Travel Sickness: Pan-Africanism, Medicine and Misogynoir in Caribbean Harlem

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Abstract: Healthcare was a cornerstone of black freedom movements in interwar Harlem. During the 1920s and 1930s, Caribbean-born healthcare providers organised local and transnational campaigns against medical abuse, racial discrimination, and fascism. Confronting Jim Crow medical industries that ostracized black medical professionals and "butchered" black patients, Caribbean Race Men of Medicine competed with white physicians and white colonial officials for authority over the bodies and health choices of black people. Engaged in broader strategies to eradicate social, political, and economic inequalities, these physicians successfully desegregated Harlem Hospital and marshalled their medical expertise and material resources in support of anticolonial and antifascist struggles in Ethiopia, Europe, and the Caribbean. Within varied liberation projects, they also selectively embraced eugenicist ideologies to eliminate poverty and uplift the race. Caribbean Race Men of Medicine empowered themselves as medical patriarchs, reproducing white supremacist stereotypes about gender, morality, and black families and asserting their authority over the sexual lives and reproductive choices of black women and girls.

Keywords: medical rights, eugenics, Reproductive Justice, Race Men, black doctors, Great Migration

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Great migrations of black folk from the U.S. South and the deeper south of the Caribbean transformed Harlem, New York, into a "Negro Melting Pot" of cosmopolitan blackness. But the gaiety of Harlem's cabarets and the anthems of the New Negro veiled interiors of despair. Endemic poverty and the congestion of black and brown people packed into tenement slums created contagious terrains. Confronting high infant and maternal mortality, malnutrition and tenacious maladies like tuberculosis, an emerging class of black medical professionals wanted to improve the health of black migrants who had been neglected, abused and exploited by a white supremacist medical industry. White segregationists banned black patients from private hospitals and forbade black doctors from training and treating patients in public facilities like Harlem Hospital. Throughout the 1920s and 1930s, under the broad banner of medical rights and equal access to healthcare, Harlem's black medical guild combatted Jim Crow along several fronts. Entrepreneurs and institution-builders, health educators and medical journalists, integrators and anticolonialists, Harlem's black doctors—the overwhelming majority of them men—anointed themselves responsible protectors of black people not only in Harlem, but around the Atlantic world.[1]

At the centre of the transnational medical rights movement were black men who had travelled to the United States from the Caribbean in the decades prior to passage of the Johnson-Reed Act of 1924, a law that effectively banned black migrants. In January 1926, Dr. Wiley Wilson, president of the North Harlem Medical Association, celebrated New York City's black doctors past and present. "There is not, in all this country," Wilson said, "a more efficient, more ethical, more promising nor a finer type of enthusiastic manhood." Of these eight manly medical "pioneers," half had journeyed to North America from the British West Indies. Leaning on their wealth, medical training and moral standing, these "beacons of light" demanded personal autonomy and civic authority. Though they battled racism, these doctors upheld patriarchy. Trained in medical knowledge underwritten by the exploitation of black women, black doctors conformed to white supremacist ideas about gender, sexuality and class. In local and transnational campaigns against white supremacy, colonialism and

fascism, Caribbean Race Men of Medicine fused progressive ideologies of expert and efficient manhood to eugenicist theories of racial betterment through selective reproduction. Like their white counterparts, black medical patriarchs targeted single, independent, working-class black women as infectious agents and biological threats in need of control and containment.[2]

At the turn of the twentieth century, medical reformers around the Atlantic expanded government medical surveillance and power over reproductive health. Seeking to modernize childbirth, doctors and public health workers condemned traditional birthing practices as superstition and blamed high infant and maternal mortality on "granny" midwives who guided the majority of women through childbirth, particularly women in poor, rural and working-class communities. In the 1890s, British colonial authorities began building midwifery schools to replace traditional midwives with expensive, certified professionals (De Barros 2014, 67-93). In the United States, the 1921 Sheppard-Towner Maternity and Infancy Act introduced regulations that drove most midwives underground or out of business (Kobrin 1966, 350-363; Ladd-Taylor 1988, 258-264). At the end of the decade, *Amsterdam News* "Feminist Viewpoint" columnist Thelma Berlack applauded the rapid decline of midwifery in Harlem as "the march of progress."[3]

Operating out of private practices, Caribbean Race Men of Medicine devoted much of their daily work to childbirth and gynaecologic surgery (Maynard 1973, 87). Gynaecologists and obstetricians were also among the leaders of the movement against Jim Crow healthcare. Gynaecologic knowledge emerges from intimate and invasive forms of bodily surveillance, Nicole Ivy observes (Ivy 2013, 13-15). In turn, medical knowledge has been a tool of social control. As Dorothy Roberts argues, "regulating black women's reproductive decisions has been a central aspect of racial oppression" (Roberts 1997, 6).[4]

The transfer of care from traditional women healers to modern, medical doctors enhanced the prestige, power and pocketbooks of Harlem's emerging medical guild. Segregation and the absence of quality prenatal care and childbirth

services at Harlem Hospital incited demand for private black hospitals by black women who could afford private healthcare. In 1920, the Barbados-born nurse Mabel Keaton Staupers helped open and manage the Booker T. Washington Sanitarium, "the first private hospital operated by Negroes in Harlem." Born Mabel Doyle on February 27, 1890 in Bridgetown, Staupers moved to New York when she was thirteen years old. Trained at Freedmen's Hospital in Washington D.C. and the Henry Phipps Institute in Philadelphia, Staupers had a long career as a medical practitioner, social worker and health activist (Staupers 1961; Hine 1994, 179-201).[5]

In August 1922, Staupers assembled the Harlem Committee of the New York Tuberculosis and Health Association. Serving as the Harlem Committee's executive secretary, Staupers oversaw a range of public health initiatives, including "a physicians' institute," a dental clinic and health education programmes. Staupers conscripted several Caribbean health workers into the Harlem Committee—including Godfrey Nurse, one of the wealthiest surgeons of his generation.[6] In August 1906, one month after his eighteenth birthday, Nurse left Georgetown, British Guiana for New York. Graduating from the Long Island College of Medicine in 1914, Nurse entered the profession at a time when segregationists banned black physicians from public hospitals. After running a lucrative private practice for several years, Nurse chartered the Edgecombe Holding Corporation in 1925 to purchase the Brunor Sanitarium, a facility across the street from Nurse's home and practice on Edgecombe Avenue. The private, whites-only hospital was the namesake of Dr. Emile Brunor, a gynaecologist who lived with his family in an adjacent residence. Two-dozen black doctors invested fifty thousand dollars in the corporation. Soon after opening, the sanitarium merged with the Booker T. Washington Sanitarium to become the premier private black hospital in New York City (Gamble 1995, 62). Boasting "a modern operating room, and facilities for maternity, medical and surgical cases," the Edgecomble Sanitarium promised black Harlemites "the scientific and sympathetic treatment and care of the sick according to the latest and approved methods."[7]

Offering "scientific and sympathetic treatment," Race Men of Medicine evoked progressive ideologies of modernization, expertise and efficiency to combat Jim Crow medicine and reform the race. Black doctors wanted to end the abusive practices of white doctors that hurt black patients, eroded trust in the profession and discouraged black people from seeking medical attention. Defining manhood through efficiency, expertise and independence, they challenged the authority of white male physicians over black people. Black physicians even quarrelled amongst themselves over who had the right credentials, qualifications and experience to heal and protect the race (Maynard 1978, 87). The growing importance of medical credentials ultimately undermined the health work of black women who traditionally cared for black women.[8]

Legislative attacks on midwives were part of a broader seizure of power over the sexual lives and reproductive choices of women. Starting in 1907, and expanding throughout U.S. states during the interwar period, eugenics laws tried to eradicate poverty, reduce government expenses and promote "better babies" by sterilizing prisoners and paupers, people of colour, immigrants and people designated as "feebleminded" (Ladd-Taylor 1997, 139, 142). Punitive U.S sterilization campaigns initially targeted people convicted of crimes, incarcerated people and so-called "sex delinquents": a category that included queer folks, single or otherwise "oversexed" women, victims of sexual abuse and peoples with syphilis. By mid-century, at least 20,000 people were sterilized in California alone. Justifications for the sterilization programmes reflected "deep-seated preoccupations about gender norms and female sexuality," writes historian Alexandra Minna Stern (Stern 2005, 1131). According to historian Molly Ladd-Taylor, male physicians were "among the most ardent supporters of eugenic sterilization" (Ladd-Taylor 1997, 142).[9]

In the intimate space of the examination room—and in the public sphere—Race Men of Medicine endorsed eugenic reproduction as an antibiotic for social problems like "crime, vice, divorce, pauperism and economic inefficiency." Concealing black women's bodies from the eyes of abusive white doctors—and thus a white public—black physicians tried to counteract racist "public opinion"

of black people as sexually promiscuous carriers of contagion. Black private practices protected the privacy of both the patient and the community. "A doctor is supposed to keep all secrets," Dr. E. Elliot Rawlins wrote in his *Amsterdam News* health column "Keeping Fit." But Rawlins's distaste for migrant black bodies, black urban social and cultural life overwhelmed his desires for discretion. An evangelical protestant and pan-Africanist, Rawlins turned to public health education and medical journalism to police moral misdemeanours, actions he considered crimes against the race. The chief offense: sex between "irresponsible" black men and "immoral" black women.[10]

Harlem's Health Evangelist

Born in Basseterre, St. Kitts, in 1882, the orphan child Elvin Elliott Rawlins travelled to New York City when he was nine years old to live with his uncle, an ordained Episcopal priest. Rawlins completed his medical degree from Long Island College Hospital in 1906. An elder, mentor and leader of black physicians and surgeons, Rawlins was "the outstanding link between foolishly warring American-born and foreign-born Negroes," lauded the *Amsterdam News* in 1928. Alarmed by health crises, Harlem's cosmopolitan, transnational elite united around Rawlins and his columns, lessons that challenged the traditional moral and political power of clergy like his uncle, as well as the scientific authority of white physicians. Religious leaders discovered sin through confession, but doctors detected contagion through bodily surveillance. A devout protestant and pan-Africanist, Rawlins believed that doctors had a divine mission to regulate morality, sexual practices and that most virulent contagion in the black community of Harlem: young, freedom-loving black women on the move.[11]

From 1923 to 1928, Rawlins debriefed his surveillance on sex and sin in nearly two hundred columns. In these essays, Rawlins represented mobile black women from the Caribbean and the U.S. South as biohazards and lent scientific credibility to what Hazel Carby has described as a "moral panic" over black women's sexual practices during the Great Migration (Carby 1992, 739-740).

Rawlins alerted readers of the *Amsterdam News* to a frightening sickness that had taken root in migrant black communities: "A mania for pleasure." Rawlins depicted rural life in the Caribbean and the U.S. South as a contemporary Eden, a world that shielded women from disease and knowledge of sex. Migration to the urban north provoked gender transgression. According to Rawlins, the transgendering of black migrants—men dumbstruck with femininity, women run amok with masculine sexual desire—was a mortal threat to the race. God, Rawlins proclaimed, commanded humans to procreate, as long as they were upwardly mobile members of the black bourgeoisie. But urban life had sterilized middle-class black women, Rawlins wrote, by encouraging the single life, sex for pleasure, sexually transmitted infections and abortions. Rawlins mourned unborn fetuses of educated, "social climbing" New Negro women. "Each infant who dies," Rawlins asserted, "is a future citizen lost." Meanwhile, Rawlins condemned "tenement mothers of the poor or ignorant class," for having children. Echoing white eugenicists and progressive reformers, Rawlins blamed poor, "ignorant" black women for endemic poverty and the diseases that prospered in impoverished conditions. "Too many Negro women and girls have babies when they should not," the doctor complained, leaving their communities with the responsibility of taking care of "those unfortunate babies whose parents are poor and whose mothers are ignorant." To conditional birth control advocates like Rawlins, the reproductive oppression of black "tenement mothers" was a way to uplift the race.[12]

"Interested in the progress of the Negro not only in Harlem, but throughout the world," Rawlins was active in local and transnational organizations for black empowerment and liberation, including the North Harlem Medical Association, Hubert Harrison's Liberty League and the Universal Negro Improvement Association (UNIA) (Perry 2010, 316, 319, 338). As Michele Mitchell has detailed, in pursuit of building "one strong, healthy race," the UNIA "monitored and controlled" the sexual practices of its members, remixed popular eugenicist ideas and promoted racial purity through "reproductive development" (Mitchell 2004, 230-244). Along with Marcus Garvey, UNIA leader Amy Jacques Garvey promoted eugenicist ideas on gender, motherhood and reproduction in her

Negro World column "Our Women and What They Think." At the UNIA Convention in August 1924, Rawlins debated eugenic reproduction, parenting and the treatment of venereal disease with several other delegates. Appointed to a committee for sex education, Rawlins left the convention with a new title: Knight Commander of the Sublime Order of the Nile (Summers 2004, 98). "Marcus Garvey will always be the leader," Rawlins wrote in the *Amsterdam News*. Following Garvey's arrest on charges of mail fraud, Rawlins served as Vice Chairman of the Marcus Garvey Committee on Justice, alongside Amy Jacques Garvey, and gave speeches in defense of the UNIA leader. Rawlins remained loyal to Garvey's "programme, his teachings, and even his methods (which were always honest)."[13]

United by bonds of race, black patients and doctors shared a "spiritual and mental harmony," Rawlins argued. UNIA objectives to foster black autonomy by building independent black institutions complemented the efforts of black medical entrepreneurs. Black healers could build economic power, combat maladies and protect black patients from the "radical prejudice and antipathy" of white doctors by owning and operating private facilities, Rawlins argued. "We, as a race, must give it to our needed sick." But as "the most important hospital to Negroes in Harlem," Rawlins argued, Harlem Hospital needed the patriarchal protection and care of black doctors, too.[14]

Manhood and Medical Rights

During the 1920s and 1930s coalitions of black politicians, journalists and health workers organized against medical discrimination at Harlem Hospital (Gamble 1995, 57-68; Wilson 2009). Demanding quality healthcare for black patients and professional opportunities for black medical professionals, campaigns to end Jim Crow at Harlem Hospital had at the frontlines Caribbean Race Men of Medicine. In 1925, the medical rights movement forced Harlem Hospital to commit to a long-term integration plan. The following year, the Georgia-born surgeon Louis Wright was appointed to the surgical staff. Soon after, several other black

physicians and surgeons were hired as visiting physicians—including Godfrey Nurse, who demanded equal representation on the staff and the integration of the hospital's internship programme. To his colleagues and compatriots, "this well-spoken, well-mannered Negro, of British colonial origin," personified the ideal Caribbean Race Man of Medicine: "In the thrust to open Harlem Hospital to Negro professionals, he had marched boldly in the vanguard of the shock troops of the community" (Maynard 1978, 58-59).

In 1926, the hospital admitted its first cohort of black interns. It was a "New Harlem Hospital," heralded E. Elliott Rawlins. One of the first black interns at Harlem Hospital, Aubré Maynard retired as the hospital's Director of Surgery in July 1967 and served as surgical consultant until 1972. In the early years of his retirement, the surgeon emeritus published a "chronicle" of the struggles of black physicians: *Surgeons to the Poor: The Harlem Hospital Story*. Written in the 1970s, a time of "discontent, controversy, and challenge to the established order," Maynard offers "a positive, constructive history" of black physicians as an antidote for "self-hate," and sedative for political rebellions under the broad banner of Black Power. The book encourages trust in the expertise and ethics of black physicians at a time when the U.S. medical industry confronted charges of genocide for eugenics programmes that spanned Maynard's career (Maynard 1978, x, 1, 5).[15]

Surgeons to the Poor is a "pioneering adventure" that features Maynard as narrator, protagonist and emblem of the "Negro physician," the "undisputed guardian of the health of the black community." Through genius, courage and faith in integration, the black physician overcomes the "unrelenting racism" of Jim Crow healthcare, safeguards black New Yorkers and uplifts successive generations of "black physicians into the mainstream of American medicine with respect and dignity" (Maynard 1978, x, 1, 14). Like other stories of "American" pioneers, *Surgeons to the Poor* is an assimilationist narrative of immigrant dreams and upward mobility through hard work and grit. In the only paragraph about his Caribbean childhood in Barbados, Maynard describes British colonial education as his intellectual foundation. His description of the

curriculum—"Latin, Greek, and mathematics"—echoes the Caribbean polymath and revolutionary C.L.R. James, born the same year as Maynard, but in Trinidad (Maynard 1978, 26). Writes James: "I began to study Latin and French, then Greek, and much else. But particularly we learnt, I learnt and obeyed and taught a code." A process of psychological and cultural conditioning — "the British tradition soaked deep into me" — colonial education trained James' generation in "Puritan" morality and gender roles, including manly self-discipline. This code also conditioned his generation to accept British hegemony. "Britain was the source of all light and leading," James writes, "and our business was to admire, wonder, imitate, learn" (James 2013, 24, 26, 39, 66). In Caribbean New York, Maynard's father reinforced colonial pedagogies. Though Conrad Maynard warned his son about the "institutionalized scourge" of racial caste in the United States, he encouraged young Aubré to infiltrate elite white academic worlds and appropriate tools of domination for himself—including medical knowledge and scalpels. A tailor by trade, Conrad Maynard clothed his son in what James describes as the "armour" of respectability, as well as the *twice-as-good* integrationist strategy of the aspiring black bourgeoisie (Maynard 1978, 28-29).[16]

"Harder work and superior performance" offered few protections against white supremacists in the United States and their weapons of sabotage and suppression. In 1922, Maynard accepted an offer of admission from Columbia University. Before classes began, administrators admitted that his enrollment would be temporary. The university's affiliated hospitals would not permit a black man to examine white women during clinical training in obstetrics and gynaecology. The paternal "protection" of white women from black men—that inescapable justification for mass murder denounced by Ida B. Wells-Barnett as a "shameless falsehood"—was policy at purportedly integrated teaching hospitals in and out of the Ivy League. In 1922, U.S. newspapers accounted 58 lynchings across the country. That same year, the U.S. Congress abandoned the Dyer Anti-Lynching Bill and Maynard enrolled at Bellevue Hospital Medical College. The young medical student was assured that no racist barriers existed

at the school or its affiliates, including Harlem Hospital (Maynard 1978, 29, 33-34).[17]

Deemed the "Slaughterhouse on Lenox Avenue," Harlem Hospital was condemned by the medical rights movement as "a butcher shop where incompetent and second-rate white doctors practice on the emaciated forms of poor Negroes." Maynard knew it as "a place 'to go and die'" (Maynard 1978, 18). To Harlem health activists, black women were especially vulnerable to medical carnage. During his internship and residency, Maynard recalls, the majority of the obstetrics staff — "all but one" — were white men from the U.S. South with "unmistakably racial attitudes." For training and practice, these white surgeons-in-training performed caesarian sections on black women "almost as frequently as normal deliveries." Complications from "needless" and life-threatening caesarians shuttled patients back into surgery for reparative procedures (42). When black nurses were sick or otherwise in pain, these same young white interns and residents subjected their colleagues to "rarely justified" pelvic examinations—as well as genital and cervical swabs—no matter the symptoms. The exams implied, Maynard writes, "that, as a black girl, she was likely to have a gonorrheal infection" (23). Black doctors condemned discrimination against nurses—"colored women of culture, refinement and demonstrated ability and fitness"—as often as they denounced discrimination against doctors, dentists and surgeons. Indeed, doctors responded to the abuse of black women nurses as assaults on their manhood. During integration struggles at Harlem Hospital, Race Men of Medicine camouflaged paternalism in a grammar of privacy, protection and defense. While Louis Wright was silent and "noncommittal in his best diplomatic manner" about the unnecessary, life-threatening caesarians imposed on poor black women patients, the surgeon denounced the exploitation of black nurses as "an indignity to Negro womanhood" (23, 42). Wright convinced the hospital's board to transfer supervision over the "girls" to him. By shielding black nurses from the eyes, speculums, scalpels and swabs of white physicians, Wright wanted to enhance the power of black male patriarchs, the respectability of black nurses and the reputation of the race.[18]

Race Men of Medicine employed other strategies to subordinate black women who dared to be their equals. With Maynard, two other black doctors enrolled in the internship programme at Harlem Hospital in 1926—Dr. Ira McCown of Ohio State and Dr. May Chinn, the first black woman to graduate Bellevue Hospital Medical College. An accomplished musician with advanced degrees from Columbia and New York University, Chinn personified the ideal educated, cultured New Negro Woman, except that she refused to be anybody's wife or mother. Dedicating her life to medicine and public health, Chinn's "queer" independence challenged the patriarchal worldviews of her father and her colleagues. To escape the ridicule and disrespect of "male interns and doctors," Chinn joined Harlem Hospital's ambulance service, the first woman to do so. It was dangerous work, requiring Chinn to repair traumas on city streets and within the dark caverns of tenement apartments. "I began to like being away from the hospital," Chinn recalled, "and I was glad when my internship was over." Although they were medical school classmates, and despite her fame as a "pioneering" black woman physician, Maynard references his colleague only in passing and writes nothing about the culture of misogyny that drove Chinn into the ambulance and out of the hospital altogether (Maynard 1978, 38, 180).[19]

In 1928, the Edgecombe Sanitarium leased the adjacent brownstone to Chinn for her home and office. The top floor of the building—connected to the sanitarium through an excised wall—served as an operating room. After setting up shop, Chinn discovered that Edgecombe's proprietors—including Godfrey Nurse, Louis Wright and dozens of other doctors—expected her to serve as an "unpaid handy woman and resident," on overnight call for their patients. The facility housed seventeen beds. The doctors also pressured Chinn to treat their families for free. "I really had a great deal of trouble with the male doctors in Harlem," Chinn recalled. "On the one hand they were saying that I was not fit to be a doctor, and on the other, they were sending their wives, mothers and children to me."[20]

Crimes of Omission

"The Negro was always next in line beyond the experimental animal," Maynard writes in the introduction to *Surgeons to the Poor*. "He has sometimes benefited from their efforts, but he has also occupied the role of victim and expendable guinea pig." In these opening pages, Maynard offers a brief summary of involuntary medical experiments on black men—from "the helpless slave" to "the indigent ghetto resident" (Maynard 1978, 3-4). Harriet Washington calls this history "medical apartheid" (Washington 2006, 59, 61-70). Maynard's is a selective account and the "Negro" casualty of medical experimentation is explicitly and unambiguously male. In the narrative of medical progress, black women are expendable. The "positive side" of guinea-pig subjection, Maynard writes, includes gynaecological surgical methods and medical devices developed through experiments on enslaved black women in and around the Montgomery, Alabama clinic of J. Marion Sims. Maynard represents the surgeon and slave captor as benevolent saviour of enslaved black women. "Disabled" by vaginal fistulas and therefore unable to work, these "bondswomen" were "outcasts in their own milieu," Maynard writes, unproductive and meaningless beings in the social caste of the enslaved. Conjuring plantation logics, Maynard praises Sims for attempting to save enslaved black women from worthlessness and put them back to work (Maynard 1978, 3-4). For Anarcha Wescott, Sims's preferred "patient," that meant undergoing over thirty experimental, unanaesthetized surgical operations (Washington 2006, 66).

As Nicole Ivy has argued, "the labor of the gynecological test subject" was work too (Ivy 2016, 15). In the plantation economy, enslaved women's labour included capital creation through rape, forced breeding, childbirth, as well as suffering through surgical procedures to repair damage done to reproductive organs. From plantation prisons to the "carceral space" of antebellum and postbellum clinics, black women's "injurious work of endurance," Ivy notes, profited both the slave economy and the "modern" science of gynaecology (Ivy 2013, 14; Ivy 2016, 13-16). Science and law classified enslaved black women as nongendered nonhuman nonpersons, but surgeons like Sims nevertheless cut,

severed, stitched, dissected, diagrammed and whitewashed their bodies "to produce knowledge about white bodies—knowledge that, in turn, shapes modern health discourse" (Ivy 2013, 9-10, 183). Maynard offers no words of celebration or praise for Anarcha Wescott, or Betsey Harris, or Lucy Zimmerman or the other women and infants whose injuries and agony advanced modern medicine. Gendered male, Maynard's trope of "the Negro" victim of medical apartheid disappears them (Maynard 1978, 3-4).

In his long career, Maynard specialized in various services and fields, including plastic surgery, assault trauma and cardiovascular surgery. But he first earned acclaim as a gynaecologist and obstetrician on the house staff at Harlem Hospital and as a community educator on women's sexual health. In recent path-breaking works, black feminist scholars and artists complicate narratives like *Surgeons to the Poor*—"triumphalist proclamations of the transcendent good of the science of gynecology" that reduce black women to an absent or "spectral presence" (Ivy 2013, 7). Nicole Ivy argues that there was nothing "anomalous or exceptional" about Sims or his partner Nathaniel Bozeman, their practices, or their racist excuses about the supernatural durability of black women and black babies (Ivy 2013, 9; Ivy 2016, 16). While Maynard condemns the exploitative practices of his caesarian-addicted white southern colleagues, he fails to recognize them, their logics and their methods as descendants of that white southern surgeon he so reveres. Nor can Maynard recognize himself as their accomplice. After the legal abolition of slavery, modern medicine continued to shore up white supremacist patriarchy through the subjection of black and other women of colour. [21]

Journeying through the "afterlife of slavery" in 21st century medicine, poet Bettina Judd explores the everyday "Ordeal of Medicine" black women confront across time and space. In the poetry collection, *Patient*, Judd excavates entangled "absent" pasts and presents, physical injuries and "psychic traumas produced under the grotesque conditions of slavery"—to borrow from M. Jacqui Alexander—that scientists have distorted, erased or promoted as benevolent: "*Now, wasn't there some good?*" (Alexander 2005,

293; Judd 2014, 10). Meditating on the impossibility of historical representation based on available evidence, Judd collaborates with "ghosts" of enslaved black women whose experiences interweave with her own. Judd's first-person speaker—the "Researcher"—listens to, communes with and is comforted by Wescott, Harris, and Zimmerman, among others. "Why do you mourn me and sing, as if I am the one who has died?" the Researcher asks (Judd 2014, 1, 9). Collapsing borders between historical evidence, archives of haunting and personal and collective memory, *Patient* demonstrates what Alexander calls "the spiritual as epistemological" (Alexander 2005, 293). Borrowing from Christina Sharpe's formulation of "wake work"—Judd's "Researcher" rebelliously performs "an unscientific method," an act of imagination that rejects "fictions of the archive" that erase black women's presence, pain and labours (Sharpe 2016, 13).

While experiments on black women epitomize the "positive" good of medical subjection, to illustrate "the negative side," Maynard evokes "a lurid tale of fairly recent events," Jean Heller's July 1972 Associated Press story that exposed the Tuskegee Study of Untreated Syphilis in the Negro Male to world audiences (Maynard 1978, 3). Uncovered six years before the publication of *Surgeons to the Poor*, that immediate and most notorious of medical scandals in the United States required the condemnation of a Race Man of Medicine trying to instill trust in black physicians and their profession. Maynard overlooks other "lurid tales" and contemporary scandals at the intersection of race, ethics and reproductive medicine. In June 1973, less than one year after the Tuskegee study broke, in nearby Montgomery, Alabama, Mary Alice Relf, age 12, and Minnie Lee Relf, age 14, were surgically sterilized without their consent in a U.S. Health, Education and Welfare (HEW) clinic. The Relf sisters exposed rampant sterilization abuse—including the sterilization of children and the intellectually disabled—in clinics and hospitals throughout the United States and in U.S.-sponsored clinics around the world. In 1974, anticolonial activists in Puerto Rico exposed a long-term "plan of genocide" at HEW clinics, both on the island and in New York City, that led to the sterilization of one in three Puerto Rican women aged 20 to 49. In 1975, the American Civil Liberties Union sued North Carolina on

behalf of Nial Ruth Cox, a black woman who had been involuntarily sterilized by doctors who designated her "a mentally deficient Negro girl." In 1976, based on government reports and her own four-year study, the Choctaw-Cherokee physician Dr. Constance Pinkerton-Uri estimated that at least 25% of Native American women of childbearing age had been involuntarily sterilized, often during caesarian sections while they were unconscious (Lawrence 2000). The sterilization of Native women was the result of "the warped thinking of doctors, who think the solution to poverty is not to allow people to be born," Dr. Pinkerton-Uri said in a widely syndicated May 1977 interview. In 1978, Maynard published *Surgeons to the Poor*, without a word on eugenics or the sterilization campaigns that spanned his medical career.[22]

At the time, Angela Davis observed, "the struggle against sterilization abuse has been waged primarily by Puerto Rican, Black, Chicana and Native American women" (Davis 1983, 221). Women of colour feminists exposed U.S. government-funded sterilization programmes as a form of white supremacist, imperialist social control, a counter-revolutionary weapon directed against colonies of colour in rebellion inside and outside U.S. borders. In 1969, before coercive sterilizations became front-page scandals, Frances Beale traced a global web of U.S. government eugenics initiatives: in India, where millions of men and boys, mostly "ragged, unemployed slum dwellers" according to the *New York Times*, were sterilized by vasectomy in Peace Corps-sponsored and assisted clinics, in the U.S. colony of Puerto Rico and across the expansive network of clinics that sterilized women of colour within the North American borders of the United States. In 1976, Loretta Ross was sterilized due to an infection caused by a Dalkon Shield intrauterine device and the neglect of a white male gynaecologist (Ross 2016, 277n1; Nelson 2010). "Pissed off," Ross devoted her life to building the movement for Reproductive Justice: "the complete physical, mental, spiritual, political, economic, and social well-being of women and girls" (Ross 2016, 64). Among many women of colour activists and intellectuals, Dr. Constance Pinkerton-Uri, Frances Beale, Toni Cade Bambara, Angela Davis, the Combahee River Collective, Fannie Lou Hamer and Loretta Ross mobilized against mass programmes of coercive sterilization in the 1960s and 1970s, winning lawsuits and

policy reforms without the support or protection of the Race Man of Medicine, the "undisputed guardian of the health of the black community" (Maynard 1978, 1).[23]

"We blacks tend to walk the thin line of paranoia," Georgia Representative Julian Bond said in July 1973, reflecting on the Tuskegee syphilis study, the sterilization of black southern women like Fannie Lou Hamer and black folks' deep fear of medical healthcare. In an effort to calm that fear and redeem the prestige of "the Negro physician," Maynard obscures the extent of medical violence on black people. "In my experience over the years in black Harlem," he reflects, "exploitation of the Negro patient has been color blind" (Maynard 1978, 87). Black medical professionals were implicated in the history of medical apartheid, and not just the black nurses and doctors who worked directly for the Tuskegee Syphilis Study or the Montgomery Family Planning Clinic (Smith 1996, 107-108; Gamble 1997, 1173-1178; Washington 2006, 175-177). As black feminist scholars, artists and filmmakers have explored, in pursuit of "respect and dignity," as well as black patriarchal power, Race Men have traditionally denied, ignored or concealed assaults against the most vulnerable people in their communities, including queer folks, black women and girls (Riggs 1995; Cohen 2004; Simmons 2006). This silence, Cathy J. Cohen argues, as well as the "paranoia" it helps engender, intensified health crises like the HIV/AIDS epidemic of the 1980s (Cohen 1999).[24]

Relf v. Weinberger exposed the coercive sterilization of an estimated 100,000-150,000 women and girls in federal family planning programmes between the late 1960s and 1974 (Roberts 1997, 93). Contemporary observers compared the number of these procedures to Nazi sterilization campaigns. The comparison obscured the much longer history of forced sterilization in the United States and the transnational, multi-loop ideological circuits that connected apartheid regimes during the interwar period and after. Exclusionary U.S. immigration policies, Jim Crow and eugenics laws in states like California inspired the Nazis. In turn, Nazi sterilization campaigns motivated eugenicists in the United States to boost their efforts at social cleansing (Roberts 1997, 68, 103, 216;

Kühl 2002; Gilmore 2008, 157-200; Whitman 2017). "The number of sterilizations performed in the United States increased in the 1930s," Molly Ladd-Taylor observes, "despite the declining support for eugenic ideas and negative publicity about the excesses of the Nazi sterilization program" (Ladd-Taylor 1997, 149). Maynard's career coincided with four decades of fraud and medical neglect at Tuskegee, a period that also saw the proliferation of compulsory sterilization programmes across the United States. In sympathy with the male victims, Maynard compares the syphilis study to "human experimentation of Hitler's Reich," but writes nothing on reproductive oppression (Maynard 1978, 4). The omission is at odds with the anti-fascist politics of Caribbean Race Men of Medicine during the interwar period and their campaigns to combat British colonial reproductive policies.

Pan-Africanism and Reproductive Oppression

The 1935 Abyssinia Crisis mobilized pan-Africanists and anti-fascists around the Atlantic world (Scott 1978; Plummer 1996, 37-81). In July 1935, the *Amsterdam News* encouraged "Negroes in America" to aid Ethiopia "by organizing a medical aid service." Emperor Haile Selassie welcomed "any doctor, graduate nurse, accredited technician, engineer or chemist interested in service in Abyssinia." In a letter to the editor, Jamaica-born pan-Africanist W.A. Domingo endorsed the proposed "Medical Unit" as "vitally important," and encouraged the *Amsterdam News* to help organize the venture. The following month Harlem health workers organized the Medical Committee for the Defense of Ethiopia. Caribbean doctors were active in the formation of that group, including P.M.H. Savory, a physician and entrepreneur born in British Guiana. During the 1920s, Savory amassed a diverse portfolio of companies with business partner C.B. Powell, a radiologist from Virginia. In December 1935, two months after Mussolini invaded Ethiopia, the two doctors bought the *Amsterdam News*, and broadened the newspaper's length, circulation and coverage of movements against colonialism, fascism and Jim Crow.[25]

At the beginning of 1936, the Medical Committee merged into United Aid for Ethiopia, "a federation of organizations dedicated to support of Emperor Selassie's struggle to preserve his empire." The offices of *Amsterdam News* served as a box office for United Aid fundraising events and as a clearinghouse for donations. Representing black Harlemites with wealth, medical knowledge and political influence, Savory led a small United Aid delegation to Selassie's home in exile in Bath, England in August 1936. "We of African descent in America can be just as loyal to our cousins across the sea as we are to people with whom we live," Savory told Haile Selassie. Warning of Ethiopia's dire need for medical supplies, Selassie urged "people of African blood in the Western Hemisphere" to "bring quick and generous help." Following the visit, United Aid for Ethiopia quietly transformed into the United Aid for Peoples of African Descent. The change reflected a "more comprehensive program of aid and assistance to all Negro peoples," but the organization's philanthropy extended beyond Africa and black diasporas. In 1937, United Aid donated a shipment of medical supplies and equipment to Spanish Republicans embroiled in a war against Francisco Franco. "We do so with the same spirit that impelled us in the case of Ethiopia," United Aid announced. "The barbarism of fascism is the scourge of present-day civilization."[26]

Soon after the delegation returned to Harlem, Caribbean Race Men confronted "Fascist" reproductive health policies in the British West Indies. In the spring of 1935, rumours that Bermuda's colonial government was considering an "Anti-Negro" programme of compulsory sterilization percolated throughout Caribbean diasporic networks and the grapevine of the transnational black press. During the global economic depression of the 1930s, Bermuda's colonial government confronted a growing population on the small, majority-black island and exclusionary immigration policies in the United States. The 1924 Johnson-Reed Act applied eugenicist ideologies to immigration policy, imposed quotas on crown colonies like Bermuda and constructed a Jim Crow consular system at ports of departure around the world. Designed in part to stop the Great Migration of Caribbean peoples to the United States, the law effectively banned "African (black)" travellers from crossing U.S. borders (Reid 1939, 24-25;

Ngai 2004, 25-29, 37-38).[27] A decade after the closure of this important emigration destination, Bermuda's colonial government began mulling possibilities to reduce the island's black population through contraceptives, mandatory sterilizations and deportation to other British colonies. Mimicking laws passed throughout the United States, but repealed in New York, a special committee within Bermuda's House of Assembly recommended the sterilization of "mental defectives," parents of children born out of wedlock and persons convicted of violent crimes. The proposed legislation, warned the *Pittsburgh Courier*, "would ultimately eliminate the impoverished Negro workers who are kept in a degraded social condition." Adele Tucker—a black Bermudan teacher and union leader—denounced the proposals as "Legal lynching." Adele Tucker's nephew—attorney, activist and journalist David Tucker—compared the plan to "Hitlerism, paganism, and every kind of ism."[28]

Local protests defeated the proposed sterilization programme in Bermuda, but the House of Assembly continued to explore plans for birth control (Bourbonnais 2017, 30-49). In May 1936, General Sir Reginald Hildyard, a veteran commander of the British colonial army in South Africa, was appointed governor of Bermuda. That fall, as United Aid mobilized in defense of Ethiopia, Hildyard gave a series of speeches in defense of racial apartheid on the island. Warning that the growth of the island's majority-black population was a "serious problem," Hildyard proposed a plan to open public birth control clinics for the exclusive use of "coloured women." With the reduction of the black population, Hildyard declared, "children of the white section of the community will be given a better chance in life."[29]

The governor's proposal revived long-standing fears of genocide. Like the Tuckers in Bermuda, anticolonialists in New York, London and the Caribbean compared the proposals to discriminatory laws in white supremacist settler colonial regimes throughout the Western Hemisphere, Africa and Asia. Parrot schemes could circulate throughout the constellation of colonial legislatures in the British Empire, they warned. British settlers escaping "the hell they have created in their own lands" could evacuate black people from the Caribbean

with compulsory birth control. The bombs, guns and poison gas of European fascists, "starvation and lack of opportunity" in the Caribbean, the noose and flames of lynch mobs in the United States and the reproductive oppression of black women in Bermuda appeared to be interconnected components of a global strategy to annihilate black people. In a paternalistic missive to the *Amsterdam News*, former UNIA official Hubert E. Lee warned of the coming "extinction," and called for an alliance between Bermudan men and Caribbean men living in the United States to stop Hildyard's attempt to "sterilize our women."[30]

Organizing against empire, Caribbean Race Men of Medicine positioned themselves as responsible protectors of black women around the Atlantic world. In November 1936, Savory and five other Caribbean activists met with Governor Hildyard at the office of the British Consul-General in New York to debate black women's reproductive choices. "Clenched fist in the palm of his hand," Hildyard attempted to intimidate his guests into silence. Comparing the people of Bermuda to breeding livestock, the combative governor lectured on the economic necessity of birth control for black people. The delegates promised to petition the imperial government in London to prevent Hildyard from opening the clinics. Undeterred, Hildyard assured them that the legislation would proceed despite "protests from abroad." Professional, cosmopolitan black men of expertise and efficiency, Hildyard's guests were accustomed to racist bureaucrats. The delegation included the Jamaica-born anticolonial journalist A.M. Wendell Malliett, foreign editor of the *Amsterdam News,* and Dr. Charles Augustin Petioni, a regular contributor to Savory's newspaper.[31]

Born in Trinidad in 1883, Petioni was a prominent journalist and activist before he embarked on a medical career in the United States. Applauded as "an enemy of British imperialism" by C.L.R. James, Petioni was once editor of the *Argos,* a newspaper banned by the colonial government of Trinidad for publishing "revolutionary, seditious, and mischievous literature." Fleeing "colonial tyranny," Petioni moved to Harlem in 1918 and plunged into Caribbean diasporic politics, promoting black unity, self-determination and economic independence "at all

costs" (Watkins-Owens 1996, 49-51, 82, 168-169; James 1998, 51, 83). At the height of integration struggles at Harlem Hospital, Caribbean Race Men of Medicine accused administrators of trying to keep "West Indian doctors off the staff." As secretary of the North Harlem Medical Association, Petioni was one of Harlem Hospital's most unrelenting critics. Petioni denounced the hospital for adopting "the British principle of 'Divide and Rule'" to sabotage collective action among black doctors. Xenophobia, Petioni warned, stripped black people of power.[32]

Following the meeting, Savory, Petioni and other Caribbean civic leaders organized a "large gathering of West Indians, Bermudians, and Coloured Americans" to formulate resolutions on the Bermuda plan. Petioni, Savory and other Caribbean doctors appealed to Harlem's black residents to "forget local clannishness" and mobilize against extermination. Publicized around the Atlantic, the mass meeting on black women's reproductive choices included hardly any black women. Dora Hayward, Vice President of the Bermuda Benevolent Association, was the only woman speaker on the agenda. Also absent from the programme were black women health professionals like Mabel Keaton Staupers and May Edward Chinn, supporters of birth control initiatives in Harlem.[33]

A month after the mass meeting, the New York branches of the American Birth Control League responded to the allegations out of Bermuda in a statement condemning compulsory birth control and racial discrimination—both the proposed restriction of birth control services to black women in Bermuda and the denial of birth control information to black women in the United States. "Reliable, harmless methods of birth control are not available to thousands of Negro mothers who want them," the group argued, forcing black women to "resort to dangerous, quack methods."[34]

Many black doctors, nurses and health activists collaborated with Margaret Sanger to open the Harlem Birth Control Research Bureau in 1930. May Chinn and Louis Wright served on the clinic's advisory board, along with several

Caribbean health workers, including Mabel Staupers and Lucien Brown, the Jamaica-born physician and journalist. Successor to E. Elliott Rawlins at the *Amsterdam News*, Brown distanced "Keeping Fit" from his predecessor's religiosity. Though Brown disputed criticisms of birth control as "harmful and ungodly," he still held on to eugenicist ideas about class and reproduction, as well as the imperative of contraception for poor, "unfortunate mothers." Birth control was a tool for racial betterment — "a higher standard of physical fitness, mental capacity and financial stability" — Brown argued, qualities which earned "respect and opportunity from others," namely white folks. Brown later resisted a proposed venereal disease clinic in Harlem, fearing that it would threaten the jobs and reputations of black women domestic workers by promoting the stereotype that "venereal disease runs rampant among Negroes." By investing in discourses of patriarchy and middle-class respectability, Harlem's birth control clinic no longer presented such a threat to Caribbean Race Men of Medicine like Brown. Indeed, they considered birth control a tool for protecting black women's economic health.[35]

"Restricted by law," and under threat of police raids, the Harlem clinic carefully advertised its services to "married women" across race and class lines. U.S. law permitted married women to obtain birth control information for health reasons, but criminalized single women for seeking the same services. According to Sanger, the majority of the clients of the Harlem clinic were moral, married breadwinners whose husbands could not find work in the depression economy. The majority of them were also white. The Harlem clinic attracted the support of Caribbean Race Men and avoided charges of race genocide by marketing its services to "married women who have one child or more." The sexual practices of their potential clients were contained, presumably, within heterosexual patriarchal marriages. And they had already served the race by reproducing at least one child. By 1932, the *Amsterdam News*'s Thelma Berlack noted that public opinion in Harlem had shifted so dramatically that birth control for "Harlem wives" was no longer controversial, but pragmatic. The problem was that black women were not taking advantage of the Harlem clinic. Brown

condemned black women for their "indifference" and "backwardness" in comparison to white women.[36]

In May 1937, Margaret Sanger took a "secret" trip to Bermuda to consult colonial officials. Bermuda was the first government to extend an invitation to Sanger and only the second government to legalize "the dissemination of birth control information." Sanger was impressed. During her visit, Sanger gave two public lectures. At a "colored meeting of over sixty persons" on May 18th, Sanger addressed black clergy, journalists and activists who had opposed eugenics programmes for the past two years. "It was the most alive session I've had in a long time," Sanger wrote to a friend later that day. "Dark complexioned colored gentlemen" dominated the meeting with questions about women's reproductive health. Sidelined and silenced by the men in the room, a group of black women approached Sanger after. "They were all for it and would gladly help," Sanger noted. Upon her return to New York, Sanger praised Bermudan officials and heralded the opening of two government-funded clinics on the island, "one for the care of white women, and the other for Negroes." The colonial government was even sharing the latest birth control methods with midwives, "who deal with the very poorest," Sanger said, "who in turn need it the most." Later that year, Bermuda opened a voluntary clinic that offered information, diaphragms and spermicides to black women free of charge (Bourbonnais 2017, 103).[37]

As labour rebellions swept the Caribbean in the late 1930s, colonial governments in Barbados and Jamaica revived talk of compulsory birth control as a method of political suppression and rumours of Bermudan sterilization programmes resurfaced. In the July 1938 inaugural issue of *International African Opinion*, edited by C.L.R. James, the London-based International African Service Bureau denounced Bermuda's eugenics schemes as "evidence that the Fascist mentality is not confined to Germany, Italy and South Africa." The Bureau lobbied its supporters in the House of Commons to investigate the allegations. In a memorandum to the Colonial Office, the International African Service Bureau, the League of Coloured Peoples and the Negro Welfare Association

condemned the "sterilization of individuals as a cure for the illegitimacy problem in Bermuda and other colonies." Calling for "change in the present social structure in the West Indies," the future they conjured preserved the concept of "illegitimacy," parental fitness, and the idea that children born to unmarried mothers were social problems in need of a solution (De Barros 2014, 168; Bourbonnais 2017, 45).[38]

Alighting in New York in October 1938, C.L.R. James went to the Mount Morris neighborhood of Harlem to meet up with an old friend from Trinidad. For his first few months in the United States, James resided at the brownstone of Dr. Cecil Marquez. A member and sometime leader of the North Harlem Medical Association, and Charles Petioni's cousin, Marquez was a veteran of the movement against Jim Crow medicine. Marquez introduced James to a broad network of Caribbean health activists whose anticolonial itineraries paralleled his own. From October 1938 to January 1939, James spoke alongside Savory and Petioni at parties, concerts and mass meetings sponsored by United Aid, the Caribbean Union and various Caribbean benevolent associations. Like his comrades in Harlem, James connected British imperialism to technologies of fascist power. "The conflict in Europe is being presented in certain quarters as a conflict between Democracy and Fascism," James told the *Amsterdam News*, "but for the majority of Negroes in the British Empire, Democracy is only a phrase." Though he had come to the United States for a lecture tour, James confessed that he had much to learn about "the American people and their civilization." His first classroom was Caribbean Harlem. Black life and the black freedom struggles underway convinced James of the potential of "the American Negro" to create democracy in the United States and incite socialist revolution worldwide.[39]

In Harlem, Bermuda and across Caribbean diasporas, black revolutionaries who revolted against racist regimes and imagined transnational utopias often internalized and reproduced antiblack colonial violence. As they combatted white supremacy, Harlem's Caribbean Race Men of Medicine flirted with social Darwinism, calling for the liberation of the race through the selective

reproduction of the respectable, moral, black professional class. Uplifting themselves, black medical patriarchs competed with white supremacists for authority over black people and their health decisions. Race Men of Medicine affirmed eugenicist ideologies that denounced black pleasure and loving as immoral, black gender expression as criminal, black healing as unscientific, black children as illegitimate and single black women as biohazards.

Long after the integration of Harlem Hospital, tensions between liberatory visions and lived reality, oppression and emancipation continued to simmer and erupt within local and transnational black freedom movements. Across the twentieth century, black revolutionaries who disputed white supremacist fictions about black people often accepted white supremacist constructions of gender, morality and the family. Exposing such contradictions in black politics, Cathy J. Cohen urges scholars and activists to confront the intracommunal forces that silence, exclude, and perpetuate violence against the most vulnerable black people, imprison radical imaginaries and constrain revolutionary possibilities (Cohen 2004). "There can be no liberation for all Black people," the Movement for Black Lives declares, "if we do not center and fight for those who have been marginalized."[40]

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