne struggles, she actually has a lot to contribute to the conversation as it relates to representation and Black single motherhood and is already making sizeable contributions to the dynamics of the show, considering she is only featured in the most recent five episodes.

Cheyenne Floyd, of *Teen Mom OG*, is the mother of an eighteen-month-old daughter, Ryder. While she is the newest member of the *Teen Mom* franchise, she is not new to *MTV* reality shows. Cheyenne's story and experiences promote a dialogue concerning the challenges Black women confront as it relates to how they are represented and dehumanized in the media.

Cheyenne, Ryder, and Cheyenne's friends and family—biological parents, step-parents, Cory (Ryder's Father), sisters, cousins, uncles, aunts, Nana Banana (grandmother), Zach (boyfriend), et cetera—all made their *Teen Mom* debut on October 1, 2018, in episode 19, titled "Welcome to the Family." Via a narrative format, Cheyenne recounts the series of events that resulted in her becoming the newest mom on *Teen Mom OG*. After competing in *MTV's* season three of *Are You the One* followed by *MTV's The Challenge: Rivals 3*, in 2016, Cheyenne met fitness coach and model Cory Wharton on the set of *The Challenge*. Cheyenne and Cory became friends on the show and, at the filming of *The Challenge's* reunion episode, they had a single night of Biblical fun. When Cheyenne became pregnant, she was unsure who the father was, as she had a boyfriend at the time. When Ryder was six-months-old, the DNA results confirmed Cory as Ryder's father. Now, Cheyenne and Cory are co-parenting Ryder, and Cheyenne is a stay-at-home mother.

As previously noted, Cheyenne Floyd was no stranger to the public eye of popular media. Being a cast member on multiple *MTV* reality shows comes with a certain level of exposure most young adults do not experience. That said, the media hype surrounding Cheyenne's unexpected pregnancy, undisclosed paternity, and the potential scandalous nature of it all smacked of racialized jargon. Digital media headlines included buzz terms like, "Finally Reveals the Truth," "Paternity Drama," "Secret Baby Daddy," and "Baby Mama Drama." While there is an argument to be made for the fact that headlines, by their very nature, are supposed to catch the attention of potential readers and draw them in, at what point do those headlines dehumanize the subject(s) they cover? Considering the rampant dissemination of news, media, and information, bold headlines are more important now than ever. That said, the previously cited examples paint a picture of a dishonest, extra dramatic, Bad Black mother. The media's portrayal and the public

consciousness' characterization of Black single mothers is a reality of which Cheyenne Floyd is hyper-aware. In the first episode, while sitting in the living room with her family, Cheyenne, tearfully, says, "I never thought that I would have a baby before I got married. I did everything by the book, except this" (15:08). Cheyenne's statement is particularly poignant because it strikes the heart of the issue as it relates societal perceptions and representations of Black women and, more specifically, Black single motherhood. The media headlines transform a young adult with (arguably) the cutest little daughter, into a tabloid headlining baby mama with ample amounts of drama, a script Cheyenne desperately tried to avoid by doing "everything by the book."

As previously noted, Black single mothers account for 66% of the single mother demographic (KIDS COUNT Data Center, 2018). Patricia Hill Collins, in *Black Feminist Thought*, cites a 1997 study by Sociologist Elaine Bell Kaplan in which she reports that "... so many young Black girls were 'pushing strollers around inner-city neighborhoods that they became an integral part of both the reality and the myth concerning the sexuality of Black underclass culture'" (2015, 64). For Cheyenne, the cultural weight Black single mothers bear is particularly poignant, and her statement to the effect that she never thought she would be a single mother because she did everything "by the book, except this," speaks to her hyper-awareness of the perceptions placed on young, Black women's bodies with children in tow. In fact, she made every attempt to follow all of the rules and avoided every bad decision that could potentially result in her body being scripted as an "integral part of both the reality and the myth concerning the sexuality of Black underclass culture." It is worth emphasizing, the myth "concerning the sexuality of Black underclass culture" is just as important, if not more important, than the reality of any statistics. As previously stated, scripting is a result of cultural assumptions encoded on the

body, therefore, myths associated with Blackness, Black culture, and Black women's sexuality are just as dehumanizing as equivocating Black women with chattel.

As it relates to Cheyenne and *Teen Mom*, the mythically centered hyper-sexualization of Black women is actually in the absence of representation. While in the early phases of my research for this thesis, specifically as it relates to the representations of young, Black single motherhood I, quite unexpectedly, confronted the dehumanization wrought on Black women's bodies via hypersexualization. To put it simply, I knew there was a show about young, possibly teenage, mothers but little more than that. I Googled "teen moms" and was jettisoned down the *MTV* rabbit hole only to realize there were no representations of young Black mothers (as previously noted the *Teen Mom* franchise was white as snow prior to last month). Logically, I adjusted my search parameters to "Black teen moms" with the hopes of finding a show with a concept similar to *Teen Mom* but with more diverse representation. Instead, my innocent search term generated almost four-million porn hits. The presence of millions of porn hits specifically constructed around and designed to promulgate the myth "concerning the sexuality of Black underclass culture" further compounds the problematic nature of the absence of accurate representation of young Black motherhood. By replacing accurate representations of young Black mothers with hypersexualized perversions, the "sexist/racist sexual mythology would have it, she is the embodiment of the best of the black female savage tempered... [i]n the racialized pornographic imagination, she is the perfect combination of virgin and whore, the ultimate vamp" (hooks, 72).

More specifically, though, the hypersexualization of Black motherhood buttresses the image of the Bad Black Mother, insofar as it presents a manufactured image of wanton blackness; the manufactured representation identifies Black women as sexually deviant and

insatiable, thus making motherhood a “consequence” of their “hypersexuality.” Additionally, the substitution of hypersexualized representations of Black motherhood in lieu of accurate representations of Black motherhood perpetuates experiences of a “highly visible sexualized racism, one where the visibility of Black bodies themselves reinscribes the hypervisibility of Black... women’s alleged sexual deviancy. Because U.S. understandings of race rely on biological categories that, while renegotiated, cannot be changed—skin color is permanent—Black hypersexuality is conceptualized as being intergenerational and resistant to change” (Collins 2015, 130). Furthermore, the “highly visible sexualized racism” experienced by Black women is historically grounded in the antebellum south’s exploitative slave-breeding practices of Black women. Collins argues, Black “... women were not included in pornography as an afterthought but instead form a key pillar on which contemporary pornography itself rests.” She goes on to cite Alice Walker’s assertion that “[t]he more ancient roots of modern pornography are to be found in the almost always pornographic treatment of black women who, from the moment they entered slavery . . . were subjected to rape as the ‘logical’ convergence of sex and violence. Conquest, in short (1981, 42)” (2015, 136). Cheyenne’s concern regarding popularized misconceptions of Black single motherhood are not unfounded. While she is probably unaware that a google search for “Black teen mom” generates millions of pornographic hits, each specifically designed to promulgate a hypersexualized image of Black mothers, she is aware of the negative representations associated with her situation and she “realizes all that she must struggle against to achieve self-actualization. She must counter the representation of herself, her body, her being as expendable. Bombarded with images representing black female bodies as expendable, black women have either passively absorbed this thinking or vehemently resisted it” (hooks, 65).

Though Cheyenne is very familiar with the culturally constructed representations forcibly encoded on her body, she is not willing to resign herself to them. While at lunch with her family, Cheyenne's mother, Margaret, states, "I'm very excited about Cory's participation with the baby" (18:05). In response, Cheyenne explicitly states her motivation behind her decision to join the *Teen Mom* franchise: "That seems rare to me in our generation. I don't see anybody else doing it, which is why I'm so excited about doing this show... to be able to show a blended family in a positive way" (18:08-18:36). Again, it bears reiteration, this is the first episode featuring Cheyenne, and within her first two scenes she establishes herself as a *rule follower*, "by the book," *good girl*, thus distinguishing herself from the racialized trope society seeks to inscribe upon her body. Furthermore, within that statement, she also assumes the responsibility of transforming the image associated with an old, battle-tested racial trope into something positive and admirable. Over five episodes, she proves these are more than baseless assertions and empty promises. Through her actions and speech, she repeatedly and consistently rejects the "impoverished," "ratchet," "urban," "ghetto," "hood," "oversexed," "hypersexualized" tropes associated with Black single motherhood.

Additionally, Cheyenne and her family are intentional in their use of the terms "co-parenting" and "blended family," specifically because of the representations imposed on Black family dynamics involving separated parents. Historically speaking, the term "broken families," when used in the context of referencing Black families, harkens the institution of slavery in the antebellum south, in which slaves "... had great difficulty maintaining families and family privacy in public spheres" (Collins 2015, 49). Modern-era social definitions of the term elicit images of Black families ripped apart by the disproportionate mass-incarceration of men of color, violence, et cetera. Cheyenne and her family use the term "blended families" for two

reasons: first, they do not consider their family “broken,” simply because Cheyenne and Cory are not in a traditional, matrimonial relationship. Second, they are cognizant of the negative connotations the term holds in the mainstream public consciousness. Making every attempt to rewrite the prominent, racialized representations of Black women, mothers, families, and communities, Cheyenne and her family opt for the less racially encoded term, “blended family.”

Communal familial approaches to childrearing are a prominent component not only as it relates to Cheyenne, but also as previously discussed in the first chapter, pertaining to the culturally significant roles the Black grand midwives filled. Communal familial approaches to childrearing practices were also associated with Angel Adams’ familial dynamic, though, in a different capacity; additionally, other manifestations of communal approaches to familial structures will be addressed later in this thesis, as well as how they compromise Black women’s obstetrical care. In the episodes, “Unconditional Love” and “Suns Out, Buns Out,” the concept of co-parenting and the challenges and struggles co-parenting present are brought to the forefront of the conversation. Viewers witness Cheyenne, Cory, Zach, and the rest of Cheyenne’s family all navigate the terrain of communal childrearing and balancing relationships within a “blended family.” Cheyenne is adamant about maintaining open lines of communication with Cory, Zach, and her family, and those lines of communication are not strictly limited to Ryder related issues. In “Unconditional Love,” while out running errands together, Cory shares with Cheyenne his interest in speaking with her father, Kyle, and stepfather, David. He is interested in seeking their advice regarding their experiences and successes as it relates to their co-parenting dynamic as well as their dynamic with Cheyenne’s mother. Cheyenne asks Cory why that is important to him. He explains, Ryder’s well-being is their number one priority as co-parents. Considering the positive and successful co-parenting dynamic between Kyle and David, Cory thinks a

conversation with them will be beneficial to his dynamic with Zach.

To the point of co-parenting: with the rise in “blended families” and “co-parenting,” these familial dynamics are new iterations and modern-era manifestations of communal childrearing. Cheyenne at the center of the familial structure is important because, as Patricia Hill Collins contends, “the persistence of woman-centered networks may have greater theoretical importance than currently recognized” (2015, 182). When viewing the nuclear family through a capitalist lens—mothers who marry and have a family, satisfy social expectations. Thus, they are financially rewarded with the funds necessary to afford things like private school tuition, music lessons, family vacations, et cetera. The reward bestowed on married mothers extends beyond finances, a point that will be addressed later in this thesis. As a result of the married mother’s ability to fulfill the social expectations and achieve socioeconomic stability, society considers her a better mother in comparison to her single counterpart. Collins goes on to claim that, within this context, Black women who “... continue community-based child care challenge one fundamental assumption underlying the capitalist system itself: that children are ‘private property’ and can be disposed of as such. Under the property model that accompanies the traditional family ideal, parents may not literally assert that their children are pieces of property, but their parenting may reflect assumptions analogous to those they make in connection with property.” By seeing the larger community as responsible for children rearing, the very act of “... giving othermothers and other nonparents ‘rights’ in child rearing, those African-Americans who endorse these values challenge prevailing capitalist property relations” (2015, 182). Cheyenne’s adherence to the conceptual “blended family” and “co-parenting” strategies assume an additional theoretical layer of subversion, which buttresses Cheyenne’s resistance to subjugating social representations forced upon her.

Simone Landrum

Simone Landrum's story is crucial to the discourse concerning the past manifesting itself in the the present and negatively impacting Black women's lives and reproductive health because her experiences highlight implicit, subconscious discrimination permeating throughout society, specifically as it relates to the medical community's engagement with Black women. Simone's story involves intimate partner violence, single motherhood, and an impoverished socioeconomic status. Additionally, Simone's experiences incorporate the concepts of communal childrearing and Black midwifery. In a *New York Times* article, "Why America's Black Mothers and Babies Are in a Life-or-Death Crisis," Linda Villarosa recounts the experiences of Simone Landrum, a then twenty-one-year-old Black mother of two young sons and pregnant with her third child, a daughter. During the early stages of her third pregnancy, Simone experienced excruciating headaches and sensitivity to light, the likes of which she did not experience during her first two pregnancies. Simone chalked it up to stress, a result of her contentious relationship with her boyfriend and the father of her unborn daughter, which eventually turned violent. Three months into her pregnancy, Simone's boyfriend threw her to the ground outside of their apartments because he was angry she wanted to go spend the evening with friends. Simone recounts the incident in the article, stating, she scrambled to her feet quickly enough to get inside the apartment and reach the phone to call the police. Once she realized her boyfriend was still pursuing her, Simone grabbed a knife and screamed for him to "Back up—I have a baby" (Villarosa, 2018). The police arrived and arrested Simone's boyfriend, charging him with multiple offenses, including battery. The boyfriend was eventually released on bond, pending his trial the following year. Though Simone ended their relationship, as she had done a couple of times in the past, she did eventually take him back—partially out of love, partially because he

was the father of her unborn daughter, and partially because she was concerned about her socioeconomic position. Simone knew she could not afford to be a single mother of three on her waitressing job in the French Quarter of New Orleans, Louisiana (Villarosa, 2018).

Simone noticed something was different about this pregnancy in contrast with her first two. With her due date growing closer, her hands, feet and face began to swell to such a severe extent that she was forced to quit her waitressing job. After expressing her concerns to her doctor, who accepted Medicaid and was recommended by several friends, he disregarded them and suggested taking Tylenol for her headaches. When Simone mentioned the ineffectiveness of the Tylenol, her doctor told her to take more. Taking the doctor's recommendations, Simone recalls her hesitations, "I am not a person who likes to take medicine, but I was always popping Tylenol." While at a prenatal appointment in November, Simone explained again her headaches were intensifying and that she "felt achy and tired." In her later obtained medical records, Simone found a handwritten note from that November appointment showing an elevated blood-pressure reading of 143/86. Villarosa notes that "[a] top number of 140 or more or a bottom number higher than 90, especially combined with headaches, swelling and fatigue, points to the possibility of pre-eclampsia: dangerously high blood pressure during pregnancy." Reflecting on the November appointment, when she became more forceful about the concerns she had regarding her pregnancy, Simone recalls the doctor telling her to lie on the examination table and calm down. She remembers, "she took a deep breath and laid on her back for 40 minutes until her blood pressure dropped within normal range" (Villarosa, 2018). The handwritten note notwithstanding, Simone's medical records did not reflect any of the health concerns discussed during the appointment or her hypertensive episode. Additionally, at that November appointment, Simone's doctor informed her he would be out of town for the holiday season and

thus unavailable, but that he could deliver her baby by cesarean section that day if she wished, which was six weeks before her early January due date. After declining the doctor's offer, Simone angrily notes the appointment was the last time the doctor or anyone from his office spoke to her, "[i]t was like he threw me away" (Villarosa, 2018).

Four days later, Simone knew something was not right with her pregnancy. She packed a bag, arranged childcare for her two sons, and asked her boyfriend to drive them all to her stepfather's house to drop off her two boys and then take her to the hospital. In route to her stepfather's, she felt wetness between her legs and upon looking down, she saw the seat steadily filling with her blood. Simone's stepfather rushed to call 911, and, as she was being loaded into the ambulance, she told her two sons "'Mommy loves you,' willing them to stay calm. 'I have to go away, but when I come back, I will have your sister.'" According to Simone's medical records that day, she had an elevated blood pressure of 160/100, which caused the separation of the placenta from her uterine wall. Doctors and nurses frantically rushed to save her and the baby's lives. Simone repeatedly asked if her daughter was alright, recalling "[n]obody said a word. I have never heard a room so silent in my life." Finally, the emergency-room doctor, dropping his head to make eye-contact with Simone, she remembers him telling her "'... my baby was dead inside of me. I was like: What just happened? Is this a dream? And then I turned my head to the side and threw up.'" A nurse later told Simone she nearly bled to death and required a half dozen units of transfused blood and platelets to survive the ordeal, "'[y]ou are very lucky to be alive;'" Simone remembers the nurse "'said it more than once'" (Villarosa, 2018).

Simone's boyfriend blamed her for the death of their daughter, Harmony, and became increasingly violent as a result. December 2016, he attacked Simone in front of her two young

sons, choking her so severely she urinated on herself. Simone recalls the incident, stating “[h]e said to me, ‘Do you want to die in front of your kids?’” He then tore Simone’s clothes off and sexually assaulted her. After the attack, Simone was able to contact the police, and her boyfriend was arrested and charged with second-degree rape. Though she acquired a restraining order, the district attorney declined to prosecute the case. Ultimately, Simone “sought the assistance of the New Orleans Family Justice Center, an organization that provides advocacy and support for survivors of domestic violence and sexual assault. Counselors secreted her and her sons to a safe house, before moving them to a more permanent home” (Villarosa, 2018).

The history of domestic violence, specifically intimate partner violence (IPV), has a racialized history intrinsically connected to the antebellum south and the institution of slavery. This is relevant because the scripting of Black women’s bodies with controlling images deeply rooted in America’s violent past speaks directly to subconscious racial bias within the field of medicine, a point I will expound in greater detail in the next section of this thesis. In *Domestic Violence: Intersectionality and Culturally Competent Practice*, editors Lettie L. Lockhart and Fran S. Danis assert, “[n]o existing documents have been identified to suggest that domestic violence is prevalent in ancient African countries,” citing two studies to corroborate their findings. As a result, the editors shift their attention to “an examination of African people’s enslavement and its impact on gender relationships” (69). The text goes on to posit, high rates of sexual violence and rape committed against Black women, slaves’ inability to assert agency as it relates to their romantic relationships, and slave owners’ frequent refusal to acknowledge marriages between slaves all resulted in having a lasting and profound impact on the degree of violence within Black intimate relationships. Furthermore, Lockhart and Danis cite Dr. Joy DeGruy-Leary’s years of historical and psychological research, culminating in what is now

recognized as, Post-Traumatic Slave Syndrome (PTSS). Originally published in Dr. DeGruy-Leary's 2005 book, *Post Traumatic Slave Syndrome: America's Legacy of Enduring Injury and Healing*, PTSS is defined as a "condition that exists when a population has experienced multigenerational trauma resulting from centuries of slavery and continues to experience oppression and institutionalized racism today... [and] benefits of the Society in which they live are not accessible to them" (DeGruy-Leary, 125). I will emphatically note now, PTSS is in no way meant to excuse Black communities from legal accountability as it relates to IPV or any other criminal acts, nor does it imply as much. Rather, PTSS-related research simply seeks to identify more effective, long-term solutions that recognize not only the pathology of the crime but also its intersectional aspects.

On a superficial level, it is obvious how depictions of domestic, sexual, and intimate partner-related violence within Black communities further promulgates dehumanizing, racialized representations of Blackness as being inherently aggressive, hostile, and incapable of enacting restraint. However, this issue has a deeper layer requiring an analysis. Black women are frequently represented in the mainstream public consciousness as being capable of handling themselves when confronting conflict or adversity. It is because of those exact "[r]ace-gendered scripts and the resulting stereotypical images of Black womanhood—such as strong, aggressive, and resilient—imped[ing] women's access to domestic violence services, in part, because these scripts and stereotypes prohibit them from being viewed as 'victims'" (Jordan-Zachery, 106). That same perception of Black women's hardiness and strength negatively impacts the level of care medical professionals provide them, particularly in Simone's case, her pain was devalued and ignored by her physician, which resulted in her pregnancy ending with the stillbirth of her

daughter. This issue concerning the medical community's engagement with Black women, specifically as it relates to their pain will be discussed more extensively in the third chapter.

Simone Landrum had a brief relationship in March of 2017, leaving her pregnant with her fourth baby. Still mentally and emotionally recovering after the death of her daughter, Harmony, less than a year prior, Simone was conflicted about this pregnancy. She knew she needed support, especially in light of the fact that she would be having this baby as a single mother. Simone's Family Justice Center case manager, Mary Ann Bartkowicz, knowing her specific situation, connected her with the Birthmark Doula Collective. Doulas act as professional companions during pregnancy and childbirth and for six weeks after the baby is born. Giwa, Simone's doula, visited her regularly throughout her entire pregnancy. She helped Simone prepare the nursery, shop for all of the baby necessities, and specifically focused on healing Simone's mental and emotional trauma resulting from the loss of her daughter and her past abusive relationship. Three days before her due date, Simone was scheduled to be induced because of the complications she experienced in her last pregnancy. Giwa was there with her every step of the way, acting as an advocate on Simone's behalf, and filling the role of "othermother." A particularly important example of the support Giwa provided Simone involved a white medical student abruptly entering the birthing room to ask Simone a few standard, medical-related questions, "[h]ave you had any children before?" Clearly shaken by the medical student's question, Simone answered, "Yes, I've had three babies, but one died... I had a stillbirth." Unphased, the medical student asked, "The demise was last year?" Had the student looked up from the chart, she would have noticed the way Simone cringed at the word "demise." Giwa pulled the nurse caring for Simone outside and asked that a note concerning Simone's stillbirth be included in her file. Later, in the interview for the *New York Times* article, Giwa said

“[e]ach time [Simone] has to go over what happened, it brings her mind back to a place of fear and anxiety and loss.” Giwa went on to explain that Simone was experiencing a high-risk pregnancy, and the least the medical staff could do was read her chart.

Doulas, like the Black midwives during the antebellum south and the “othermothers” Collins discusses, serve a much greater purpose than simply assisting in child birth. They act as support systems emotionally, mentally, and physically, as well as advocate on behalf of the mothers who are, arguably, a little preoccupied with giving birth to a new, little human. Similar to the Black midwives of the past caring for the mothers and family long after the birth of the new baby, so too is the role of the doula. Giwa drove Simone and her, now, three sons home from the hospital, prepared the family their meals, and watched after the two older boys so Simone could rest in between feedings. The medical establishment’s excision of the Black midwives resulted in detrimental effects on the health of Black women as a result. In “Chapter Three: Medicalization,” I detail the Black midwives’ excising as it relates to the medical impact that event had on Black women’s obstetrical care. Additionally, I will readdress the role of the modern-era manifestations of the Black midwives—i.e., the doulas—in relation to improving Black women’s obstetrical care.

Shalon Irving

In the collaborative article “Nothing Protects Black Women From Dying in Pregnancy and Childbirth,” jointly published by *ProPublica* and *NPR News*, journalists Nina Martin (of *ProPublica*) and Renee Montagne (of *NPR News*) detail Shalon Irving’s story and experiences. To say Shalon was an extremely educated, accomplished individual, is an understatement. She received her bachelor’s degree in sociology from the historically black Hampton University in Virginia, graduating summa cum laude; she attended Purdue University for her first master’s

degree; pursued her second master's degree, this time from Johns Hopkins; and returned to Purdue University for a double Ph.D. in sociology and gerontology, which she finished in under five years and graduated with top honors. Her professional credentials are equally noteworthy: she was an Assistant Professor for two years at her alma mater, Hampton University, before deciding to focus her efforts on the development of evidence-based public health interventions to improve the health outcomes of African-American women, which she did upon joining the Center for Disease Control and Prevention's Division of Violence Prevention. Some of Shalon's other professional accomplishments include: working closely with at-risk teen girls and mothers and infants with HIV/AIDS; a CDC consultant with Michelle Obama's "Let's Move!" initiative; working in Puerto Rico as a member of the CDC's Zika response team; and, most recently, a lieutenant commander in the uniformed ranks of the U.S. Public Health Service as an epidemiologist with the prestigious Epidemic Intelligence Service (Martin and Montagne, 2017).

Despite all of her laudable academic and professional accomplishments, "Shalon couldn't remember a time when she didn't want to be a mother" (Martin and Montagne, 2017).

Unfortunately, she struggled with uterine fibroids for years, which can interfere with fertility. When Shalon was thirty-four, she underwent surgery to remove the fibroids and preserve her uterus for a little while more, "but her OB-GYN urged her not to delay getting pregnant much longer" (Martin and Montagne, 2017). Shalon struggled with the idea of being a single mother as a result of the stereotypes associated with Black single motherhood, carrying the additional financial burden alone, "the difficulties of being a black single mother in the South in the era of Trayvon Martin and Tamir Rice" (Martin and Montagne, 2017), and the heightened risks for pregnancy related complications that her personal and familial medical histories posed. Ultimately, though, Shalon recognized she had a rapidly shrinking window of opportunity and

decided to pursue artificial insemination. Each of her procedures were self-funded, with the help of her parents, and each procedure resulted in failure. Shalon abandoned all prospects of biological motherhood; by spring of 2016, she was in a new relationship and on her way to “Puerto Rico to help with the CDC’S Zika response... [While t]here she discovered she’d gotten pregnant by accident” (Martin and Montagne, 2017). Once the in-utero screening came back negative for Zika, Shalon was able to officially celebrate her pregnancy.

Due to fraught personal and family medical histories, Shalon sought out a team comprised of the best medical professionals available and ultimately decided on the care from a “team at Emory University, one of the premier health systems in the South” (Martin and Montagne, 2017). Concerned that uterine scarring occurred during her fibroid removal surgery two years earlier, which “could result in a rupture if her uterus stretched too much,” her physicians “scheduled a C-section at 37 weeks” (Martin and Montagne, 2017). Other than several spikes in her blood pressure that always normalized, Shalon’s pregnancy went relatively smoothly, in spite of her many risk factors. Shalon’s mother recounts that “[t]he birth was ‘a beautiful time’” (Martin and Montagne, 2017). In fact, Shalon’s pregnancy went so well, she was able to persuade her doctor into letting her leave the hospital by the third day. Her good health ended when “a painful lump on her incision emerged a few days after she went home” (Martin and Montagne, 2017). The first doctor she saw concerning the painful lump on her incision quickly dismissed it as nothing and sent her home. As Shalon and her mother were leaving the hospital, they ran into Shalon’s primary gynecologist, Dr. Elizabeth Collins, and requested she provide a second opinion. With one look, Dr. Collins diagnosed the lump as being an extremely rare hematoma (blood trapped in layers of healing skin). As described in her notes, Dr. Collins “drained the ‘fluctuant mass’ and ‘copious bloody non-purulent material’ poured out from the

one-inch incision” (Martin and Montagne, 2017).

In the two weeks following her visit concerning the hematoma, Shalon’s records indicate she made three more hospital visits and received two nursing visits at home. Concerned her caesarian incision was healing too slowly, she sought the opinion of a wound specialist who confirmed it was healing properly. In Shalon’s records, the visiting nurses noted ““Patient has poor endurance,” ““Leaving the home is a TAXING and CONSIDERABLE effort,”” and that ““Shalon had to change the dressing on her wound ‘sometimes several times a day due to large amounts of red drainage. This is adding to her stress as a new mom.’”” Additionally, the visiting nurses recorded her blood pressure readings as being: 158/100, 158/112, and 174/118, all of which are high enough to cause concern about postpartum preeclampsia, but immediate medical action was not taken because Shalon showed no other postpartum preeclampsia symptoms. (Martin and Montagne, 2017). Instead, Shalon was scheduled for an appointment with her primary care provider for the following day, to which a leading expert in postpartum care, who agreed to review Shalon’s records but asked not to be identified, noted, ““[a] next-day follow-up for a BP of 174/118 seems questionable for a postpartum woman. Same-day assessment in her provider’s office, or in the ER, would have been very much within the bounds of common practice”” (Martin and Montagne, 2017). By Shalon’s next-day appointment, her blood pressure normalized, and she still showed no other postpartum preeclampsia symptoms. The doctor’s notes read ““that Shalon was healing ‘appropriately’ and thought her jumps in blood pressure were likely related to ‘poor pain control’”” (Martin and Montagne, 2017). Shalon and her mother were sent home, and their feelings of frustration continued to mount.

Over the following few days, Shalon noticed one of her legs was visibly larger than the other, and she had difficulty bending that knee. Two of Shalon’s closest friends note that

“[Shalon] knew so much about her body one would think she was an M.D. and not a Ph.D. To hear her be concerned about her legs—that worried me,” and that they were so upset by Shalon’s deteriorating condition that they took their frustrations out on her; one friend recounted, “I was cussing her out. ‘Go to the f—ing doctor.’ She’s like, ‘I called them. I talked to them. I went to see them. Get off my back’” (Martin and Montagne, 2017). Shalon’s mother took her to the hospital one more time, resulting in Shalon seeing a nurse practitioner. Shalon’s mother remembers telling the nurse “[l]ook, there’s something wrong here, she’s not feeling well... One leg is larger than the other, she’s still gaining weight’—nine pounds in 10 days—‘the blood pressure is still up, there’s gotta be something wrong’” (Martin and Montagne, 2017). Shalon’s records indicate the nurse noted swelling in both legs, though, the right was more swollen than the left. Additionally, the notes read that Shalon was experiencing “‘some mild headaches’ and her blood pressure was back up to 163/99,” but, similar to prior spikes in her blood pressure, Shalon showed no other other signs of preeclampsia. The nurse checked Shalon’s caesarian incision and wrote “‘warm dry no [sign] of infection,’” and that Shalon’s behavior was “‘cooperative, appropriate mood [and] affect, normal judgment’” (Martin and Montagne, 2017). The screenings for preeclampsia and ultrasound checking for blood clots both came back negative. Once the nurse began the discharge process, Shalon insisted that “[t]here is something wrong, I know my body. I don’t feel well, my legs are swollen, I’m gaining weight. I’m not voiding. I’m drinking a lot of water, but I’m retaining the water.” Prior to sending Shalon and her mother home, the nurse practitioner wrote her “a prescription for the blood pressure medication nifedipine, which is often used to treat pregnancy-related hypertension (Martin and Montagne, 2017).

Later that evening, after returning home from the hospital, Shalon told her mother in a

panic, “I just don’t know, Mom, I just don’t feel well.” She took one of the blood pressure pills, and an hour later, while talking with her mother, Shalon gasped, grabbing at her chest, and passed out (Martin and Montagne, 2017). When the paramedics arrived, Shalon was on the floor, “pulseless and not breathing.” They attempted to stabilize her and rushed her to the nearest hospital a few miles away. The doctors later discovered the paramedics incorrectly placed the breathing tube in her esophagus instead of her lungs. Shalon never regained consciousness, and her parents withdrew her from life support four days later. The hospital did not perform an autopsy, telling Shalon’s mother it was not required. Shalon’s mother paid the neighboring county’s medical examiner \$4,500 for an autopsy. Once the autopsy report was finalized three months later, it revealed that Shalon showed signs of heart damage consistent with hypertension and attributed her death to high blood pressure related complications (Martin and Montagne, 2017).

The “Black Lady” trope is frequently scripted onto the bodies of middle-class, professional Black women “who stayed in school, worked hard, and have achieved much” (Collins 2015, 80). While seemingly harmless at first glance, the controlling image has associative ties to antebellum slavery because it is an extension of the “Mammy,” “the hardworking Black woman professional who works twice as hard as everyone else” (Collins 2015, 81). Shalon’s academic and professional accomplishments are laudable and noteworthy. But, when situated within the context of the historically racialized representation of the “Black lady,” her same accomplishments reveal additional interpretive layers for analysis. Bianca Pryor was one of Shalon’s closest friends within her “cherished circle of ‘sister friends’” (Martin and Montagne, 2017). The two women met while in graduate school at Purdue University and stayed extremely close after graduation. Bianca asserts that their close bond, and the other close bonds

formed amongst all of the friends within the “sister circle,” were largely a result of their shared feelings that “[t]hey were all bearing the same burden,” i.e., the shared feelings that they were ““carrying the expectations of generations, the first ones trying to climb the corporate ladder, trying to climb in academe... There is this idea that we have to work twice as hard as everyone else”” (Martin and Montagne, 2017).

The driving force behind Shalon’s success was the feeling that she had to work twice as hard because she was not only trying to achieve upward mobility for herself but for the generations preceding her as well. As I previously noted in the “Counter Argument” section of the “Introduction,” the abolishment of the institution of slavery resulted in the Black community being left largely in destitution, with no commodifiable resources upon which they could compound wealth. The Black community, quite literally, had to start at the very bottom, with nothing, and slowly work their way up the socioeconomic ladder. Furthermore, the Thirteenth Amendment only abolished slavery, it did not abolish racism, segregation, physical and sexual violence against the Black community, state sanctioned subjugation, and the limited options available to Black men and women as a result of those intersecting oppressive systems of power. Every accomplishment the Black community achieved, was done so in the face of continuous opposition and staunch resistance. It was also done so with the hope that future generations of Black men and women would have a starting point higher on the ladder than their predecessors. More importantly, though, it was done so with the expectation that future generations would progress the upward mobility so their successors’ starting points are higher than their own.

Again, while the “Black Lady” trope is seemingly harmless at first glance, it is actually just as damaging as some of the more overtly destructive racialized representations to which Black women’s bodies are subjected—e.g., the “broodmare,” “jezebel,” “Welfare Queen,” et

cetera. Within the context of upward mobility, the “Black Lady” trope rhetorically positions them in direct opposition with white men “[v]ia affirmative action, Black ladies allegedly take jobs that should go to more worthy Whites, especially U.S. White men” (Collins 2015, 81). In the “Angel Adams” section within this chapter, I juxtaposed the American image of the “Welfare Queen” with the African beggar woman who is too willing to accept government assistance. I argued the “Welfare Queen” threatens “the destruction of the American way of life” by being all too willing and quick to accept a handout (Collins 2015, 80). Similar to the “Welfare Queen” threatening to destroy the American way of life via draining the government coffers because she is all too willing and quick to accept a handout, the “Black Lady” also threatens the American way of life, not because she is all too willing to accept government assistance handouts, but because her presence within the academic and professional spheres infringes on public space that historically belonged exclusively to white men. The “Black Lady’s” presence threatens to take white men’s jobs, promotions, raises, scholarships, university acceptances, and, most importantly, their “superior” statuses within society. White men’s perception that the “Black Lady” is infringing on academic and professional spheres and threatening their position within those spheres is a result of two key beliefs within the institutionalized white masculine construct: the first, white men’s perceived ownership of those public spaces; and the second, the delegitimization of accomplishments achieved by individuals excluded from institutionalized white masculinity as a result of their Otherness—e.g., race, gender, socioeconomic class status, sexual orientation, nationality, et cetera.

Regarding perceptions that “Black Ladies” are infringing upon academic and professional public spaces, infringement can only occur when an individual asserts their presence within a space that is owned by another. In the context of American capitalism, all resources are

commodified and have value amounts placed on them, academic and professional spheres are resources, insofar as they are sites at which resources can be potentially derived—i.e., academic spheres provide knowledge, training, and/or skills, all of which hold monetary value within the professional market; and professional spheres offer labor markets in which knowledge, training, and/or skills are exchanged for monetary resources. Asserting ownership over academic and professional spheres increases access to commodifiable resources. The more individuals laying claim within these spheres results in a more competitive market, thus, limiting individuals' ability to access and claim space in these spheres minimizes the competition. Within the context of America's historically white, patriarchal hierarchy, white men are the privileged individuals at the apex of the hierarchical structure. As the privileged apex of the social hierarchy, recognized as such throughout history and into the modern-era, beliefs of their entitlement are naturalized. Black women scripted with the historically racialized "Black Lady" representation, not only threaten white men's access to commodifiable resources within academic and professional spheres, but their presence challenges the naturalized hierarchical structure buttressing white men's privileged position at the apex of the social structure.

Regarding the delegitimization of accomplishments achieved by individuals excluded from institutionalized white masculinity as a result of their Otherness, the historically racialized "Black Lady" representation is an extension of the "Mammy," "the hardworking Black woman professional who works twice as hard as everyone else," as I noted previously (Collins 2015, 81). Juxtaposing "Black Lady" with her white male counterpart reveals white men's insufficiencies in relation to the "Black Lady's" accomplishments. The hardworking "Black Lady" works twice as hard as everyone else because she is attempting to achieve some sense of upward mobility while "carrying the expectations of [prior] generations." In contrast, white men do not have to put forth

much effort as it relates to their upward mobility because they are naturally entitled, as a result of their privileged status positioning them at the apex of the social hierarchy. White men are successful in achieving upward mobility with minimal applied effort specifically in relation to other white men exclusively. Once the academic and professional spheres broadened as a result of affirmative action programs providing opportunities to those who are excluded from institutionalized white masculinity, white men's efforts were greatly surpassed. In a head to head based solely on the amount of effort applied to one's success, white men would be K.O. every time in relation to the "Black Lady" because historically white men's naturalized entitled position was sufficient enough on its own merit. Affirmative action programs tipped the uneven playing field, which has always been in the favor of white men, just enough for "Black Ladies" to gain a foot hold and excel far beyond the reach of white men. As a result of the playing field tilting less in the favor of white men by a minute fraction, they were unable to maintain their exclusivity on upward mobility. Unable to match "Black Ladies" efforts and subsequent successes, white men sought other methods to shift the playing field back to its original, heavy tilt in their favor. Delegitimizing the efforts, successes, and accomplishments of "Black Ladies" proved particularly effective, in that, inherent to systems of power is the oppression of many for the elevation of the few. White men "reinterpreted antidiscrimination and affirmative action programs as examples of an unfair 'reverse racism,' no matter how highly educated or demonstrably competent Black ladies may be, their accomplishments remain questionable" (Collins 2015, 81).

Shalon's work with the CDC leading up to the time of her death "focused on trying to understand how structural inequality... made people sick" (Martin and Montagne, 2017). But her passion for contributing positively to the lives of marginalized and disenfranchised people and

actively seeking out methods for narrowing structural inequality traversed her professional career. A passion depicted on her, still live but unused, Twitter account in her bio, “I see inequity wherever it exists, call it by name, and work to eliminate it,” as well as the last Tweet she posted before her death, “Equity is an actual, tangible possibility and not some mythical like aliens & unicorns! It is real and the time is now! #EquityNow #DoBetter.” Her greatest passion, accomplishment, and reason for continuing her advocacy, however, was her daughter, “[y]ou will always be my most important accomplishment. No words have been created to adequately capture the fear and love and excitement that I feel right now” (a note Shalon wrote to her daughter the day before her birth).

Scripted with the historically racialized “Black Lady” representation, Shalon worked twice as hard as everyone else and was a force to be reckoned with because of it. As noted earlier in this analysis, though, the Black women scripted as “Black Ladies” are identified as a threat to the success of white men which challenges the naturalized hierarchical structure and systems of power. Black women’s bodies scripted as “Black Ladies” are not expendable, they are bodies to be feared because of their accomplishments, making them threatening bodies, and, within a sociohistorical context that has naturalized white men’s position at the apex of the social hierarchy, threats to the naturalized order require elimination.

Serena Williams

Serena Williams’ story is crucial to the discourse concerning reproductive health of Black women in relation to the racist, controlling images scripted onto their bodies because her experiences highlight the dehumanization to which Black women are subjected. More specifically, her story highlights the fact that the medical community’s approach to and care of Black women is not strictly limited to impoverished Black women with minimal resources

available. In the *HBO* docu-series *Being Serena*, Serena Williams and, then, fiancé Alexis Ohanian share some of the most private and intimate parts of their lives as they navigate starting a family. The series documents her transition from dominating on the tennis court to decorating the nursery, and Serena speaks candidly about her struggles and concerns as it relates to pregnancy, child birth, and being a first-time mother.

Over the course of the first two episodes, viewers witness the birth of Serena's first daughter, Olympia. As a result of hours of intense labor, the monitor indicated baby Olympia was in serious distress. Ultimately the doctors decided Olympia would have to be delivered via a cesarean section. Because of Serena's history of blood clots, a cesarean delivery was literally the last option doctors wanted to take. Serena's fiancé, Alexia, notes the seriousness of the situation when he says a surgery, of any kind, is potentially life-threatening. The cesarean delivery was seemingly successful at first. As Serena's health improved throughout the remainder of the day, she tried getting up to take pictures with her daughter. While attempting to move to the edge of the bed, she started having extreme difficulty breathing. Serena was given an oxygen mask with the hopes that it would help to remedy the situation; instead, it caused her to break into a violent coughing fit so severe that her stitches burst open. She was rushed back into the operating room to re-suture her cesarean and check for blood clots. Despite Serena's obvious decline in health, all of her tests returned negative. She repeatedly and strongly suggests the doctors run a CAT scan with dye. Having past issues concerning pulmonary embolisms in her lungs, Serena was confident the pain and difficulty she experienced due to breathing was related to that aspect of her medical history. The CAT scan confirmed her suspicions. Serena's postpartum experiences only worsened. Just as her doctors feared, a blood clot began developing in her leg, resulting in another surgery.

Michelle Wolf, on her Netflix show, *The Break with Michelle Wolf*, in episode, “I Pledge Allegiance,” discusses Serena Williams’ return to tennis after giving birth to her daughter. Wolf begins her opening monologue by congratulating Serena on her record, twenty-third Grand-Slam. She then goes on to state, “Serena losing to Angelique Kerber is the most impressive thing an athlete has ever done. Serena had a baby ten months ago – that’s just one more month than it took to grow the baby” (0:55-1:10), emphasizing the fact that it only took Serena ten months to come back and win second place in the most elite tournament in her sport. Wolf characterizes Serena as being the “LeBron James of tennis, if LeBron James carried a baby for nine months, had an emergency C-section, suffered blood clots, a pulmonary embolism, a hematoma, a burst C-section wound, postpartum depression, then clawed his way to the NBA finals all by himself, and showed up with a flawless white manicure” (1:30-1:48). Opening the discussion to a broader analysis of sports, as it relates to the varying performance expectations placed on male and female athletes, Wolf cites Derrick Rose’s torn meniscus back in 2013, noting that “to this day, people have sympathy for the injury. In 2017, Serena Williams tore open the lower half of her body, and people are like, ‘she’s really lost a step.’ Yeah, maybe because she was busy growing two new feet” (2:12-2:32).

The reality of the situation Wolf satirically highlights is the fact that Serena’s amazing accomplishments are not only ignored but are actually blatantly devalued and delegitimized. Similar to the historically racialized “Black Lady” representation scripted onto Shalon’s body as a result of her considerable accomplishments, discussed in the last section, Serena’s accomplishments are threatening to white men’s, as well as to the natural order of the social structure, but in Serena’s case, she threatens the sociohierarchical structure in a completely difficult way (a claim developed later in this thesis). Despite that brutal truth, Serena still plays

the game to the best of her abilities, almost as if the criticisms do not even phase her. In *Being Serena*, she recounts her childhood and growing up in Compton, saying where I come from, “[t]here was a lot to be afraid of. There was a lot to run away from. But, ultimately, that fear, it drove us forward” (8:50-9:02). Serena, now thirty-six-years-old, went professional when she was sixteen-years-old. Over the past twenty years, Serena has faced much adversity while attempting to compete in a predominately white sport. “Do you know how hard it is to be a Black woman in tennis? Tennis is the sport where Novak Djokovic counts as a person of color. Serena has knocked down more barriers than Billy Joel driving home on Cinco de Mayo” (Wolf, 3:04-3:22).

Serena Williams is often dehumanized via racialized associations with and representations of animalistic features and characteristics. Washington State University’s Critical Culture, Gender, and Race Studies department chair, Dr. David Leonard, argues in his blog post, “Ain’t I a Champion?,” that everything about Serena’s rise to the top—becoming a tennis champion despite her Compton upbringing, serious health-related issues nearly costing her her life on numerous occasions, and the ever-present vitriol espoused by media and tennis fans alike—all reads like a Hollywood worthy redemptive story. Yet, Serena continues to be one of the most attacked athletes. Dr. Leonard goes on to explain the attacks against Serena are not run-of-the-mill. Rather, they are rooted within racist and misogynistic ideologies and frequently expressed through the use of dehumanizing rhetoric. He monitored social media platforms and comment boards surrounding Serena’s fifth Wimbledon title in 2012 and compiled the following list of Tweets and YouTube comments for his blog:

- Today a giant gorilla escaped the zoo and won the womens title at Wimbledon... oh that was Serena Williams? My mistake.
- Serena Williams is a gorilla
- Watching tennis and listening to dad talk about how Serena Williams looks like gorilla from the mist
- I don’t see how in the hell men find Serena Williams attractive?! She looks like a male

gorilla in a dress, just saying!

- You might as well just bang a gorilla if you're going to bang Serena Williams
- Earlier this week I said that all female tennis players were good looking. I was clearly mistaken: The Gorilla aka Serena Williams
- serena williams looks like a gorilla
- Serena Williams is half man, half gorilla! I'm sure of it.
- Serena Williams look like a man with tits, its only when she wears weave she looks female tbh, what a HENCH BOLD GORILLA!
- Serena Williams is a gorilla in a skirt playing tennis #Wimbledon
- My god Serena Williams is ugly! She's built like a silver backed gorilla
- I would hate to come across Serena Williams in a dark alley #nightmare#gorilla#notracist
- Serena williams is one of the ugliest human beings i've ever seen #Gorilla
- A man? look at her body, more like a silver back gorilla. I can easily imagine her charging through the jungle breaking trees while flexing those muscles. Doesn't help that her nose looks like a gorillas as well. I keep expecting to see her zoo handlers to chain her up after the match before she can escape.
- Monkey business i ddnt know apes wer allowed in women tennis O_O

Serena being compared to a gorilla, or the Black community, in general, being compared to apes, is not new. The ape is primitive, savage, barbaric, and less evolved in comparison to humans— i.e., Black people are scripted with all of those animalistic characterizations as well, simply through repeated association. Dr. Leonard originally published his blog post in 2012. In the years since, animalistic characterizations of Serena have done little to improve.

This past September, Mark Knight, cartoonist for Melbourne's *Herald Sun*, published a depiction of Serena Williams mnemonic of the dehumanizing Jim Crow caricatures popularized in the minstrel shows. The "*inspiration*" for Knight's cartoon of Serena was the heated exchange that occurred between Serena and chair umpire, Carlos Ramos, in the final match of the 2018 US Open. Beyond the prominent racist overtones inherent to the cartoon, the image depicts one of the most accomplished, successful athletes of all time throwing a temper-tantrum, similar to that thrown by a toddler. To ensure the viewer recognizes the infantilizing Knight is attempting convey, he incorporates a pacifier in the picture, seemingly flung to the ground in a fit of rage. I emphasize the childish aspects of the image associated with Serena specifically because they are

in complete opposition of the critiques Serena to which is typically subjected—i.e., too strong, masculine, aggressive, dominate, et cetera. Regardless how Serena acts, or how Black women in general act, there will always be a steady stream of criticism flowing in their direction.

In addition to the constant barrage of dehumanizing rhetoric, Serena Williams is also subjected to hypersexualized critiques concerning her body and the way she presents her body in the public sphere. A perfect example of this is the catsuit she wore this past August, which has received much criticism in the media. This is actually the second time Serena has worn a catsuit to a tournament and the second time the media has harshly berated her for doing so. In 2002, Serena wore a “short” catsuit to the U.S. Open, which was described by the media as being “trashy,” “revealing,” “clingy,” and “risqué,” according to Jaime Schultz’s article, “Reading the Catsuit: Serena Williams and the Production of Blackness at the 2002 U.S. Open.” Schultz argues Serena’s catsuit is gendered and racialized for multiple reasons. First, she notes the lingerie connotations elicited by the very term “catsuit,” when juxtaposed with the previously mentioned media characterizations of Serena’s attire at the U.S. Open that year, Schultz’s association of the catsuit with lingerie appears to be a logical one. Second, again, the very term “catsuit” is reminiscent of the long-standing association of people of African descent with animalistic characteristics. Additionally, Schultz notes Serena’s agency, as it relates not simply to her picking out the outfit for that specific tournament event, rather, Serena’s agency was as an active participant in the designing, creation, and production process and recognizes it as a potential counter argument. However, Schultz states, Serena’s involvement in the designing process “complicates [her] analysis...” and “her agency problematizes the issue...” While I do not think Schultz is seriously suggesting Serena’s agency is throwing a kink in her scholarship, I do believe her refutation of the counter argument implicitly reifies the very systems of

oppression she seeks to address.

Schultz's characterization and interpretation of Serena's agency is, at best, victim-blaming and slut-shaming, and, at worst, oppressive. Schultz states, "Williams's use of fashion and self-adornment has been evident since her entry into professional tennis, from her 'exotic' multicolor hair beads to her 'denim miniskirt and knee-high black gaitors' at the 2004 U.S. Open (Winters, 2004). As one reporter wrote, 'The cutouts, the catsuit, the minishorts—Serena Williams is almost as famous for her fashion statements as she is for her ground strokes' ('Serena Is Always in Fashion,' 2004, p. 69). These statements are compounded by her own forays into fashion design so that Williams's conscious decisions to present herself to the public through her choices of clothing and personal style necessitate attention when considering her depictions in the popular media" (345). Best case scenario first, Schultz's vernacular and choice of words in her rebuttal are very revealing: "use of fashion and self-adornment," "exotic' multicolor hair beads," "miniskirt and knee-high black gaitors," "[t]he cutouts, the catsuit, the minishorts;" in addition to the derogatory tone Schultz takes when noting Serena is "almost as famous for her fashion statements," which is, for some unknown reason, "compounded by her own forays into fashion design;" and culminating with, Serena's "conscious decisions to present herself to the public through her choices of clothing and personal style necessitate attention when considering her depictions in the popular media." Simplistically put, Schultz just argued that Serena is getting what she asks for, after all, it is not the media's fault... no, no, no... it is clearly Serena's fault for dressing like a brazenly exotic, wannabe fashionista in a miniskirt and knee-highs. One wonders if Schultz would use the same argument if a member of the media (God forbid) sexually assaulted Serena while wearing clothes that necessitate attention?

Chapter Three: Medicalization

Simplistically stated, racism is killing Black mothers. There are definitely varying manifestations of racism within the healthcare system that each impact Black women's experiences in their own, unique way, but, make no mistake, racism is the common, root denominator. In the first chapter of this thesis, I outlined and discussed some of the more important events throughout history relevant to Black women's reproductive freedom. In the second chapter, I presented the narratives of five Black women and discussed certain aspects of their experiences as Black women and as Black mothers within the contextual framework history provides. In this chapter, I present the empirical data necessary to corroborate my argument and draw the long claim that racialized representations of Black women throughout history and into the modern-era compromise Black women's obstetrical care, affect their reproductive freedom, and contribute to their disproportionately higher maternal mortality rates.

Weathering

Applicable to the experiences of all five women is the concept "Weathering." Professor at the University of Michigan School of Public Health, Arline Geronimus, in "'Weathering' and Age Patterns of Allostatic Load Scores Among Blacks and Whites in the United States," explored whether or not a Black individual experienced early biological health deterioration as a result of repeated exposure and adaptation to stressors. In an attempt to codify her findings, Professor Geronimus "proposed the 'weathering' hypothesis, which posits that blacks experience early health deterioration as a consequence of the cumulative impact of repeated experience with social or economic adversity and political marginalization. On a physiological level, persistent, high-effort coping with acute and chronic stressors can have a profound effect on health" (826).

Researchers, via the use of the “weathering” hypothesis, attempt to quantify the pervasiveness of the physical damage wrought on Black women’s bodies as a result of the never-ending racism experienced in their everyday lives. Fleda Mask Jackson, an Atlanta based researcher studying disparities in birth outcomes, contends that racism is tantamount to “chronic stress that just happens all the time—there is never a period where there’s rest from it, it’s everywhere, it’s in the air, it’s just affecting everything” (Martin and Montagne, 2017).

Additionally, the study concludes Black women’s bodies, as a result of “weathering,” deteriorate at a quicker rate than their white counterparts. Racism’s assault on Black women at a psychological level, accelerates their physical aging at a cellular level. Because “weathering” addresses the cumulative impact of repeated experiences of racism, the deterioration of Black women’s physical bodies compound over time—i.e., generally speaking, the physical health of a Black woman in her teenage years will be very similar to her white counterpart sharing the same chronological age. The variances of cellular level physical deterioration of Black women’s bodies, in relation to their white counterparts of the same chronological age, become increasingly more pronounced over the course of an extended period of time. Geronimus is able to accurately gauge Black women’s cellular level physical deterioration using chronological measurements by analyzing Black women’s telomeres, which are chromosomal indicators of ageing. Analyses of Black women’s telomeres juxtaposed with their white counterparts of similar age determined, by the time Black women reach their forties and fifties they appear seven and a half years older than the white women.

Geronimus’ research is particularly interesting in relation to the five Black women’s experiences I presented in “Chapter Two: Representation,” because it exemplifies the pervasiveness of racism within each of the Black women’s daily lives. The historically racialized

representations scripted onto their bodies assumes an additional level of malice as well. Furthermore, because of Geronimus' research my argument is not only validated, but the direct connection between racialized representations of Black women and their compromised obstetrical care is made explicitly clear, specifically the experiences of Simone Landrum, Shalon Irving, and Serena Williams. The scripting of the historically racialized "Strong Black woman" representation onto Simone Landrum's body; the modern-era manifestation, the "Black Lady," extending from the historically racialized "Mammy" representation scripted onto Shalon Irving's body; and Serena Williams' body repeatedly subjected to historically racialized representations denoting animality, all directly contributed to their compromised obstetrical care, directly affected their reproductive freedom, and, as it relates to the "Black Lady" scripted onto Shalon specifically, directly contributed to their disproportionately higher maternal mortality rate.

The Gaze

In the previous section I detailed the hypersexualization of Black mothers in pornography, stating the "highly visible sexualized racism" experienced by Black women is historically grounded in the antebellum south's exploitative slave-breeding practices of Black women. Collins argues, Black "women were not included in pornography as an afterthought but instead form a key pillar on which contemporary pornography itself rests." The history of Black women as hypersexualized objects is dense, and I do not use the word "objects" lightly. In *Black Looks*, "Selling Hot Pussy," bell hooks contends that the historical objectification of Black women's bodies is not of the women as a whole, complete human being, rather, the white gaze is "to notice only certain parts. Objectified in a manner similar to that of black female slaves who stood on auction blocks while owners and overseers described their important, salable parts, the black women whose naked bodies were displayed for whites at social functions had no presence.

They were reduced to mere spectacle” (62). hooks cites the exhibit of Sarah Bartmann, “the Hottentot Venus,” as the most prominent example of the hypersexualization of Black women in public memory. The localized focus of the white gaze was on specific portions of her body, both in life and after her death, ““The audience which had paid to see her buttocks and had fantasized about the uniqueness of her genitalia when she was alive could, after her death and dissection, examine both”” (hooks, 62).

Representations of Black women’s bodies piece-milled throughout history, dissected, limiting the focus of the gaze to specific parts “were part of the cultural apparatus of 19th-century racism and which still shape perceptions today” (hooks, 62). Centuries of hypersexualized representations of Black women’s bodies “reduced to mere spectacle. Little is known of their lives, their motivations. Their body parts were offered as evidence to support racist notions that black people were more akin to animals than other humans” (hooks, 62) contributes to Black women’s disproportionately higher maternal mortality rates and affects their reproductive freedom. As it relates to Black women, the medical gaze does more than simply subtract the individual, it biologically reduces her to the sum total of her parts. The metaphorical mutilation of Black women’s bodies by the gaze is no longer strictly limited to pornographic imagery; hooks argues that contemporary pop-culture’s obsession with the “butt” reify 19th-century representations of black women’s bodies, “constructed to emphasize that these bodies were expendable, contemporary images (even those created in black cultural production) give a similar message” (64).

In *The Birth of the Clinic: An Archaeology of Medical Perception*, Michel Foucault posits the concept he calls the “medical gaze” (also referred to as the “clinical gaze” or the “doctor’s gaze”). As previously noted in the section titled “Midwives,” in “Chapter One: Historical

Context,” Foucault asserts that, as a result of the Enlightenment giving rise to rational, logical modes of thought, the medical treatment of the body’s ailments slowly shifted from the realms of the mystics and sages to that of practitioners of medical sciences. With that shift, a new conceptualization of the human body began to form. The medical establishment derived a hierarchical, classificatory approach to medicine that homogenized the field. This new conceptualization was contingent on the notion that the human body is an organic mass, comprised of organic matter, and the diseases to which it is subject must be organic as well. This organic classification of the body necessarily required a mind/body split—i.e., the body must be viewed separately from the essence of the person. Foucault argues “If one wishes to know the illness from which he is suffering, one must subtract the individual, with his particular qualities... at this level the individual was merely a negative element, the accident of the disease, which, for it and in it, is most alien to its essence” (14). The “medical gaze” is the subtraction of the individual. In relation to hooks argument that contemporary pop-culture’s obsession with the “butt” reify 19th-century representations of black women’s bodies, “constructed to emphasize that these bodies were expendable, contemporary images (even those created in black cultural production) give a similar message” (64). Black women’s bodies are expendable in both culture and subtractable in medicine.

Obstetrical Hardiness

Interested in exploring the severity and prevalence of implicit racial bias within the medical community, *ProPublica* and *NPR* collected stories from Black mothers over the course of a single year. Two-hundred Black mothers responded with devastatingly raw and tragic feedback. A consistent theme described throughout the majority of the stories were feelings of being “devalued and disrespected by medical providers.” The experiences described by the

women cover a broad range of serious issues like: “[t]he young Florida mother-to-be whose breathing problems were blamed on obesity when in fact her lungs were filling with fluid and her heart was failing. The Arizona mother whose anesthesiologist assumed she smoked marijuana because of the way she did her hair. The Chicago-area businesswoman with a high-risk pregnancy who was so upset at her doctor’s attitude that she changed OB-GYNs in her seventh month, only to suffer a fatal postpartum stroke” (Martin and Montagne, 2017).

Poignantly reminiscent of Simone Landrum, Shalon Irving, and Serena Williams’ pregnancy experiences, “Black expectant and new mothers frequently told us that doctors and nurses didn’t take their pain seriously—a phenomenon borne out by numerous studies that show pain is often undertreated in black patients for conditions from appendicitis to cancer” (Martin and Montagne, 2017). The brutal reality of the situation is, many of these implicit racial biases can be directly linked back to James Marian Sims—the “Father of Gynecology.” As previously noted in the first chapter, in the section bearing his name as the title, Sims research progressed the fields of gynecology and obstetrics exponentially. In fact, much of Sims’ research is still relevant today in women’s reproductive healthcare. He is “credited with originating the first successful treatment for vesicovaginal fistula, a common and odious condition in the mid-1800s, and made great strides in introducing antiseptics in the surgical *modus operandi*. Every day physicians refer to the ‘Sims position’ and use the ‘Sims speculum,’ eponymic tributes to his accomplishments” (Sartin, 500). Additionally, Sims was one of the founding physicians of the landmark New York City charity Women’s Hospital in 1855, dedicated exclusively to the research and treatment of female disorders (Sartin, 502). Sims’ contributions to the progress of women’s healthcare are positively notable, but major factors leading to mortality differentials are also a part of his legacy. As previously noted, Sims progressed his medical research by

conducting medical experiments on enslaved Black women, resulting in “[c]ontemporary medical racializing [that] perpetuates the differentials through the concept of ‘obstetrical hardiness,’ the belief that black women are somehow more primitive and feel less pain” (Goode and Rothman, 66). To best exemplify this point, I will juxtapose an excerpt from one of Sims’ medical journals with an observational statement made by a Black mother based on her personal experiences.

This position permits the use of anaesthetics if desired, but I never resort to them in these operations, because they are not painful enough to justify the trouble, and risk attending their administration.

—Sims, 31

The surgeon “never explained what he was doing to me,” and the pain medication was ineffective. “My mother basically had to scream at the doctors to give me the proper pain meds. When white people advocate for themselves or their family members, providers think they’re acting reasonably. When black people are advocating for our family members, we’re complaining, we’re being uppity, we don’t know what we’re talking about, we’re exaggerating.”

—Patrisse Cullors, 2017

Patrisse Cullors is one of the cofounders of the Black Lives Matter (BLM) movement. The previous statement is the account of her experience undergoing an emergency cesarean delivery in Los Angeles, March 2016. As a result of her experience, Cullors became a black maternal care activist in March 2016, #MaternalJustice #MomsRising. While the BLM movement is widely known in mainstream public discourse, the movement’s genesis, founders, and motives for political action are very rarely the focus of the debates. Unlike Patrisse’s BLM movement, #MomsRising has gained little traction. Patrisse’s advocacy as the founder of the BLM and #MomsRising movements is a unique form of political engagement that “must be contextualized and theorized in a nontraditional manner in order to capture their experiences... Traditional approaches to measure this behavior can privilege attitudinal factors such as

socialization and socioeconomic factors including but not limited to education. This type of research is apt to leave Black women in the gap—where the wide spectrum of their political behaviors is not always analyzed and/or explained” (Jordan-Zachery, 20). According to Jordan-Zachery, the academy should abandon traditional analytic approaches of political behavior, especially as it relates to Black women’s political activism. Her recommendation is due to the fact that traditional approaches “privilege attitudinal factors such as socialization and socioeconomic factors including but not limited to education.” The result is, Black women’s political behavior is often “in the gap—where the wide spectrum of their political behaviors is not always analyzed and/or explained” (20). The unfortunate reality is, though, abandoning traditional analytic approaches that “privilege attitudinal factors,” fails to recognize that Black women’s political behavior and activism that represents their unique experiences are frequently left “in the gap,” traditional analyses and “privilege attitudinal factors” or not, simplistically, because they are at the intersection of race and gender.

Patrisse Cullors’ is a perfect example to illustrate the previous point. Patrisse founded the BLM Movement, which advocates against state sanctioned violence against Black men at the hands of law enforcement agencies. Everyone knows about BLM, as they should, and the movement’s marches, rallies, and messaging are frequently featured on nationally syndicated news stations during prime time. Patrisse also founded the #MomsRising movement, which advocates against state, social, and institutional systems of oppression creating a vector of forces that compromise Black women’s obstetrical care, affect their reproductive freedom, and contribute to their disproportionately higher maternal mortality rates. Very few people know about #MomsRising, though everyone should, and the movement’s marches, rallies, and messaging is never featured on any news station during any time. Considering, as previously

noted, Patrisse nearly lost her life as a result of those systems of oppression, one would assume she is utilizing her best marketing strategies similar to the ones she used to make BLM a household acronym at the center of every family, holiday, gathering *fight*. #MomsRising is not the only unheard of movement advocating on behalf of Black women. Kimberlé Crenshaw's #SayHerName Movement is literally the girl version of #BLM, only without all the recognition. Collin's argues against "[f]eminists claims that 'maternal politics' represents an immature form of political activism..." by asserting motherhood as being a strong symbol of power, capable of "catalyz[ing] Black women to take actions that they otherwise might not have considered" (Collins 2015, 194). Additionally, one must not be discouraged by the lack of visibility concerning public interest in actually preventing hundreds of preventable deaths because "[s]ocial science research typically focuses on public, official, visible political activity even though unofficial, private, and seemingly invisible spheres of social life and organization may be equally important" (Collins 2015, 202).

The (sub)conscious adherence to the concept of "obstetrical hardiness" within the medical community is possible, in large, via the consistent dehumanization of Black people, specifically women throughout history. In the previous two sections, I detailed the dehumanization of Black women extensively on a culturally theoretical level. The implications of the dehumanizing rhetoric extend well beyond mere racialized characterizations of Black women, though. Sims blatantly referred to Black women as animals in his medical journal, *Silver Sutures in Surgery*. Detailing his difficulties regarding finding an adequate substitutive suture material for the repair of vaginal fistulas he recounts, "Now the question arose, was there a substitute for silk that would answer the same purpose, and yet not poison the animal tissue?" (59). Sims does not simply characterize Black women as being animalistic, rather, he

unequivocally identifies them as animals. In contrast to Black women's dehumanization, Sims "found that upper-class white women could not tolerate surgery without ether," and "[t]hroughout his medical career Sims maintained a classbound prescription for the use of anesthesia with an unspoken premise that those women in the wealthy tier were by far the most vulnerable to pain" (Sartin, 103).

Faith Based Fertility Control

To further compound this already egregious problem, according to the comprehensive report, "Bearing Faith: The Limits of Catholic Health Care for Women of Color," due to the consolidation and mergers in the healthcare industry, a significant portion of the United States population receives their healthcare from hospitals owned by the Catholic Church. The report's findings indicate Black women are considerably more likely to receive their healthcare from these hospitals in comparison to their white counterparts. Due to strict Catholic beliefs concerning reproductivity, these facilities "place religious beliefs above the medical needs of patients," which has a "disproportionate effect on the sexual and reproductive health care available to women of color in many communities" (5). Considering the disproportionate care Black women receive from the medical community in general, the findings in this report are particularly troubling. The report indicated that "Catholic hospitals are subject to a set of written policies called the 'Ethical and Religious Directives for Catholic Health Care Services' (ERDs), promulgated by the U.S. Conference of Catholic Bishops, that set the parameters of 'Catholic health care,' drawing from 'the Catholic Church's theological and moral teachings'" (8). As a result, the medical staff at these hospitals are seriously hindered in the types of reproductive health care they are allowed to provide their patients—contraception, sterilization, many infertility treatments, and abortion, even when a patient's life or health is jeopardized by a

pregnancy. Though each of those treatment options are medically, scientifically, and constitutionally recognized and defended reproductive procedures, the ERDs prohibit providers from offering, suggesting, condoning, or referring patients to providers who do offer these treatments. The most egregious aspect of these Catholic hospitals is the fact that patients do not know they are receiving treatment from an ERD governed facility, as they project an ambiguous image and provide no information concerning their affiliations with the Catholic church.

Nationally, the report found that Black women are twice as likely as their white counterparts to receive reproductive health care from hospitals governed by ERD regulations. In some states, Black women were over-represented in these hospitals upwards of three times that of their white counterparts. There are two factors resulting in the over-representation of Black women as patients at ERD regulated hospitals: first, ERD regulated hospitals are predominately operated as “charity hospitals,” making them more financially accessible to lower-income communities. The second factor is a consequence of the first, ERD regulated hospitals are more prominent in lower-income communities. Additionally, due to many of the reproductive laws and regulations in each state, many of the hospitals cannot be held liable for denying the best, scientifically supported, medical treatment to female patients in the event that the treatment involves terminating or seriously jeopardizing the fetus. For example, a pregnant woman is going to die from pregnancy complications if her pregnancy is not terminated immediately; Catholic hospitals are allowed to deny the woman life-saving treatment, they are also not required to refer her to a hospital that will provide her medically sound treatment, and in the event that the woman dies as a result of not receiving the treatment she required due to religious dogmatism, the family of the dead woman cannot hold the hospital medically liable for malpractice because of state and federal laws protecting medical providers who refuse to provide services that conflict with their

religious beliefs as well as refusals to refer patients to medical professionals who do provide those services. This consolidation in health care began in the 1990s, but “has only increased since the passage of the Affordable Care Act in 2010.” Furthermore, according to the report, all new partnerships affiliated with, managed by, or that purchased land from Catholic health systems are required to follow the ERDs regulations, whether they are publicly or privately owned. Ultimately the report concluded that “... women of color in many states are at increased risk of having their health needs subordinated to theological standards of health care. Such disparities threaten to compound the many disparities women of color already face in accessing quality reproductive health care” (43).

As previously noted in the introduction, between 700 to 1,200 women die every year in the United States, according to the CDC. The CDC also contends that more than half of the maternal deaths occur in the postpartum period and one-third occur seven or more days after delivery. Considering when maternal death occurs in the reproductive process, sporadic postpartum care is all the more pressing of an issue, which makes the findings in a California study released last July disheartening. The researchers concluded that only one-half of mothers attend a postpartum visit (49.8%), and significant racial disparities among low income mothers affect the likelihood of attending a postpartum visit, with two-thirds of Black women never attending a postpartum follow-up. The study suggests lack of paid maternity leave and/or lack of childcare are likely factors contributing to the disparity (de Bocanegra, 2017). Postpartum follow-up appointments are not only an invaluable opportunity for women to access reproductive health care resources in a timely manner, which could, in a very literal sense, save their lives. Furthermore, postpartum follow-up visits are also an opportunity for women to access safe and reliable contraceptives, which are crucial as it relates to planning one’s family in a manner that

best suits their specific circumstances and lives.

Conclusion

Limitations of Research and Areas for Future Research

A limitation of my research, as represented in this thesis, concerns the United States' health insurance market. In relation to Black women's compromised obstetrical care, affects on their reproductive freedom, and contributing to their disproportionately higher maternal mortality rates: what role does health insurance play; how does health insurance impact the lives of Black women; do Black women's experiences fair better or worse as it relates to privatized health insurance versus federal or state health insurance; what affects did the Affordable Care Act have on the Black women's experiences; how has the Trump administration impacted Black women's lives as it relates to health insurance; are there racial disparities within the health insurance market specifically relating to implicit bias within the private health insurance sector? Future research is needed in such regard. I am most interested in future research concerning the common practice of health insurance and medical professionals carrying and dropping each other from plans and accepted providers and what impact that fluctuation has on Black women's obstetrical, gynecological, and reproductive health.

Possible Implications of Research

In this section I discuss the possible implications resulting from my research. I identified these areas while working on my thesis, and each of them are relevant to my argument—racialized representations of Black women throughout history and into the modern-era compromise Black women's obstetrical care, affects their reproductive freedom, contribute to their disproportionately higher maternal mortality rates. In "Holistic Healthcare," I discuss the need for structural improvements, as it relates to holistically focused healthcare. In "Douglas are

the New Black... Midwives,” I extend the conversation concerning holistic healthcare by discussing the doula’s role as a holistically focused healthcare provider

Holistic Healthcare

Geronimus’ “weathering” hypothesis is particularly interesting in relation to my argument because “weathering” results in the physical deterioration of Black women’s age at a cellular level. Geronimus’ noted the prevalence of medical disparities due to the fact that Black women’s bodies age at a cellular level at rates noticeably faster than their white counterparts of their same age. Specifically, as it relates to obstetrical, gynecological, and reproductive health, the pregnancy-related complications white women experience in their mid to late thirties, Black women experience those same pregnancy-related complications in their twenties in contrast. Black women experience those pregnancy-related complications much earlier because their bodies physically age on a cellular level at rates much faster than white women. They age on a cellular level much faster because of the long-term effects persistent stress caused by racism and discrimination has on their physical deterioration. As a result, the medical care physicians provide must necessarily take those variables into account to best provide accurate treatment that results in positive health outcomes. Therefore, medical approaches to obstetrical, gynecological, and reproductive care must be as diverse, unique, and individualized as the patients. A “one-size-fits-all” approach to healthcare only benefits the patients fitting that singular size and disadvantages everyone else. The brutal reality of the situation is, though, that is exactly the state in which Black women find themselves. Due to the fact that Black women are uniquely positioned at the intersection of at least two systems of oppression, which directly affects their physical bodies, as indicated by the “weathering” hypothesis, Black women necessarily require healthcare that takes those variables into consideration. When determining which treatment

options are best for Black women, specifically as it relates to their reproductive health, obstetricians and gynecologists must be cognizant of the fact that pregnancy-related complications can occur earlier in Black women's lives and develop birthing plans that take those issues into consideration. Considering this point in relation to the diverse and wholly unique lives and pregnancies represented in the experiences of Simone Landrum, an impoverished single mother who lived through and survived Hurricane Katrina; Shalon Irving, a first time, single, mother who is well educated, professional researcher for the CDC focusing on structural inequality; and Serena Williams, an engaged, first time mother, from Compton, who won her record breaking twenty-third grand slam title while actually pregnant. Furthermore, consider this point in relation to the vast variances represented in Simone's third and fourth pregnancy experiences, during her third pregnancy she was in a verbally and physically abusive relationship and the pregnancy resulted in the still birth of her daughter, Harmony; her fourth pregnancy occurred in the wake of her daughter's passing, she had just fled her abusive relationship and was in the process of starting her and her two young sons' lives over from scratch. Notice, none of my descriptions of Simone's, Shalon's, and Serena's unique pregnancy experiences included direct references to their unique medical situations. As it relates to the "weathering" hypothesis, the implicit argument made is that science-based medicine must take into consideration social and cultural variances within each patient's lives. While Geronimus uses science and empirically derived data to develop, support, and defend her "weathering" hypothesis, the actual concept in which the hypothesis is situated is the broadening of the medical establishment to incorporate social sciences within approaches to medical care, diagnosis, and treatment.

Doulas are the New Black... Grand Midwives

An example of the medical field's amalgamation with fields in the social sciences is the utilization of doulas, as represented by Simone Landrum's experiences with her fourth pregnancy. Because of the trauma Simone experienced as a result of the stillbirth of her daughter, Harmony, in addition to recently fleeing her past verbally, physically, and sexually abusive relationship, her Family Justice Center case work manager knew Simone would need all the support she could get while pregnant with her fourth baby. Simone was a little skeptical about a doula attending the birth her third son, largely because she was unaware of the doula's role, most likely because the "doula consumer market has been largely driven by and tailored for white women" (Villarosa, 2018). Simone's case manager referred her to The Birthmark Doula Collective, and upon learning about the services doulas provide in addition to the health benefits associated with the doula's, she requested the Collective's services. In the seven years since The Birthmark Doula Collective was founded, the doula's have not lost a single mother, which defies all statistics because the doulas have attended fifteen-hundred births. A nonprofit network of independent researchers, Cochrane, updated a scientific examination originally conducted in 2003. The examination covered twenty-six studies and included almost sixteen-thousand subjects. The researchers' findings determined that expectant mothers who utilize the services of a doula are thirty-nine percent less likely to deliver via caesarian section, "considering Black expectant mothers are more than twice as likely to be readmitted to the hospital in the month following the surgery" (Martin and Montagne, 2017). Ultimately, though, "[o]ne of the most important roles that doulas play is as an advocate in the medical system for their clients. 'At the point a woman is most vulnerable, she has another set of ears and another voice to help get through some of the potentially traumatic decisions that have to be made,'" according to Dána-

Ain Davis, the director of the Center for the Study of Women and Society at the City University of New York (Villarosa, 2018).

Concerning doula's role as advocate on behalf of the pregnant mother, Giwa, Simone's doula, satisfied that responsibility on numerous occasions. The section detailing Simone's story and experiences in "Chapter Two: Representation," I noted Giwa asserting herself on behalf of Simone when the medical student referred to the stillbirth of Simone's daughter, Harmony, as "the demise." Giwa requested to speak in private with the nurse overseeing Simone's care. In their conversation, Giwa respectfully but firmly asked the nurse to put a note stating Simone's last pregnancy resulting in the stillbirth of her daughter and to specifically include the expectation that the medical staff was not to mention the stillbirth in front of Simone again. Giwa recognized that "[e]ach time [Simone] has to go over what happened, it brings her mind back to a place of fear and anxiety and loss," and went on to explain that Simone was experiencing a high-risk pregnancy. Ultimately, Giwa observed the least the medical staff could do was read her chart. Giwa's observation speaks to the crux of the issue pertaining to fields of medicine adopting more holistic approaches healthcare and treatment options that best suit the unique health of the patient. Diversifying the medical establishment by incorporating fields within the social sciences and birth attendants dedicated to the individual, similar to the doula, would greatly benefit the level of obstetrical care Black women receive.

Lastly, the services Giwa provided Simone were effective and successful in producing a positive pregnancy outcome because Giwa listened to Simone when she expressed pain, discomfort, anxiety, stress, and frustrations. Patients know their bodies better than anyone else, including medical professionals with years of experience. If an expectant Black mother expresses concern regarding her health, it is the healthcare provider's responsibility to take her concerns

into seriously and respond to her concerns with comprehensive care until her health needs are met. Doulas... “are a critical piece of the puzzle in the crisis of premature birth, infant and maternal mortality in black women” (Villarosa, 2018), and it would greatly benefit the efficacy of the medical establishment to encourage, foster, and support the inclusion of the doula’s holistic, patient specific services in obstetrical, gynecological, and reproductive healthcare.

Works Cited

- Amadeo, Kimberly. "US Welfare Programs Myths Versus Facts." *The Balance*, Dotdash, 6 Nov. 2018, www.thebalance.com/welfare-programs-definition-and-list-3305759.
- Berry, Christina. "Mother Demands Someone Takes Care Of All Her 15 Kids." *YouTube*, YouTube, 23 Nov. 2013, youtu.be/1JG71gZjzz4.
- Bingham, Debra, Nan Strauss, and Francine Coeytaux. "Maternal Mortality in the United States: A Human Rights Failure." *Contraception*, vol. 83, no. 3, 2011, pp. 189-193.
- Cavna, Michael. "An Australian Artist's Racist Serena Williams Cartoon Receives Swift and International Blowback." *The Washington Post*, WP Company, 12 Sept. 2018, www.washingtonpost.com/news/comic-riffs/wp/2018/09/10/an-australian-artists-racist-serena-williams-cartoon-receives-swift-and-international-blowback/?utm_term=.0151a30232a3.
- "Children in Single-Parent Families by Race | KIDS COUNT Data Center." *KIDS COUNT Data Center*, The Annie E. Casey Foundation, 2018, datacenter.kidscount.org/data/tables/107-children-in-single-parent-families-by#detailed/1/any/false/870,573,869,36,868,867,133,38,35,18/10,11,9,12,1,185,13/432,431.
- Collins, Patricia Hill. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. Routledge, Taylor & Francis Group, 2015.
- . *Black Sexual Politics: African Americans, Gender, and the New Racism*. Routledge, Taylor & Francis Group, 2004.
- Cooper, Anna J. *A Voice from the South*. The University of North Carolina Press, 2017.
- Danis, Fran S., and Lettie L. Lockhart. *Domestic Violence: Intersectionality and Culturally*

Competent Practice. Columbia University Press, 2010.

Davis, Wanye. "Angel Adams Is BACK . . . After Getting HELP From Charity . . . She Now Has TWO MORE KIDS (17 In Total) . . . And Is Facing EVICTION AGAIN!!" *MTO News*, 3 Jan. 2018, mtonews.com/angel-adams-back-getting-help-charity-now-two-kids-17-total-facing-eviction.

Elisabeth. "Police Use Stun Gun on Pregnant Mother Expecting Her SIXTEENTH Child after Scuffle inside Her Own Home." *Daily Mail Online*, Associated Newspapers, 8 May 2012, www.dailymail.co.uk/news/article-2141464/Police-use-stun-gun-pregnant-mother-expecting-SIXTEENTH-child-scuffle-inside-home.html.

Foucault, Michel. *The Birth of the Clinic: An Archaeology of Medical Perception*. Taylor & Francis e-Library, 2003.

Gates, Henry Louis. "The Truth Behind '40 Acres and a Mule'." *PBS*, Public Broadcasting Service, 19 Sept. 2013, www.pbs.org/wnet/african-americans-many-rivers-to-cross/history/the-truth-behind-40-acres-and-a-mule/.

Geronimus, Arline T., et al. "'Weathering" and Age Patterns of Allostatic Load Scores among Blacks and Whites in the United States." *American Journal of Public Health*, vol. 96, no. 5, 2006, pp. 826-33. *ProQuest*, login.ezproxy.uta.edu/login?url=https://search-proquest-com.ezproxy.uta.edu/docview/215092247?accountid=7117.

Gilman, Sander L. "Black Bodies, White Bodies: Toward an Iconography of Female Sexuality in Late Nineteenth-Century Art, Medicine, and Literature." *Critical Inquiry*, vol. 12, no. 1, 1985, pp. 204-242.

ghostbear200123. "Mother Demands Someone Takes Care Of All Her 15 Kids." *YouTube*, YouTube, 23 Nov. 2013, youtu.be/1JG71gZjzz4.

- Goode, Keisha, and Barbara Katz Rothman. "African-American Midwifery, a History and a Lament." *American Journal of Economics and Sociology*, vol. 76, no. 1, 2017, pp. 65–94., doi:10.1111/ajes.12173.
- hooks, bell. *Black Looks: Race and Representation*. South End Press, 1992.
- Jordan-Zachery, Julia Sheron. *Shadow Bodies: Black Women, Ideology, Representation, and Politics*. Rutgers University Press, 2017.
- Ladd-Taylor, Molly. "'Grannies' and 'Spinsters': Midwife Education under the Sheppard-Towner Act." *Journal of Social History*, vol. 22, no. 2, 1988, pp. 255–275. *JSTOR*, JSTOR, www.jstor.org/stable/3788221.
- Laurence of Pewsey. "Police Use Stun Gun on Pregnant Mother Expecting Her SIXTEENTH Child after Scuffle inside Her Own Home." *Daily Mail Online*, Associated Newspapers, 8 May 2012, www.dailymail.co.uk/news/article-2141464/Police-use-stun-gun-pregnant-mother-expecting-SIXTEENTH-child-scuffle-inside-home.html.
- Leary, Joy DeGruy. *Post Traumatic Slave Syndrome: Americas Legacy of Enduring Injury and Healing*. Uptone Press; 1st Edition, 2005.
- Leonard, David. "Serena Williams: 'Ain't I a Champion?'" *NewBlackMan (in Exile)*, 23 July 2012, drdavidjleonard.com/tag/serena-williams/.
- Levin, Josh. "The Real Story of Linda Taylor, America's Original Welfare Queen." *Slate Magazine*, Slate, 19 Dec. 2013, www.slate.com/articles/news_and_politics/history/2013/12/linda_taylor_welfare_queen_ronald_reagan_made_her_a_notorious_american_villain.html.
- Lockhart, P.R. "'Abortion as Black Genocide': Inside the Black Anti-Abortion Movement." *Vox.com*, Vox Media, Inc., 19 Jan. 2018,

www.vox.com/identities/2018/1/19/16906928/black-anti-abortion-movement-yoruba-richen-medical-racism.

Longeretta, Emily. "Cheyenne Floyd Defends Her Role on 'Teen Mom OG' Amid Backlash." *Us Weekly*, Us Weekly, 26 Sept. 2018,

www.usmagazine.com/entertainment/news/cheyenne-floyd-defends-her-role-on-teen-mom-og-amid-backlash/.

"Maternal Health in the United States." *Maternal Health Task Force*, Harvard Chan School Center of Excellence in Maternal and Child Health, 12 Apr. 2018, www.mhtf.org/topics/maternal-health-in-the-united-states/.

Martin, Nina, and Renee Montagne. "Nothing Protects Black Women From Dying in Pregnancy and Childbirth." *ProPublica*, ProPublica and NPR, 7 Dec. 2017, www.propublica.org/article/nothing-protects-black-women-from-dying-in-pregnancy-and-childbirth.

Me Tired. "Police Use Stun Gun on Pregnant Mother Expecting Her SIXTEENTH Child after Scuffle inside Her Own Home." *Daily Mail Online*, Associated Newspapers, 8 May 2012, www.dailymail.co.uk/news/article-2141464/Police-use-stun-gun-pregnant-mother-expecting-SIXTEENTH-child-scuffle-inside-home.html.

Morelli, Keith. "Angel Adams, Mother of 15, Tells Her Side of the Story." *TBO.com*, Tampa Bay Times, 11 July 2013, www.tbo.com/news/breaking-news/2010/may/07/case-mother-15-evokes-strong-emotions-public-ar-45068/.

"Mother Demands Someone Takes Care Of All Her 15 Kids." *YouTube*, YouTube, 23 Nov. 2013, youtu.be/1JG71gZjzz4.

Muncy, Robyn. *Creating a Female Dominion in American Reform, 1890-1935*. Oxford

University Press, 2010.

“Planned Parenthood.” *Black Genocide*, Blackgenocide.org, 2018,

www.blackgenocide.org/planned.html.

Ransom, Roger L., and Richard Sutch. *One Kind of Freedom: The Economic Consequences of Emancipation*. Cambridge University Press, Cambridge [England];New York;, 2001.

Really?. “Police Use Stun Gun on Pregnant Mother Expecting Her SIXTEENTH Child after Scuffle inside Her Own Home.” *Daily Mail Online*, Associated Newspapers, 8 May 2012, www.dailymail.co.uk/news/article-2141464/Police-use-stun-gun-pregnant-mother-expecting-SIXTEENTH-child-scuffle-inside-home.html.

Patterson, Jeff. “Infamous Tampa Mother Back in Court, Facing Eviction; Demands Once Again

‘Somebody Needs to Pay’.” *WFLA*, WFLA, 28 Dec. 2017,

www.wfla.com/news/hillsborough-county/infamous-tampa-mother-back-in-court-facing-eviction-demands-once-again-somebody-needs-to-pay_20180312041436479/1030504235.

“Pregnancy-Related Deaths.” *Reproductive Health*, Centers for Disease Control and Prevention,

9 May 2018, www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm.

Reagan, Ronald. “Ronald Reagan Campaign Speech, January 1976.” *SoundCloud*, 2014,

soundcloud.com/slate-articles/ronald-reagan-campaign-speech.

“Roe v. Wade: The Constitutional Right to Access Safe, Legal Abortion.” *Planned Parenthood*

Action Fund, Planned Parenthood Action Fund, Inc., 2018,

www.plannedparenthoodaction.org/issues/abortion/roe-v-wade.

Sartin, Jeffrey S. “J. Marion Sims, the Father of Gynecology: Hero or Villain?” *Southern*

Medical Journal, vol. 97, no. 5, 2004, pp. 500–505., doi:10.1097/00007611-200405000-00017.

Schultz, Jaime. “Reading the Catsuit: Serena Williams and the Production of Blackness at the 2002 U.S. Open.” *Journal of Sport & Social Issues*, vol. 29, no. 3, Aug. 2005, pp. 338–357. Sage Publications, doi:10.1177/0193723505276230.

Shepherd, Kira, et al. *Bearing Fath: The Limits of Catholic Health Care for Women of Color*. vol. 39, ser. 1, *Conscience*, Columbia Law School, Public Rights/Private Conscience Project, 2018, www.law.columbia.edu/sites/default/files/microsites/gender-sexuality/PRPCP/bearingfaith.pdf.

Simms, Margaret. “Is There a Way to Close the Growing Wealth Gap?” *Urban Institute*, The Urban Institute, 10 Oct. 2016, www.urban.org/urban-wire/there-way-close-growing-wealth-gap.

Sims, J. Marion. *Silver Sutures in Surgery ...* S.S. & W. Wood, 1858.

Smithers, Gregory D. *Slave Breeding: Sex, Violence, and Memory in African American History*. University Press of Florida, 2013.

Teen Mom OG. “Welcome to the Family.” *MTV*, 1 Oct. 2018, www.mtv.com/episodes/pdaiim/teen-mom-welcome-to-the-family-season-7-ep-719.

Teen Mom OG. “Unconditional Love.” *MTV*, 8 Oct. 2018, www.mtv.com/episodes/z7g4yw/teen-mom-unconditional-love-season-7-ep-720.

Teen Mom OG. “Suns Out, Buns Out.” *MTV*, 15 Oct. 2018, www.mtv.com/episodes/ohckv0/teen-mom-suns-out-buns-out-season-7-ep-721.

Teen Mom OG. “Making Amends.” *MTV*, 22 Oct. 2018, www.mtv.com/episodes/a5e8vc/teen-mom-making-amends-season-7-ep-722.

Teen Mom OG. "Mama Bear." *MTV*, 29 Oct. 2018, www.mtv.com/episodes/wiqgh4/teen-mom-mama-bear-season-7-ep-723.

Teske, Anastasia. "Duggar Family." *Osage - Encyclopedia of Arkansas*, The Central Arkansas Library System, 6 Nov. 2018, www.encyclopediaofarkansas.net/encyclopedia/entry-detail.aspx?entryID=7356.

The Ashley. "MTV Finally Confirms That Cheyenne Floyd Is Joining the Cast of 'Teen Mom OG': Cheyenne & Cory Wharton Discuss Their New Gig." *The Ashley's Reality Roundup*, 6 Sept. 2018, www.theashleysrealityroundup.com/2018/09/06/mtv-finally-confirms-that-cheyenne-floyd-is-joining-the-cast-of-teen-mom-og-cheyenne-cory-wharton-discuss-their-new-gig/.

The Break with Michelle Wolf. "I Pledge Allegiance." *Netflix Official Site*, Netflix, 27 May 2018.

Tong, Rosemarie, and Tina Fernandes Botts. *Feminist Thought: A More Comprehensive Introduction*. Fifth ed., Westview Press, 2017.

Villarosa, Linda. "Why America's Black Mothers and Babies Are in a Life-or-Death Crisis." *The New York Times Magazine*, The New York Times, 11 Apr. 2018, www.nytimes.com/2018/04/11/magazine/black-mothers-babies-death-maternal-mortality.html.

Washington, Harriet A. *Medical Apartheid The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. Paw Prints, 2010.

"Who We Are." *Planned Parenthood*, Planned Parenthood Federation of America Inc., 2018, www.plannedparenthood.org/about-us/who-we-are.