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Reproduction on Display: Black Maternal Mortality and the Newest Case for National Action

This essay critically examines the growing international attention given to Black maternal and infant health outcomes in the United States, and couches it within Black feminist theories of womanhood and motherhood. Existing Black feminist literature has acknowledged the ways in which Black women from the era of slavery have served as the embodiment of inhumanity and the calculating baton in which to measure against the personification of white virtue, womanhood, and motherhood. Moreover, these works have also significantly contributed to contextualizing and historicizing this problematic conception of the pathological Black mother. This piece highlights the ways in which current media depictions recreate problematic narratives of Black motherhood and uses the example of Black maternal mortality in the United States to 1) highlight the centrality of Black motherhood and reproduction within the narratives of Black pathology; 2) address the “spectacular” nature and fascination with Black suffering and death; and 3) underline the ways in which narratives around Black maternal and infant health align ideologically with normalized conceptualizations of the pathological Black body.

In February 2011, billboards were erected around the country asserting that “The most dangerous place for a Black American child is in the womb.” This campaign initiated in New York City by a Texas-based organization called Life Always was an antiabortion promotion highlighting the high rates of abortion in the African-American community. The Radiance Foundation, another Black prolife organization, also erected billboards with statements such as “Black Children are an Endangered Species” as part of their “Too Many Aborted” campaign. These groups, among other active national organizations identifying as a part of broader National Black Prolife Coalition, directly engaged in what Ashley Hall calls anti-Black abortion rhetoric: “an ideological position in which a person believes that Black women should not

receive abortions and furthermore, that abstaining from abortion promotes Black unity and ensures the survival of the Black community” (1).

Members of the National Black Pro-life Coalition also maintain that abortion is a leading cause of Black death and that Planned Parenthood has been instrumental in targeting minority communities with genocidal abortion services. Although the group’s position against Planned Parenthood is rooted in an accurate yet complicated history around eugenics,¹ the billboard campaigns were met with significant opposition from demographically diverse groups as well as Planned Parenthood supporters. Some of the campaign’s most vocal critics highlighted connections to growing conservative and anti-choice legislation across the country as well as the co-optation of ideas of racial progress and civil rights to support their causes (Jesudason and Baruch). Instead of depicting a firm stance against eugenics and genocide, the organization’s chosen messaging failed to adequately contextualize the issue of abortion and also unsuccessfully directed the blame onto Planned Parenthood clinics. I argue that the most salient and damaging rhetoric in the billboard campaigns is the idea that being in a Black woman’s womb is equivalent to the kiss of death and that Black women are to blame for the deaths of their children. Although this is a more contemporary example, public messaging around the Black reproductive body and its employment as a rhetorical and political tool are not new. More specifically, the ideology of Black female culpability, both generally and directly in relation to the wellbeing of Black children and families, is also not a new phenomenon. In fact, the ideological roots of the pathological and nonredeemable Black mother run deep.

Black feminist theorists have acknowledged the ways in which Black women from the era of slavery have served as the embodiment of inhumanity and the calculating baton in which to measure against the personification of white virtue, womanhood, and motherhood (Spillers, “Interstices”; Roberts). Other works have significantly contributed to contextualizing and historicizing this problematic conception of the pathological Black mother (Roberts; Collins; et al Hartman; Berry; Glenn). Although the depiction of the billboards highlights the controversy around abortion, a widely debated issue among a diversity of people, Black women have been susceptible to the judgments about their mothering capabilities. These judgments and historically rooted ideologies perpetuate ideas around Black women’s inability to access true and legitimate womanhood and motherhood.

Acknowledging this, the following piece seeks to examine the growing international attention to Black maternal and infant health disparities in the U.S. to 1) highlight the centrality of Black motherhood and reproduction within the narratives of Black pathology; 2) address the “spectacular” nature and fascination with Black suffering and death; and 3) underline the ways in

which narratives around Black maternal and infant health align ideologically with normalized conceptualizations of the pathological Black body.

Furthermore, Black inferiority, inhumanity, and pathology have historically contributed to key narratives around health, the body, and illness. Illness and death become normalized and inextricably linked to the diseased African/Black body, which became, according anthropologist Jean Comaroff, “an object of European speculation ... ‘Africans’ personified suffering and degeneracy, their environment a hothouse of fever and affliction” (1). The historical legacy of Marion J. Sims evidences the ways in which scientific interest, experimentation, and exploitation of the Black reproductive body has also served as the basis for modern day knowledge of women’s reproductive health and the foundation of the field of obstetrics as we know it. In this way, the contemporary maternal health crisis and the growing cognizance and research interest in deciphering Black maternal and reproductive health has interesting, yet discounted, connections to a treacherous legacy.

Spectacular! Spectacular! Black Maternal and Infant Mortality

In 2010, the Office of Disease Prevention and Health Promotion identified maternal and infant mortality as a key health issue, which was the year after Amnesty International identified and acknowledged in their groundbreaking report *Deadly Delivery* the problematic racial disparities existing in the United States around the issue of women’s health and birth. Although the United States spends more than other high-income countries on healthcare, it ranks far below other countries in both maternal and infant mortality rates. Despite the global trend of falling rates of maternal mortality, the U.S. was one of the few wealthy nations to experience an increase in rates (Grady). When broken down by race, Black women experienced a maternal mortality rate of 40.4 deaths for every 100,000 live births between 2011 and 2013. This is compared to 12.1 for white women and 16.4 for women of other races (Center for Disease Control and Prevention). Said another way, Black women are almost four times more likely to die from a pregnancy-related complication than their white counterparts. Texas, my home and primary field site for ethnographic research over the last six years, has been identified as having the highest maternal mortality rate among Black American women not only in the United States but in the developed world (Hoffman).

Although there have been significant improvements in infant health outcomes across the nation when broken down by race and ethnicity, the data reveal again the glaring disparities (Office of Disease Prevention and Health Promotion). Consequently, a significant amount of interest and research has started to be directed at investigating and ultimately creating interventions and solutions around infant and maternal mortality. More specifically, there

has been a rallying cry around the immensely disparate mortality rates for Black women around the country. While these disparities do reflect an important problem that deserves and requires this conferred attention, the incentivized nature and monetary components attached to the issue carries the potential to become problematic.

In her book *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*, Dorothy Roberts exposes the ways in which drug policies targeting and criminalizing poor and particularly Black pregnant women were promoted under the pretext of concern for the wellbeing of the fetus. Nevertheless, corresponding policies surrounding abortion as a criminal sanction undercut and disproved those deceptive rationales (Roberts). In a similar way, the contemporary urgency around elucidating the dilemma of Black maternal and infant death, I argue, has in many ways become a means of capitalizing on the spectacle of Black suffering and death. Specifically, it has become efficacious and newsworthy to center research and programming on Black mortality. This is not to say that research or the attention surrounding this issue is injurious in itself. Nevertheless, this phenomenon manages to inhabit the aperture that is both the consumption and capitalization on enactments of Black life and suffering. It depicts a salient modern day example of the ways in which Black suffering and death becomes “spectacular” and, even more disturbing, the ways in which abhorrence and enjoyment become affixed around Black suffering.

In one of my most memorable accounts during fieldwork and while working for a local health department, a local doctor and researcher, both white and male, repeatedly exclaimed while discussing the high and disparate infant mortality rates for Black infants, “What are we supposed to do about all of these dead Black babies!” Taken aback by this painfully disconnected and quite frankly insensitive interjection, I later realized that it reeked of what Saidiya Hartman labeled as voyeuristic fascination with and yet repulsion by exhibitions of sufferance where the “spectacular character of Black suffering” becomes an historical normality (3). Hartman references a number of critical examples including Frederick Douglass’s account of the beating of Aunt Hester, the sorrowful procession to the auction block, and the performance of Blackface and minstrelsy. There are others, of course, such as the widely held practice of exhibiting the Black body in freak shows and zoos as evidenced in the legacy of P.T. Barnum,² for example, and Sarah Baartman’s display as the Hottentot Venus.³ In the end, the “drama of Black life” as Hartman calls, it has been sustained as a form of hypervisible entertainment (3).

Spectacle, the Black body, and medicine also have a disturbing lineage. Harriet Washington’s work in *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (2008) provides a number of salient examples of the usage of the Black body to serve

the objectives of medical discovery. Marion J. Sims, Sarah Baartman's posthumous dissection, and the notorious story of Henrietta Lacks⁴ all show how experimenting on the Black body as well as its public exhibition has been a cornerstone of medical history and practice. Jean Comaroff again is useful here in further depicting the inspection and exhibition of the Black, and in particular female, body:

Like others before them, Cuvier and his editors focused on the exotic, simian qualities of the reproductive organs of black women, legitimating as medical inquiry their barely suppressed fascination with such torrid eroticism. Travelers ... had also written in this vein of the "genital aberrations" of Bushman and Hottentot women, and Mungo Park, if in somewhat different idiom, had reduced Africa to the body of a black female yielding herself to white male discovery. (311)

Returning to Hartman's work, she importantly highlights the simultaneous existence of violence, repulsion, and pleasure in these acts. Drawing on *Black's Law Dictionary*, she states that enjoyment is "to have, possess, and use with satisfaction; to occupy or have the benefit of" (23). Enjoyment, then, is rooted in the satisfaction and acquisition of benefit, profit, and/or income. While Black women and communities stand to gain from the garnered attention around this important issue, public health agencies, researchers, and medical professionals, among others, potentially profit—be it research funding, prestige, or recognition—from their engagement with this issue.

During my time working in public health, in the community, and conducting fieldwork, I could see firsthand the ways in which these circumstances played out. Millions of dollars were dispersed to create programming for Black women. Millions, of course, that were oftentimes inaccessible to many community organizations unable to adhere to corporate and organizational standards of operation or prove their institutional stability. Programming was developed to address Black American women's health as Black staff functioned while overworked, underpaid, and suffering from the same social ills that their programming sought to resolve. Medical institutions, clinics, and providers reached out with purportedly benevolent aims, but were oftentimes unable to divest from problematic and oppressive practices alongside various other community-identified anti-Black compartments. In this way, Black women, in contrast to already powerful institutions, have yet to see much concretized benefit as a result of the newfound attention to the issue of Black maternal mortality.

Motherhood and the Black Reproductive Body

As espoused in the examples of the exhibition and abuse of Sarah Baartman or the violent castration and mutilation so pervasive in the “horrible exhibitions” that were lynchings, the sexual permutations of Black life and their intersections with the spectacle are historically evident (Hartman 1), Frederick Douglass describes the beating and stripping down of his Aunt Hester as well as the experience of being “awakened at the dawn of day by the most heart-rending shrieks of an own aunt of mine, whom he used to tie up to a joist, and whip upon her naked back till she was literally covered with blood” (5). Contrastingly, the connections between Black suffering as a spectacle, constructions of enjoyment/benefit, and the Black reproductive body may be less evident. Fred Moten’s work is useful here, as it expounds on the connection between spectacle/performance, value (or for my purposes profit), and the Black maternal and reproductive body. In his introduction to the book *In the Break: The Aesthetics of the Black Radical Tradition* (2003), he states the following:

Enslavement—and the resistance to enslavement that is the performative essence of blackness (or, perhaps less controversially, the essence of Black performance) is a *being maternal* that is indistinguishable from a *being material*. But it is also to say something more. And here the issue of reproduction (the “natural” production of natural children) emerges right on time as it has to do not only with the question of slavery, blackness, performance, and the ensemble of their ontologies but also with a contradiction at the heart of the question of value in its relation to personhood that could be said to come into closer focus against the backdrop of the ensemble of motherhood, blackness, and the bridge between slavery and freedom. (emphasis in original, 16)

Moten pinpoints the Black maternal body as the prototypical embodiment of inherent contradictions of value, which underscores what he calls “the essence of Black performance.” He illuminates both the state of value and nonvalue that occupies the person of enslaved laborer when he references Leopoldina Fortunati who states that “the individual contains value and non-value ... the commodity is contained within the individual. The presence of the commodity within the individual is an effect of reproduction—a trace of maternity” (17).

Within this analysis is a recognition of the ways in which, given the history of African chattel slavery, Black bodies house economic paradoxes around value and nonvalue. I argue that this can also be said regarding the ideological, social, and, ultimately, political understandings around Blackness and is evidenced specifically in constructions of Black gendered bodies as asexual/

hypersexual, visible/invisible, and servile/aggressive. Moten's analysis reestablishes the ways in which the Black reproductive body is used as a pecuniary means to not only produce but also reproduce capital. Just as Moten locates the Black "being maternal" as a critical juncture where Blackness, spectacle, and value collide, the emergent attention to Black maternal and infant mortality has also revealed the confluence of these same matters.

Since the Black reproductive body more broadly and the "being maternal" can be articulated as a central component to the establishment and reproduction of a system of capital built on the value of Black gendered and racialized bodies, it follows that the Black reproductive body would also bear a significant brunt of the ideological encumbrance. In keeping with the idea of spectacle but returning to notions of the diseased and pathological Black body, I argue the Black gendered reproductive body—or more pointedly in this piece, the Black mother—continues to occupy, in many ways, the original site for Black pathology.

Daniel Patrick Moynihan's 1965 report, "The Negro Family: A Case for National Action," identifies the declining Black family as an important national issue. The report was received controversially and met with intensely contrasting viewpoints and interpretations. Notably, it was critiqued for applying a white and male-centric lens in its study and for blaming Black female heads of households for recreating a culture of poverty and transmitting pathological behaviours to their children in the home (Spillers, "Mamas"). Although the stated critique of the report does hold some weight, I argue that neither proponents nor critics of the report can deny the centrality of Black mothers in Moynihan's analysis of Black American poverty and decline. This is even with the report's attempt to include an historical and social examination in its analysis.

The above example, as well as the opening description of the billboard campaign, recreates and maintains historical conceptions of Black women as the primary culprits for the decline of the Black community. Looking at the latest dialogues surrounding Black women's reproduction, birth disparities, and mortality, I wonder how much the media and newfound attention to this issue is unfortunately one of many manifestations of Black reproduction on display. Moreover, the current narratives, though framed with concern and benevolent interest, still fall in line not only with historical narratives of blackness, disease, and illness but also with the illegitimacy and pathology of Black motherhood—spectacular and chaotic but also customary and unredeemable.

Conclusion: Getting to the Roots

Generally, prenatal care, education, socioeconomic status and financial barriers, behavioural risks such as smoking, and even social support have been considered as factors that can significantly contribute to maternal and infant health outcomes. In contrast to this more clinical and behavioural approach, there has been an interesting shift regarding the particular outcomes of Black women and infants. For example, studies have shown that even when controlling for education, socioeconomic factors, and behaviour, Black women still experience higher rates of preterm birth, low birth weight, and maternal and infant mortality (Carty et al.; Giscombé and Lobel; Hogue and Bremner; Rich-Edwards and Grizzard; Rosenthal and Lobel). In other words, when compared to a white woman with the same education level, income, access to care, and behavioral practices, a Black woman is still more likely to have negative birth outcomes. An article in the *New York Times* has asserted that even highly educated Black women with a higher socioeconomic status were more likely to have worse birth outcomes than a lower income teenage white mother (Reeves and Matthew). Given this, practitioner, providers, and researchers have investigated other mechanisms by which the disparity is manifesting. After eliminating education, income, behavior, and socioeconomic status, for example, race becomes an apparent “last man standing.”

One of the groundbreaking and heavily cited theories regarding race and maternal health is designated as the “weathering hypothesis.” This theory, coined by Arline Geronimus, proposes that the health of African-American women may begin to “deteriorate in early adulthood as a physical consequence of cumulative socioeconomic disadvantage” and may affect their maternal and infant health outcomes. (207). A similar notion is described within the concept of the allostatic load, regarding mortality generally:

The cumulative exposure to socioeconomic disadvantage and racism/discrimination could have detrimental effects on health that may lead to premature death (i.e., death for those younger than 65 years of age). This cumulative effect may influence alio static load, which is defined as the cumulative effect of physiological instability across systems from repeated adaptation to stressors. This, in turn, may disturb the release of certain biomarker substances in the body (i.e., epinephrine, dehydroepiandrosterone sulfate, and cortisol). These hormones may cause increases in blood pressure, cholesterol levels, glycated hemoglobin, C-reactive protein, and waist-hip ratio, among other health indicators. (Borrell et al. 811)

Stated another way, “weathering,” and its counterpart the allostatic load, describes a process in which extreme and unrelenting experiences of stress

over the life course physically deteriorates the body, resulting in a number of physical ailments negatively affecting health. These concepts offer important insights into the systemic and structural impacts on health. It is also useful for depicting the ongoing onslaught of detrimental variables that can erode physical, mental, and emotional elements of health. They are also particularly useful when describing the accumulation and impact of stress in the lives of Black American women.

The impact of stress and the weathering process on pregnancy contributes to negative birth outcomes including low birth weight (Hogue and Vasquez; Geronimus; Rich-Edwards and Grizzard). Research has also found the following: 1) Black women are more likely to experience stressful life events (Dominguez et al. “Stress”; Lu and Chen); 2) socioeconomic conditions, societal/institutional structures and pressures, neighborhood, intimate partner relations, and experiences of prejudice and discrimination are some of the sources of stress for Black women (Holland et al.; Rich-Edwards and Grizzard; Rosenthal and Lobel); and 3) higher instances of perceived stress has been linked to instances of LBW. Most important in these findings is the linkage between stress and experiences of racism and discrimination, which were found to be associated with instances of low birth weight particularly when introduced at a younger age (Carty et al.; Dominguez et al. “Racial”; Giscombé and Lobel; Hogue and Bremner; Rich-Edwards and Grizzard; Rosenthal and Lobel).

Evaluating health by looking at social determinants and pinpointing racism as a key contributor is becoming the norm when examining maternal and infant health disparities. Yet I wonder if even those dialogues only pay lip service to the historic, social, and cultural conditions creating the problem. As research points to racism as the primary culprit for racially disparate health outcomes, the inability to disentangle racial oppression and its impacts on the Black reproductive body from what has been accepted and normalized undercuts our ability to call out and challenge the aberrant and egregious roots of Black illness and death.

Although stories about Black maternal and infant mortality rates are rapidly circulating throughout the media and public discourse, these depictions continue to present for public consumption the diseased Black body and broken Black mother that needs saving—an image that easily fits into the American psyche. On the other hand, Ida B. Wells, in speaking of rape, once said that “What becomes a crime deserving capital punishment when the tables are turned is a matter of small moment when the negro woman is the accusing party.” (7) In considering again this issue of culpability and responsibility, what if instead, we shifted the focus and called out the perpetrator? What if instead of headlines reading “Black Women Are Dying” or “Childbirth Is Killing Black Women,”—the latter a recent CNN article

title (Howard)—we saw headlines beginning with “Racism Is Killing Black Women”? Although this is a statement that Black communities know all too well, I wonder whether this public countering and calling out could create a more pointed and hopefully impactful discomfort that removes the “being maternal” and replaces America, its history, and residual culture as the pathology—the unrelenting and fatal disease.

Endnotes

- ¹ Margaret Sanger, one the foremothers of Planned Parenthood clinics, was also a large advocate of the American eugenics movement.
- ² Although known for his political career and the creation of the Barnum and Bailey Circus show, P.T. Barnum’s career included blackface and minstrelsy as well as the exhibition of “exotic” individuals. This included an aged slave woman name Joice Heth that he passed for 161 years old and Madame Abomah, the “African Giantess,” to name only a few. Heth’s body was publicly dissected after her death (Washington, “Hugh Jackman’s”).
- ³ Sarah Baartman, also known as the Hottentot Venus, was an African slave brought to Europe and put on display in a freak show exhibit where spectators could observe her large buttocks and genitals. After death, her body was dissected and placed on display. Her organs and body remained in France until they were finally returned to her place of birth in 2002 (Parkinson).
- ⁴ Henrietta Lacks was a Black American woman who died of cervical cancer in 1951. Cells taken from her body without her consent were used posthumously in studies that revolutionized scientific and medical research (Hassan).

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