

ABSTRACT

Title of Dissertation: “WE HEARD HEALTHCARE”: THE LONG
BLACK FREEDOM STRUGGLE AS
HEALTH JUSTICE

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In her project, Elizabeth Catchmark traces the ways Black liberation organizers have positioned a guarantee of health as a prerequisite for citizenship since Emancipation. Their challenges to white supremacy named the violence of the state in making Black America sicker and organized communal acts of care to enable their survival in the wake of state neglect. By situating health justice as key to full participation in civic life, these activists refuted a disembodied interpretation of citizenship and offered instead an embodied, capacious vision of racial justice that acknowledges the entanglements of our environments, bodies, and minds. The genealogy Elizabeth develops demonstrates that the right to health is a constituent feature of the Black political imagination across the long Black freedom struggle. Ultimately, she finds that Black liberation organizers, through their racial-justice informed theorizations of health and citizenship, illustrate that democracy and health

are inextricable from the eradication of white supremacy, while offering new ways forward for public policy, racial justice organizing, and interpersonal care.

“We Heard Healthcare”: The Long Black Freedom Struggle as Health Justice

by

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Dedications

Every project is collaborative, built from the care and support of too many brilliant, kind people to list in an acknowledgment.

Among them, this dissertation is dedicated to my advisors, Jess Enoch and Julius Fleming, who believed in my ideas when I couldn't, and my committee, whose feedback was invaluable in turning my scattered thoughts into something I can be proud of.

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Introduction: “If Something cannot be done for our Suffering people:”¹

The Citizenship Project of Health Justice

“some of us are killed/ in pieces, some of us all at once” - Danez Smith, “every day is a funeral and a miracle”²

The failures of the United States government in securing the rights and privileges of citizenship for freedpeople during Reconstruction are legion. Many scholars have examined the lax approach to emboldened white nationalist terrorists, the inadequate funding and management, the limited scope of the project, and the conflicting goals of federal officials and freedpeople themselves.³ The Freedmen’s Bureau, established in 1865 and consisting of multiple divisions, was ostensibly tasked with managing the fallout of the Civil War for newly emancipated people and particularly with supporting them in fully integrating into their citizenship status. The Freedmen's Bureau Medical Division is a less commonly addressed but equally significant site of state neglect, where the promises of Emancipation confronted the

¹ René Hayden, ed., et al. *Land and Labor, 1866-1867* (Chapel Hill: The University of North Carolina Press, 2013), 754.

² Danez Smith, *Don't Call Us Dead* (London: Penguin Random House UK, 2017), 65.

³ For an early analysis of this dynamic refer to W.E.B. DuBois’s 1935 *Black Reconstruction in America: Toward a History of the Part Which Black Folk Played in the Attempt to Reconstruct Democracy in America, 1860-1880* (New York: The Free Press, 1998). Some more contemporary scholarship includes the foundational text *Reconstruction: America’s Unfinished Revolution, 1863* (New York: HarperCollins Publishers, 2014) by Eric Foner, Steven Hahn’s *A Nation Under Our Feet: Black Political Struggle in the Rural South from Slavery to the Great Migration* (Cambridge: Harvard University Press, 2005), and Elaine Frantz Parsons’s *Ku-Klux: The Birth of the Klan During Reconstruction* (Chapel Hill: The University of North Carolina Press, 2015), among others.

lack of will on the part of federal and state actors to do the real work of enabling citizenship for Black Americans. As historian Jim Downs argues in his examination of the biological crises experienced by post-bellum freedpeople: “The overarching, often unspoken, mission of the Medical Division was to facilitate the creation of a healthy labor force... The creation of the Medical Division facilitated the development of a free labor economy in the postwar south by systematically dividing the population of freedpeople into [able-bodied and dependent]. These hospitals, in turn, served more as shelters and almshouses.”⁴ Freedpeople’s holistic understanding of their health as an integral component of their new status under the law clashed violently with the meager resources and limited scope of the Medical Division’s care.

One site that displays this conflict powerfully is the responses of the Division to the smallpox epidemic of the 1860s. Disparate actors from mainstream news outlets to racist medical professionals at best attributed the ravages of the epidemic to the poor hygiene of freedpeople and at worst framed it as indicative of the coming extinction of Black America in the wake of emancipation. A governing racist myth at the time postulated that Black Americans could not survive under conditions of freedom, and would ultimately die out. Both cases constructed smallpox as “a disease limited to former slaves”⁵ despite a longstanding and robust understanding of contagion. Both the surveillance inherent in the Freedmen’s Bureau project—which made Black victims of smallpox highly visible to and statistically marked by the state—and prevailing racist attitudes about freedpeople’s ability to clean themselves

⁴ Jim Downs, *Sick from Freedom: African-American Illness and Suffering during the Civil War and Reconstruction* (New York: Oxford University Press, 2012), 9.

⁵ Downs, *Sick*, 98.

and their environments contributed to a devastating epidemic response in the South, forming a stark contrast to the contemporaneous epidemic of cholera in the North. As Downs describes, the US Surgeon General's lax response to smallpox contrasted sharply with the organized and well funded approach to cholera, because he perceived cholera "posed a greater threat to white people's health and the national economy."⁶

Freedpeople's awareness of the limitations of the Freedmen's Bureau's commitment to their health did not prevent them from leveraging its resources to ensure their survival in complex and effective rhetorical modes. One coalition of freedmen in South Carolina successfully petitioned the Freedmen's Bureau Acting Assistant Commissioner for the Western District of South Carolina to secure better accommodations during the smallpox epidemic. They write, "We beg to appeal to you as the head of the Bureau in this district. We would ask if there is no help or Relief for the Shameful treatment that our people are now receiving at the Small Pox Hospital, in this City. We beg to make a few Statements for your information," followed by a graphic account of overcrowded facilities with inadequate food and staffing. They implore the Assistant Commissioner to intercede on their behalf in the strongest possible terms, referencing their "Suffering people" and the "hour of our *distress*." They conclude with a visceral narrative of a pillar of their community ("one of our *oldest* Cityzens") being dragged from the care of his wife in his suburban home into "the *Black* hole of *Calcutta*" where he died and was buried without notifying his wife. She arrived only to discover his tragic passing. Their final remark is notable for its rhetorical power and resonant articulation of the state of Black health in the

⁶ Downs, *Sick*, 114.

emancipation moment; “our people are dragged from their *homes* to die in *filth* and *dirt*, while *others* are permitted to remain in their Comfortable *homes* in the Verry heart of the City.” They demonstrate a sophisticated understanding of the petition form and compelling narration, as well as their vulnerability to the caprices of the state. They carefully temper their rage at their neglect with cautious language: they “beg to appeal,” “would ask if there is no help,” and “beg to make a few Statements.” They recognize the necessity of emphasizing the Assistant Commissioner’s position of power as well as their deference to the government at large, appealing to him “as the representative of the *Government*,” explicitly naming the commissioner of the Freedmen’s Bureau writ large, and describing the “Great head of the *Government*.”⁷

Of particular note is the choice to describe Harry Bryan, the man who was subject to state violence and died alone, as “one of our *oldest* Cityzens.” In this moment of testimony to the horror of his abuse, they explicitly highlight Bryan’s citizenship, framing the abjection of his treatment as a failure to secure his due dignity and respect as a full citizen of the United States. Though the responding surgeon who investigated the report contradicted a number of their claims, even he acknowledges that “forcible seizure of colored small pox cases while white ones were not molested” did occur, argues “that the city police acted brutally in this matter and that the death of Harry Bryan a highly respected colored citizen was hastened by their conduct,” and ultimately describes the Bryan incident as “evil.”⁸ Both the freedpeople and the investigator understood that Bryan’s citizenship made the abjection of his

⁷ Hayden, *Land*, 754.

⁸ Hayden, *Land*, 755.

treatment particularly grotesque, indicating a complex understanding of the relationship between citizenship and health in the post-Emancipation moment.

The petitioner's description of Harry Byan's treatment and of the state's violence captures the ways Black Americans conceptualized a guarantee of health as a precondition of citizenship, and both interpersonal care and public advocacy as practices of citizenship, since it was expanded to include them. Their powerful testimony leverages their citizenship status as a mode for securing the conditions for health, names the violence of the state in making them sicker, and celebrates the communal acts of care that enable Black survival in the wake of state neglect (Bryan's wife "had bin nurseing him for *ten* days and he was getting better"⁹). This example reveals several key features of my argument— that Black Americans theorized the relationship between health and citizenship in complex ways since Emancipation, that they drew on diverse modes to secure their health, including but not limited to petitioning the state, and that white supremacist violence manifests in disparate health outcomes.

In this project, I trace instances of Black people caring for themselves and each other in the wake of both state failure to do so and the intractable, flexible violence of white supremacy to make visible several key elements of the Black freedom struggle. The central concept I locate across the freedom struggle is health justice,¹⁰ broadly conceived as the conditions necessary for all people to flourish in

⁹ Hayden, *Land*, 754.

¹⁰ My definition of health justice is purposefully flexible and non-prescriptive, describing circumstances rather than a specific bodymind state. This reflects both the diversity of bodies and minds that can coexist under conditions of justice, as well as a specific perspective on health. Central to medical humanities critiques of health are the violences traditional definitions of health enable, like institutionalization of those marked as deviant throughout history. The idea that one bodymind type is

diverse ways. I intend this concept to be flexible and portable for different moments in Black history: though I focus on three flashpoints in my chapters for their particular affordances, there are many other cases that could demonstrate this model while revealing new insights. I have developed the framework with an eye to its usefulness in other instances, such that other scholars might take up new cases through the term. This term health justice reflects a particular approach to environmental, physiological, and mental wellbeing developed by Black liberation activists, artists, and politicians, which departs meaningfully from mainstream medical, philosophical, and popular ideas about health. Central to their theorization of health is not only a recognition of the ways our environments, bodies, and minds are in permeable, complex entanglements with each other, but also the necessity of certain conditions for participating fully in civic life. The centrality of the body to Black conceptualizations of citizenship launches a challenge to a disembodied vision of the ideal state subject and offers ways forward in terms of developing public policy, enacting interpersonal care practices, and working towards racial justice.

In many ways, my project is about theorizing the US state, both past and future, through Black Americans as the paradigmatic state subjects.¹¹ Health justice is

“healthy” as well as a moral good, that achieving that body outweighs any cost, has legitimized abuse in the guise of “cure.” Rather than reinforce the idea that there are “normal” bodies, I argue that environments are disabling. This includes spaces designed to exclude (hostile architecture, inaccessible design), toxins and pollutants that cause enduring damage, and both “slow” (poverty) and immediate (police brutality) violence. Further, the construction of a “normal” or “healthy” body in Western thought is reliant on white supremacy, a history I briefly examine later in this introduction.

¹¹ Black citizens occupy a particularly complex space from which to theorize state power. US “citizenship” was developed to exclude Black people from national belonging, secure the property of whiteness, and enable and enact fascist violence on citizens and noncitizens alike. However, the power of the state has also been strategically co-opted by marginalized people to forward goals antithetical to its purpose, like Black Americans organizing for the right to be named citizens at all. This awareness of the double edged nature of state intervention— necessary to redress past and ongoing harm while also an agent of harm — results in a nuanced examination of the role of the state in securing health justice.

one framework through which these insights about the limitations of the state and the practices of citizenship are made visible. This work has successfully been undertaken through close examination of individual historical periods, with scholars like Stephen Knadler and Alondra Nelson interrogating how individual moments in the Black liberation movement helped transform our ideas of both health and state responsibility for care.¹² I follow the approach modeled by Daryl Michael Scott on psychological damage and Dorothy Roberts on reproductive justice by studying the integration of health as a guiding framework for Black justice work in multiple moments from Emancipation to the present day.¹³ Starting with the Reconstruction-era petition that opens this introduction, my project then moves to the Progressive Era in chapter one, with an examination of Black clubwomen’s deft negotiation of hygienic practices, including sexual comportment, as acts of health justice. Clubwomen in the early twentieth century encountered a Gordian knot of discourses and practices that foreclosed their citizenship status. These tensions included the reign

State intervention can involve surveillance and violence, while state neglect allows white terrorism to flourish. Salamishah Tillet approaches this idea in her analysis of Black citizenship through the lens of “civic estrangement” in *Sites of Slavery: Citizenship and Racial Democracy in the Post-Civil Rights Imagination* (Durham: Duke University Press, 2012).

¹² Here, I’m referring to Knadler’s *Vitality Politics: Health, Debility, and the Limits of Black Emancipation* (Ann Arbor: University of Michigan Press, 2019) and Nelson’s *Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination* (Minneapolis: University of Minnesota Press, 2011).

¹³ Scott’s *Contempt and Pity: Social Policy and the Image of the Damaged Black Psyche, 1880-1996* (Chapel Hill: The University of North Carolina Press, 2000) and Roberts’s *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Vintage Books, 2017). Roberts’ demand for a richer interpretation of “liberty” as a legal principle reflects my own examination of health as a citizenship right. Danielle McGuire’s *At the Dark End of the Street: Black Women, Rape, and Resistance—A New History of the Civil Rights Movement from Rosa Parks to the Rise of Black Power* (New York: Alfred A. Knopf, 2010) and Carol Anderson’s *White Rage: The Unspoken Truth of Our Racial Divide* (London: Bloomsbury, 2016) are also excellent examples I draw on. Anderson demonstrates that white American practices that read as rational civic acts are actually expressions of rage and violence. Where she focuses on public services specifically, I demonstrate that the maintenance of whiteness is actively necrophilic, making our environment more toxic, our medical care less accessible, and our bodies more susceptible to disease.

of sexual terrorism legitimized by racist myths, the entrenchment of Jim Crow segregation as backlash to Reconstruction, the transformations in medical authority and theories of disease, and the shifting landscape of domestic labor as both a wage earning and personal practice. They strove to create space for themselves as full civic actors worthy of dignity and respect within these overlapping oppressions through a version of “domestic citizenship,”¹⁴ simply understood as a guarantee of a clean, healthy home as a civil right.

The second chapter interprets activist organizing through the lens of mental and physical care, rereading the Civil Rights Movement through its depiction of segregation as always already violent, with physical and psychological repercussions. To develop this claim, I examine both the contemporaneous staging of nonviolent direct action and the memorialization work of those actions that exposes the lifelong trauma of Jim Crow. I emphasize civil rights activists’ challenge to the segregation of institutionalized medicine specifically, as well as their tireless efforts to keep the horror of midcentury racial violence fully embodied in public memory. In my third chapter, I build on the legacy of Black activists developing a framework for state responsibility for care unpacked in the previous chapters. As I demonstrate through close analysis of Black clubwomen and Civil Rights activists’ descriptions of health justice, Black liberation organizers since Emancipation have laid the foundation, discursive, institutional, and material, for contemporary health policy. Clubwomen’s building of the infrastructure for health, through both formal and activist politics, and Civil Rights activists’ articulation of the health repercussions of inequity as well as

¹⁴ I unpack the scholarly legacy I’m thinking through with this term in chapter one.

the state mandate for creating the conditions for justice made public health policy real and actionable. Progressive pushes for more equitable health policy, like the Patient Protection and Affordable Care Act (ACA), are the legacy of the tireless work of generations of Black activists to make health both urgent and attainable. The chapter examines rhetoric around the passage of the ACA, revealing that resistance to health policy is a form of white backlash. I turn to an examination of whiteness here, which does not figure prominently in the previous two chapters, to demonstrate that resistance to the public good is resistance to multiracial democracy as articulated by the Black liberation activists I study.

The interpretation of Black liberation as a long, interconnected series of justice movements evolving against persistent white backlash can be traced to at least the late 1980s, and includes scholars like Robert Korstad and Nelson Lichtenstein, Jeanne F. Theoharis and Komozi Woodard, Robert O. Self, Nikhil Pal Singh, Jacquelyn Dowd Hall, and Clayborne Carson.¹⁵ Like these scholars, I use an extended chronology to represent my concept, health justice, as an ongoing, embodied practice that is never fully realized, rather than bounded by narratives of unambiguous success or declension. I also chose the long Black freedom struggle as a methodological frame to demonstrate that as Black citizens' access to formal politics as traditionally

¹⁵ Here, I'm referring to: Korstad and Lichtenstein's "Opportunities Found and Lost: Labor, Radicals, and the Early Civil Rights Movement," *The Journal of American History* 75, no. 3 (December 1988): 786-811.; Theoharris and Woodard's edited collection *Freedom North: Black Freedom Struggles Outside the South, 1940-1980* (Palgrave Macmillan: New York, 2003); Self's *American Babylon: Race and the Struggle for Postwar Oakland* (Princeton: Princeton University Press, 2005); Singh's *Black is a Country: Race and the Unfinished Struggle for Democracy* (Cambridge: Harvard University Press, 2005), and Hall's "The Long Civil Rights Movement and the Political Uses of the Past," *The Journal of American History* 91, no. 4 (March 2005): 1233-1263. Carson's piece is cited and engaged more extensively later in the introduction.

understood (voting, holding office, delivering public address, etc.) fluctuated, they developed modes of political engagement in diverse sites and genres. They used these diverse modes to build the conditions for their survival, with or without the support of the state.

One key interpretive error of scholarship on midcentury Black activism prior to the development of the “long Black freedom struggle”¹⁶ was its negotiation of “formal” politics versus the other modes in which organizers pressured the state or built their own systems and institutions to meet community needs. Early sociological and historical work on the Civil Rights Movement positioned “formal” politics like developing legislation and negotiating with politicians as legitimate civic engagement, while activism was an understandable, but disordered and necessarily disciplined expression of rage. Those willing to participate in formal political work represented the psychologically healthy, restraining influence that enabled activists’ inarticulate expression to be productive.¹⁷ It is no accident that this formulation

¹⁶ The long Black freedom struggle frame has been productively criticized. Notably, Sundiata Keita Cha-Jua and Clarence Lang in “‘The Long Movement’ as Vampire: Temporal and Spatial Fallacies in Recent Black Freedom Studies,” *The Journal of African American History* 92, no. 2 (Spring 2007): 265-288. argue this approach involves “lack of discernment in conceptualization, an overly elastic chronology, and inattention to the significance of historical ruptures” as well as undermine “the utility of these historical studies to inform future struggles for social change.” These critiques are largely powerful and compelling, and their overarching concerns should guide any scholar examining Black activism. However, the critique also tends to collapse limited scholarly interpretive frameworks with the ways individuals and collectives understood and interpreted their own activism, as well as diminishing the potential impacts of attending to larger continuities. More bounded and localized periodizations accomplish different work than expansive chronologies, and both can be more or less “accurate.” This tension is clear when the authors argue “*ideology, discourse, and long range objectives* matter as much, if not more, than the specific inequities challenged, or the particular means employed toward those ends.” I suggest ideology, discourse, long range objectives, specific inequities and particular means matter *differently* and that attending to each is methodologically valid. For this project, I strive to capture continuities across time, not because doing so produces a more “accurate” interpretation, but to examine the constituent features of effective democratic and citizenship practice.

¹⁷ Clayborne Carson, “Civil Rights Reform and the Black Freedom Struggle,” in *The Civil Rights Movement in America*, ed. Charles W. Eagles (Jackson: University of Mississippi, 1986), 19-37.

presents as legitimate the practices that Black and other marginalized state subjects had been violently excluded from and still struggled to access. In fact, it is those very avenues, like voting and the drafting of legislation, mid-century activism strove to secure for Black citizens. The tension between what is expected of legitimate citizens and the forms of civic action available to Black activists reinforces two of my overall claims. I argue we need to build our understanding of citizenship from diverse genres and modes and that a sharp division between formal and activist politics doesn't capture the way Black liberation organizers worked. For example, the Black clubwomen of chapter two participated in "mutual aid" through the development of community-run institutions *as well as* formal politics by petitioning local officials for funds to clean their neighborhoods. Clayborne Carson argues the rhetorical shift from "civil rights" to "black freedom struggle" allows for a more broad understanding of movement organizing in terms of its features and objectives, as well as a much more sophisticated account of Black organizers' relationship to state power not grounded in the activist/formal politics division. In this project, I examine national politics alongside more local, community based organizing, interpersonal care and collective action alongside the drafting of public policy. Disparate political actors with diverse goals and tactics all contribute to health justice and to Black organizers' vision of citizenship.

This legacy of care also exposes that Black activists, politicians, and thinkers' approaches to health justice need to be included in the genealogy of medical humanities thought and that their work transforms citizenship from an unrealized ideal into a material practice of wellness. Black Americans' post-Emancipation

organizing to ensure the full exercise of their citizenship rights is a uniquely powerful place from which to theorize citizenship writ large, as they develop their understanding of civic responsibility from a lived experience of deprivation and need. Taking up Derrick R. Spires's call to develop "working definitions of citizenship" from Black activists and authors' own understandings of their legal status as well as his claim that "Practicing citizenship makes citizens,"¹⁸ I build a theory of citizenship from Black Americans' articulation of their health and the practices of care they developed to survive.¹⁹ In my account, Black Americans practiced citizenship by demanding the conditions for health and making themselves and their communities healthier. Because health is an inherently public, communal project, their civic practices also speak to Spires' claim that citizenship as articulated in the Black activist tradition is always grounded in collective responsibility. Their vision of the civic involves a complex engagement with the concepts of personhood, interdependence, and the body, developing a rich and complex theoretical framework.

It is important to clarify that this argument does not suggest that all Black activists are intentionally engaging in democratic political theory or formal politics as traditionally understood. I stridently resist the framing that Black activism done in community to ensure the flourishing of Black life can be collapsed or subsumed within the project of "saving democracy" or "saving America from itself," as this is neither true nor how all activists articulate their relationship to their organizing. Some

¹⁸ Derrick R. Spires, *The Practice of Citizenship: Black Politics and Print Culture in the Early United States* (Philadelphia: University of Pennsylvania Press, 2019), 2, 4.

¹⁹ It is significant to note that Spires's examination begins before Emancipation. The legacy he traces demonstrates that Black Americans were theorizing citizenship well before the category was expanded to include them, indicating that health justice as a political project could likely be located pre-Emancipation as well.

activists intentionally and critically adopted such framing, like John Lewis—who figures prominently in this dissertation—and some Black activists and intellectuals are explicitly contributing to democratic political theory. However, to collapse the nuances and specificity of all Black organizing into a race neutral project of “saving America” would reduce and obscure the complexity of the work.²⁰ I draw on a diversity of sites and figures in this project, not because each explicitly engages with citizenship as an ideal or even a governing concept, but because their insights provide valuable directions for those of us who do engage with democratic practice. A key example of this is my chapter two juxtaposition of John Lewis, an activist who became a politician and explicitly believes in American democracy, with Toni Cade Bambara, an activist deeply suspicious of American democracy. Though their analysis of America’s promises differs, they both develop practices of health justice that generatively inform our understanding of citizenship.

This project ultimately makes two arguments about citizenship. First, I suggest that the strategies that emerge from Black organizing at the sites of state failure to secure the conditions for Black health produce a rich and meaningful

²⁰ Further, the project of “saving democracy” by realizing its promises is co-constitutive with the end of white supremacy. At every turn, white supremacy erodes the common good and collapses the relationship between the individual and the public in ways that produce a failed state. As Paul Elliott Johnson argues in *I the People: The Rhetoric of Conservative Populism in the United States* (Tuscaloosa: The University of Alabama Press, 2022), “conservatism, by relying on a populist grammar that populates ‘the people’ with individuals constantly imagining that they face the specter of racialized death, constrains liberal democracy’s egalitarian potential.” He locates conservatism’s project to erode the social safety net in whiteness, which engenders a definition of “freedom” as radical, unfettered individualism. White identity politics necessitates a version of “the people” as a collection of individuals “liberated” from communal responsibility and accountability for their behavior. As outlined by Johnson and other theorists of contemporary conservatism, it is the antithesis of communal care and thus the antithesis of citizenship. Democratic practice turns around the balance between the individual and the collective. Whiteness requires an abdication of the communal to the favor of an independent white personhood predicated on Black abjection. Because the goals of white supremacy are incompatible with democracy, its eradication is the precondition of citizenship practice.

theorization of citizenship. Second, I argue that health justice is a citizenship right. Both foundational discussions of citizenship and traditional accounts of enslavement as an “original sin” that tarnished the otherwise perfectly envisioned project of American statehood fail because they collapse white organizing in the interest of securing itself into the paradigmatic practice of citizenship. This sleight of hand, which Gerald Horne attends us to in his rereading of the American revolution as the preservation of enslavement rather than the securing of liberty,²¹ points us to the wrong tradition from which to theorize democratic citizenship because white Americans largely have not functioned as democratic citizens, but as white nationalist authoritarians. When theorizing the state from the position of Black Americans, the US is revealed as predominantly authoritarian, not democratic, with a multiplicity of longstanding justice movements pushing for real democracy. Instead of centering white organizing in its own interests as legitimate citizenship practice, Black Americans’ practices of health justice should be one of the foundational sites from which we imagine the relationship between individuals and the state.

Citizenship, Black Ontology, and the Right to Health

Central to this project is the ontological question of how Western concepts of Blackness and health are mutually constitutive in ways that challenge dialogues about disability, race, and civic participation. A multiplicity of scholars have theorized

²¹ Gerald Horne, *The Counter-Revolution of 1776: Slave Resistance and the Origins of the United States of America* (New York: New York University Press, 2014).

Black ontology in relationship with a long legacy of white supremacist violence, both as a global phenomenon and in the specificity of the US context. Sylvia Wynter in particular developed a sweeping ontological account of Blackness in a history of the “human.” She argues that the Enlightenment transition to “humanity” as a meaningful category was enabled by the development of race, which positioned Black abjection as the foil that legitimized white, European men’s humanness. This history thus makes the category of the human suspect as a posture from which to achieve liberation.²² The way whiteness exchanges for the human and the person in the Western tradition means public policy in the US is developed in relation to the construction of whiteness as a system of resource hoarding vacant of cohesiveness beyond the exertion of structural and interpersonal violence.

These violences include immediate, highly visible violence like lynching, as well as the slow violences of environmental degradation, disease, and poor sanitation.²³ Cheryl Harris’s foundational theorization of whiteness as property is

²² Sylvia Wynter, “1492: A New World View,” in *Race, Discourse, and the Origin of the Americas: A New World View*, ed. Vera Lawrence Hyatt and Rex Nettleford (Ann Arbor : The University of Michigan Press, 1995): 5-57. Hortense Spillers in “Mama’s Baby, Papa’s Maybe: An American Grammar Book,” *Diacritics* 17, no. 2 (Summer 1987): 64-81. traces this dynamic through the separation between body and flesh– body as a fully agentic captor/enslaver whose personhood is made real by brutal dehumanization of people made “flesh” through enslavement. Other scholars emphasize how not only the human, but concepts like liberty and citizenship in the Western tradition are enabled for white persons through the violent exploitation of Black persons. Saidya Hartman, Toni Morrison, and Christina Sharpe are all interested in the afterlives of slavery as a constituent feature of American citizenship, with Sharpe arguing “The ongoing state-sanctioned legal and extralegal murders of Black people are normative and, for this so-called democracy, necessary; it is the ground we walk on.” The texts I’m thinking through are: *Scenes of Subjection: Terror, Slavery, and Self-Making in Nineteenth-Century America* (New York: Oxford University Press, 1997), *Playing in the Dark: Whiteness and the Literary Imagination* (New York: Vintage Books, 1993), and *In the Wake: On Blackness and Being* (Durham: Duke University Press, 2016).

²³ Knadler, *Vitality*.

particularly useful in understanding the materiality of whiteness as an allocation of capital. She writes:

In ways so embedded that it is rarely apparent, the set of assumptions, privileges, and benefits that accompany the status of being white have become a valuable asset that whites sought to protect... Whites have come to expect and rely on these benefits, and over time these expectations have been... protected by law... American law has recognized a property interest in whiteness.²⁴

The throughline Harris traces of whiteness as a fundamentally material category defined by resource allocation masked in incoherent pseudoscientific and legal rhetorics is vital for understanding the disconnect between white American rhetorics of liberty and their actual practices of authoritarianism and apartheid. Whiteness is fundamentally incompatible with citizenship because the resource hoarding that undergirds it can only be maintained through fascism.²⁵

²⁴ Cheryl I. Harris, "Whiteness as Property," *Harvard Law Review* 106, no. 8 (June 1993): 1713.

²⁵ Other scholars that study whiteness inform my thinking here, particularly Noel Ignatiev, David Roediger, and Ira Katznelson. Each examines the ways various ethnic and cultural groups gained access to the property of whiteness through the practice of racist violence and solidarity with the already-white. Roediger defines whiteness as providing a "wage" in *The Wages of Whiteness: Race and the Making of the American Working Class* (London: Verso, 2022), while Ignatiev focuses on Irish American immigrants' participation in anti-Blackness to access whiteness's privileges in *How the Irish Became White* (London: Routledge, 1995). Katznelson's *When Affirmative Action Was White: An Untold History of Racial Inequality in Twentieth Century America* (New York: W.W. Norton & Company, 2005) is particularly important for my argument about centering Black Americans as paradigmatic state subjects. He recasts the New Deal era of economic "prosperity" as a moment that consolidated whiteness, framing what is often understood as a race-neutral moment of policy progress or a "golden era" of economic equity as a kind of "affirmative action" for white America. The inconsistencies of a longer story of American prosperity and decline that neglect the experience of nonwhite Americans demonstrates that America only seems like a democracy if its legitimate citizens are white, but looks much more like authoritarianism if all state subjects are legitimate. By integrating explicitly named whiteness into a longer story of American prosperity and decline often told through race-neutral language, Katznelson reinforces my central claim that Black experience of US citizenship, along with the experiences of other marginalized state subjects, are paradigmatic, rather than aberrant, in the story we tell about its evolution.

The tautological construction of US “citizenship” and Black abjection along with the material benefits of whiteness also applies to the Western concept of health, and thus shapes Western perception of both legitimate care practices and of healthy bodies. The development of Western science evolved alongside colonial expansion into Africa, the Americas, and Asia. These violent encounters were interpreted through Enlightenment philosophies of objective reason. Thus, the emergent discourses of health and medicine in Europe were fundamentally shaped by deeply racist, highly subjective encounters with nonwhite people that were laundered into objective fact through Enlightenment epistemology. Western ideas of what constitutes an “ideal body” and a “sound mind” are inflected through the imperative of naturalizing colonialism and mass enslavement, which includes eradicating alternate practices and epistemologies. Sharla Fett and Gretchen Long detail the ways Western medicine violently suppressed alternate indigenous practices that could challenge their absolute authority and provide better care.²⁶ Douglas C. Baynton and Jonathan M. Metzl explore the racialized character of mental health care across time, drawing on cases like “drapetomania,” the “mental illness” of enslaved people who sought self-emancipation and the shift in demographics of schizophrenia diagnoses to legitimize the institutionalization of Black men.²⁷

²⁶ Fett’s *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: The University of North Carolina Press, 2002) and Long’s *Doctoring Freedom: The Politics of African American Medical Care in Slavery and Emancipation* (Chapel Hill: The University of North Carolina Press, 2012).

²⁷ Baynton’s “Disability and the Justification of Inequality in American History,” in *The Disability Studies Reader*, ed. Lennard J. Davis (New York: Routledge, 2017): 17-34. and Metzl’s *The Protest Psychosis: How Schizophrenia Became a Black Disease* (Boston: Beacon Press: 2009).

As Sowande Mustakeem details, the violence of colonization not only cast all nonwhite bodies as aberrant but also actively damaged them. She describes the ways the practice of enslavement was necessarily “disabling,” focusing on the material impact of the Middle Passage.²⁸ This foundational racism not only shapes the concepts and interpretive frames through which Western medicine understands the body, but also who is taken as the subject, versus the object, of medicine. The history of American medicine is also the history of nonconsensual, violent experimentation on Black Americans, which Harriet Washington explores in depth.²⁹ In this way, Western medicine not only understands health as the condition of being white, male, and heterosexual, but uses the bodies of marginalized people as the raw materials for producing the health of legitimate state subjects. Phrased differently, health is racialized in three ways; by defining nonwhite bodies as ontologically disordered, by positioning people of color as disposable flesh through which the health of white people is secured, and by literally disabling, sickening, and killing people of color.

These layered violences—the exploitation of Black people creating the conditions for white health and white Americans requiring Black abjection to feel secure in their personhood and their citizenship—provide context for the US’s divestment from policies grounded in the promise of the public or common good. This dynamic emerges prominently in the dismantling of federal protections post-Reconstruction and post-New Deal. Recollecting Noel Ignatiev’s argument that

²⁸ Mustakeem’s *Slavery at Sea: Terror, Sex, and Sickness in the Middle Passage* (Urbana: University of Illinois Press, 2016).

²⁹ Washington’s *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Anchor Books, 2008).

moments of “national prosperity” are in fact instances of racialized handouts to white Americans operating an authoritarian state,³⁰ it becomes clear that the driver of “progressive” policy in the US in these moments was never a shared idea of national community. Instead, “progressive” policy like the New Deal was inspired by the urgency of consolidating the resources and power of whiteness in the face of significant social and political shifts that threatened to destabilize white supremacy. Health is unique among the resources and privileges consolidated in whiteness, because the repercussions of public health failures cannot be fully isolated; health is always a collective project and the choice to reject communal care is also the choice to become individually sick. Phrased differently, if Black abjection is a precondition for white citizenship and health, both democracy and public health are impossible.

My project builds on this layered understanding of the relationships among race, health, and citizenship to construct a nuanced account of how Black activists, intellectuals, and artists understood health justice. My chapters consist of sometimes surprising theoretical overlaps—chapter one’s emphasis on domesticity, hygiene and sex, chapter two’s engagement with memory, trauma, and citizenship, chapter three’s juxtaposition of health policy and white backlash. These tensions reflect that categories like race and health are not stable or transhistorical, but deeply contextual, and the discourses the figures I study used to understand them may not map neatly onto our own. Further, these dynamics capture the ways Black organizers tried to see their way out of the toxic tangle of personhood, humanity, and white supremacy the scholars above so carefully define. When the category of health is intentionally

³⁰ Ignatiev’s *How the Irish Became White* (London: Routledge, 1995).

constructed to exclude you, demands for health justice have to be articulated in unique and transgressive ways. These rhetors develop a definition of health vast enough to encompass all the ways white supremacy forecloses their lives and sophisticated enough to describe the interdependence of wellness.

Scholarly Implications

This dissertation envisions two major field contributions; I intervene in scholarship on citizenship practice and scholarship at the intersection of Black studies and the medical humanities.³¹ First, I offer an imagining of citizenship's boundaries in the tradition of Robert Asen's discourse theory of citizenship and Spire's previously mentioned practice-based citizenship. Asen argues that "Commentators tend to regard citizenship as constituted in specific acts. This tendency may be most evident in the research of those who see citizenship on the decline. Turning to trends in activities like voting, jury duty, and campaign volunteering, proponents of this view argue that Americans are less civic-minded." Instead, he urges us to see citizenship as a process and a "*mode of public engagement*,"³² drawing closer attention to how citizens understand themselves and their civic acts. Attending to

³¹ Though I don't examine this connection explicitly in this iteration of the project, I cite a large number of Black feminist scholars and draw heavily on their thinking about Blackness, gender, sex, and historiography in my framing. For example, in chapter one I note that Fannie Barrier Williams anticipates an argument made by Hortense Spillers decades later, as well as suggest that Black clubwomen as a whole did critical theoretical work in defining and negotiating Black womanhood. As I refine this work, I hope to more rigorously integrate that field as a guiding framework, in addition to engaging with individual scholars.

³² Robert Asen, "Reflections on the Role of Rhetoric in Public Policy," *Rhetoric and Public Affairs* 13, no. 1 (2010): 124.

Black activists specifically, Spires argues that they “articulated an expansive, practice-based citizenship, not as a common identity as such but rather as a set of common practices... grounded in the active engagement in the process of creating and maintaining collectivity.”³³ I contribute to this understanding of citizenship as a mode through which people interact with each other and the state with Black practices of health justice. I position health justice as a citizenship practice unique to the Black freedom struggle.

Second, I hope to contribute to the conversation between Black studies and the medical humanities by parsing the ways figures like Black clubwomen and Civil Rights Movement activists preempted and laid the discursive groundwork for our contemporary ways of thinking about health, demonstrated by the logic of the ACA. Several scholars have worked towards an integration of these fields conceptually, as outlined in the following paragraphs. My intervention is not only a conceptual imagining of core concepts from the perspective of Black studies, but also historical and disciplinary, enhancing our genealogy of the field by reframing key moments in Black American history through the lens of health. Many contemporary interventions in medical humanities scholarship from the late twentieth and early twenty first centuries can be traced further back in Black citizens’ theorizing of their own embodied citizenship from Emancipation through the Civil Rights Movement, though their language generatively differs in its focus on anti-Black racism.

Medical humanities writ large, and disability studies particularly, does recognize significant institutional connections between health activism and Black

³³ Spires, *The Practice*, 3.

liberation activism. Many disability justice activists were also civil rights activists and drew explicit connections between their work and the long Black freedom struggle. As organizer Kitty Cone argued of the choice to stage a sit-in, it “was a tactic of the civil rights movement, and it was a way of drawing the parallels between this issue and the civil rights movement of the sixties...a sit-in was a really good tactic to show that we were a civil rights movement.”³⁴ However, my integration of the fields of Black studies and the medical humanities is deeper than a rhetorical model for tactics or even an institutional connection among organizations agitating for the civil rights of various marginalized groups. I argue that Black theorizing and organizing around citizenship was always already grounded in a perceptive and nuanced analysis of what it means to be healthy. Sami Schalk makes a similar argument in her identification of “Black disability politics,” noting, “Black disability politics do not necessarily center traditional disability rights language and approaches... instead they prioritize an understanding of disability within the context of white supremacy.”³⁵ Here I also attend us to alternate grammars among Black citizens that innovate on and transform our understanding of health.

Black studies scholars like David Barton Smith, Karen Kruse Thomas, Alondra Nelson, John Dittmer, Todd Carmody, Douglas C. Baynton, and Stephen Knadler all explicitly ask for new interpretations of paradigmatic cases in Black history that allow us to see Black health differently.³⁶ Smith, Thomas, and Dittmer

³⁴ Fred Pelka, *What We Have Done: An Oral History of the Disability Rights Movement* (Amherst: University of Massachusetts Press, 2012), 267.

³⁵ Schalk’s *Black Disability Politics* (Durham: Duke University Press, 2022).

³⁶ Nelson, Baynton, and Knadler’s monographs are referenced earlier in the chapter. For the other scholars, I’m thinking of Smith’s *The Power to Heal: Civil Rights, Medicare, and the Struggle to Transform America’s Health Care System* (Nashville: Vanderbilt University Press, 2016), Thomas’s

focus on the ways the mid-century fight against segregation is shaped by and shapes the history of medicine and healthcare. Carmody and Knadler focus on the early twentieth century, including the rhetoric of the “New Negro” and the Black Women’s Club Movement, demonstrating how each was informed by emergent discourses of contagion and disability. Scholars like Sami Schalk, Daryl Michael Scott, C. Riley Snorton, Sabrina Strings, Christopher Bell, Jonathan Metzl, and Therí Alyce Pickens all strive to fully integrate a rigorous theorization of Blackness into concepts like disability, madness, gender transgression, and fatness, demonstrating that less purposefully intersectional engagement with these concepts impoverishes them.³⁷ This project highlights a broad temporal scope of key historical moments and builds a conceptual integration of Blackness and health from those cross-temporal cases.

By developing this capacious genealogy of Blackness and health, I also posit that Black liberation activists since Reconstruction have preempted some of the most compelling and powerful interventions in the medical humanities and adjacent fields. These interventions include the concept of the bodymind, the various models of disability that emerged from disability studies, and the rich theorization of

Deluxe Jim Crow: Civil Rights and American Health Policy, 1935-1954 (Athens: University of Georgia Press, 2011), and Dittmer’s *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care* (Jackson: The University Press of Mississippi, 2009). Carmody has two particularly relevant texts for this analysis, his monograph *Work Requirements: Race, Disability, and the Print Culture of Social Welfare* (Durham: Duke University Press, 2022) and his article “In Spite of Handicaps: The Disability History of Racial Uplift,” *American Literary History* 27, no. 1 (Spring 2015): 56-78.

³⁷ Schalk, Scott, and Metzl’s monographs are referenced earlier in the chapter, though I would also include Schalk’s earlier book, *Bodyminds Reimagined: (Dis)ability, Race, and Gender in Black Women’s Speculative Fiction* (Durham: Duke University Press, 2018) in this genealogy. For the other authors, I’m thinking of Snorton’s *Black on Both Sides: A Racial History of Trans Identity* (Minneapolis: The University of Minnesota Press, 2017), Strings’s *Fearing the Black Body: The Racial Origins of Fat Phobia* (New York: New York University Press, 2019), Bell’s “Is Disability Studies Actually White Disability Studies?,” in *The Disability Studies Reader*, ed. Lennard J. Davis (New York: Routledge, 2017): 406-416. and Pickens’s *Black Madness :: Mad Blackness* (Durham: Duke University Press, 2019).

interdependence as an ontological and political status that is both inherent and desirable. The term “bodymind” can be traced to scholar Margaret Price and seeks to challenge the Cartesian mind-body split between cognition and embodiment. Price launches this critique from an analysis of chronic pain, arguing that if the trauma studies claim that “mental and physical processes not only affect each other but also give rise to each other... they tend to act as one, even though they are conventionally understood as two” is true, scholars of disability must challenge the illusory division between “mental” and “physical” disability.³⁸ I argue Black liberation workers offer a complex challenge to Cartesian dualism well before Price’s groundbreaking essay. Their argument is based in a sophisticated understanding of the weaponization of mental illness against marginalized people and an analysis of the ways “pure embodiment” in absence of rationality has been pejoratively attributed to nonwhite people to deny their full personhood and their access to citizenship. As discussed in my chapter on the Civil Rights Movement, this critique is also grounded in how the distinction between the physical and the mental collapse through the experience of trauma, specifically the trauma of segregation.

Similarly, the evolution of interpretations of disability can be traced further back in Black liberation organizing, with a sharper focus on white supremacy. The “social model” challenge to mainstream understandings of disability began with the activism of disability rights organizers and was formalized in scholarship by Michael Oliver in 1983.³⁹ Developed as a critique of the existing “medical model,” the social

³⁸ Margaret Price, “The Bodymind Problem and the Possibilities of Pain,” *Hypatia* 30, no. 1 (Winter 2015): 268-284.

³⁹ Michael Oliver, *Social Work with Disabled People* (London, Red Globe Press London, 1983).

model argues that disability does not reside in individual bodies that are somehow deficient, but in a set of social relationships. Bodies are incredibly diverse and often have “impairments,” but only become *disabled* when they encounter the structural barriers of an ableist society. Where the medical model asks how an inherently disabled individual can change to better suit their environment, the social model asks how the environment is structured to disable. Alison Kafer expands on and nuances this approach with the “political/relational model,” which adopts key features of the social model while challenging the distinction between “impairment” and “disability” by emphasizing that there is no objective, neutral interpretation of the body— “*both* impairment and disability are social.”⁴⁰ The critiques these models offer of individualized, medical approaches to disability are akin to the disability justice challenge to cure politics, led by scholar-activists like Eli Clare,⁴¹ who push back against the idea that individual bodies need to be modified or “cured” at all.

Black liberation activists since Reconstruction, though often using different rhetorical moves than these scholars, clearly articulated the health of the body as a complex network of environmental and social factors. They argued anti-Black racism was not only immoral, but also disabling— producing psychological and physical effects from shorter lifespans to ongoing trauma. Finally, scholarly examinations of health and ability also challenge foundational ideas about personhood under capitalism and American democracy that can be traced back to Black liberation thinking. Under the logics of American democracy and capital, categories like

⁴⁰ Alison Kafer, *Feminist, Queer, Crip* (Bloomington: Indiana University Press, 2013), 7.

⁴¹ Much of Clare’s scholarship does this work, but I’m thinking particularly of *Brilliant Imperfection: Grappling with Cure* (Durham: Duke University Press, 2017).

“personhood,” “human,” and “citizen” are earned through labor and economic and social “independence.” Various contemporary scholars have theorized the limitations of the independence as personhood framework, both in general and from the posture of racialized definitions of health specifically.

Education scholar Solveig Magnus Reindal’s central article challenging the Western philosophical tradition of linking personhood and subjectivity to independence argues that “the human condition” is “one of interdependence,” and emphasizes that the “dependency” of disabled people is “a difference in degree” rather than a difference “in kind.”⁴² Similarly, philosopher Carolyn Ells theorizes “the self” from the posture of disability as paradigmatic, arguing that discourses of autonomy elide the fact that “the self is embodied, interdependent, and interconnected... it is necessarily experienced and understood in an embodied, social context...the self can be understood to be relational.” Like Reindal, she reminds us that ableism creates the illusion “that disabled people are dependent while others are independent” and clarifies that it is only structural privilege that allows some subjects to view themselves as fully autonomous.⁴³ Carmody⁴⁴ and Baynton in particular contribute to this conversation by examining the ways independence is inherently racialized and legitimizes white supremacy. Baynton unpacks the relationships among independence, race, disability, and immigration, noting that “The exclusion of individuals seen as defective was the principle objective of immigration policy for

⁴² Solveig Magnus Reindal, “Independence, Dependence, Interdependence: Some Reflections on the Subject and Personal Autonomy,” *Disability & Society* 14, no. 3 (June 1999): 353-367.

⁴³ Carolyn Ells, “Lessons About Autonomy from the Experience of Disability,” *Social Theory and Practice* 27, no. 4 (October 2001): 599-615.

⁴⁴ Carmody, *Work Requirements*.

many years” and that “the idea of defect was also instrumental in justifying the exclusion of other types of immigrants that have received greater attention from historians. Undesirable races, for example, were understood to be those in which defects proliferated.”⁴⁵ The legitimacy of immigration in the US context is deeply linked to the idea of being a “public charge” or a tax on resources through interdependence, a reliance on state support. As Baynton persuasively details, our understanding of who constitutes a “public charge” is racialized, as our perception of “defectiveness” is grounded in white supremacy. Carmody in various pieces explores the racial character of the “dependence” charge, both metaphorically, as early twentieth century Black activists used the language of disability to make racial oppression visible, and structurally, as our sense of what constitutes legitimate, wage earning work and who does it is grounded in white supremacy.

Historically, Black liberation thinkers and organizers have understood interdependence as a key feature of personhood and health. Chapter three examines the complex rhetoric of interdependence developed by the Obama administration and its allies during the passage of the ACA and why it was met with such profound resistance from white America. Ultimately, this dissertation seeks to answer several key questions about the relationship among Black liberation, health, and citizenship, namely: What are the ontological and political entanglements among the racial category “Black,” the biomedical category “healthy,” and the political category “citizen”? How are our understandings of concepts like normalcy, health, and

⁴⁵ Baynton, “Disability and the Justification.”

disability always already racialized and what theorizations can hold such complexities? How did Black liberation organizers, politicians, and artists conceptualize the conditions for health in relationship to citizenship and participation in civic life? What do these tangled histories tell us about the practice of public health and citizenship today? And finally, in a moment of acute awareness of biological crises, how can they help us do citizenship and public health better? I seek to answer these questions through my identification of “health justice,” a unique theorization of wellness in relationship to environmental, political, economic, and social conditions, as a guiding framework through which Black liberation workers understood themselves and their participation in civic life.

Methods and Chapter Descriptions

I draw on generically diverse sites to develop my arguments, from novels and poems to archival materials to instances of public address. This choice reflects the variety of modes and registers through which Black liberation workers launched their analysis of health justice as central to realizing the rights and privileges of citizenship. I chose extremely diverse genres intentionally to reflect the depth of the political work such activists did, to encourage expansion and critique of the traditional boundaries of the civic, and to most effectively historicize rhetorically complex ideas. Brittney C. Cooper, in her groundbreaking genealogy of Black women’s intellectual thought, presents an “eclectic archive” as central to representing their theorizations with accuracy and care. She persuasively argues, “if we actually want to take Black women seriously as thinkers and knowledge producers, we must begin to look for

their thinking in unexpected places, to expect its incursions in genres like autobiography, novels, news stories, medical records, organizational histories, public speeches, and diary entries.”⁴⁶ The juxtaposition of sources I offer also makes a claim about the archival diversity required to contextualize and interpret rhetorically complex concepts across time. An examination of generic affordances and the impact of audience is particularly central to my chapter on Black clubwomen— I position respectability politics as a particular rhetorical mode carefully and consciously adopted by clubwomen in particular genres directed to particular audiences. Attending to different genres locates different strategies and approaches. A key tension in that chapter is the juxtaposition between formal journal articles and the sentimental novel. In chapter two I think about instances of public address alongside postmodern fiction. In chapter three I think through the various utterances that constitute the public life of public policy, including radio shows, presidential address, and legislative speeches.

Earlier I note that these chapters combine particularly dense and sometimes surprising theoretical webs, like chapter one’s integration of scholarship on domesticity, labor, hygiene, and sexuality. My diverse and surprising archival selections serve a similar purpose. A concept as contentious, multiply defined, and politically significant as health is not stable, but transforms dramatically across time, space, and purpose. To understand what health meant to Black clubwomen, and how they leveraged the concept to secure their survival, requires a historicization of

⁴⁶ Brittney C. Cooper, *Beyond Respectability: The Intellectual Thought of Race Women* (Urbana: University of Illinois Press, 2017), 2.

relevant discourses adjacent to health, as well as locating their articulations of health in different archival sites. Key methodological questions here include: what other ideas would the central concept evoke for the subjects of my study and why? In what ways does this web of ideas resemble or differ from our contemporary understandings of the concept? What was the tone or character of their relationship to those other discourses? Where did they talk about this concept and to whom? What were the differences and similarities among their articulations of the concept across genre and audience? Where *didn't* they engage this concept and why? I would refer to this method as cultivating a posture of estrangement from the guiding concepts of one's project—encouraging us, as scholars, to suspend our assumptions about what certain ideas mean as much as possible. One way I cultivate this estrangement is by choosing very different genres directed to very different audiences and seeking continuities.

Following Asen, Spires, and Cooper's articulations as well as Richard Iton's emphasis on cultural symbols in Black politics⁴⁷ and Erica R. Edwards' emphasis on narrative as political work,⁴⁸ I argue that newly emancipated Americans' fight for citizenship make them uniquely powerful theorists of where and how civic action happens.⁴⁹ Rather than building an understanding of the civic from a preconceived idea of what practices are legitimate, like voting or sitting on a jury, they theorized and practiced citizenship from their own embodied needs post-Emancipation,

⁴⁷ Iton's *In Search of the Black Fantastic: Politics and Popular Culture in the Post-Civil Rights Era* (Oxford: Oxford University Press, 2008).

⁴⁸ Edwards's *Charisma and the Fictions of Black Leadership* (Minneapolis: University of Minnesota Press, 2012).

⁴⁹ Dagmawi Woubshet's identification of mourning practices in *The Calendar of Loss: Race, Sexuality, and Mourning in the Early Era of AIDS* (Baltimore: Johns Hopkins University Press, 2015) also informs my thinking.

particularly those needs the state failed to meet. Taking Black Americans' development of citizenship practices post-Emancipation seriously means developing a more comprehensive interpretation of the civic built from their practices as they understood them, not from retroactively applying or "expanding" existing frameworks. This project asks where and how Black Americans advocated for themselves as citizens and takes those sites as meaningful and paradigmatic for our understanding of democracy more broadly.⁵⁰

Expansion of the civic is particularly significant for identifying the breadth and depth of political work done by populations violently excluded from formal politics. The case studies that drive this dissertation follow this tradition by framing three distinct practices deployed throughout the long Black freedom struggle as contributions to health justice. The first chapter contributes to scholarship interpreting the Black Women's Club Movement within and beyond respectability politics, arguing that to understand the depth and complexity of the political work such activists did they must be placed alongside emerging discourses of contagion and disease, as well as rhetorics of labor, domesticity, and sexuality. These women intervened in growing awareness of the relationship between illness and hygiene by developing models of comportment in conversation with medical, national, and

⁵⁰ Other relevant scholars include Catherine R. Squires, Eric King Watts, and Maegan Brooks, whose formulation of the Black public sphere through communication practices center Black rhetoric as a practice that co-constitutes individual and communal identities as well as shaping material conditions. I'm thinking of Squires's "Rethinking the Black Public Sphere: An Alternative Vocabulary for Multiple Public Spheres," *Communication Theory* 12, no. 4 (November 2002): 446-468., Watts's *Hearing the Hurt: The Rhetoric, Aesthetics, and Politics of the New Negro Movement* (Tuscaloosa: University of Alabama Press, 2012), and Brooks's *A Voice That Could Stir an Army: Fannie Lou Hamer and the Rhetoric of the Black Freedom Movement* (Jackson: The University Press of Mississippi, 2014).

domestic discourses. This hygienic practice contextualizes personal care as a kind of democratic work related to broader systems in ways that usefully preempt contemporary conversations on practices like masking, as well as contemporary models of disability. The chapter examines articles from the National Council of Negro Women's official magazine, *The Aframerican Woman's Journal*, and the novel *Plum Bun*.

The second chapter examines memorialization of the Civil Rights Movement. I demonstrate how both the direct nonviolent action strategies mid-century activists developed, as well as their memory making in the wake of their activism, both function as acts of health justice. Their memory practices resist the co-opting of the Civil Rights Movement in service to various conflicting political projects, as well as emphasize that the movement was in part a response to inequities in healthcare. Finally, such activists demonstrate that white supremacy is always violent with profound physical and psychological repercussions. Their theorization of the trauma of segregation, articulated both contemporaneously and in memorialization, complicates the boundaries between the body and the mind in traditional Eurocentric understandings of health. The chapter examines John Lewis's public address, his co-authored graphic novel series *March*, and Toni Cade Bambara's *The Salt Eaters*.

The third chapter explores the passage of the Affordable Care Act and subsequent backlash, arguing that the transformations in state responsibility for care the ACA inaugurated are indebted to the work of Black liberation activists throughout history, including those highlighted in the preceding two chapters. It also demonstrates how proponents of the bill, including then-president Obama, offered a

unique theorization of interdependence that was viscerally rejected by white America. The chapter examines public address around the passage of the ACA, including congressional testimony, speeches, and radio shows. The conclusion examines the COVID crisis through the interventions of the preceding chapters, which frame personal hygiene, direct nonviolent action, and public policy as contributions to health justice with a particular legacy in the long Black freedom struggle. It argues that the COVID pandemic reveals the ways white supremacy makes public health impossible, in no small part through white America's visceral, racialized resistance to actions taken in the public good. The lessons of the long Black freedom struggle, as traced through this dissertation, expose these failures and point us to better individual, collective, and formal political practices of health justice.

Chapter 1: “Everybody’s Business is Her Business”:⁵¹

The Black Women’s Club Movement, Domestic Citizenship,
and Sovereignty over a Healthy Home

“They are harder on the colored woman. They seem to think that a colored woman have no feeling tiredness. They put 16 and 18 hour work on them and they have to work every inch of their life to get it done...” -domestic laborer to President Roosevelt, quoted in Phyllis Palmer’s *Domesticity and Dirt*⁵²

“It will thus be seen that from 1890 to 1895 the character of Afro-American womanhood began to assert itself in definite purposes and efforts in club work.” - Fannie Barrier Williams, “The Club Movement among Colored Women of America”⁵³

“The room was so narrow and dirty... no labor could ever make it clean... John thought with shame and horror, yet in angry hardness of heart: He who is filthy, let him be filthy still. Then he looked at his mother...and the phrase turned against him like a two edged sword, for was it not he, in his false pride and his evil imagination, who was filthy?” - James Baldwin, *Go Tell it On the Mountain*⁵⁴

The Aframerican Woman’s Journal, the official magazine of the National Council of Negro Women (NCNW), articulated its goals in its first volume as

⁵¹ Nellie Venture Greene, “Women on the Threshold: World Emphasis on Equal Rights,” *The Aframerican Woman’s Journal* (Summer-Fall 1947): 32.

⁵² Phyllis Palmer, *Domesticity and Dirt: Housewives and Domestic Servants in the United States 1920-1945* (Philadelphia: Temple University Press, 1989), 82.

⁵³ Fannie Barrier Williams, “The Club Movement among Colored Women of America” in *Before They Could Vote: American Women’s Autobiographical Writing*, ed. Sidonie A. Smith and Julia Watson (Madison: University of Wisconsin Press, 2006): 279-297.

⁵⁴ James Baldwin, *Go Tell it On the Mountain* (New York: Everyman’s Library, 2016), 19-20.

meeting “the need for a voice expressing the unity of aim and ideal for Negro American women” and deepening “our consciousness of the part our own women must play in helping to bring to pass America’s true Democracy.” Mary McLeod Bethune, then-president of the NCNW, concludes this introduction: “With such a dream as this, we send our Journal down the years.”⁵⁵ Bethune’s articulation of the relationship between Black women’s advocacy and democratic practice, consistent across the various voices and perspectives that contribute to the *Aframerican*, indicates that clubwomen also intentionally positioned themselves as practitioners and theorists of American democracy, and places their robust and sophisticated network of activist projects under the umbrella of citizenship.

Seven years later, Bethune took to the magazine to articulate the two paths facing America. In the piece, she develops the imagery of two roads, an “easy and all down hill” path of hypocrisy, and an “up-hill, tortuous and rocky” road of true democracy.⁵⁶ Drawing on a rhetorical mode characteristic of Black liberation activists of the moment,⁵⁷ she attends readers to the tension between the image America presents as a beacon of democracy abroad and the reality of racial and economic inequity at home. Clarifying that she and her readers “are proud to see our nation assume its rightful place,” she expresses confusion about the kind of democracy America will bring to the world. “Is it to be the Democracy of the lynching mob,” she asks? She further wonders if American democracy will invest in technologies of war

⁵⁵ Mary McLeod Bethune, “From the President,” *The Aframerican Woman’s Journal* 1, no. 1 (Spring 1940): 2.

⁵⁶ Mary McLeod Bethune, “Which Way America,” *The Aframerican Woman’s Journal* (Summer-Fall 1947): 3.

⁵⁷ For more on this strategy, refer to Penny M. Von Eschen, *Race Against Empire: Black Americans and Anticolonialism, 1937-1957* (Ithaca: Cornell University Press, 1997).

rather than social programs and if it will routinely violate the basic protections of the law for Black citizens.⁵⁸ This strategy of humiliation, calling America to account for its fascism on the global stage, has a long history in Black organizing from enslaved activists bearing witness to the horrors of US enslavement in international forums to civil rights activists questioning how the nation can challenge the evils of Communism while allowing white nationalists to terrorize Black communities.

Unique to this editorial is Bethune's particularly gendered image of citizenship, as well as its relationship to a guarantee of health justice. She powerfully outlines many highly visible elements of white supremacist violence, and also emphasizes the subtler environmental violences that foreclose Black life. She asks if America will accept "the Democracy of the slum and the blasted hearthstone, of the crowded ghetto, with its trail of congestion, ill health, delinquency, and crime...that turns its back upon the filth and blight of our cities, that says people make the slums, that good homes are only for the few and the wealthy, that the rest are of no consequence." She then paints a vision of the "up-hill road" as:

...a way of life that gives every American a chance to have a decent home in which to raise his children and his family... the life of open streets and playgrounds, of schools and hospitals, of smiling women and laughing children. We must strive together to show the world that American strength lies in happy homes and clean streets and healthy families...the way of

⁵⁸ Bethune, "Which Way," 3.

security, of equality of opportunities, of equal chance for job and home, for health and education and recreation well within the reach of all.⁵⁹

Her description of real democracy, in contrast to the “democracy of the lynching mob,” is distinctly hygienic and domestic. She describes the “down hill road” in the language of filth and sickness: “crowded ghetto,” “blasted hearthstone,” “slum,” “congestion,” “filth.” The “up hill road” is healthy and clean: “decent home,” “open streets,” “healthy families.” Significantly, she emphasizes the special role women play in securing the future of the up hill road, noting, “as we have always done, it must be the women of our race and our nation that must supply the driving force... women have always been concerned with putting a floor on the necessities of life.”⁶⁰

This concise and powerful piece reflects the central vision and ethos of Black clubwomen’s citizenship practices, grounding lofty claims to democratic ideals in the materiality and embodiment of health. As Sarah Judson argues, clubwomen positioned “civic health through a healthy black citizenry” as “closely linked to gaining the political rights, entitlements, and protections that whites had,” as well as “saw these inequalities in health care as yet another way that white supremacy threatened Black Americans.”⁶¹ Similarly, Stephen P. Knadler develops the concept “vitality politics” to describe the ways Black activists at the turn of the century, particularly Black clubwomen, positioned health as a kind of citizenship right.

Reflecting on the liberation practices of turn of the 20th century activists, he describes

⁵⁹ Bethune, “Which Way,” 31.

⁶⁰ Bethune, “Which Way,” 31.

⁶¹ Sarah Judson, “Civil Rights and Civic Health: African American Women’s Public Health Work in Early Twentieth Century Atlanta,” *The National Women’s Studies Association Journal* 11, no. 3 (Autumn 1999): 96.

vitality politics as “a post-Reconstruction politicization of biological health as an instrument for insisting on a racial state of exception in which African Americans’ own unhealthy habits and disease susceptibility justified their legitimate suspension from full rights” as well as “registers the focus of African American reformers on hygienic behaviors and environments to rehabilitate African Americans into ‘vital’ citizens practicing self care and private risk management.” Central to his framework is the naming of “slow and chronic attritional and accumulative effects and debilitations of Black life,” or the ways white supremacy shapes the environment such that Black life is foreclosed in subtler, more difficult to trace ways.⁶² Like my own definition of health justice, Knadler’s vitality politics strives to capture both the embodied, disabling character of white supremacist violence and the practices and ideologies Black activists developed in response to care for themselves. For Black clubwomen democracy includes voting and other explicit civic acts— Bethune particularly urges her readers to register and vote— but her vision is far more embodied and capacious. Democracy involves a guarantee of “decent homes” free from “filth and blight,” “open streets,” “schools and hospitals,” and even a guarantee of “recreation well within the reach of all.” Central to this vision is dirt and its absence— democracy is impossible in a filthy environment and not just health, but a healthy home, is a guarantee of citizenship.

She argues that women are uniquely well positioned to develop such a sophisticated account of citizenship because they have always done its real work by

⁶² Stephen P. Knadler, *Vitality Politics: Health, Debility, and the Limits of Black Emancipation* (Ann Arbor: University of Michigan Press, 2019), 6, 29.

“putting a floor on the necessities of life.” Though she doesn’t name this dynamic explicitly, implicit in the depiction of democracy and women’s centrality to its realization is the fact that women *do the work of cleaning* in the home. Part of “putting the floor” on civic life is literally cleaning the floors, keeping the home free of dirt and the health hazards implicit in filthy environments, an imperative even more urgent as Black health outcomes depreciated post-Reconstruction, indicated in significantly higher mortality and infection rates than white Americans.⁶³ She returns several times to the idea of a “home” fit for a family and pushes well past a guarantee of basic needs to a rich description of human flourishing in safe, healthy communities. Women know what such a vision requires because both literally and metaphorically they “bind the wounds”⁶⁴ of their communities and in the absence of state support secure the resources necessary to survive.

Drawing on emergent theories of contagion and disease, contemporaneous discourses of gendered citizenship, and theories of labor, I seek to reframe our understanding of Black clubwomen as laborers, public health experts, and community leaders through their practices of a version of “domestic citizenship.” Scholars have identified the relationships among gender, citizenship, and other identity categories through similar language, but I use the term specifically to describe the mode of hygienic comportment Black clubwomen practiced at the intersection of gender, family, sex, cleanliness, and contagion.⁶⁵ As evidenced in Bethune’s embodied vision

⁶³ Andrea Patterson, “Germs and Jim Crow: The Impact of Microbiology on Public Health Policies in Progressive Era American South,” *Journal of the History of Biology* 42, no. 3 (Fall 2009).

⁶⁴ Bethune, “Which Way,” 31.

⁶⁵ Veena Das and Renu Addlakha used the term “domestic citizenship” in “Disability and Domestic Citizenship: Voice, Gender, and the Making of the Subject,” *Public Culture* 13, no. 3, (Fall 2001): 511-531. to describe the family as a space that disciplines disabled people. Their focus on making

of democracy as the conditions for health, such clubwomen drew on sophisticated expertise in health and medicine, community organizing, and gendered labor to develop a citizenship mode that could accommodate their activism and identities. Knadler refers to the health-based character of Black clubwomen's citizenship work as a "community-based political ecology... respectability ecology," and though I depart from his interpretation of respectability, I agree that the communal element of Black clubwomen's health advocacy is central, as is his description of "the mother's responsibilities" linking "domesticity with public health."⁶⁶ The domestic in particular is a generative site from which to understand Black women's activism in this political moment, as discourses of hygiene, gender, sex, and race all overlap in the construction of private space.

I strive to richly contextualize the discursive landscape in which Black clubwomen intervened to complicate our understanding of their politics. Drawing on archival materials like *The Aframerican Journal* and a sustained analysis of Jessie Redmon Fauset's often misinterpreted oeuvre⁶⁷ through her domestic novel *Plum*

visible the dynamics of sex and reproduction through the lens of the domestic reflects my own approach to domesticity. Jessica Kenyatta Walker's "Scenes of Domestic Citizenship in Negro Home Demonstration Work 1921-1938," *Gender & History* 34, no. 3, (October 2022): 664-672. also uses "domestic citizenship" to think through the domestic science project of the early twentieth century and its relationship to Black women, but focuses on their negotiation of food sovereignty. Amy Kaplan, Premilla Nadasen, and Beth H. Piatote don't reference "domestic citizenship" explicitly, but develop sophisticated analyses of the intersections of domesticity, race, and civic life. Kaplan's development of "manifest domesticity," describing the "process of domestication, which entails conquering... is related to the imperial project of civilizing," is particularly useful for understanding the relationship among imperial hygiene and domestic cleanliness I examine later in this chapter. I'm thinking of Kaplan's "Manifest Domesticity," *American Literature* 70, no. 3, (September 1998): 581-606; Nadasen's "Citizenship Rights, Domestic Work, and the Fair Labor Standards Act," *Journal of Policy History*, 24, no. 1, (January 2012): 74-94.; Piatote's *Domestic Subjects: Gender, Citizenship, and Law in Native American Literature* (New Haven: Yale University Press, 2013).

⁶⁶ Knadler, *Vitality*, 113, 120.

⁶⁷ As I'll address in more detail in the domestic fiction section of this chapter, Fauset's critical reception both in her own time and retroactively missed much of the critical work of her novels. Though texts like *Plum Bun* were clearly domestic satires, she was read straight by many critics,

Bun, I develop a nuanced interpretation of clubwomen’s activism as an innovative theorization of domesticity and citizenship, what Anita R. Gooding calls, “their own version of domestic life.”⁶⁸ I also suggest that their work offers a meaningful interpretation of the relationship between structural violence and personal agency through hygiene, capaciously understood as keeping oneself “clean” in diverse ways, as a mandate of civic life. As Evelyn Brooks Higginbotham describes, during the clubwomen’s historical moment “the physical bodies of black women and black-inhabited physical space” were assumed to be connected, meaning “Racist representations of black women as unclean, disease-carrying, and promiscuous conjoined with representations of black households as dirty, pathological and disorderly.”⁶⁹ In other words, the mandate of “hygiene” encompassed both the structure of domestic space and the comportment of the physical body, and the concept of “filth” applied to moral and sexual “degeneracy” as much as material uncleanliness. Centering Black women’s domestic citizenship practices also involves acknowledging their founding roles as pioneers in public health; “Black female professionals and community leaders formed the backbone of the black health movement and were central to the founding and maintenance of black public health projects.”⁷⁰

resulting in patronizing misinterpretations that reflect the way she herself was diminished by her male colleagues.

⁶⁸ Anita R. Gooding, “National Association of Colored Women’s Clubs and the Fight for Freedom” in *Religion, Women of Color, and the Suffrage Movement: The Journey to Holistic Freedom*, ed. SimonMary Asese A. Ahiokhai (Lanham: Lexington Books, 2022): 20.

⁶⁹ Evelyn Brooks Higginbotham, *Righteous Discontent: The Women’s Movement in the Black Baptist Church 1880-1920* (Cambridge: Harvard University Press, 1993), 202.

⁷⁰ Susan L Smith, *Sick and Tired of Being Sick and Tired: Black Women’s Health Activism in America, 1890-1950* (Philadelphia: University of Pennsylvania Press, 1995), 1.

In this chapter, I will examine the ways Black club women developed their own gender politics with and beyond the rhetoric of respectability, with a focus on their resistance to the racist myth that Black women are morally and materially “unhygienic.” I will then analyze the way domesticity as a health justice concept is embedded in discourses of labor, race, and sex for Black women, and that control over their homes became a mode of securing control over their own bodies. Finally, I’ll explore the genre of domestic fiction, demonstrating the playful, sardonic relationship among Victorian sexual mores, sickness, and home life developed in this period, as well as gesturing to the implications for contemporary health justice.

The Theoretical Work of Black Women’s Clubs

Fannie Barrier Williams, the co-founder of the National Association of Colored Women (NACW), describes clubs as “schools in which are taught and learned, more or less thoroughly, the lessons of life and living”⁷¹ in her genealogy of the club movement. Drawing on the community work of post-Emancipation Black churches and secret aid societies, as well as white women’s contemporaneous club work (from which they were often excluded),⁷² she argues that Black women’s clubs conceptualized racial uplift complexly. Their work was deeply grounded in material conditions, addressing issues as diverse as establishing kindergartens, conducting labor advocacy, and challenging systems of incarceration. Both intellectual and social

⁷¹ Williams, “The Club,” 292.

⁷² Cherisse Jones-Branch, “The Arkansas Association of Colored Women and Early Twentieth-Century Maternalist Political Activism,” *The Arkansas Historical Quarterly* 79, no. 3 (Autumn 2020): 225.

projects, like debates, and material projects like fundraising and providing healthcare to the elderly occupied their agenda.⁷³ They included advocacy around issues commonly discussed within the contemporaneous white women's club movement, like temperance,⁷⁴ as well as issues particular to Black communities, like eradicating racial disparities. They conducted a wide range of health activism, including developing formal health training programs and medical institutions like hospitals, advocating for hygienic practices informed by contemporary knowledge of contagion, launching children's welfare campaigns, and pressuring government officials to improve environmental factors like open sewage.⁷⁵ Significantly for my examination of Black clubwomen's development of Black gender politics, Martha S. Jones's historiography of the club movement also includes the gendered repercussions of the post-Reconstruction nadir. She argues that the collapse of formal political life for Black men, a product of state neglect, Jim Crow policy, and terrorism, resulted in male activists looking "to regain the measure of public authority they formerly exercised in the political realm." Where women had been securing increased authority and political power in Black spaces, they were increasingly pushed out, and emerged "from the rancorous debates within churches into the club movement," which functioned "as vehicles for their continued exercise of public authority and standing."⁷⁶

⁷³ Anne Meis Knupfer, *Toward a Tenderer Humanity and a Nobler Womanhood: African American Women's Clubs in Turn-of-the-Century Chicago* (New York: New York University Press, 1996).

⁷⁴ Martha S. Jones, *All Bound Up Together: The Woman Question in African American Public Culture, 1830-1900* (Chapel Hill: The University of North Carolina Press, 2007), 177.

⁷⁵ Smith, *Sick*, 17-32.

⁷⁶ Jones, *All Bound*, 174-175.

Clubs were both local and national, with small societies meeting the particular needs of individual communities linked through broader umbrella organizations like NCNW and NACW. While acknowledging the movement as predominantly focused on material community activism, Fannie Barrier Williams in her writings and public address also demonstrates their rhetorical construction of a personhood and a citizenship that can include Black women, predating contemporary Black feminist theorizations of Black womanhood. Williams identifies the post-Emancipation moment as a fraught discursive landscape that suspends Western categories of race, gender, and sexuality in the following quotes, meaning Black women must construct for themselves a negotiation of those identities. She emphasizes that clubwomen's work "is something deeper than a mere imitation of white women," noting that Black women "have been literally shut out from the love, favor, and protection that chivalry...have built up around...the young women of almost every other race."⁷⁷ The habits and behaviors through which white women understand their womanhood have been denied to Black women. Further, she offers a compelling theorization of the relationship between social constructions of gender and enslavement. She argues "Such social differentiations as 'women's interests, children's interests, and men's interests' that are so finely worked out in the social development of the more favored races" she points out, "are but recent recognitions in the progressive life of the negro race. Such specializing had no economic value in slavery."⁷⁸ Jones reinforces this interpretation, arguing that Black women specifically did not leverage their

⁷⁷ Williams, "The Club," 294.

⁷⁸ Williams, "The Club," 282.

engagement with public life through a “distinct female sphere, but in those spaces that men and women shared: churches, political organizations, mutual aid societies, and schools.”⁷⁹

Anticipating arguments like Hortense Spillers’ description of an “American grammar” of gender,⁸⁰ Williams argues that gender identity serves a racializing and economic function that takes a particular form under conditions of enslavement. Where white women and men clearly defined “separate spheres”⁸¹ that serve to divide kinds of labor (domestic and wage earning, private and public, etc.) as well as reinforce white women’s subordinate role to white men, such distinctions conflicted with the economic imperative of enslavement. Black men and women needed to function as “an unclassified people”⁸² to legitimize the largely undifferentiated labor forced onto the enslaved. For example, while the “cult of true womanhood”⁸³ would suggest women are constitutionally unfit for hard labor, enslaved women were expected to perform the same grueling agricultural work as enslaved men. Further, because gender is a performative, social identity that exists within a context of mutual recognition, the practices of social recognition that produce womanhood⁸⁴ as a legible identity, what Williams identifies as practices of “chivalry” for white women, have not historically been available to Williams and her peers. As she argues, this dynamic

⁷⁹ Jones, *All Bound*, 3.

⁸⁰ Hortense Spillers, “Mama’s Baby, Papa’s Maybe: An American Grammar Book,” *Diacritics* 17, no. 2 (Summer 1987): 64-81.

⁸¹ Linda K. Kerber, “Separate Spheres, Female Worlds, Woman’s Place: The Rhetoric of Women’s History,” *Journal of American History* 75, no. 1 (June 1988): 9-39.

⁸² Williams, “The Club,” 282.

⁸³ Barbara Welter, “The Cult of True Womanhood: 1820-1860,” *American Quarterly* 18, no. 2 (Summer 1966): 151-174.

⁸⁴ Jane Ward, “Gender Labor: Transmen, Femmes, and Collective Work of Transgression,” *Sexualities* 13, no. 2 (2010): 236-254.

of excluding Black communities from legible gender formations had “not yet wholly faded into a memory” in her historical moment, meaning that along with meeting the material needs of their communities, Black women were also developing a model of gender, sex, and race that could accommodate their full humanity. Her claim that their activism was more “than a mere imitation of white women” was not just an acknowledgement of the dramatically different social, political, and economic circumstances of Black and white clubwoman, but also a gesture to the fact that Black clubwomen were theorizing and bringing into being their own womanhood from the un-gendering crucible of enslavement.

In her sustained analysis of Williams’s public life, Brittney C. Cooper emphasizes that a key feature of her work was striving “to make Black women legible as civically knowable persons,”⁸⁵ responding to what Wanda A. Hendricks describes as “a denial of black female citizenship.”⁸⁶ This highlights that not only did such women seek to make a model for themselves as gendered subjects, they also sought to make themselves legible as civic actors. Cooper notes that “public space was designed not only to render Black bodies as inferior, but Black female bodies as unrecognizable and unknowable in civic terms,” further arguing that “Where Black women’s bodies had been inherently publicly knowable under the conditions of slavery, after freedom and the conferral of citizenship, Black women did not fully fit into the categories propagated under Jim Crow.”⁸⁷ Though Black women were

⁸⁵ Brittney C. Cooper, *Beyond Respectability: The Intellectual Thought of Race Women* (Urbana: University of Illinois Press, 2017), 47.

⁸⁶ Wanda A. Hendricks, *Gender, Race, and Politics in the Midwest: Black Club Women in Illinois* (Bloomington: Indiana University Press, 1998), 6.

⁸⁷ Cooper, *Beyond*, 18.

certainly still highly surveilled and vulnerable to violation– the sexual and reproductive violence characteristic of enslavement persisted as terrorism post-Emancipation– neither law nor custom could accommodate a Black woman as a citizen.

Brittney Cooper’s analysis reflects on clubwoman Anna Julia Cooper’s account of seeking a restroom and locating two, one “for ladies” and one “for colored people,” neither of which she could safely or comfortably occupy. These train station bathrooms indicate that those seeking to maintain white supremacy through segregation simply didn’t envision a Black woman occupying public space in any sustained or meaningful way.⁸⁸ The version of womanhood Black club members invented thus mediated among a series of complex contradictions, among them the construction of the public and the private, men and women, white and black, citizen and noncitizen, and as I will argue in coming sections, deviant and sexually normal, all of which are entangled with categories of health and cleanliness. The discursive work makes possible their physical interventions in the material conditions of Black life at the turn of the century. Jones emphasizes two elements of public culture, “institutions and the material sustenance they provided” as well as “a realm of ideas, a community of interpretation.”⁸⁹ Black clubwomen operated in both spheres, developing and sustaining institutions that provided aid as well as creating new interpretive frameworks for themselves and broader publics, “within their community’s public culture” and within larger representations of Black women.

⁸⁸ Cooper, *Beyond*, 17-18.

⁸⁹ Jones, *All Bound*, 5.

Respectability and the Diverse Genres of Black Womanhood

The interpretation that clubwomen responded to representations of themselves as sexually deviant with silence around sex in their public lives is a valuable one worthy of further examination, particularly given the extent to which sexuality informs my analysis of their work. Two of the most significant scholars identifying this dynamic are historians Darlene Clark Hine and Higginbotham. Hine develops the “culture of dissemblance” to understand Black women’s choice to migrate north in the early twentieth century, arguing that “Black women quit the South out of a desire to... escape [sic] sexual exploitation.” She explicitly locates the strategy of secrecy and silence to protect personal and sexual autonomy in NACW’s mission, suggesting that they “felt compelled to downplay, even deny, sexual expression,” and adopt a “Victorian sense of modesty.”⁹⁰ Higginbotham’s “politics of respectability” describes the “assimilationist message” that “endeavored to implant middle-class values and behavioral patterns among the masses of urban blacks” and often resulted in an “attack on the values and lifestyle of those blacks who transgressed white middle-class propriety.”⁹¹ Both scholars argue that clubwomen reinforced regressive sexual and class politics as a strategy of protection from the complex violences Black women experienced post-Emancipation, including sexual assault legitimized through the rhetoric of an inherent promiscuity. Jones notes that harmful caricature was a key

⁹⁰ Darlene Clark Hine, “Rape and the Inner Lives of Black Women in the Middle West,” *Signs* 14, no. 4 (Summer 1989): 914, 918, 916.

⁹¹ Higginbotham, *Righteous*, 195, 15.

feature of mainstream depictions of Black women and notes that “the impetus for women’s increasingly public activism came out of an express desire to combat pointed attacks on African American womanhood.”⁹²

This legitimate concern over both racist caricature and sexual violence did lend itself to fraught class politics. As Higginbotham details, “Respectability’s emphasis on individual behavior served inevitably to blame blacks for their victimization”⁹³ and multiple scholars identify the ways clubwomen could reinforce the state surveillance apparatus’s control over working class Black women’s lives. Undoubtedly, harmful attitudes about working class women permeated clubwomen’s discourse and Black health justice at the time “sought to regulate particularly the behavior of Black women and the poor.”⁹⁴ Williams, in “The Club Movement among Colored Women of America,” positions club work as “the few competent” working “in behalf of the many incompetent,” and that patronizing attitude informs her understanding of health justice.⁹⁵ Later she notes of her “unprogressive sister” that “Home-making has been new business to the great majority of the women,” who need to be instructed in “How to make the homes of the race the shrines of all domestic virtue” and have “scarcely a ray of light as to a better way of how to live for themselves.”⁹⁶ Setting aside the ironic suggestion that women who largely served as domestic laborers are “new” to homemaking, when they have been enabling white women’s fantasies of domesticity for decades, the influence of the “talented tenth”

⁹² Jones, *All Bound*, 176.

⁹³ Higginbotham, *Righteous*, 202.

⁹⁴ Knadler, *Vitality*, 18.

⁹⁵ Williams, “The Club,” 282.

⁹⁶ Williams, “The Club,” 294, 293.

model of racial uplift is clear in Williams' and others' articulation of the driving force of clubs. Middle and upper class Black women are represented as having privileged access to categories like domesticity, respectability, and virtue, which they then dutifully impart to those who, though through no fault of their own, do not have the training and support to adopt a womanhood more in line with mainstream norms.

Where from a contemporary perspective, such women can be read as uncritically reinforcing Western gender roles, Higginbotham, Cooper and I suggest that their work was more complex than replicating white class politics around gender and sex as a mode of protection. Cooper argues "we cannot only see respectability politics as a problematic mode of articulating class identity, though it certainly is that. It is also a complicated, contingent, and (rightfully) contested mode of articulating Black gender identity."⁹⁷ Black clubwomen created from disparate and often dehumanizing discourses about themselves as "unhygienic," both physically and morally, a model of Black gender politics that enabled political work grounded in real life health repercussions. The efficacy of their theoretical and rhetorical campaigns is what allows us to read them as "elite women" in retrospect— they made legible the version of Black womanhood we can now locate as so fraught, and also articulated that womanhood differently in different contexts. Contrary to the assertion that Black clubwomen didn't talk about sex, both I and others argue that respectability was one rhetorical mode among many. For example, Michele Mitchell notes of the overemphasis on respectability in accounts of Black women's politics that "those same concepts have not, however, generated African-Americanist work on gay and

⁹⁷ Cooper, *Beyond*, 29.

lesbian history,” arguing that a reductive focus on what Black women sought to silence and obscure misses the complexity and diversity of their sexual and romantic lives,⁹⁸ including practices of sex and sexuality that would have been interpreted as “filthy” and “deviant” under mainstream Progressive reformers’ projects.

Tara T. Green’s examination of Alice Dunbar’s life through the lens of respectability demonstrates the fraught nature of reducing such women to one mode of expression, noting that Dunbar “lived and wrote within respectability by testing, teasing, expanding, and disregarding social and political boundaries.”⁹⁹ Here Green references, among other elements of Dunbar’s biography, her rich sexual life that included multiple divorces and several contemporaneously known romances with women. Reducing figures like Dunbar and Williams to their articulations of womanhood in one genre and kairotic moment diminishes both their creativity and flexibility as rhetors and their complex interior lives, as well as their fraught relationship to hygiene, comportment, and “deviance.” As I will discuss in more depth through the misinterpretations of Jessie Redmon Fauset’s work, our interpretations of middle class Black women’s activism are impoverished by the same kind of patronization they enacted on working class Black women. They are not only theorists and intellectuals, but sophisticated communicators acutely aware of the affordances and limitations of all the spaces they occupy, tailoring the complexity of

⁹⁸ Michele Mitchell, “Silences Broken, Silences Kept: Gender and Sexuality in African-American History,” *Gender & History* 11, no. 3 (November 1999): 440.

⁹⁹ Tara T. Green, *Love, Activism, and the Respectable Life of Alice Dunbar-Nelson* (New York: Bloomsbury Academic, 2022), 5.

their thought to each. Framed differently, Black clubwomen operated in various “black public spheres” with different affordances.

In the spirit of Catherine Squires, a Black public sphere is “an emergent collective composed of people who (a) engage in common discourses and negotiations of what it means to be Black, and (b) pursue particularly defined Black interests.”¹⁰⁰ The Black woman’s club functioned as one public sphere such women occupied in their pursuit of health justice, but their engagements with womanhood transcend the specificity of individual genres and moments. In her encouragement to engage more critically with Black women intellectuals, Cooper argues “we must be willing to trust them...By *trust*, I don’t mean always agree... I mean take Black women seriously” and “consider what Black women thinkers said about Black women’s lives, and Black possibility, beyond the discourse of respectability.”¹⁰¹ To take them seriously as theorists involves engaging rigorously with their intellectual production, particularly through contextualizing the registers available to them and the diverse modes in which they articulated their politics, as well as acknowledging their theoretical work as acts of invention, rather than mere uncritical repetition. Anne Meis Knupfer argues their disparate negotiations of gender, class and race are “not contradictory” but “pointed to a resilience in the club women’s rhetoric, demonstrated by adapting their language.”¹⁰²

¹⁰⁰ Catherine Squires, “Rethinking the Black Public Sphere: An Alternative Vocabulary for Multiple Public Spheres,” *Communication Theory* 12, no. 4 (November 2002): 454.

¹⁰¹ Cooper, *Beyond*, 12-13.

¹⁰² Knupfer, *Toward*, 7.

A key element of Cooper's critique I adopt here is her claim that, in conflict with what "dissemblance" and "respectability" suggest about Black clubwomen's relationship to their gender and sexual identities, they engaged richly with the body. She identifies such women as practitioners of "*Embodied discourse*... a form of Black female textual activism wherein race women assertively demand the inclusion of their bodies and, in particular, working-class bodies and Black female bodies."¹⁰³ Far from distancing themselves from the specificity of the body, their versions of citizenship and civic life were deeply embodied and materialist. Cooper defines this discourse through the lens of Black clubwomen as "intellectuals," others claim them as pioneering "social workers."¹⁰⁴ I define their embodied politics through their roles as domestic laborers and as public health advocates. Tanya Hart argues that in the post-Emancipation era, "Black women particularly emerged in the foreground as reformers, activists, nurses, doctors, and volunteers... in an attempt to bring modern, scientific, and hygienic health care to the underfed and overworked."¹⁰⁵ Hendricks' claim that their activism was "an attempt by club women to direct, and to a degree control, people's lives,"¹⁰⁶ though true, takes on a slightly different cast when we understand their work as in part developing public health campaigns that respond to emergent information about hygiene and disease and the mistreatment, neglect, and abandonment of Black people by mainstream medical institutions. As Hine notes,

¹⁰³ Cooper, *Beyond*, 13.

¹⁰⁴ Iris Carlton-LaNey and N. Yolanda Burwell, "Introduction: African American Community Practice Models: Historical and Contemporary Responses," *Journal of Community Practice* 2, no. 4 (1995).

¹⁰⁵ Tanya Hart, "Constructing Syphilis and Black Motherhood: Maternal Health Care for Women of African Descent in New York's Columbus Hill, 1915-30," *Women, Gender, and Families of Color* 1, no. 1 (Spring 2013): 35.

¹⁰⁶ Hendricks, *Gender*, 27.

“black men and women had to create an array of separate, blacks-only organizations, schools and facilities in the health-care arena;” they “created their own social welfare state within the veil.”¹⁰⁷

Though all Black activists and reformers contributed to this project, there is a particularly gendered element to public health organizing grounded in Black women’s intimacy with community networks and ownership of the domestic sphere. Judson argues of anti-tuberculosis advocacy in Atlanta, “African American clubwomen created a system of public health care for black Atlantans, and in so doing, they successfully promoted a political agenda for their community and for themselves.”¹⁰⁸ Such women balanced their sophisticated awareness of environmental and social causes of illness with their project of empowering women to create the conditions for health through their authority in the domestic sphere. Finally, it is important to resist reducing Black working class women to passive recipients of upper class women’s politics or suggesting a fetishizing homogeneity in the values of women of either class group. As Victoria W. Wolcott reminds us, there were both class-informed tensions among women as well as preexisting overlaps in values and goals.¹⁰⁹ Rather than a flat top-down hierarchy, where clubwomen forced certain modes of comportment onto an entirely culturally distinct “underclass,” women of diverse backgrounds developed complex cross-class relationships.

¹⁰⁷ Darlene Clark Hine, “The Corporeal and Ocular Veil: Dr. Matilda A. Evans (1872-1935) and the Complexity of Southern History,” *The Journal of Southern History* 70, no. 1 (February 2004): 8.

¹⁰⁸ Judson, “Civil,” 93.

¹⁰⁹ Victoria W. Wolcott, “‘Bible, Bath, and Broom’: Nannie Helen Burrough’s National Training School and African-American Racial Uplift,” *Journal of Women’s History* 9, no. 1 (Spring 1997).

Significantly, Cooper frames her examination of Black women intellectuals “beyond respectability” as also “beyond” domesticity, developing a stark contrast between the “cult of true womanhood” and the kind of womanhood Black women activists developed for themselves. She writes that “Black women leaders actively pushed against attempts to relegate them to the realm of domesticity...Black women could no longer limit speaking and writing to questions of home and church, domesticity and piety.”¹¹⁰ While I agree Black activists and intellectuals’ relationship to womanhood differed in significant ways from white women’s articulation of their gender, a tension I explore in detail in the coming section, I seek to theorize their engagement *with* the racialized category of the domestic as a politically significant register, as well as one embedded in emergent language of health. Another way Black clubwomen challenged and signified on Western gender roles as opposed to uncritically reinforcing them is their rich theorization of the domestic sphere as a site where civic and wage earning labor happens, complicating the simplistic and misogynistic construction of separate spheres. In the following sections, I strive to understand their advocacy as developing a theory of domestic citizenship grounded in a clean home as a civic guarantee.

The Racial and Labor Politics of Domesticity

Domestic citizenship, as I use the term, refers to a mode of civic engagement developed by Black clubwomen that both rhetorically and materially relies on the

¹¹⁰ Cooper, *Beyond*, 22.

hygienic care of domestic space as an imperative of health justice. *Aframerican* contributor Nellie Venture Greene describes this dynamic particularly well in her editorial “Women on the Threshold.” She argues, “once women become fully conscious of their power, the much needed human and social reforms will engulf the world like a mother’s concern for her child. Men have always, and will always, work for their individual families; but once a woman becomes alert, everybody’s business is her business.”¹¹¹ Here, she does not apologize for or diminish femininity, but instead argues women’s unique communal character makes them better civic actors than men. Greene argues that where men understand individual responsibility, women understand communal responsibility, and the natural extension of the maternal, domestic instinct is engaged citizenship. Recollecting my first section, which examines the ways Black women negotiated overlapping discourses about gender, sex, labor, and citizenship to make themselves legible as civic actors, it is important to read such instances as complex rhetorical choices. It’s easy to interpret such language as an uncritical reinforcement of what we would now call “gender essentialism,” but Greene and others’ work is much more nuanced and requires more careful contextualization. The gendered mode of citizenship she describes is similar to Derrick Spires’s articulation of “neighborly citizenship,” notably framed through responses to the 1793 yellow fever epidemic in Philadelphia,¹¹² but differs in its explicit focus on gendered labor and hygiene as health concerns. Black women’s engagement with and transformations of domesticity as a potentially liberatory

¹¹¹ Greene, “Women,” 32.

¹¹² Derrick R. Spires, *The Practice of Citizenship: Black Politics and Print Culture in the Early United States* (Philadelphia: University of Pennsylvania Press, 2019).

citizenship mode are fundamentally shaped by their unromantic encounters with the home as a site of solitary, demeaning, and physically and psychologically brutalizing wage labor.

As Phyllis Palmer describes in her examination of domestic labor in the early twentieth century, “Housework is the quintessential ‘woman’s’ work... No matter what other jobs women may have, they are expected, in addition, to see that houses are cleaned,”¹¹³ while clarifying that women’s experiences of that labor differ dramatically along lines of race, ethnicity, and class. While women of privileged racial, ethnic, and class groups defined their position as housewives and identities as women through their ability to delegate domestic labor to others, and increasingly to automated technologies, marginalized women often labored underpaid in the homes of wealthy white women in addition to laboring unpaid in their own homes. This produced strikingly different experiences of domesticity as a labor question; wealthy white women functioned largely as employers, “managing” their domestic employees in the interest of securing an ideal heteronormative household for their families. White women often resisted legal efforts to reform domestic service to protect domestic laborers on the grounds of state overreach into their private homes, while at the same time demanding legislation to force health examinations on domestics.¹¹⁴ Their homes were “private,” protected spaces, but Black women’s bodies were public property, subject to examination to root out contagion before being permitted access

¹¹³ Palmer, *Domesticity*, xi.

¹¹⁴ Vanessa May, “Standardizing the Home?: Women Reformers and Domestic Service in New Deal New York,” *Journal of Women’s History* 23, no. 2 (Summer 2011): 14-38.

to the white household. Black women were both subject to intense state surveillance and positioned as vectors of disease.

Marginalized women served as employees whose wage-earning labor conflicted with and often prevented the fulfillment of their own responsibilities to their families and communities. Palmer describes women's colleges Mount Holyoke and Wellesley transitioning from training students to perform housework to outsourcing domestic labor to hired women in the late nineteenth century,¹¹⁵ demonstrating how wealthy white women and marginalized women encountered dramatically different labor landscapes during the period and how housework both reflected and reinforced power differences among women. It is significant to note that these power differences were also focused around the rhetoric of contagion and disease, "Lurking in the background of public discussions about black laundresses and domestic workers were pointed messages about all black women's social deviance and physical pollution...African American workers and laundresses were especially suspect because their work took them into white homes."¹¹⁶ Again, it is key to note that in this moment social "filth" is collapsed with physical illness and literal "filth;" Black women are morally suspect to white households because they're perceived as dirty, and their perceived dirtiness is also a reflection of their immorality. Hygiene is thus a material *and* an ethical mandate. The racialization of wage-earning domestic labor is particularly striking; "As early as 1920, at least two out of five of the 15.9 percent of American women workers employed in laundry and

¹¹⁵ Palmer, *Domesticity*, 6.

¹¹⁶ Judson, "Civil," 97.

domestic work were black...By 1920, 46 percent of black women workers were domestics and launderers.”¹¹⁷ Black women thus theorized the domestic through the dual frames of two households— the complex power dynamics of their own homes, which could also be sites of gendered exploitation and abuse, and the power dynamics of white women’s homes, which reflected “patterns of racial dominance and deference formed in slavery, agricultural peonage, and reservation policy.”¹¹⁸

Black clubwomen were largely middle and upper class, but were also acutely aware of wage-earning domestic labor as a critical issue for racial uplift and women’s empowerment. *The Aframerican* examined domestic work in detail, among them an article entitled “The Negro Woman Worker” by Jean Collier Brown. Her essay first surveys all the occupations in which Black women were employed and the hazards of each, before making recommendations on improving their conditions. Notably framing the mistreatment of Black women workers as a civic problem, she writes “The public must pay heavily for the substandard working and living conditions of many thousands of Negro women workers.” She further clarifies “that low living standards are costly in that they breed crime and disease, which affect all citizens” and that “When a significant proportion of the population is forced to live at substandard economic level, all classes... are deprived of the benefits.”¹¹⁹ Here she articulates a key feature of health justice— health is always a collective project. Describing both the “heavy payment” of substandard living accommodations for

¹¹⁷ Palmer, *Domesticity*, xiii.

¹¹⁸ Palmer, *Domesticity*, 4.

¹¹⁹ Jean Collier Brown, “The Negro Woman Worker,” *The Aframerican Woman’s Journal* (Summer and Fall 1941): 24.

Black Americans and the “benefit” of economic justice, she identifies that “disease” cannot be segregated. White Americans will experience the cost of Black poverty in illness. Significantly, she makes an argument akin to the claims white women made about health examinations for domestics, to dramatically different effect. Where white women recognized the interconnectedness of health to legitimize state intervention into Black laborers’ bodily autonomy, Brown takes the same premise to advocate for improved living conditions for Black women. The author is particularly attentive to the racialized and gendered failures of social security programs to improve the labor conditions of Black women, describing that “Workers in agriculture and domestic service... have been exempted from the coverage of most of the laws; and it has been shown that the great majority of Negro women workers are to be found within these two occupational fields.”¹²⁰

Immediately following Brown’s piece is a pointed editorial titled, “A Self-Help Program of Household Employees,” which examines the specific dynamic of white women’s mistreatment of domestics. Dora Jones, the author, condemns the horrible conditions domestic workers labor under in the strongest possible language, arguing in one instance that unemployed domestics who are picked up for hourly work are subject to “slave markets.”¹²¹ She celebrates the wide ranging efforts of Domestic Workers Unions, including sponsoring state legislation and pushing for inclusion in the Social Security Act. Key for my argument about the public health expertise of Black women activists in this moment is Jones’s articulation of the job as

¹²⁰ Brown, “The Negro,” 25.

¹²¹ Dora Jones, “A Self-Help Program of Household Employees,” *The Aframerican Woman’s Journal* (Summer and Fall 1941): 26.

uniquely “hazardous,” warranting coverage in compensation insurance. She powerfully argues:

the Workman’s Compensation Law specifically states in Section 3 that the following employments are hazardous and must be covered by compensation insurance: canning fruits and foodstuffs, removal of ashes and garbage, work as janitor, work at cleaning windows and buildings, work in bakeries and laundries... *Yet the very same kind of work when performed by a household employee is unprotected.*¹²²

This passage is doubly significant, reflecting first clubwomen’s awareness of the health repercussions of domestic labor, which she defines as physically harmful. Secondly, Jones offers a challenge to the illusory division between the public and private sphere, the wage earning and domestic. She highlights the absurdity of classifying labor by sphere, rather than type, by contrasting the domestic canning in a single family home with a factory worker canning on an assembly line. Though not reflected in this specific passage, the argument could easily be extended into the canning a woman does in her own home for her own family. It is important to note that the struggles experienced by women operating in gendered professions were compounded by a generally hostile labor market. Contemporary scholar Martha S. Jones clarifies that “the race-based stratification of the urban labor market,” cultivated through de facto and de jure means, resulted in Black workers in general being forced “into jobs that were low-paying, transient, menial, and back-breaking.”¹²³ Unions

¹²² Jones, “A Self-Help,” 27.

¹²³ Jones, *All Bound*, 13.

were highly segregated, and often viewed Black workers as an impediment to better labor conditions for white workers. Male leftist organizers, both within and outside the Black radical tradition, positioned gender as peripheral to the larger class struggle, meaning the specificity of wage-earning domestic labor as a complex tangle of racial, gendered, and classed oppression was rendered invisible.¹²⁴ This broader context makes the arguments *African American* authors like Jones and Brown develop about the overlaps of gender, race, and labor particularly provocative and innovative.

In this context, domesticity's relationship to the heteronormative marriage model becomes more complex for Black women in a sharply foreclosed and brutal labor market characterized by the racist assumption that they are sexually immoral. Marriage is legitimately critiqued when violently imposed by white authorities or used as a tool to naturalize white supremacy through the lens of cultural deficiency. However, as Palmer describes, "Only marriage to a man with a steady income released black women from reliance on [wage-earning] domestic work, and because of discrimination against black male workers, even this respite was erratic."¹²⁵ Physically taxing domestic labor was a key feature of all women's lives, but the conditions under which that labor happened were unique based on other features of that woman's identity. For Black women, marriage could be a route to better and healthier labor conditions, more control over their workplace, and different, if not more, worker protections. It also often functioned as a serious reduction in the physically brutalizing overall labor, because women who worked outside the home

¹²⁴ Claudia May, "Airing Dirty Laundry: Representations of Domestic Laborers in the Works of African American Women Writers," *Feminist Formations* 27, no. 1 (Spring 2015) 141-166.

¹²⁵ Palmer, *Domesticity*, 68.

still bore the brunt of the care and keeping of their own homes and families. Hazel V. Carby suggests that performance as a dancer or singer functioned similarly—“not attractive primarily because it offered a mythic life of glamor but because it was a rare opportunity to do ‘clean’ work and to reject the life of a domestic servant.”¹²⁶ The idea that being a dancer or a singer is “clean” while serving as a domestic is not is ironic, given that under a respectability politics framework the “honorable” work of keeping a household is “cleaner” than the morally degenerate work of dancing or singing in clubs. However, Carby offers an alternate interpretation of “cleanliness”: labor that doesn’t physically brutalize or make the body dirty.

These disparate paths out of wage-earning domestic labor, marriage or performance, indicate that Black women’s choices around romantic and sexual relationships were embedded in logics of the labor market, as well as the logic of health justice. As contributor to the *Aframerican* Marjorie McKenzie ironically notes, “For the past one hundred years, Negro women have been amused, secretly and bitterly no doubt, by the agitation of white women to establish the right to work. We have been working for ourselves, our families, and for America well over three centuries,” arguing “if we had found time to plan any additional agitation, we would have been concerned about our right to stay at home” because employment discrimination experienced by Black men meant their families needed dual-income households to survive.¹²⁷

¹²⁶ Hazel V. Carby, “Policing the Black Woman’s Body in an Urban Context,” *Critical Inquiry* 18, no. 4 (Summer 1992): 752.

¹²⁷ Marjorie McKenzie, “Against the Lean Years,” *The Aframerican Woman* (Summer 1943): 6.

Marriage itself, as both a legal and social contract, takes on a particularly complex character for post-Emancipation Black citizens. As Katherine M. Franke outlines in her examination of the relationship between citizenship and marriage for freedpeople, enslaved communities cultivated a variety of sexual and romantic relationships that sometimes, but not always, overlapped with heteronormative Christian models championed by white families for themselves. Complicating rights discourse, she demonstrates that the “right” to marriage, its denial used to powerful effect by abolitionists as one of the great horrors of enslavement, gave emancipated people access to certain legal protections while also subjecting them to increased surveillance and criminalization. She argues that, “Because the status citizen has both legal and moral content for nineteenth-century republicans” and “citizenship was something that had to be cultivated in Black people,” disciplining the diversity of relationships among the formerly enslaved into heteronormative marriage models became one of the central projects of the state.¹²⁸ Various agents of the state expressed a range of views on the “unchristian” character of Black love relationships from paternalism to contempt and sought to make them citizens by making them marry in a different calculation of the relationship between domesticity and citizenship than I offer.

Because the negotiation of Reconstruction also occurred in a context of changing legal and social norms around marriage generally, particularly the recognition of “common law” marriage, freedpeople were enfolded in a complex

¹²⁸ Katherine M. Franke, “Becoming a Citizen: Reconstruction Era Regulation of African American Marriages,” *Yale Journal of Law & the Humanities* 11, no. 2 (Summer 1999): 252.

effort to reinforce patriarchal labor norms in the American family that transcended their specific circumstances. She notes, “Their ideological investment in the boundary between domesticity and dependency, on the one hand, and free labor, autonomy, and masculinity on the other was operationalized explicitly in the Freedmen’s Bureau policy and state laws.” The ways marriage functioned as a citizenship project, a method of gendered and sexual control, and a labor project is dramatized in one state legislature formalizing “the legitimacy of the marriages of previously enslaved people” while clarifying “paupers or persons who were public charges [are] incompetent to contract marriage.” Thus, marriage served to instantiate a public and private labor sphere along gendered lines, as well as offset responsibility for the care of vulnerable people from the state to male-headed households; “the husband became legally responsible for the care and support of his wife and children, thereby relieving the state of any obligation.”¹²⁹

This places Black activists of this period and beyond in a difficult position—denial of the recognition of their families and the protections therein constituted an excruciating element of enslavement, with loved ones commonly ripped apart and trafficked to different regions. The practice of separating families as a mode of control was so common that the Freedmen’s Bureau often functioned as a reunification project, connecting parents, children, and spouses. Further, being legally married afforded new and vital privileges, like pensions for veterans’ widows. However, Black activists also recognized that the legal protection available to them was modeled “on the non-negotiable terms set by the dominant culture” to which they

¹²⁹ Franke, “Becoming,” 302-303.

had dramatically foreclosed access, rather than “pre-existing Black community norms.” The state also sought to limit their political power through various forms of discipline and control. Failure to “correctly” form families resulted in consequences like incarceration and the loss of one’s children. Franke suggests that in response “Northern Black elites were often as judgemental as whites when it came to the practices of poor Blacks,”¹³⁰ citing, of particular note for my examination of clubwomen, an editorial urging Black women to be cautious and careful in their sexual relationships and always direct themselves to marriage. This context is significant for understanding the ways Black clubwomen took up sex and sexuality as public health problems. The Progressive era was characterized by reformers’ development of a regulatory apparatus that criminalized poverty, dirtiness, illness, and sexual degeneracy as overlapping categories that reinforced each other. Comporting oneself in appropriate sexual relationships was not only a moral imperative, but a hygienic one.

Towards the end of the nineteenth century the state also developed a powerful regulatory apparatus for repressing queer desire in the interest of securing a particular kind of citizenship, as queerness was defined through both medical and racial terms, with particular reference to anti-Blackness. Margot Canaday describes that “Federal officials were confronted with evidence of sex and gender nonconformity as they did the things that bureaucrats do— whether keeping undesirables out of the country, peopling an army, or distributing resources” and argues that in the early twentieth century queerness was surveilled and suppressed “through regulatory devices aimed

¹³⁰ Franke, “Becoming,” 253, 290..

at broader problems: poverty, disorder, violence, or crime.”¹³¹ She depicts the ways the state used various regulatory apparatuses to produce correctly gendered and sexed bodies that formed the appropriate citizenship unit, the heteronormative family, which would then take on the burden of social services for the dependent. The tangle of queer sex, poverty, illness, and criminality characteristic of the late nineteenth and early twentieth century was deeply related to the move to reinforce racial boundaries through segregation. As Siobhan B. Somerville details, discourses of sex were constructed “through a reliance on, and deployment of, racial ideologies,” through the depictions of racialized bodies as sexually deviant and sexually deviant bodies as anatomically wrong, as well as through the eroticization of the color line and positioning of both same-sex and interracial desire as perverse and unhygienic.¹³² Roderick Ferguson places the interplay of heteropatriarchal ideals and anti-Black racism before the development of pseudo-medical discourses like sexology, arguing that “African-American culture has always been deemed as contrary to the norms of heterosexuality and patriarchy...the material and discursive production of African-American nonheteronormativity provided the interface between African-American racial and sexual formations and the material practices of state and civil society.” Both Blackness and queerness function as “the antithesis of citizenship” for their violations of its central unit, and “have been subject to similar techniques of regulation and exclusion,” and have been positioned as unwell.¹³³

¹³¹ Margot Canaday, *The Straight State: Sexuality and Citizenship in Twentieth-Century America* (Princeton: Princeton University Press, 2009), 3.

¹³² Siobhan B. Somerville, *Queering the Color Line: Race and the Invention of Homosexuality in American Culture* (Durham: Duke University Press, 2000), 17.

¹³³ Roderick Ferguson, “The Nightmares of the Heteronormative,” *Cultural Values* 4, no. 4 (October 2000): 419-421.

Further, as various scholars of gender and sex have highlighted, desire is not a natural, ahistorical category but a constructed one, and perspectives on the relationship between sex and personhood have varied wildly across time and place, contingent on other identities and power relationships. This is important to account for to make sense of the ways sexual comportment was also a hygienic, public health concern in Black clubwomen's political work. Catherine Cocks asks, "If many Progressive Era men and women experienced sex as the outcome of more-or-less pleasurable, more-or-less consensual barter, what did that mean for their understanding of their relationship and the act, not to mention our understanding of sexuality?"¹³⁴ Emphasizing that the interplay of sex and labor under conditions of capitalism and patriarchy often results in women of all races, ethnicities, and classes "bartering" for social goods from men with sexual favors, Cocks notes that "In 1900, a woman's decision to say no to opposite-sex intercourse was in some important ways more radical than the decision to say yes."¹³⁵ The decision to "say no" is further complicated for Black women given its relationship to imperialism abroad and discourses of "degenerate," "uncivilized," and "unhygienic" races. Unsurprisingly, this analysis was made contemporaneously by Black women intellectuals, with Carby arguing that they "associated imperialism with unrestrained patriarchal power" and noting that Anna Julia Cooper in particular, "saw the imperialist or expansionist impulse, with its ideology of racial categorization, as a supreme manifestation of

¹³⁴ Catherine Cocks, "Rethinking Sexuality in the Progressive Era," *The Journal of the Gilded Age and Progressive Era* 5, no. 2 (April 2006): 116.

¹³⁵ Cocks, "Rethinking," 107.

patriarchal power.”¹³⁶ Black clubwomen’s efforts to make themselves legible as civic actors within this network of discourses about their bodies and desires make their relationship to sex significantly more difficult to reduce to only respectability or dissemblance. The choices they made about how and with whom to have sex under which conditions, and how and when to talk about their desires, were complex legal, social, medical, and economic questions with real repercussions for their lives as laborers as well as their ability to secure their own safety.

Domesticity and its relationship to gendered and racialized identity formation was also inextricable from discourses of hygiene, contagion, and public health for Black women, which clubwomen recognized in their foundational belief that “health work was distinctively women’s work.”¹³⁷ As they were making decisions about their domestic lives and how they would manage the public import of their “private” choices, new language and knowledge about disease emerged to sharpen the narratives of Black womanhood they positioned themselves against. Palmer notes that there is a “connection in American culture and history between white middle-class women and purity and between working-class, immigrant women or women of color and dirt.”¹³⁸ Particularly relevant for Black clubwomen and their emphasis on female comportment was the Progressive Era’s negotiation of sexually transmitted infections, which were understood through the language of hygiene and dirt. Allan M. Brant argues that “Venereal disease, as a social construct, provided a means of organizing

¹³⁶ Hazel V. Carby, “‘On the Threshold of Woman’s Era’: Lynching, Empire, and Sexuality in Black Feminist Theory,” *Critical Inquiry* 12, no. 1 (Autumn 1985): 265.

¹³⁷ Smith, *Sick*, 18.

¹³⁸ Palmer, *Domesticity*, 16.

and explaining many of the social dilemmas which Progressivism sought to address,”¹³⁹ and emerged as a site where the boundaries of the heteronormative family were challenged and defended. New research revealed that two particular diseases, syphilis and gonorrhea, were much more harmful than previously understood with respect to their impact on sterility, fetal development, and more. Doctors of the period struggled with their dual responsibilities– the immediate need to protect the privacy of their patients and the broader need to protect “innocent women and children” from the ravages of infection–and were concerned about the cost of STIs in terms of the “degeneration of the race” and the collapse of the (white) family.¹⁴⁰ Unsurprisingly, the treatment of white, middle class Americans and poor and/or Black Americans by the medical establishment around sexual health varied wildly.

The ethos of the reform era overlapped with preexisting racist ideas of Black susceptibility to disease and proclivities for casual sex to produce a medical establishment that placed “more blame directly on blacks for their perceived poor health” because they ignored “personal and community hygiene.”¹⁴¹ With respect to STIs like syphilis, many medical professionals argued the deviant lifestyles of Black Americans made prevention impossible and that “sexually transmitted diseases affected blacks more, and differently.” They were “branded as syphilis carriers.” As a result, where white middle-class women, with their uncontested access to “true

¹³⁹ Allan M. Brandt, *A Social History of Venereal Disease in the United States Since 1880* (New York: Oxford University Press: 1985): 8.

¹⁴⁰ Brandt, *A Social*, 15.

¹⁴¹ John Parascandola, *Sex, Sin, and Science: A History of Syphilis in America* (Westport: Praeger, 2008): 38.

womanhood” and position as wives and mothers, were cast as tragic victims of sexually transmitted infection worthy of protection and care, Black women, subject to governing images of hypersexuality and uncleanness and largely cast as deviant mothers, were interpreted by the medical community as “perfect carriers for disease.”¹⁴² Thus, they were exposed to surveillance, criminalization, and medical and state abuse. Significantly, this surveillance was in part cultivated by white women who hired Black domestics, as “white housewives and activists worried they would bring sickness from African American communities into white middle class neighborhoods.” Particularly localized around syphilis panic, but including other potential contagions, white women advocated for increased medical surveillance of their domestic laborers.¹⁴³ Further, medical officials’ efforts to prevent the spread of STIs were grounded in an anti-sex worker ethos that involved increased surveillance and criminalization of sex work.¹⁴⁴ Many Black women, sex workers or not, were captured under this regime of state violence due to the assumption of criminal and deviant sexuality that was assumed to signify disease.¹⁴⁵

Additionally, the moment club women were emerging as a particularly politically powerful constituency overlapped with the institutionalization of germ theory, the idea that invisible pathogens are a major cause of disease. As Knadler writes, “Starting in the 1890s, germ theory changed society’s understanding of the

¹⁴² Hart, “Constructing,” 36.

¹⁴³ May, “Standardizing.”

¹⁴⁴ Parascandola, *Sex*.

¹⁴⁵ Cheryl D. Hicks, “‘Bright and Good Looking Colored Girl’: Black Women’s Sexuality and ‘Harmful Intimacy’ in Early-Twentieth-Century New York,” *Journal of the History of Sexuality* 18, no. 3 (September 2009): 418-456.

origin, distribution, and control of diseases.”¹⁴⁶ Rather than challenging “Sanitarianism, or the belief that disease emanated from filth... people melded both theories together fearing both unseen bacteria and the poor as spreaders of diseases out of ignorance.” Hart describes that, “though germ theory explained the randomness of disease, older prejudices and beliefs in the immutable racially, gendered and classed foundations of health and disease remained and frequently resurfaced, now justified by germs.”¹⁴⁷ Though the awareness that disease could not be segregated led to some “halfhearted” increased public health interventions from mainstream political and medical institutions, it largely led to increased surveillance and more frequent encounters with a violent and violating white medical establishment. This also empowered eugenicists with a new rhetoric to legitimize population control.¹⁴⁸

White supremacist rhetoric around disease and contagion has a long history, beginning in colonial regimes that justified their dominance in part through their “superior hygiene,” continuing through language around the improving influence of enslavement on the health of the enslaved, and rationalizing segregation as a hygienic project. Unlike white medical professionals and reformers, who attributed poor health outcomes and living conditions to an innate or cultural inferiority, Black clubwomen’s advocacy reflected an “awareness of the dilapidated tenements, inferior health facilities, and dearth of employment and educational opportunities” and protested “the roots of these conditions: persistent discrimination and racism.”¹⁴⁹

¹⁴⁶ Knadler, *Vitality*, 25.

¹⁴⁷ Hart, “Constructing,” 35.

¹⁴⁸ Patterson, “Germs.”

¹⁴⁹ Knupfer, *Toward*, 22.

They sought to counter prevailing language that emphasized their sickness as a product of intrinsically Black poor hygiene and sanitation, but where poor sanitation existed they understood it as a manifestation of white supremacy. In this way, they strove to negotiate among environmental, socially determinant, and bodily causes of disease and develop a model of public health that empowered Black people to transform their lives without losing sight of the systems that foreclose their choices.

Questions of public health and disease emerge throughout the *Aframerican*, and the concept of health justice informs their interpretation of all issues relevant to Black America. For example, in a 1941-1942 issue themed around the Black woman's role in wartime, the idea of health is articulated as central to supporting the war effort. In an article titled "Negro Women in Civilian Defense Work," Dorothy I. Height defines civilian defense as, in large part, a health project. She notes that women's ideal contribution to civilian defense is "the betterment of community life" consisting of "recreation, health, and education," of "helping citizens to be strong, and healthy, to eat the right foods, and to do useful work." Particularly important is her articulation of the plan to "build the Health, Strength, and Physical Well-Being of our people." She notes that:

Physical strength of men, women, young people, and little children, means adequate food and clothing, and housing for them Clinics, nursery schools, recreation centers to keep children healthy...Health and well being give us the strength for defense.¹⁵⁰

¹⁵⁰ Dorothy I. Height, "Negro Women in Civilian Defense Work," *The Aframerican Woman's Journal* (Winter 1941-1942): 9-12.

Notable here is both the context in which this articulation emerges, an essay on supporting American democracy during World War II, and how sophisticated her description of health is. The context reveals that Black clubwomen's activism, no matter what central issue it examined, was always also about securing the conditions for Black health. The conditions for Black health were the lodestar through which they directed their efforts and understood liberation. Further, her description of health is what I would define as health justice— a nuanced, social, economic, and political account of conditions including formal medical care, food scarcity, education, housing, and space for joy and pleasure. A “clean” and “hygienic” America for Black clubwomen is also an America where Black life can not only survive, but flourish.

The final epigraph for this chapter, from James Baldwin's *Go Tell it On the Mountain*, “The room was so narrow and dirty... no labor could ever make it clean... John thought with shame and horror, yet in angry hardness of heart: He who is filthy, let him be filthy still,”¹⁵¹ is excerpted and discussed at length by Ferguson in his analysis of the ways Black families are constructed as inherently deviant and nonheteronormative, thus dirty. He turns to filth as a liberatory mode of expression for Black people, functioning as a metaphor for the “cultural pathologies” so stigmatized by the state, and calls for an embrace of “the nonheteronormative as the location for new and emergent identifications and social relations.” Among them, he argues that “freely chosen love is an index of personal freedom.”¹⁵² The model of domestic citizenship Black clubwomen produce engenders a slightly different, though

¹⁵¹ Baldwin, *Go Tell*, 19-20.

¹⁵² Ferguson, “The Nightmares,” 439-440.

compatible, reading of the scene. Filth is never mere metaphor for Black women, with their complex burdens of paid and unpaid domestic labor, the charge of carrying disease, and the relationships among sex and economic and social security. The desire for a liberatory love is nuanced by the gendered realities of impregnation, risk, and disease, and the various state and medical apparatuses that force their reproductive control.

Control of the Body, Control of the Home

Sex and reproduction as a means of social control lies at the intersection of domesticity, family, gender, race, and emergent language around contagion. As referenced in the previous section, the Progressive Era produced a host of contradictory ideologies around sexuality, including the proliferation of materials of sexual health and reproductive control with the backlash of antiabortion and obscenity laws. Similarly, mores around nonreproductive sex relaxed through practices like common law marriage, even as the state increasingly surveilled the “deviant” sexualities of persecuted peoples across the globe. Particularly relevant for clubwomen were the seemingly contradictory languages of respectability and sexual liberation being articulated in different registers from working class and upper class women. For Black clubwomen, a central contradiction of the moment included the rhetoric of lynching, which relied on a myth of Black men as sexual predators necessarily policed by extreme violence, while the actual systemic rape of Black women by white men as a mode of sexual and racial terrorism went unacknowledged

and unchecked by the same actors ostensibly so concerned about interracial violence and miscegenation. Another tension particularly significant for this chapter is the relationship between the eugenics movement and reproductive control. These debates over the relationship between sex and various structures of power were all inextricably tangled in the emergence of a powerful movement on the part of women of diverse backgrounds to reconstitute their gender identities as civic actors, which necessarily involved a negotiation of domesticity.

Cocks notes that “certain kinds of bodily and household cleanliness took on growing power as markers of class, ethnic, and racial difference at the same time that some rejected the longstanding Christian association of sexual intercourse with bodily excess, sin, dirt, and disease.”¹⁵³ The examination of sexually transmitted infections in the previous section clarifies that the association of intercourse and disease was powerfully operative, particularly for Black women who were cast as vectors of such illnesses. However, the centrality of the domestic space and the clean home to constructing sexual and gendered identities in the early twentieth century cannot be understated. In many ways, domestic citizenship for Black clubwomen was mutually constitutive with sovereignty over their own bodies, pushing back against various actors from the formal medical establishment to Black male activists and intellectuals who would abstract the corporeality of sex and reproduction and diminish their agency. The classist element of their activism resulted at times in their reinforcement of the surveillance state, as well as secured their own economic and bodily autonomy at the expense of poorer Black women. However, the ethos undergirding their public

¹⁵³ Cocks, “Rethinking,” 117.

health project was to afford women more control over their bodies and their homes by staking claim over the domestic space and cultivating expertise in the practices of maintaining it; “public health work was central to the expansion of black women’s political influence.”¹⁵⁴

Further, clubwomen demonstrate an acute awareness of the limitations of their own knowledge, as well as their desire to work in true community with working class women. Olive M. Diggs in “The Negro Woman Assesses New Horizons” implores “Farm hands, washerwomen, janitresses and all other menial laborers should be included in the making of decisions that concern them vitally along with other women in all other areas of employment.” She clarifies that “It is imperative that we do not permit ourselves the pernicious luxury of thinking that we must think for, instead of sharing and *thinking with* all of our women, regardless of the level of their work or education.” This tension she poses, “thinking for” versus “thinking with”¹⁵⁵ demonstrates that some clubwomen were highly aware of the power imbalances produced by class and wanted to ensure they worked in reciprocal relationships with women of other backgrounds. Lived experience of labor is just as valuable and important in decision making as type of labor or level of education.

As Cherisse Jones-Branch notes, clubwomen strove to “guide poorer African Americans toward acquiring such traits as cleanliness, discipline, and abstinence, the absence of which had long been associated with marginalized people” and suggests “Racial uplift, for these black clubwomen, invariably meant caring for African

¹⁵⁴ Judson, “Civil,” 108.

¹⁵⁵ Olive M. Diggs, “The Negro Woman Assesses New Horizons,” *The Aframerican Woman’s Journal* (1943): 17.

American homes and children. Through these decades, they articulated a materialist argument that justified women's activism by citing their traditional role as nurturers of families and children."¹⁵⁶ The ultimate goal was not to persist in a surveillance role over working class Black women, but to provide them with the rhetorical and material skills necessary to claim their domestic expertise in modes legible to the various actors that would judge them deficient. Again, it is key to note that unlike white reformers who largely perceived the failures of Black families as intrinsic to their natures and Black women in particular as not in possession of "any moral fiber or will of their own,"¹⁵⁷ Black club women "inverted the argument of respectability, providing irrefutable evidence that Jim Crow laws and practices prevented race women and men from improving the standards of their lives and their livelihood."¹⁵⁸ Their rhetoric of "self-help" was always grounded in a structural analysis of white supremacy and a demand on the state— if they are responsible for keeping their houses clean, the state is responsible for making cleanliness possible.

One key feature of the perceived "deficiency" of Black women their version of domestic citizenship challenged was the attribution of various social ills to their sexuality, alongside an intense fetishization and commodification of those same myths. Carby argues that "The movement of black women between rural and urban areas and between southern and northern cities generated a series of moral panics" particularly that "the behavior of black female migrants was characterized as sexually

¹⁵⁶ Jones-Branch, "The Arkansas," 222.

¹⁵⁷ Carby, "Policing," 740.

¹⁵⁸ Knupfer, *Toward*, 25.

degenerate and, therefore, socially dangerous.”¹⁵⁹ At the same time, “in the opening decades of the twentieth century, activists opposed to racism and colonialism, artists and authors, and tourist businesses began to cast domestic minorities and colonized peoples as psychic and sexual resources for metropolitan whites”¹⁶⁰ a practice Chad Heap refers to as “slumming.”¹⁶¹ Black women’s sexuality was thus caught between two equally violent logics: for conservative reformers they required surveillance and policing because their deviance was symbolic of a larger collapse of social mores, while for “radical” white artists and intellectuals, they served as a commodity symbolic of a desirable return to the primitive. In all the ways these discourses materially impacted Black women’s lives, from a police officer emboldened by increased public support for jailing sex workers to a white writer visiting a club in the hopes of purchasing sex from a Black dancer, Black women’s bodies and desires were placed in service to political projects that cared little for them as independent persons. This dynamic also manifested in the panic over Black women as “dirty” carriers of sexually transmitted infections, heightened during wartime.

African American contributor Pauline Redmon Coggs gestures to this very dynamic in her piece “Community War Challenges to Negro Women,” demonstrating both the specific dynamics of domestic citizenship and the complex relationship “respectable” Black clubwomen developed towards sex work and sexually transmitted infection. She first clarifies that even prior to the deprivation of wartime “Negro communities

¹⁵⁹ Carby, “Policing,” 739.

¹⁶⁰ Cocks, “Rethinking.”

¹⁶¹ Chad Heap, *Slumming: Sexual and Racial Encounters in American Nightlife, 1885-1940* (Chicago: University of Chicago Press, 2009).

have always been socially unfortified. Our over-crowding has been greater, our disease and death rate higher...we have always had fewer decent houses, inadequate health facilities, and less supervised recreation. We still have the most ill and the fewest cures.” Noting that men engage in explicit military service, she argues that “The home defense is our [Black women’s] job” which they undertake through “knowledge of our Negro community” and “our participation in the total community.” The editorial is exceptional for both the sophistication of its analysis and the depth and complexity of the proposed response.

Coggs responds to the governing myths of Black women as sexual threats to soldiers because they carry diseases by posing the relationships among sex, disease, and militarism as genuine questions that require communal and state care, not punishment or condemnation. She urges her readers to engage critically with health issues in their communities rather than retreating to “private portals of our homes or behind the ‘No Admittance’ cards of our snobbish social events.” Significantly, she phrases the question as “Have unmarried mothers and venereal diseases increased with the coming of soldiers?” She separates two concerns, women impregnated and abandoned by soldiers and the spread of STIs, and makes no claims of causality, using the passive voice. Military-issued materials around avoiding STIs shamed and stigmatized women as dirty disease-carriers and immoral seductresses that entrapped soldiers with their wives, but Coggs pointedly places no blame on women. By framing unwed mothers and diseases as following “the coming of soldiers,” if anything, she suggests they are instigators of the social harms and long term health repercussions for the community. Even this claim is tempered by her wondering if “men in uniform

have a decent place to relax,” which was one of the strategies the military practiced to discourage less safe sex among soldiers and civilians. Again claiming the specificity of Black women’s position as community leaders and public health advocates, she argues that the task of consolidating all available information and responding to the health threat is theirs; “women are the only ones to do it.”¹⁶²

Contrary to the assertion that Black clubwomen did not negotiate issues of sex in their public address, she engages very explicitly with adolescent sexuality and the potential sexual exploitation of girls. When she presents the specific charge that “teen-age Negro girls were becoming prostitutes and infecting venereal diseases” she also presents a conflicting account from “Negro ministers,” but argues that regardless it is her readership’s responsibility to identify the issue and provide support to the girls of the community. “Where lies the truth,” she asks, “Who better than the Negro women of the town could best find out?” She reflects that in the event that there is a sexual health crisis “it need not be advertised” but that “denial by Negro leaders will not improve the situation.”¹⁶³ This move is again remarkable for the absence of stigma or shame. Coggs doesn’t frame her argument around denials of adolescent sexuality or the persistence of male predation as the “politics of respectability” would suggest, nor does she seem particularly concerned about the “moral fiber” of the girls in question.

Reflecting the best of contemporary public health approaches to STIs, Coggs launches her analysis without judgment or recourse to the Victorian mores so often

¹⁶² Pauline Redmon Coggs, “Community War Challenges to Negro Women,” *The Aframerican Woman’s Journal* (Summer 143): 8.

¹⁶³ Coggs, “Community,” 8.

attributed to Black clubwomen. She is deeply disinterested in judging girls for having sex if they do and clearly feels “traditional values” are not a solution to sexual health problems. Her reflection on STIs as a socially determined problem is clearest in the immediately following paragraph, where she argues that economically secure Black women of their communities:

must know how many doctors are available to serve how many potential patients. They must know how many people can afford medical treatment in clinics only, and how many the existing clinics can serve. We must find out how many mothers leave their children to go to work early in the morning, and where those children go and what they do until the parents return at night. What do they eat? Was a hot lunch provided for them at school? How many children need school lunches if they are to grow, learn and be healthy.

STIs are not problems of deficient morals, they are problems of poverty, medical neglect, and isolation. Reflecting Black clubwomen’s sophisticated awareness of the relationship between mutual aid and formal politics, she then outlines a thoroughly researched plan to finance the public health effort with state support. She identifies various government offices and a specific law that provides funds for the needs of “war workers” and the “communities in which” they reside, clarifying how the funds are requested and dispersed and citing a specific anti-discrimination cause in the act. Not only does she instruct Black women to seek these resources, she encourages them to use the anti-discrimination clause to its fullest effect, “If the needs in Negro communities are ignored or equal provisions for meeting them not provided in the plans of local authorities, the Race Relations Adviser in the Federal Works Agency...

should be informed.” Ever sensitive to the larger political landscape, she instructs her readers to work through the local authorities as much as possible before soliciting outside help. She locates city boards and committees on which Black women should secure positions, then pushes even further to anticipating and countering the racially disadvantageous effects of “post-war planning” for land use. Expressing concern over what contemporary activists would call gentrification, she insists that her readers advocate for public housing that doesn’t price impoverished families out of the “rebuilt” communities. Capturing her philosophy writ large, she writes, “Politics, therefore, assumes a new significance. It is the source of the ‘good life,’ or of social and economic chaos.” In other words, politics can produce or deny health justice.¹⁶⁴

At the same time as knowledge and rhetoric around sexually transmitted infections shifted, the landscape of sexual health care was dramatically changing, particularly around reproductive control. As Cocks notes, “Between the 1870s and 1917, states and the federal government enacted new and enforced old laws against contraception, abortion, sexually explicit publications, and prostitution” in response to “an active trade in anatomical knowledge, health advice, and birth control devices.”¹⁶⁵ Though this backlash occurred within a larger landscape of women articulating themselves as civic actors and reframing domesticity, it took on an explicitly racial character through the eugenic push for population control. Dr. Horatio Storer, one of the key antiabortion advocates in the nineteenth century that helped criminalize abortion, argued “that abortion is a crime not merely against the

¹⁶⁴ Coggs, “Community,” 9.

¹⁶⁵ Cocks, “Rethinking,” 103.

life of the child and the health of its mother, and against good morals, but that it strikes a blow at the very foundation of society itself”¹⁶⁶ because the birth rates of white, Anglo Saxon, protestant children would be outmatched by the birth rates of immigrants and people of color.

The criminalization of abortion was also a tactic to delegitimize alternative medicines outside the Western medical model, many of which were cultivated by Black women. Leslie R. Reagan argues that “In 1857, the newly organized AMA initiated a crusade to make abortion at every stage of pregnancy illegal. The antiabortion campaign grew in part, James Mohr has shown, out of regular physicians' desire to win professional power, control medical practice, and restrict their competitors, particularly Homeopaths and midwives.”¹⁶⁷ Though Black midwives filled vital roles in closing the gap between Black mothers and the quality maternal care the white medical establishment denied them, as well as serving vital community leadership roles, they were increasingly targeted by reform movements. They were charged with not maintaining “clean environments,” drawing on “unscientific, and therefore unsafe, folk medicine” and ironically blamed for Black mothers and infants’ high mortality rates. These tensions were no doubt exacerbated by the fact that many Black women sought midwives over doctors, because they were more affordable, because they treated them with dignity and respect, and because they adopted a more holistic approach to postnatal care.¹⁶⁸ State regulations forced Black

¹⁶⁶ Horatio Robinson Storer, *Why Not? A Book for Every Woman* (Boston: Lee and Shepard, 1866): 64.

¹⁶⁷ Leslie J. Reagan, *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867-1973* (Oakland: University of California Press, 2022): 10.

¹⁶⁸ Smith, *Sick*, 118.

midwives to alter their practices as well as at times co-opting them into a medical surveillance regime. Western medical practitioners' fight to undermine Black women's authority as healers within their communities has a long history predating the late nineteenth century.

Black midwives responded not only to the current push by reformers, but to the white medical establishment's longstanding antagonism. During enslavement, white male physicians, who undermined their own authority through grotesque violence against enslaved people, were enraged by the competing authority Black women often held as health care providers. Building their knowledge from alternate, indigenous traditions outside the epistemologies of Western medicine, their practices were distinct in methods but also in their affordances of dignity and agency, while white doctors contributed to slavery's regime of terror. Abortion is a key site for understanding this difference— while Black midwives and healers supported Black women in controlling their reproduction, white doctors developed techniques of surveillance to support enslavers in rooting out abortion practices, which would have denied enslavers of new “property.”¹⁶⁹ The turn of the twentieth century also signaled a significant schism between medical and public health professionals, with medical doctors shoring up their expertise by emphasizing the biomedical, rather than social, causes of disease.¹⁷⁰ Black clubwomen thus intervened in a moment where their sovereignty over their bodies was foreclosed in all directions from a multiplicity of

¹⁶⁹ Sharla Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: University of North Carolina Press, 2002).

¹⁷⁰ Allan M. Brandt and Martha Gardner, “Antagonism and Accommodation: Interpreting the Relationship Between Public Health and Medicine in the United States During the 20th Century,” *American Journal of Public Health* 90, no. 5 (May 2000): 707-715.

institutions and actors, including prisons and police, doctors and medical institutions, and a commodified erotic economy.

“Project Reports” delivered by clubwoman Dr. Dorothy Boulding Ferebee at an annual Planned Parenthood Federation of America meeting and printed in the 1942 *African American*, reflect a much more explicit and nuanced engagement with sex and reproductive control than traditional accounts of clubwomen suggest. Her presentation opens with the claim that “medically supervised birth control integrated into existing public health services can improve the general welfare of Negroes” and that “pregnancy spacing” functions “as an aid to general welfare improvement.” Reflecting the reproductive justice organizing characteristic of late twentieth century Black feminism, she presents a broad, contextually informed image of pregnancy for Black women. She opens with staggering statistics depicting the vastly disproportionate death rates for Black mothers and children and noting that for those who survive the brutal experience of pregnancy and birth, “The Negro, occupying a large sector of the impoverished half of the nation, is saddled with problems of disease, poverty, and discrimination.” Though the leaders of the contraceptive projects she outlined initially failed to anticipate the needs of working class women, they quickly identified and rectified the problem, “It was soon found that it would be necessary to devise some plan to include the provision of contraceptive information for Negro women prevented from attending clinic sessions because of domestic service.”

Though she cites only two regional programs, which she hopes to serve as models for future work, the focus on accessible contraception is not at all tertiary to

NCNW's broader mission. Ferebee celebrates the resolution passed at the 1941 NCNW meeting asking "the Health committees of every Negro organization throughout the country" to include "all public health programs, especially the less familiar one of Family Planning, which aims to aid each family to have ALL the children it can support, but no more— in order to insure better health, greater security and happiness for all." The report concludes with Ferebee urging her readers "interested in having a program on Planned Parenthood" to reach out to the Division of Negro Service for free programming. As these various *Aframerican* authors demonstrate, domestic citizenship was Black clubwomen's way of leveraging their position as laborers, public health experts, and community leaders to reclaim ownership over their labor, their bodies, their homes, and their public lives.¹⁷¹

"Poor Mid-Victorian, Sentimental, Persevering Miss Fauset:"¹⁷² The Domestic Fiction of Citizenship

Black women activists at the turn of the century negotiated their citizenship status in diverse, complex forums, including but not limited to direct action, journalism, and literature. As detailed in the introduction, for people violently prohibited from traditional modes of civic participation like voting, citizenship manifests in sometimes unexpected and innovative modalities. Several scholars locate Black women's fiction particularly as a useful site for thinking about their intellectual

¹⁷¹ Dorothy Boulding Ferebee, "Project Reports," *The Aframerican Woman's Journal* (Summer and Fall 1942): 9-11, 24.

¹⁷² Jaime Harker, *America the Middlebrow: Women's Novels, Progressivism, and the Middlebrow Authorship Between the Wars* (Amherst: University of Massachusetts Press, 2007): 54.

and political innovations, including Hazel Carby, Claudia May, Anne Meis Knupfer, and Brittany Cooper, all cited in this chapter. Cooper notes of her methodological choice, “if we actually want to take Black women seriously as thinkers and knowledge producers, we must begin to look for their thinking in unexpected places, to expect its incursions in genres like autobiography, novels, news stories, medical records, organizational histories, public speeches, and diary entries.”¹⁷³ In the Progressive Era, artistic production took on a particularly politically powerful character among Black liberation workers at large, with Black intellectuals explicitly naming their new aesthetic modes as worldbuilding. W.E.B. DuBois’s famous and richly debated assertion that “all art is propaganda and ever must be,”¹⁷⁴ reflects the specificity of the New Negro moment as a uniquely aesthetic political project.

In this section, I turn to the specific genre of domestic fiction by Black women intellectuals not only because aesthetics are an explicit political concern in the heyday of the Black women’s club, but also because the dynamics within domestic fiction and the contemptuous attitudes expressed by contemporaneous critics about the genre reflect the broader neglect of Black women’s radical theorizing of gender, sex, and domesticity. The domestic novel written by women itself constitutes a unique generic innovation deeply implicated in defining modern womanhood and female political power; “narratives which seemed to be concerned solely with matters of courtship and marriage in fact seized the authority to say what was female.” In Nancy Armstrong’s account of the emergence of the genre, she argues, “written

¹⁷³ Cooper, *Beyond*, 22.

¹⁷⁴ W.E.B. DuBois, “Criteria of Negro Art,” *The Crisis* 32, no. 6 (October 1926): 4.

representations of the self allowed the modern individual [woman] to become an economic and psychological reality” and that politics cannot be separated “from the history of women’s literature, or from changing representations of the household.”¹⁷⁵ Armstrong’s analysis emphasizes white English women’s aesthetic innovations, meaning her analysis of the ways such women positioned themselves with respect to labor in the household do not always evenly map onto Black American women at the turn of the century.

In her cross-racial examination of attitudes around domesticity, Palmer locates narratives about marriage in popular culture, noting “By the 1920s, movies shared with novels the task of demonstrating appropriate attitudes...Pervasive images offered directions on how women should act in particular situations...These signs are important for their positive vision of the housewife.”¹⁷⁶ Discussing Black authors’ depictions of wage-earning domestic laborers specifically, Claudia May argues that “domestic workers of fiction, poetry, and dramatic art communicate their agency”¹⁷⁷ and that this fiction forms a discursive landscape of alternate images and reinforces the activist production around domestic laborers, while nonfiction activist writing provides a rich account of the real-life conditions. Paula Rabinowitz considers a fuller integration of the multiple labor roles Black domestics served, not only as exploited wage earning laborers, but also unpaid laborers, noting that the novels she describes

¹⁷⁵ Nancy Armstrong, *Desire and Domestic Fiction: A Political History of the Novel* (New York: Oxford University Press, 1987): 12, 15.

¹⁷⁶ Palmer, *Domesticity*, 20.

¹⁷⁷ May, “Airing,” 162.

“consider what it means to maintain two homes— one’s own and another’s of a different class, race, and neighborhood.”¹⁷⁸

This critical landscape reveals key distinctions among domestic/romance novels crafted by women of different racial and classed identities. Where for white women the genre and the family itself opens up space for new visions of female political power and civic subjectivity, Susan Edmunds in particular notes that it is central for “the rise of the U.S. welfare state” as necessarily tasked with supporting white heteronormative family structures or “white domestic security,”¹⁷⁹ Black women writers offer a more critical, and, as Lisa Mendelman would argue, ironic depiction of domestic life. Mendelman argues of Fauset specifically that her “modern sentimentalism registers this ironic self-estrangement of New Negro femininity.” She reclaims the sentimental as a constituent feature, rather than a divergence from, modern literature, but clarifies that its features read differently for “individuals for whom piety and submission have problematic implications,” including Black American women.¹⁸⁰ Where for some “family is the clean alternative to history’s dirt,” for others the site of the family and the home is itself fraught with tension.¹⁸¹ Fauset’s focus on the sentimental is also identified by Cheryl A. Wall who argues:

¹⁷⁸ Paula Rabinowitz, “Domestic Labor: Film Noir, Proletarian Literature, and Black Women’s Fiction,” *Modern Fiction Studies* 47, no. 1 (Spring 2001): 232.

¹⁷⁹ Susan Edmunds, *Grotesque Relations: Modernist Domestic Fiction and the U.S. Welfare State* (Oxford: Oxford University Press, 2008): 5.

¹⁸⁰ Lisa Mendelman, *Modern Sentimentalism: Affect, Irony, and Female Authorship in Interwar America* (Oxford: Oxford University Press, 2019): 122, 125,

¹⁸¹ Edmunds, *Grotesque*, 7.

“Following the example of earlier black women writers, Fauset attempted to adapt the conventions of the sentimental novel to her purposes.”¹⁸²

Further, as Elizabeth McHenry argues, literary texts took on a particularly powerful meaning for Black women’s clubs specifically; “reading and literature were essential to black women’s efforts to contest racist discourses and represent themselves as moral and worthy of respect.” Referring to them as “literary activists” she argued that the literary was a particularly important site for clubwomen otherwise foreclosed from civic life, and that they placed print culture “to work as a means of meeting the needs of their local and national communities” as well as to secure “their own personal fulfillment,” functioning “simultaneously as private, intimate practice and public manifestations of power.”¹⁸³ Claudia Tate emphasizes not only the literary nature of clubs, but the work they did to specifically make “this proliferation” of domestic novels possible “by stimulating their production and by creating an audience for them.” Significantly, Tate does not focus on the romantic and sexual relationships as such, because she contends “that their authors did not intend for the novels to be read as mimetic representations of courtship and marriage among African Americans.” The texts she studies present “a heroine who is an exemplar of feminine purity,” while Jessie Redmon Fauset’s heroines are not; she specifically refers to Fauset’s texts as “domestic parodies.” However, her argument that “The post-Reconstruction era was one historical period when a black readership would

¹⁸² Cheryl A. Wall, *Women of the Harlem Renaissance* (Bloomington: Indiana University Press, 1995): 66.

¹⁸³ Elizabeth McHenry, *Forgotten Readers: Recovering the Lost History of African American Literary Societies* (Durham: Duke University Press, 2002): 20, 202-203.

have been conditioned to read the black marriage story...as a liberational discourse”¹⁸⁴ is important for understanding how Black women of the period would have interpreted a novel like Fauset’s *Plum Bun*. Even Knadler, in his development of “vitality politics” argues that “Early Black cultural production, especially by women...intervened in the everyday violence of Black debility.”¹⁸⁵

Plum Bun, Fauset’s second novel, is similar to the domestic fiction Black clubwomen would have examined together as a form of literary activism,¹⁸⁶ building towards a vision of domestic citizenship. Though the central characters are not club members, it exemplifies the ways Black clubwomen of the period strove to build a race and gender politics of domesticity that could include them. This political project would allow them to exist as full civic persons rather than mere “midwives” for men’s ambitions, to use Langston Hughes’s description¹⁸⁷ of Fauset, or entirely invisible. Perhaps in response to the scathing misinterpretations of her first novel, Fauset chose to subtitle *Plum Bun* “a novel without a moral,” which sets the tone for the ironic, self-aware investigation of Black womanhood at the turn of the century. Angela, the novel’s primary character, cycles through various models of domestic life for women represented by different households of various sizes and cleanliness, with an attitude of ironic detachment. She demonstrates an awareness of oppressive

¹⁸⁴ Claudia Tate, *Domestic Allegories of Political Desire: The Black Heroine’s Text at the Turn of the Century* (New York: Oxford University Press, 1992), 4-5, 8, 15, 90.

¹⁸⁵ Knadler, *Vitality*, 33.

¹⁸⁶ Fauset was not a clubwoman herself, though she did attend an NACW meeting as a reporter, as described by Cheryl A. Wall in *Women of the Harlem Renaissance* (Bloomington: Indiana University Press, 1995).

¹⁸⁷ Langston Hughes, *The Big Sea: An Autobiography* (New York: Hill and Wang, 1993), 218. It is worth noting that Hughes included two men, Charles Johnson and Alain Locke, in his description of the people who “midwived” the New Negro Movement. However, referring to Fauset this way takes on a very different cast, given the context around her career.

attitudes about women in general and Black women specifically, but only inasmuch as is useful for her to navigate the diverse spaces she occupies to achieve her goals, not out of a sincere belief in a “proper” womanhood or any particular desire to counter hegemonic ideas with appropriate comportment. As Carolyn Wedin Sylvander notes, “Contrary to the repeated critical claim that Fauset wrote to promote respectable middle class Black life, she in fact emphasizes individual morality which is at variance with society’s codes.”¹⁸⁸

At the time of its publication, public reception focused on *Plum Bun*’s “sentimentality and melodrama”¹⁸⁹ and its “happy endings.” Critics argued that her novels were “middle class cover-up jobs” that promoted “respectable middle class Black life.”¹⁹⁰ In general, she was “dismissed as inauthentic” for her refusal to occupy the “primitive” or “folk” mode preferred by white audiences and publishers.¹⁹¹ As Sylvander argues, critics “have not for the most part assumed conscious formal structure on Fauset’s part,”¹⁹² not only in her time, but in more modern scholarship where “Even critics who reclaim her must address the ‘problem’ of her middle-class identity and her novels that seem painfully old-fashioned.”¹⁹³ Unsurprisingly, her contemporaries’ patronizing disdain also shaped their opinions of Fauset herself. Despite serving as literary editor of *The Crisis* during “the most controversial,

¹⁸⁸ Carolyn Wedin Sylvander, *Jessie Redmon Fauset, Black American Writer* (Troy: Whitston Publishing Company, 1981), 233.

¹⁸⁹ Sharon L. Jones, *Rereading the Harlem Renaissance: Race, Class, and Gender in the Fiction of Jessie Fauset, Zora Neale Hurston, and Dorothy West* (Westport: Greenwood Press, 2002), 39

¹⁹⁰ Sylvander, *Jessie*, 18.

¹⁹¹ Jones, *Rereading*, 4.

¹⁹² Sylvander, *Jessie*, 184.

¹⁹³ Harker, *America*, 54.

struggling, free-wheeling, exciting development of Harlem”¹⁹⁴ where her perceptive critical eye identified and launched figures including Jean Toomer, Claude McKay, and Langston Hughes, she was largely depicted in these men’s reflections as a dowdy, foolish, even embarrassing aunt who is slightly redeemed by her prettiness and her ability to serve the careers of better (male) artists.

McKay describes her as “prim, pretty, and well-dressed” and emphasizes that she didn’t have real progressive politics, that she “belonged to that closed decorous circle of Negro society, which consists of persons who live proudly like the better class of conventional whites.” More insultingly, he notes that she “is pretty and dainty as a primrose, and her novels are quite as fastidious and precious. Primroses are pretty.” Hughes depicts her as “a gracious, tan-brown lady, a little plump, with a fine smile and gentle eyes.” Even DuBois, her mentor and colleague who she deeply respected and inaugurated her tenure as literary editor, dismissively claims she “has written some lovely things.”¹⁹⁵ One cannot help but see similarities between these descriptions of Fauset and DuBois’s almost voyeuristic description of the attendees of the 1899 NACW meeting having “varying hues of female costumes contrasting with the infinite variety in color and tint of skin,” which Cooper points out differs dramatically from his description of adjacent male conference attendees.¹⁹⁶ Fauset was well aware of the patronizing contempt with which other authors regarded her, responding to a particularly scathing review by Alain Locke by calling herself “poor

¹⁹⁴ Sylvander, *Jessie*, 3.

¹⁹⁵ Sylvander, *Jessie*, 62, 82.

¹⁹⁶ Cooper, *Beyond*, 37.

mid-Victorian, sentimental persevering Miss Fauset.”¹⁹⁷ In other words these men interpreted Fauset, like clubwomen, as “domestic” in a pejorative and derogatory sense— rather than engaging in interesting expansion of the category of the civic, she neglects the civic entirely. This chapter has explored the ways sex, home, and cleanliness all overlap to produce Black women’s experience of marginalization, emphasizing that all are acutely political. The interpretation of domestic fiction as pretty, Victorian, and frankly boring reinforces the division between the public and private that makes the domestic space and the practices of hygiene within it invisible from a civic lens.

The inability to read Fauset’s work as a satirically complex negotiation of form, function, and politics in the interest of securing a model for Black women’s personhood and sexual identity, rather than an unmediated expression of “imitation-white values”¹⁹⁸ reflects the broader dynamics shaping contemporaneous and contemporary interpretations of Black clubwomen. Writing in 2005, Portia Boulware Ransom argues that “the marginalization of Larsen and Fauset... in contemporary studies reflects the treatment they received during the Harlem Renaissance.”¹⁹⁹ In her time, Fauset was diminished by her peers as a dowdy and regressive, if quaint, spinster who failed to represent the “reality” of Black life as interpreted through a highly charged publishing dynamic.²⁰⁰ In criticism following her death, she is

¹⁹⁷ Harker, *America*, 54.

¹⁹⁸ Sylvander, *Jessie*, 1.

¹⁹⁹ Portia Boulware Ransom, *Black Love and the Harlem Renaissance (The Novels of Nella Larsen, Jessie Redmon Fauset, and Zora Neale Hurston): An Essay in African American Literary Criticism* (Lewiston: Edwin Mellen Press, 2005), 3.

²⁰⁰ Sylvander, *Jessie*.

diminished by scholars as a dowdy and regressive author, though interesting for being understudied, who failed to represent the “reality” of Black life as interpreted through a legitimate focus on the working class. This dismissal, tempered by a gesture to “reclaiming” Black women’s voices without taking them seriously, reflects the same dynamic that characterizes some of the engagement with Black clubwomen. Rather than reading them as thoughtful rhetors and intellectuals creating imperfect communication strategies to meet the needs of shifting circumstances and audiences, they are interpreted as absent of nuance, irony, or critical engagement. Domestic fiction, like domestic citizenship, is perceived as vacant of any interesting political work.

Central to interpreting the political work of *Plum Bun* is rigorously interrogating the ironic frame Fauset adopts. We learn very early in the narrative that Angela, like many domestic heroines, misinterprets the interpersonal dynamics she observes to devastating effect. Both she and her mother, Mattie, are light skinned enough to pass, while her father and her sister could not. Mattie chooses to pass occasionally, without desire to “disclaim her own,” but out of both “a mischievous determination to flout a silly and unjust law” as well as her “essentially feminine” nature that draws her to luxury. As she and Angela are alike in their preferences for shopping and dining, which the rest of the family finds tedious, they end up moving freely through segregated spaces as a weekend amusement. Angela misinterprets this dynamic to indicate whiteness means glamor and pleasure, having “never realized that her mother took her pleasure among all these pale people because it was there that she happened to find it.” The narrator continues, “The daughter could not guess

that if the economic status or the racial genius of coloured people had permitted them to run modish hotels or vast and popular department stores her mother would have been there.”²⁰¹ The explicit acknowledgement early in the text that Angela fundamentally misunderstands what about her mother’s life brings her joy and peace helps us understand better Angela’s reaction to Mattie’s version of domestic bliss and subsequent appreciation of her mother’s choices with time and maturity. Significantly, the depiction of a joyful home in the introductory descriptions is defined by the complexity of domesticity, sex, and labor. In a way, Angela’s foolish misinterpretation of her childhood models the different interpretive gaps previously examined through figures like white labor organizers. Because she doesn’t have the critical framework to analyze the layers of sexual violence, labor exploitation, and bodily degradation her mother sought to escape from, she can’t read her home life as anything but pejoratively domestic.

Though the household is not wealthy enough to hire help, Mattie enjoys “the satisfaction of having a home in which she had full sway instead of being at the beck and call of others” rather than working grueling hours under the control of white women as a maid, seamstress, or domestic. The pleasure of this domestic authority is heightened by her experiences serving in all roles as a young woman, living-in with a contemptuous family, struggling with the sporadic nature of sewing labor, and attending to an actress as a ladies’ maid. The horror of the final position is her vulnerability to sexual violence enabled by white belief in Black women’s

²⁰¹ Jessie Redmon Fauset, *Plum Bun: A Novel Without a Moral* (Boston: Beacon Press, 1990), 27, 15, 17.

lasciviousness. Mattie's employer, believing Black people to be "thickly streaked with immorality" reacts with derision when Mattie worries about bringing a message to a notorious sexual predator and insists she continue to do so. Her romance with Junius begins when she asks him to deliver the note on her behalf and he readily agrees.²⁰²

The abysmal labor conditions of cleaning, laundering, mending, and managing the lives of other women who treated her and her safety with cruel dismissal is transformed through marriage. Not only is she the authority in her own home, but the domestic work of cleaning is, surprisingly, equitably shared between herself and her husband. The narrator notes that Junius tries "to devote Mondays and Tuesdays to work up town so that he could run in and help Mattie on these trying days. Before the advent of the washing machine he used to dart in and out two or three times in the course of a morning to lend a hand to the heavy sheets and the bed-spreads." In contrast to her unbroken days of labor as a domestic, she even has an "idle hour" where she is "free to do as she pleased" and "was on no account to be disturbed."²⁰³ When both daughters secure jobs the family life is elevated further, as they can afford to hire a domestic worker of their own, Hettie Daniels. Hettie, Angela notes, though twelve years her mother's junior, seems much older than her mother, aged by the toll of so many years of multiple, unshared domestic burdens. Harkening back to *African American* authors articulation of health justice as clean homes, accessible and dignified employment for those who need it, space for recreation and pleasure, and

²⁰² Fauset, *Plum*, 29-31.

²⁰³ Fauset, *Plum*, 33-34.

freedom from violence, Mattie's life embodies these features. She has dignity, safety, hygiene, and even the possibility for joy.

Tellingly, to enable her decision to pass in New York City, Angela must sell her part of her childhood home, which represents the kind of domestic security Black clubwomen associated with health justice. This choice inaugurates the “market” section of the novel, where Angela tries to build a different relationship to safety, health, and domesticity through her relationship to whiteness; a project that not only fails, but results in her profound isolation from the communal ties that enabled her mother's happiness and health. She ultimately pursues and is pursued by Roger, an extraordinarily wealthy and overindulged white man, who she desires as a spouse because of the power and security she believes he will bring. In one moment, she reflects on her mother's life in comparison to her own dreams:

She thought of her mother who had loved her father so dearly, and of the wash-days which she had endured for him, the long years of household routine before she and Jinny had been old enough to help her first with their hands and then with their earnings. She thought of the little, dark, shabby house, of the made-over dresses and turned coats. And then she saw Roger and his wealth and his golden recklessness, his golden keys which could open the doors to beauty and ease and—decency!²⁰⁴

Again, Angela misunderstands the domestic dynamic Mattie chose. As we discover, Roger does not desire marriage with Angela and instead seeks to keep her as a long term mistress providing him with sexual favors while he holds no legal accountability

²⁰⁴ Fauset, *Plum*, 141-142.

for her wellbeing. Though not explicitly named, he also implicitly exposes her to both sexually transmitted infections and the lifelong repercussions of pregnancy. What she interprets as Roger's guarantee of "decency," the "plum bun" of the novel's title, is in fact an extraordinarily selfish exchange to his benefit that isolates her utterly and exposes her to lifelong health repercussions. On agreeing to the relationship with Roger, which collapses spectacularly, she finds that the life he promised "which had seemed so promising, so golden, had failed to supply her with a single friend to whom she could turn," damning her to both affective loneliness and the material deprivation of isolation.²⁰⁵ This forms a stark contrast to the experience of her sister, who cannot pass. In New York, Jinny is surrounded by meaningful loving connections, including the care of "A doctor and his wife" who "nurs[ed] them when they had colds."²⁰⁶

Abruptly, Angela's account of her adulthood misery is interrupted with an anecdote from her childhood. She muses that "Once long ago in the old days in the house on Opal Street she had been taken mysteriously ill... she had been coming down with that inglorious disease." Because "The expense of having a doctor was a consideration," "for twenty-four hours she was the object of anxious solicitude for the whole house. Her mother had watched over her all night... in the midst of all her childish pain and suffering she had realized that at least her agony was shared."²⁰⁷ We understand her disconnect from her community writ large and her sister specifically through this contrast— even in the absence of formal medical care, she was able to rely

²⁰⁵ Fauset, *Plum*, 233-234.

²⁰⁶ Fauset, *Plum*, 241-242.

²⁰⁷ Fauset, *Plum*, 307.

on ongoing domestic care in the healthy home her mother built. Jinny again found a community that could care for her health needs as an adult, but Angela's tragic misinterpretation of her childhood home resulted in losing not only safety, but also the decency she so sought. This is highlighted when she visits Opal Street once more on her way to Europe, tries to enter the space of her childhood that she believes would be "a complete panacea," but is interpreted by the new owner as "nothing but poor white trash." She concludes that she knows "what a little haven a house like this could be; what it must have meant to my mother... I almost pounded down the walls once upon a time trying to get away. Now I can't think of anything more marvelous."²⁰⁸

Significantly, Angela's realization that domestic responsibility creates networks of care and support that would allow her to flourish in health and dignity is not "too late" and she is ultimately not punished in any lasting way for extramarital sex. Neither the narrative as a whole, nor Angela herself, casts particularly harsh judgment on her decisions other than her cruel rejection of Jinny on her first arrival in New York. Her decision to have sex with Roger was not a result of his coercive seduction, but her own desires, "Upon her a great fear was creeping not only of Roger but of herself," but on reflection she has no shame about her behavior. She muses that she thanks "god she had taken nothing from Roger; she had not sold herself," and further asserts, "she was ashamed now of the affair with a healthy shame at its unworthiness; but beyond that she suffered from no morbidity."²⁰⁹ In contrast to the

²⁰⁸ Fauset, *Plum*, 362-363.

²⁰⁹ Fauset, *Plum*, 200, 233, 245.

idea of the domestic as uncritically reinforcing Victorian mores, neither Angela nor the narrator particularly care about her decision to have sex and, significantly, she is represented as experiencing passion and desire. The disgrace comes not from a violation of some amorphous moral code, but from choosing a man who did not care for her health, safety, or wellbeing. In this context, marriage is not a moral good, but a tool Black women can use to create the conditions for healthy, happy lives. She rebuilds her loving connections with her family and community and contributes to their domestic lives with no stigma or shame from herself or others. Though this is a “marriage plot,” and Angela’s story concludes with her coupling with a man with the intent to marry, marriage itself becomes a strategy for accessing a kind of domestic comfort, security, and community. She isn’t overtaken with romance, but clear headedly decides to reenter the reciprocal relationships that can sustain her using the vehicle of marriage.

The genre of the domestic novel by Black women allows us to see the contours of domestic citizenship in a more ironic and critical way than was articulated by the explicitly informational and political articles of the *African American*. At times authors adopt a critical tone, with one previously mentioned editorial noting that Black women are “amused” by the “right to work” campaigns launched by white women because “if we [Black women] had found time to plan any additional agitation, we would have been concerned about our right to stay at home.”²¹⁰ In general, however, the nature of the genre of the activist magazine lends itself to an uncomplicated, clear delivery that deemphasizes subjectivity and emphasizes

²¹⁰ McKenzie, “Against,” 6.

democratic ideographs. Fauset's examination of domesticity in a novel allows for a different articulation of Black women's relationship to the domesticity of domestic citizenship. Angela and the narrator approach domesticity ironically and purposefully, without genuine belief in the cult of true womanhood. What Angela wants is not to be a "real woman" by white standards, but to be safe, healthy, and happy. Domestic citizenship is one mode for securing that future for herself.

The Personal Is Communal: A Black Feminist Public Health Project

Marjorie McKenzie, the *Aframerican* contributor cited previously in this chapter, strove to develop a new model of Black female subjectivity as citizenship through presenting their seeming violation of the gendered labor contract— working outside the home— as a signifier of their superior sense of civic responsibility when compared to white women. She argues "While this life history has not made of us lilies of the field, it has developed mature, independent, and resourceful women...America needs our skills as workers." Demonstrating particular deftness in negotiating her context, she balances a variety of discourses to powerful effect. Deferring to mainstream discourse, she supports prevailing racist sociological suggestions that enslavement and "African heritage" produced cultural matriarchy, pushes back against claims from "cultured Negro women, reared in the patriarchal tradition of Western civilization" that Black women are not uniquely exceptional

wage earning laborers, and overall positions Black women's need for equity in employment as a benefit to the war effort.²¹¹

She argues in the concluding paragraph, "Not only are we on our way to becoming more important as workers because we are engaged in production and therefore creation of wealth, but we are also learning in the same process something of our obligations as citizens...And thus, in improving our own lot, we strengthen America." However, demonstrating the ironic mode clubwomen adopted when cultivating domestic citizenship models, she also includes subtle but sharp critiques. The biting condemnation of white women's impoverished assessment of the "right to work," looms large, as does the concluding section on the "independence and courage of Negro women." Again making a gesture to troubling dominant attitudes about Black women, seemingly uncritically, she writes, "As difficult as life has been for us, especially in the South, we have had no fear. There is an old saying that no one is safe in the South but a white man and a Negro woman." However, she immediately follows this claim with a startling and incongruous anecdote:

Last year when a Negro nurse was evicted from a bus in Montgomery, Alabama, and beaten by the local police, it was not a group of doctors who drove up from the hospital at Tuskegee to get her out of jail, but other nurses who went for her, paid the costs, and brought her back. This kind of fearlessness, properly directed...will be an effective force in accomplishing permanent recognition and acceptance as skilled workers.²¹²

²¹¹ McKenzie, "Against," 6.

²¹² McKenzie, "Against," 7.

Juxtaposing the absurd idea that Black women have “nothing to fear” in the South with an instance of grotesque state violence and abandonment by medical professionals, she both shames the state and celebrates the citizenship practices Black women needed to develop to survive its violences by advocating for health justice. A “Negro woman” has nothing to fear, not because her life and dignity is not constantly imperiled by overlocking agents of white supremacy and patriarchy, but because other Black women understand her care and keeping as their civic duty. She will demand better from doctors, police, politicians, labor organizers, and more, but until that safety is secured she can rely on a network of support to fill the gaps between the promises of citizenship and its lived reality for Black women.

Perhaps one of the greatest strengths of the domestic citizenship model cultivated by Black club activists is the deft negotiation of public health as a structural project composed, in part, of individual acts. They advocated for the necessity of personal standards of hygiene and cleanliness as an act of community care, but one that doesn’t replace collective action or state responsibility. Health justice involves both. As Jones-Branch argues, “African American clubwomen used [such campaigns] to advertise black self-help initiatives but also to exert political pressure on local authorities by impressing upon them the devastating conditions” of their communities²¹³ and, as Judson notes, “push city officials beyond a position of neglect.”²¹⁴ In much the same way that Black activists of the era leveraged a mode of public shame by highlighting the failures of the US as a democracy, Black

²¹³ Jones-Branch, “The Arkansas,” 223.

²¹⁴ Judson, “Civil,” 94.

clubwomen leveraged a mode of public shame by highlighting their own efforts to cultivate health justice in contrast to their formal abandonment. Another *Aframerican* author, Annabel Sawyer, reflects this sophisticated understanding when she writes, “The Negro is not the major health problem of America but inherits every health problem known to the nation... These problems... are intensified in his experience by lack of facilities, social conditions, low economic status... The economic factor is the major problem. Upon its solution depends the improved health condition of the nation.”²¹⁵

With sophistication and care, Black clubwomen engaged in mutual aid and community care with a sharp focus on the larger economic, social, and political landscape in which health justice was necessary. Returning to the excerpt from Bethune that opens this chapter, her articulation of the failures of democracy is grounded in descriptions of filth. Vividly calling to mind the quagmire of health hazards that characterizes the “slum” and the “ghetto,” she argues that it is everyone’s responsibility to ensure “that America goes before the world with clean hands.”²¹⁶ Though this is in part a metaphor deployed to dramatic effect, it is also a literal indictment of the incompatibility of democracy and dirt. By placing a clean home at the center of citizenship, clubwomen like Bethune developed a health justice model that reconciled the tensions of personal improvement, collective action, and state failure, providing a language for understanding the communal project of health.

²¹⁵ Annabel Sawyer, “The Negro Woman in National Defense,” *The Aframerican Woman’s Journal* (Summer and Fall 1941): 2.

²¹⁶ Mary McLeod Bethune, “Which Way America,” *The Aframerican Woman’s Journal* (Summer-Fall 1947): 31.

Chapter 2: “Through the Beatings and the Blood”²¹⁷:

Health, Memory, and the Interminable March

“I left my blood and tears in the cement of that bridge. So did John [Lewis]. So did a lot of other people” -Lynda Lowery, participant in the march on Edmund Pettus Bridge, reflecting on Bloody Sunday.²¹⁸

“What can the negro do to the white world without getting destroyed eventually?” - anonymous SNCC activist interviewed by psychiatrist Robert Coles.²¹⁹

In March of 2017, followers of late US representative John Lewis’s Twitter account encountered a startling image. Black and white photographs, one notably depicting Lewis laying flat on a white bed, gazing vacantly into the distance beyond the camera, interrupted his more traditional informative tweets about legislation. The original caption, dating the artifact from 1965, describes him lying “immobile in the Good Samaritan Hospital...After suffering a possible head fracture in 3/7 march by Negro... which was stopped by state police with tear gas and clubs.”²²⁰ In March 7th of 2017, Lewis brutally drags his audience back into the immediate aftermath of a March 7th fifty-two years earlier, reminding his constituents of the horrific physical

²¹⁷ John Lewis, *March: Book Two* (Marietta: Top Shelf Productions, 2015), 173.

²¹⁸ Lyman, Brian. “Rename Edmund Pettus Bridge for John Lewis? Some civil rights veterans say no,” *Montgomery Advertiser*, July 18, 2020, <https://www.montgomeryadvertiser.com/story/news/2020/07/18/rename-edmund-pettus-bridge-john-lewis-some-activists-say-no-selma-alabama-decision/5465094002/>

²¹⁹ Robert Coles, “Social Struggle and Weariness,” *Psychiatry* 27, no. 1 (November 1964): 309.

²²⁰ John Lewis (@repjohnlewis), “My skull fractured, I spent 3 days in Good Samaritan Hospital, the same hospital where Jimmie Lee Jackson had died. #Selma52,” Twitter, March 7, 2017, <https://twitter.com/repjohnlewis/status/839150706426802176>

violence he endured to secure voting rights. Though he contextualized several images from the Selma to Montgomery march, including a depiction of a cop beating protesters and bodies strewn across the grass with the accompanying tweets: “I was hit in the head by a State Trooper with a nightstick”²²¹ and “I had a concussion there...I’ve never been able to recall how any of us made it back alive,”²²² I highlight the hospital photograph to emphasize key elements of Lewis’s public work, a particular strand I call health memory. In every aspect of his public life, he actively and persuasively curated the legacy of his activism through imagery of his bodily and psychological trauma, offering an ongoing interpretation of the Civil Rights Movement. In speeches, articles, social media posts, and legislative sessions, he constantly enlivened contemporaneous politics with visceral evocations of his past activism. In his Twitter feed, he twice remembers his treatment at the Black hospital that received wounded activists in Alabama during the Selma marches, writing, “My skull fractured, I spent 3 days in Good Samaritan Hospital, the same hospital where Jimmie Lee Jackson²²³ had died,”²²⁴ an image that recurs reimagined in his co-

²²¹ John Lewis (@repjohnlewis), “I was hit in the head by a State Trooper with a nightstick. I thought I saw death. I thought I was going to die. #Selma52,” Twitter, March 7, 2017, <https://twitter.com/repjohnlewis/status/839147891956539393>

²²² John Lewis (@repjohnlewis), “I had a concussion there at the bridge, and I’ve never been able to recall how any of us made it back alive. #Selma52,” Twitter, March 7, 2017, <https://twitter.com/repjohnlewis/status/839149348197924864>

²²³ State trooper James Bonard Fowler murdered Jackson while he was heroically protecting his mother from police abuse, an act of violence that partially inspired the Selma to Montgomery march. Dr. King reportedly remarked of the proposed march, “We ought to march... to bring this thing to a head. We don’t need any more Jimmie Lee Jacksons.” For this quote and further information, refer to Wayne Greenhaw’s *Fighting the Devil in Dixie: How Civil Rights Activists Took on the Ku Klux Klan in Alabama*.

²²⁴ The same tweet is posted to the account on March 7, 2017 for #Selma52 (footnote 4) and March 8, 2015 for #Selma50: John Lewis (@repjohnlewis), “My skull fractured, I spent 3 days in Good Samaritan, the same hospital where Jimmie Lee Jackson had died #Selma50,” Twitter, March 8, 2015, <https://twitter.com/repjohnlewis/status/574643498143629313?lang=en>

authored graphic novel series *March*. It is significant that he calls our attention to the hospital, not only the bridge, for several reasons. First, he reminds us of the interconnectedness of healthcare and medical institutions in the history of anti-segregation organizing. As I will unpack later in this chapter, not only was the landscape of medical care ravaged by segregation, resulting in underfunded and scarce health provisions for Black America, but also medical practitioners figure significantly in nonviolent direct action. Second, he reminds us that the marchers left the bridge. Rather than freezing himself and his comrades at the moment of police brutality on Edmund Pettus bridge, he takes us into the following day, when he begins the process of recovering from his head wound that lasted his entire life. In all of his public memory work, Lewis reminds us that the repercussions of segregation live on in the body, the mind, and disparate health outcomes, represented by his oft-mentioned scar that signals his traumatic injury.

By linking his own near-death experience to Jackson's murder through the site of the segregated hospital that cared for them both, Lewis contextualizes that violence within both a larger legacy of anti-Black violence and within a network of communal medical services that strove against considerable odds to preserve Black life. These Black men lying in the same hospital just weeks apart, wounded by the same matrix of white supremacist violence, demonstrate not only the visceral, embodied experience of segregation, but also how central health and healthcare were during the Civil Rights Movement. Lewis's periodic, deliberate evocation of the toll of civil rights activism on his body was a key feature of his public life; he routinely called attention to the lingering scars and the blood he shed at paradigmatic sites of the Civil

Rights Movement. His work recasts not only his own history, but provides a mode for reimagining the kinds of direct action that characterized the Civil Rights era through a renewed emphasis on embodiment, health, and practices of health justice. The factors that converge in the development of Lewis's public persona— intentional curation of artifacts, practices of remembrance, temporal collapse, and embodiment— reveal that in the post-Civil Rights era, the practice of health memory itself becomes a mode of personal and collective care. His refusal to forget or allow us to forget what had been done to him, or to push his physical suffering into a distant past, is a way of attending to his own bodily and psychological needs. It is also a strategy for caring for Black life more broadly by making ongoing demands for health justice, and he was not alone in this project.

Toni Cade Bambara is another such activist deeply invested in depicting the trauma of organizing and the kinds of care practices that intersect with health memory. Notably, both Lewis and Bambara draw on a diversity of modes to do this, from cultural work as authors to formal politics like the drafting of legislation to documentary filmmaking to public address at paradigmatic sites. My selection of diverse modes and genres in this chapter is intentionally, demonstrating the ways Black freedom struggle health justice work transcends the boundaries between formal and activist politics. In each genre they adopt an ethos of the body, naming their work as activists who physically inhabited the spaces and historical moments others revere and memorialize. Both freedom fighters grapple with how to remember what's been done to them, exploring different temporal modes that allow for personal and collective recovery. The process of recovery from the Civil Rights Movement is

complicated by the dense layers of public memory performed by disparate political actors to meet diverse goals. Unlike other paradigmatic moments in the long Black freedom struggle subject to literal erasure through not being remembered or taught, the Civil Rights Movement is erased through selective, neutralized remembrances. In this context, insisting on their lived experiences as activists becomes a powerful care practice that allows us to see the relationship between civil rights organizing and health, show the continuity of interpersonal and collective trauma, and refuse easy narratives of democratic progress.

The mid-century street theater Lewis and Bambara so richly remember involved staging instances of spectacular violence to, in the words of Southern Christian Leadership Conference organizer Dr. King, “create such a crisis and foster such a tension that a community which has constantly refused to negotiate is forced to confront the issue... to dramatize the issue that it can no longer be ignored.”²²⁵ One way such dramatization functioned was to expose as profoundly violent the systemic brutality many white nationalists argued was bloodless. White supremacist groups like the White Citizens Council strove to represent themselves as the civilized, nonviolent alternative to working class terrorists like the Ku Klux Klan, in part through their emphasis on legal enforcement of segregation, as opposed to extrajudicial enforcement through means like cross burnings and physical intimidation.²²⁶ By strategically and publicly violating segregation, activists from

²²⁵ Dr. Martin Luther King, Jr, “Letter from a Birmingham Jail” in *Liberating Faith: Religious Voices for Justice, Peace, and Ecological Wisdom* ed. Roger S. Gottlieb (Lanham: Rowman & Littlefield Publishers, Inc., 2003): 179.

²²⁶ Joseph Crespino, *In Search of Another Country: Mississippi and the Conservative Counterrevolution*, (Princeton: Princeton University Press, 2009).

organizations like the Congress of Racial Equality, Southern Christian Leadership Conference, and Student Nonviolent Coordinating Committee revealed the maintenance of white supremacy as always already violent, belying claims to the possibility of nonviolent segregation and voter disenfranchisement. These protests were not metaphors for other kinds of violence, like the brutality of systemic poverty and illness, but their spectacular character enables us to understand all aspects of segregation as embodied, physical experiences with health repercussions that are felt throughout the lifespan. Segregation *does harm*, not only in more abstract realms like social and political capital, but at the level of the corporeal body.

Like the newly emancipated who strategically leveraged the affordances of the Freedmen's Bureau's Medical Division in the introduction and the Black Women's Club organizers' of chapter one's vision of domestic comportment, Civil Rights activists imagined the guarantee of physical and psychological health as a fundamental element of the citizenship promised in by the 14th amendment. As demonstrated by the staging of nonviolent action around instances of racist voting restrictions, these advocates demanded the safety of their bodies through the end of segregation as a precondition for exercising citizenship rights, expanding our understanding of state responsibility for care. Exposing their bodies to white supremacist violence through protest does this work, as do the ways activists like Lewis and Bambara recast and remember such activism in public, refusing and frustrating the attempts to neutralize the radicalism of the midcentury moment. As Jeanne Theoharis illuminates, following Ronald Reagan's signing of the bill to declare Martin Luther King Day a federal holiday, actors from disparate political

projects began to refashion King and the movement more broadly in service to their own visions of the nation and the boundaries of citizenship. Politicians across the spectrum appropriated the iconography and language of civil rights, erasing the specificity and radicalism of the actual demands organizers made and continued to refine.²²⁷ The Civil Rights Movement is so richly, complexly, and imperfectly memorialized in the national imagination that the ways activists continued to intervene in the national discourse by co-constructing and interpreting their own archives is pivotal in the accurate interpretation of its legacy. Such authors and orators inhabit memories in a rhetorical and aesthetic strategy that emphasizes the sticky, atemporal nature of activist trauma as resistance to neoliberal and conservative memorialization and as an act of personal and communal care.

As noted, such memories are evoked in a diversity of genres, including speeches, tweets, novels, poems, and visual media. Combining the prismatic, ever-evolving archive of John Lewis's public life with the visceral and embodied vision of Black women's justice labor in Toni Cade Bambara's *The Salt Eaters*, this chapter explores Civil Rights organizers' direct action and later health memory work as radical theorizations of state responsibility for care as well as literal care practices for themselves and their communities. These practices expand our understanding of health in ways that precede contemporary scholarship. Not only do such activists draw on aesthetic, political, and rhetorical modes to challenge the state to create the conditions for citizenship, they also fundamentally restructure our experience of

²²⁷ Jeanne Theoharis, *A More Beautiful and Terrible History: The Uses and Misuses of Civil Rights History* (Boston: Beacon Press, 2018).

paradigmatic spaces by collapsing the temporal distinctions between a protest and its memorialization. As Julius B. Fleming Jr. argues in his development of the concept “black patience,” time itself becomes a key tool of anti-Black violence and maintaining the afterlives of slavery. The demand for Black people to wait, to persevere, to survive through the anticipation of a just future, rather than experiencing its realization, becomes a method for suppressing Black activism through claims to rationality and pragmatism. Fleming attends us to the embodied rhetoric of “freedom now” and the ways Black activists and artists strategically performed patience to expose its limitations.²²⁸

In the new context of the post-Civil Rights moment, particularly the rise of postracial discourse in the late twentieth and early twenty-first centuries, Black liberation activists and artists critique time differently, collapsing the distinction between the rhetorically constructed “long past” movement and the present moment to demonstrate that they are *still waiting* for the unrealized promises of multiracial citizenship. The health memory component of their activism plays with the temporality of protest; by constantly naming the blood that still lingers on the bridge and the scars that remain on their bodies, they make the march interminable through their lifelong health repercussions. The march lives on in the lifelong health repercussions activists experienced, which they constantly remind us were a direct result of the violence of segregation. The bridge itself becomes a liminal, atemporal space overlaid with generations of meaning that cannot be refused or overwritten. If

²²⁸ Julius B. Fleming, Jr., “Transforming Geographies of Black Time: How the Free Southern Theater Used the Plantation for Civil Rights Activism,” *American Literature* 91, no. 3 (September 2019): 588, <https://doi.org/10.1215/00029831-7722140>

one of the central goals of the march from Selma to Montgomery was to expose the paradox of nonviolent white supremacy, activists' constant reminders of their physical scars expose the persistence of that violence into the present moment. Bambara draws on the form of the novel to represent the kind of temporal collapse white supremacist violence produces, as the entirety of *The Salt Eaters*²²⁹ occurs within the span of a few hours, but branches off into various remembrances and reflections across time and space. The novel is the story of a particular organizer's journey to wellness and recovery from a multiplicity of traumas, not as an isolated individual but as one part of a networked community of Black people striving for the conditions conducive to Black life. From the instance of self-harm that brings the principal character, Velma, to the hospital, networks of memory spool out into a dense web of systemic and interpersonal harms that press up against the present moment as if they were still happening. The postmodern fragmentation of the narrative aesthetically and formally represents the same dislocation Lewis achieves in his public address, which I will examine later in this chapter.

The density and volume of the *Salt Eaters* stems from both Velma's rich interior reflections, which cast back to the experiences that lead her to attempt to die by suicide, and the vast network of relationships in the community that the reader touches. In this way, the text's exploration of the communal practice of healing through both formal medical institutions and community care, is both broad and deep, delving into the individual experience of trauma and outwards through the systems of care and harm that bracket "individual" health. Foundational to Bambara's claims

²²⁹ Toni Cade Bambara, *The Salt Eaters* (New York: Vintage Contemporaries, 1992).

about movement organizing is a fundamental challenge to what is currently referred to as the “medical model” of health. Developed from the ideas of independent personhood so central to Western philosophy and medicine, the belief that illness and disability reside in an individual body has been robustly challenged by disabled scholars and activists who argue for a different way of understanding wellness, the “social model.”²³⁰ Conducting the same kind of “turning outward” Bambara’s novel formally represents, the social model suggests that illness and wellness can never be isolated in an individual, but must be understood as a manifestation of social, economic, and political forces that intersect in complex ways with physical bodies.

Bambara and Lewis also offer a complex imagining of the relationship between the body and the mind through their depictions of trauma, preempting a major intervention in disability studies. In the late twentieth and early twenty-first centuries such scholars powerfully pushed back against the idea that cognition and physicality can be separated, instead asserting that the mind and the body engage in an inextricable relationship.²³¹ The healing Velma experienced manifests both the necessity of understanding the mind and body as intertwined and the ways the social model of disability creates the conditions for wellness. The way her medical provider, Minnie, approaches healing challenges without negating Western medicine, pushing for a mode of care that holistically integrates spiritual and indigenous practices of wellness with explicitly medical interventions. Significantly, when we meet Velma on

²³⁰ Alison Kafer, *Feminist, Queer, Crip* (Bloomington: Indiana University Press, 2013). She did not develop these terms, which have a very long history, but explains them very effectively when introducing her own political/relational model.

²³¹ Margaret Price, “The Bodymind Problem and the Possibilities of Pain,” *Hypatia* 30, no. 1 (Winter 2015): 268-284.

her chair at the center of the healing circle, facing Minnie's impossible demand to choose her own cure, she has already been physically treated for her injuries by a visiting doctor. The stitches that knit together the wounds on her arms are highly visible, as is their eventual dissolving into whole flesh as the healing continues. This chronology is key, as Velma is treated by a formal medical professional for the physical manifestations of her depression, but the intervention on her individual body is only the beginning, rather than the end, of her journey to being well. In one moment during his observation of Minnie and Velma, the doctor who treated her begins to recite the Hippocratic Oath to the consternation of the community participants. One of the women in the circle scoffs, "Probably the first time he'd ever had a chance to learn something useful about curing and caring, and he right away calling out people from fairy tales. Might just as well try to get Goldilocks on the telephone for all the good Apollo could do."²³² This powerful approach to Western medicine, which strategically appropriates its most useful elements without yielding to Western claims to omnipotence, superiority, or primacy over other modes of care, manifests the kind of blending of disparate camps (what the narrator names a "fusion of Western medicine and the traditional arts")²³³ that Bambara calls for in her interviews.

As the Lewis and Bambara texts examined in this chapter illustrate, activists and cultural workers' argument that white supremacy forecloses bodily and psychological health supports broader theoretical interventions in our understanding

²³² Bambara, *Salt*, 109.

²³³ Bambara, *Salt*, 106.

of the body and wellness. Many of the innovations in late twentieth and early twenty first century medical humanities scholarship, particularly the social model of disability and the development of the concept of the bodymind, are preempted by midcentury Black liberation workers. This genealogy is perhaps not surprising, as disability justice activists explicitly named the strategies of the Civil Rights Movement as informing their own liberation movements,²³⁴ but the conceptual groundwork Black activists laid as theorists of health is less rigorously interrogated. Activists like Bambara and Lewis should be understood as both developing the practical liberation strategies other movements adopted as well as expanding and complicating our understanding of health in ways that precede and enhance contemporary scholarship. The failures of mainstream disability studies to fully account for Blackness have been a matter of rigorous critique, notably in Christopher Bell's essay for *The Disability Studies Reader* where he satirically coins the term "White Disability Studies" to reflect how the field is so theoretically bereft of an engagement with Black studies.²³⁵

A key element a further engagement with Black studies reveals is the complex ways Black activists like Lewis and Bambara imagined the relationship between the body and the mind. Central to disability studies theory is a critique of the Cartesian mind-body split, clearly articulated through Margaret Price's development of the term bodymind in "The Bodymind Problem." Price articulates this term as, in part, a desire

²³⁴ The Kitty Cone quote from Fred Pelka's *What We Have Done: An Oral History of the Disability Rights Movement* (Amherst: University of Massachusetts Press, 2012) in the introduction is one example.

²³⁵ Christopher Bell, "Is Disability Studies Actually White Disability Studies?," in *The Disability Studies Reader*, ed. Lennard J. Davis (New York: Routledge, 2017): 406-416.

to integrate mental disabilities fully into disability studies while also challenging troubling Western philosophical claims about cognition and embodiment.²³⁶ The term *bodymind* and its liberatory potential has been taken up by various black studies and disability studies scholars, notably Sami Schalk in her examination of black speculative fiction in *Bodyminds Reimagined*. Schalk notes of her use of *bodymind* language, “As more research reveals the way experiences and histories of oppression impact us mentally, physically, and even on a cellular level, the term *bodymind* can help highlight the relationship of nonphysical experiences of oppression...and overall well-being.”

Here she emphasizes the ways the physical and psychological repercussions of white supremacy are tangled and equally significant, encouraging us to complicate stark divisions between the physical/material and the psychological/emotional. She continues, “people of color and women have long challenged their association with pure embodiment and the degradation of the body as unable to produce knowledge through a rejection of the mind/body divide,”²³⁷ gesturing towards the critical politics I locate in mid-century Civil Rights activism. Lewis and Bambara depict a deeply entwined relationship between cognition and embodiment through their dense account of the effects of segregation on the bodies and minds of Black citizens. The health repercussions are both physical and psychological in complex, overlapping ways— psychological trauma informs and is manifested in embodied ways and embodied experiences of discrimination, even nonphysical experiences, have

²³⁶ Price, “Bodymind.”

²³⁷ *Bodyminds Reimagined: (Dis)ability, Race, and Gender in Black Women's Speculative Fiction* (Durham: Duke University Press, 2018): 5-6.

psychological costs. Further, the various modes through which they made their claims to full exercise of their rights complicate a focus on rationalism as the heart of legitimate citizenship. For Bambara and Lewis, as well as for the Black clubwomen in the preceding section, the body is the heart of citizenship. Embodied persons with needs who encounter barriers are the paradigmatic citizens, not disembodied rational actors.

Given my project's focus on citizenship and lived practices of democracy, it is also key to note that the idea of psychological wellness has historically been correlated with legitimate citizenship, and various kinds of activism and justice work have been attributed to mental illness. As Douglas C. Baynton writes in his exploration of inequality and disability, "not only has it been considered justifiable to treat disabled people unequally, but the concept of disability has been used to justify discrimination against other groups by attributing disability to them," examining the ways the rhetoric of disability was deployed to exclude women, black Americans, and immigrants of various abilities from the rights and privileges of citizenship. He details numerous ways the rhetoric of white supremacy draws on the language of disability by positioning Black Americans as alternately too cognitively impaired to participate in citizenship, disabled by emancipation, physically degenerate inasmuch as their bodies differ from those of European Americans, and in possession of various mental illnesses that cause them to seek freedom, participate in protest, and live in "matriarchal" family structures.²³⁸ In this way, citizenship is not only racialized, but

²³⁸ Douglas Baynton, "Disability and the Justification of Inequality in American History," in *The Disability Studies Reader*, ed. Lennard J. Davis (New York: Routledge, 2017): 17-34.

reliant on an image of intellectual and physical fitness, which can ironically be disproven by agitating for inclusion in civic life. For enslaved people, for example, their desire for freedom was perversely reframed as an indication of their unfitness for citizenship, locking them in an ontological catch-22.

Similarly, the way Bambara and Lewis frame white supremacy as a health problem anticipates the social model of disability's displacement of health and wellness from the individual body into a network of social, political, and environmental relations. Alison Kafer refines and expands this approach with her "political/relational" model of disability. Unlike the social model, which opposes medical interventions, Kafer is "equally wary of a complete rejection of medical intervention." Noting that in the contemporary moment "disability continues to be seen primarily as a personal problem afflicting individual people, a problem best solved through strength of character and resolve" while disabled bodies are marked as self-evidently "deviant, pathological and defective," she argues for a push against individual pathology towards "the political experience of disablement."²³⁹ Emphasizing that disability is a contested, historically constructed category, her model demands disabled bodyminds be understood as disabled by their environment and by discourses and ideas about normalcy. Disability justice must then be understood as a political and social project as much as it is understood as a project of individual medical interventions. Following the Black liberation tradition I've outlined, racial justice must also be understood as a health project.

²³⁹ Kafer, *Feminist*, 6-9.

Activists like Lewis and Bambara, alongside the medical practitioners that cared for them, deeply understood the ways the physical and cognition are inseparable, as well as the ways our political, social, and economic environments create the conditions for health. Both engage in long term, critical reflection on the trauma of organizing, as well as the physical and psychological cost of white supremacy. Both theorize white supremacy as producing unhealthy bodyminds. Both also imagined “interdependence,”²⁴⁰ a foundational element of disability justice, through intracommunal care. To hear the hurt in the present moment is to acknowledge the depth of these understudied contributions.

The iconography of the march also figures prominently in Bambara’s memorial practice. Though *Salt Eaters* is a novel, and makes less directly mimetic claims than Lewis in his recollections in addresses and *March*, fiction writing was central to how Bambara understood herself as a justice worker. A prominent Black Arts Movement writer, once director of recreation in the psychiatric division of Metro hospital, as well as an activist “in Harlem, Philadelphia, and Atlanta” who “helped shape and was shaped by the black Liberation Movement, the Women’s Movement, and the struggle against the war in Vietnam,” she clarified in several essays and interviews that part of her life’s work was developing a richer understanding of the contributions of writers to the movement.²⁴¹ Time and time again she notes, “Writing is one of the ways I participate in struggle- one of the ways I help keep vibrant and

²⁴⁰ Find a fuller discussion of this principle in the introduction.

²⁴¹ Linda Janet Holmes and Cheryl A. Wall, eds., *Savoring the Salt: The Legacy of Toni Cade Bambara* (Philadelphia: Temple University Press, 2008): 3-4.

resilient that vision that has kept the family going on”;²⁴² “writing was my way of doing my work in the world... a legitimate way and an important way to participate in the empowerment of the community that names me”;²⁴³ and affirms that “poets are community health workers.”²⁴⁴ This particular claim warrants closer study, as the connections she makes among health practices, community, and aesthetics not only guide us to more sophisticated analysis of her work, but also gesture to a capacious understanding of health. Significantly, she distinguishes herself through her emphasis on an optimism grounded in her power to influence her own material conditions. She writes that she tries “to join the chorus of voices that argues that exploitation and misery are neither inevitable nor necessary” and further argues she is “interested in usable truths.” Though she demonstrates a deep awareness of the violence white supremacy does, she strives to direct her creative energies elsewhere, claiming, “It’s defeatist to dwell always on the consequences of risks. It’s prouder to assume we can’t take a chance.”²⁴⁵

Taking seriously Bambara’s vision of bold risk taking, she and Lewis offer new ways to interpret and remember the legacy of violence with and against the framework of trauma, which is one of the lifelong health repercussions of both experiencing segregation and organizing against it. Bambara’s approach to mid-century activism, published years after the heyday of the Civil Rights Movement in

²⁴² Toni Cade Bambara, “What It Is I Think I’m Doing Anyhow” in *The Writer on Her Work: Seventeen Essays by Twentieth-Century American Writers*, ed. Julia Alvarez (New York: W.W. Norton, 2000): 154.

²⁴³ Toni Cade Bambara, “Salvation Is the Issue” in *Black Women Writers (1950-1980)* ed. Mari Evans (Garden City: Anchor Press: 1984): 42.

²⁴⁴ Thabiti Lewis, ed., *Conversations with Toni Cade Bambara* (Jackson: University Press of Mississippi, 2012): 32.

²⁴⁵ Bambara, “What,” 154.

1980, is central to thinking through the trauma of organizing, particularly given its emphasis on the lasting emotional and psychological toll such work demands. The different genres and sites this chapter locates health memory within, developed by organizers with disparate approaches to their post-Civil Rights public lives, reflect two key features of health justice, the central practice that animates this dissertation. First, drawing on Richard Iton's vision of Black politics as necessarily grounded in cultural production due to the unique constraints Black organizers faced in expressing their demands through traditional civic means,²⁴⁶ the juxtaposition exposes the ways health justice is necessarily both an aesthetic and political practice. Additionally, the blend of activist and electoral strategies read together demonstrates the inextricability of civic practices and practices of mutual aid in the history of Black care. Drawing on major, richly examined and interpreted events and organizers, like the Civil Rights Movement, exposes how health justice allows us to rediscover and enliven well-read moments in the long Black freedom struggle in new ways.

This chapter is structured around the aesthetic and political effects Lewis and Bambara's health memory practices produce: creating an archive that allows us to understand the centrality of health and healthcare to the Civil Rights Movement, demonstrating the continuity of white supremacy and afterlives of organizing trauma, and demanding memory of the disharmony, conflict, and urgency of mid-century activism. I begin by outlining the unique medical and political context in which mid-century activists refined nonviolent direct action practices, examining how

²⁴⁶ Richard Iton, *In Search of the Black Fantastic: Politics and Popular Culture in the Post-Civil Rights Era* (Oxford: Oxford University Press, 2008).

segregation was both a public health problem and literally impoverished medicine through discrimination in the medical field and separate, unequal facilities. Through this lens, I demonstrate how Lewis and Bambara define traditional activist practices like marches as kinds of health activism, while also incorporating practices of care into the story we tell about justice work during Jim Crow. This is also fundamentally temporal work Bambara and Lewis do in the interest of challenging narratives that collapse the Civil Rights Movement into a neat progressive arc of liberal democracy perfecting itself. Finally, I will turn to tensions both within and between Bambara and Lewis's reflection on the practice of marching; where Bambara represents intracommunal conflict as deeply gendered around issues of labor, Lewis focuses on the splintering of SNCC over the strategic utility of tactics like nonviolence and interracial solidarity. By remembering these tensions, as opposed to an uncritically harmonious depiction, they demonstrate survival in democracy as an ongoing practice, not an achievable ideal. These tensions also reflect a central difference between Lewis and Bambara in their health memory work— each figure had a dramatically different response to the persistence of white supremacist violence and systemic racial inequity in the wake of the Civil Rights Movement. Civil Rights organizations like SNCC and SCLC's investment in direct action as a mode to transform formal politics did not break the hold of anti-Blackness on American institutions as profoundly as they had hoped. The break within SNCC Lewis traces in the *March* trilogy, which I discuss later in this chapter, was in part launched over this very conflict— that the original model for social change the organizations developed didn't seem to be working as effectively as intended. Lewis responds to the failures of

the federal and state government to secure the conditions for health justice by wholeheartedly reinvesting in the state and its promises. His career transitions from using activism to transform formal politics to literally serving in government and drafting legislation. For Lewis, the midcentury crisis was not an indictment of America and its promises, but a sign of more work to be done. Conversely, as depicted in *The Salt Eaters*, Bambara practiced a turn from formal politics to intracommunal solutions. The midcentury crisis *did* reflect the fundamental impossibility of American democracy in securing health justice. This tension manifests in the different genres they chose to develop their health memory— Lewis in public address and legislation, Bambara in fiction. Though Lewis does adopt the graphic novel form, the *March* trilogy does very similar work to his public address, offering a very clean, progressive account of the movement aligned with democratic ideographs. Conversely, Bambara’s “assignment” to “community organizers”²⁴⁷ is a postmodern, fragmented, and atemporal text. Its prismatic, thematically complex and contentious form, in contrast to Lewis’s chronological, unambiguous historical account, reflects this need for new genres and modes outside formal politics. However, both authors engage in health memory by representing activist trauma as persisting through both the body and the larger political and social context, though they attend to the contours of that trauma in ways that reflect their positionality and the direction of their later work.

²⁴⁷ This quote from Bambara is examined in more depth later in the chapter.

The Medical History of Civil Rights

Mid-century movement organizers encourage us to expand and complicate our understanding of health and wellness and the physical toll of white supremacy, while also responding, in part, to literal healthcare disparities. The condition of Black health in the twentieth century was, as such activists graphically demonstrated, a failure of the federal government to secure the full promises of citizenship, making it difficult to participate in civic life. Segregation, both legal and extrajudicial, impacted every facet of public life, including the many layers of medical institutions and practices responsible for providing care. From the schools that educated medical professionals to the professional organizations that supported them to the physical spaces in which medicine was practiced, like hospitals, barriers separated Black Americans from a large portion of formal medical care and required them to reimagine community-based wellness solutions. As David Barton Smith details, one of the greatest successes of the Civil Rights Movement was the integration of public hospitals. Prior to the implementation of the Title VI provision of the Civil Rights Act in the allocation of Medicare funds, the medical system was largely a piecemeal collection of religious institutions with a tenuous relationship to government oversight and segregated public facilities, with heavily mediated access for Black Americans.²⁴⁸

Further, institutional and interpersonal anti-Black racism frustrated Black access to quality care. Historian Karen Kruse Thomas reframes a term, *deluxe Jim Crow*, which originated in the *Baltimore Afro-American* to describe “the ethical

²⁴⁸David Barton Smith, *The Power to Heal: Civil Rights, Medicare, and the Struggle to Transform America's Health Care System* (Nashville: Vanderbilt University Press, 2016)

complexity and ambiguity of segregation in health policy” during the early to mid-twentieth century. She details the conflict between supporting immediately improving Jim Crow facilities, which had the unintentional effect of diminishing the case for desegregation, or pushing for fully integrated medical facilities, which took much longer to achieve, depriving patients of immediate access to care. Tracing major legal and policy advances of the period, including the Social Security Act, the *Gaines v. Missouri* Supreme Court Ruling, the Hill-Burton Hospital Survey and Construction Act, and the establishment of the National Institutes of Health, she demonstrates that the evolving national discourse on segregation was integral to the development of health policy, particularly policy designed to support the needs of Southern states.²⁴⁹

The legislative, judicial, and professional apparatuses of white supremacy foreclosed both Black citizens’ access to healthcare and their ability to join health professions as practitioners. Professional medical organizations like The American Medical Association (AMA), as described in their own independently commissioned review, were central in constructing and preserving barriers to black doctors through various means, from excluding integrated delegations from AMA meetings to supporting the shuttering of medical schools serving Black students.²⁵⁰ As the story of Jimmie Lee Jackson’s murder at the hands of the state exposes, the dearth of access to care also intersected violently and sometimes fatally with direct action.²⁵¹ As countless scholars have detailed, white terrorists and state agents violently suppressed

²⁴⁹ Karen Kruse Thomas, *Deluxe Jim Crow: Civil Rights and American Health Policy, 1935-1954* (Athens: University of Georgia Press, 2011): 1.

²⁵⁰ Robert B. Baker, et al., “African American Physicians and Organized Medicine, 1846-1968,” *Journal of the American Medical Association* 300, no. 2 (2008): 306-313.

²⁵¹ Discussed in footnote 7.

dissent through physical and psychological acts of terror. In response, activists developed various kinds of health justice practices to support on the ground activists, building on the long legacy of health justice work previously discussed among newly Emancipated people and Black clubwomen.

In his groundbreaking study of the medical professionals and the Black freedom movement, historian John Dittmer demonstrates organizers' awareness of the necessity of healthcare services to survive acts of protest. Dittmer traces the histories of interracial contingents of medical practitioners who organized to break the stranglehold of segregation on the medical profession and work towards true health equity. First, through the Medical Committee for Civil Rights, such practitioners staged protests of the AMA's racist policies and joined the March on Washington for Jobs and Freedom, and its successor, the Medical Committee for Human Rights (MCHR). The MCHR formally gathered the medical professionals and social workers invited to join the on the ground activists in the Freedom Summer of 1964 and then transitioned into a permanent activist and service organization after the height of the protests. The necessity of their work bears witness to the structural insecurity and instability of available healthcare for Black activists and their allies in the region, and more broadly the profound failure of national policy and guidance to produce health equity.²⁵²

As Thomas details, at the heart of the debate over strategies for achieving racial equity in healthcare were questions surrounding the responsibilities of the state

²⁵² John Dittmer, *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care* (Jackson: The University Press of Mississippi, 2009).

in securing health as a guarantee of citizenship and the relationship between those responsibilities and community-based care.²⁵³ For Black health activists, such strategies worked in concert; as the state consistently failed to equitably meet the basic expectations already guaranteed by the Constitution and existing legislation, or to expand those responsibilities in meaningful ways, activists developed new approaches to health grounded in their own resources to meet their healthcare needs. The interplay between reframing state responsibility for care and developing communal care strategies exemplifies my larger argument about the inextricability of public policy and mutual aid as disparate but intertwined justice strategies— strategies that have been vital to Black people’s historical practices of health justice. As the heavy reliance of the federal government on civil rights activists to implement Medicare reveals,²⁵⁴ their critiques of the state and the care practices that emerge alongside those critiques produce a potential framework for liberal democracy. In the traditional liberal vision of an abstract state subject, the 14th amendment would have rectified the “failures” of the original Constitution and allowed for the full exercise of voting rights, but the spectacular displays of Black activists being violently prevented from voting belie such claims. In order for the promises of the 14th amendment to be realized, the health and safety of Black life must be secured and only under conditions of health and safety can democracy be real. Their vision of a federal government actively engaged in preserving citizenship rights through the preservation of Black health is a framework for how democracy can be practiced.

²⁵³ Thomas, *Deluxe*.

²⁵⁴ Smith, *The Power*.

One of the most paradigmatic protest strategies from the mid-century period is the march, which is also a powerful site for exploring the physical toll of activism and the complex network of intracommunal care practices that filled the gaps produced by segregation. Though several other types of nonviolent direct action characterized the Civil Rights Movement, including sit-ins, staged voter registration attempts, and boycotts, public marches—expertly staged and targeted to produce maximum policy impact— attracted a great deal of publicity, and subsequently loomed large in memorialization.²⁵⁵ In performance theorist Soyica Diggs Colbert’s monograph on Black activist and cultural producers’ uses of the past to shape their political futures, a theorization of marching takes up a full chapter. She argues that to march is “a political practice, a mode of mourning, and a form of spatial disruption.” The layers she explores, the politics of a march, the ways marches memorialize loss, and the ways marches occupy a physical space, causing material disruption, are all central to the significance of marching in civil rights memory.²⁵⁶

As briefly noted in the section on medical segregation, as difficult as the care landscape was for Black Americans throughout the south in general, the context of civil rights advocacy produced a host of unique challenges due to the violent resistance to protests like marches. White terrorists and law enforcement responded to racial justice organizing with physical violence, resulting in a significantly larger need for medical care for those protesting. White doctors’ treatment of Black locals

²⁵⁵ Frye Gaillard, *Cradle of Freedom: Alabama and the Movement that Changed America* (Tuscaloosa: University of Alabama Press, 2015).

²⁵⁶ Soyica Diggs Colbert, *Black Movements: Performance and Cultural Politics* (New Brunswick: Rutgers University Press, 2017): 22.

was already patchwork at best, and they would certainly not respond compassionately to the needs of “outsiders,” white or Black. As Dittmer notes, “that left health care problems in the hands of the small number of black doctors,” some of which “would not treat civil rights workers” out of legitimate fear for their lives and livelihoods.²⁵⁷ These overlapping crises produced a dearth of medical professionals willing and able to provide the considerable physical and psychological support necessary for long term organizing under conditions of such profound violence. Infrastructure was necessary to identify and transport doctors from other areas, particularly the north, willing to provide low or no cost care to on the ground civil rights activists.

From this need the Medical Committee for Human Rights was built on four bedrock principles: recruitment, administering immediate aid, establishing local networks of care, and providing support for local practitioners.²⁵⁸ The MCHR understood their goals broadly and complexly, including intervening in investigations of extrajudicial murders of civil rights activists. A brochure soliciting volunteers for the 1965 Mississippi summer program championed that MCHR performed “an additional autopsy... at the request of Mrs. Chaney,” James Chaney’s mother, providing “important additional evidence and new facts” in the murders of Andrew Goodman, Michael Schwerner, and James Chaney.²⁵⁹ In a directive from their state

²⁵⁷ Dittmer, *The Good*, 31.

²⁵⁸ Dittmer, *The Good*, 31.

²⁵⁹ The Medical Committee for Human Rights (MCHR) brochure, 1964, The Civil Rights Movement Archive (CRMA): https://www.crmvet.org/docs/64_mchr.pdf The CRMA is an online archive maintained by the 501c3 nonprofit of the same name. Copyrights for unsigned documents are owned by Bruce Hartford, who grants the license to the archive. CRMA clarifies that the materials can be used for “educational, academic, political-activism, or other non-commercial purposes,” as long as the content is not altered, full attribution is proved, a link to the website is included, and written authorization is received for any for-profit or commercial use. For more information about use of the materials refer to this page: <https://www.crmvet.org/copyrite.htm>

office, they instructed staff to attend to not only instances of “police brutality” and “large scale demonstration” but also if “any health hazards- such as open sewage ditches, wells near outhouses, etc. exist in the community” and “any epidemic, no matter what its nature.”²⁶⁰ In a reflective report they indicate that one of their future goals is to prepare “materials and an actual training course in various fields of health; first aid, personal hygiene, sex education, nutrition, and mother and child care,”²⁶¹ and the manual for new medical professionals includes immunizations, pressuring state agencies to provide better services, and documenting instances of medical discrimination.²⁶² As MCHR doctor Alfred Moldovan reflected in an interview, “that, I think, sums up the whole essence of the Medical Committee for Human Rights: ‘We will be there.’”²⁶³ Being there for civil rights workers meant securing their health through a vast network of medical advocacy that evidenced an understanding of the deeply social, political, and environmental nature of wellness, as well as the specific intersection of anti-Black racism and debility.

One significant result of the mobilization of health providers to support movement organizers was a medical record of the extent to which white terrorists and law enforcement disabled, traumatized, and not infrequently killed, civil rights workers. Bearing witness to and producing extensive documentation of the violence

²⁶⁰ Congress of Racial Equality (CORE) internal document reflecting the MCHR’s requests of the Louisiana CORE office, Louisiana State Office, CORE, July 1965:

https://www.crmvet.org/docs/650000_core_mchr-memo.pdf

²⁶¹ MCHR Summer Summary Report, unsigned, August 16, 1964, CRMA:

https://www.crmvet.org/docs/640816_mchr_report.pdf

²⁶² MCHR Manual for Volunteers, manual for volunteer doctors, nurses, and other health professionals serving on the front lines of the Freedom Struggle, 1964-1968, CRMA:

<https://www.crmvet.org/docs/mchr.pdf>

²⁶³ Alfred Moldovan Interview re: MCHR, Mississippi & Selma, 2011:

https://www.crmvet.org/nars/moldovan_a.pdf

of segregation was central to the MCHR's mission; they were not just caregivers, but also archivists instructed to keep a daily diary of all events, draft formal reports of instances of abuse, and develop maps of local regions.²⁶⁴ Dr. Moldovan, for example, still recalled almost five decades later the brutality and chaos on Edmund Pettus Bridge as police officers threatened to shoot him if he offered medical care to protesters, commenting "I can still smell the [tear] gas."²⁶⁵ However, the repercussions of such violence could not be contained within the temporal space of a protest and shaped the activists' bodies and minds lifelong. SNCC "staff psychiatrist" Robert Coles, his perspectives transformed in part by his time providing care for activists during the Freedom Summer, conducted voluminous interviews and produced several articles discussing the psychological costs of organizing, which he argues produces "specific clinical symptoms," particularly bouts of severe depression. He notes instances of "anxiety, borderline psychosis, and severe depression," "loss of hope," "loss of a sense of purpose," "nightmares," "insomnia," "withdrawal from social contacts," alcoholism, and disordered eating, among other evidence of trauma. His interviews revealed that the students suffered not only from the direct pain of their experiences, but from guilt and shame over their legitimate grief. One particular man tempered his confession of deep depression with the belief that his pain was "silliness" and "weak" because he hadn't endured as much as other activists.²⁶⁶

Particularly significant for this study of health memory is Coles's observation that a key element compounding organizers' suffering is that "Victories are not

²⁶⁴MCHR Manual for Volunteers: <https://www.crmvet.org/docs/mchr.pdf>

²⁶⁵Alfred Moldovan Interview: https://www.crmvet.org/nars/moldovan_a.pdf

²⁶⁶ Coles, "Social," 305, 308

permanent, and sometimes not to be had at all.” One of his patients disclosed that when he began his work as an organizer he was “optimistic... I thought we’d demonstrate and then they’d fold up before us. But it’s been tougher than I ever dreamed.” He concludes his commentary with the reflection, “I suppose if I’d known that when I first joined I never would have done it.”²⁶⁷ In direct contrast with the fable of heroic effort rewarded with the slowly but steadily bending moral arc of the universe detailed by historian Jeanne Theoharis,²⁶⁸ the medical records on the ground bore witness to an endurance without guarantee of even provisional success. The toll was so severe in Coles’ estimation it amounted to “battle fatigue,” what is now known as Post-Traumatic Stress Disorder, noting that “in many ways these young civil rights workers are in a war and exposed to the stresses of warfare.” The psychiatrists in the MCHR explored various types of therapeutic support, including group therapy sessions, medication, and rehabilitation trips, as well as often recommended temporary lifestyle or employment changes, like transitioning from fieldwork to bureaucratic work within their organizations.²⁶⁹

It is important to recognize that medical interventions were not always, or even predominantly, compassionate and supportive of midcentury justice workers. Coles himself, in his efforts to support clinicians in identifying the warning signs of clinical depression in organizers, encourages the identification of phrases like “what’s the use?” and “why fight them, they’re too strong?” as potential indicators. Though the center of Coles’ therapeutic practice was connecting his patients’ emotional pain

²⁶⁷ Coles, “Social.”

²⁶⁸ Theoharis, *A More*.

²⁶⁹ Coles, “Social.”

to “their very real causes” (in one moment he affirms the students’ problems are “clearly not all psychiatric, but social, political, or economic”), many of his colleagues weaponized legitimate Black anger and despair at the endurance of white supremacy as a pathology that justified the violence of institutionalization.²⁷⁰ As psychiatrist Jonathan M. Metzl details in his exploration of the evolving diagnostic criteria for schizophrenia, many clinicians responded to the heightened visibility of racial justice organizing by reframing their interpretation of paranoia and psychosis to further stigmatize Black patients, particularly Black men. Citing, among other sources, the paradigmatic work by Walter Bromberg and Frank Simon arguing, “The stress of asserting civil rights in the United States these past ten years... has stimulated specific reactive psychoses in American Negroes,”²⁷¹ he demonstrates that schizophrenia evolved from a diagnosis predominantly applied to white middle-class women understood to be docile and nonviolent to a diagnosis attributed largely to Black men understood to be violent and threatening because of their activism.²⁷² This medicalized framing of activism is a toxic catch-22 for marginalized people, arguing both that their degradation is natural and normal and that any effort to transform their circumstances is itself perverse— Black men organizing in their own interests are “paranoid schizophrenics.” In striking contrast to the current positioning of mid-century Black activists as fulfilling the promises of democracy by agitating for full

²⁷⁰ Daryl Michael Scott, *Contempt and Pity: Social Policy and the Image of the Damaged Black Psyche, 1880-1996* (Chapel Hill: The University of North Carolina Press, 2000).

²⁷¹ Walter Bromberg and Franck Simon, “The ‘Protest’ Psychosis: A Special Type of Reactive Psychosis,” *Archives of General Psychiatry* 19, no. 2 (August 1968): 155-160.

²⁷² Jonathan M. Metzl, *The Protest Psychosis: How Schizophrenia Became a Black Disease* (Boston: Beacon Press: 2009): 100.

citizenship, their efforts were contemporaneously interpreted as the antithesis of democracy.

Metzl argues that “civil rights-era anxieties about racial protest catalyzed associations between schizophrenia, criminality, violence.”²⁷³ This transition was in part facilitated by emerging interest among mainstream white practitioners in expanding their research to include the unique experiences of Black patients and the growing awareness and acceptance of biochemical models of mental illness that located such illnesses in chemical imbalances in the brain. Historian Daryl Michael Scott extends this analysis, demonstrating how the trope of the “damaged black psyche,” broadly conceived beyond a specific diagnosis of schizophrenia, fundamentally shapes every aspect of public policy, including liberal policy targeting the elimination of racial inequities.²⁷⁴ Psychiatric assessments reflected the more frequently studied rhetorical move practiced by Daniel Patrick Moynihann in *The Negro Family: The Case for National Action*, when he details the devastating toll of white supremacy on Black families but erroneously attributes the solution to “restoring” patriarchal gender roles in the family.²⁷⁵ Such assessments that demonstrate a fairly accurate account of the long legacy of white supremacist violence on Black social and political life can still be neutralized and compressed into an individual pathology necessitating individual intervention. Dr. Martin Luther King, Jr. himself addressed the dangerous potential for psychology to incorrectly attribute

²⁷³ Metzl, *The Protest*, xix.

²⁷⁴ Scott, *Contempt*.

²⁷⁵ Office of Policy Planning and Research United States Department of Labor, *The Negro Family: The Case for National Action*, by Daniel Patrick Moynihann (March 1965).

pathology to Black people as opposed to the social conditions that maintain white supremacy. In his 1967 address to the American Psychological Association, he sharply critiqued the failures of social science to contribute to racial justice and cautioned wide application of the psychological concept “maladjusted” when applied to marginalized people. He argues:

There are some things concerning which we must always be maladjusted if we are to be people of good will. We must never adjust ourselves to racial discrimination and racial segregation... We must never adjust ourselves to economic conditions that take necessities from the many to give luxuries to the few.²⁷⁶

This claim is in line with Coles’s careful distinction that the instances of “borderline psychosis,” “anxiety,” and “withdrawal”²⁷⁷ are largely legitimate and understandable manifestations of structural problems, rather than internal biochemical differences, but is fully lost in the larger psychiatric push to weaponize treatment in the interest of suppressing dissent. As a long and diverse tradition of critics of medicine and diagnosis from Frantz Fanon to Michel Foucault to Eli Clare reveal,²⁷⁸ diagnosis is a sticky and dangerous process that can justify exploitation and abuse as easily as it can facilitate access to lifesaving care. It is incumbent upon those who study white supremacy and Black justice organizing through the lens of health repercussions to attend carefully to the racial politics of diagnosis and avoid replicating harmful tropes

²⁷⁶ Dr. Martin Luther King, Jr. “King’s challenge to the nation’s social scientists,” *American Psychological Association Monitor* 30, no. 1 (January 1999).

²⁷⁷ Coles, “Social.”

²⁷⁸ I’m thinking of Fanon’s *The Wretched of the Earth* (New York: Grove Press, 2004), Foucault’s *Discipline and Punish: The Birth of the Prison* (New York: Vintage Books, 1995), and Clare’s *Brilliant Imperfection: Grappling with Cure* (Durham: Duke University Press, 2017).

about Blackness and pathology. Lewis and Bambara's rich engagement with the physical and psychological trauma of segregation offers one way in to respecting these complexities.

Lewis and Bambara's Health Memory

The March 7th, 1965 demonstration Lewis commemorated in the tweet that opened this chapter emerged in the wake of the failures and limitations of the Civil Rights Act of 1964 to secure full citizenship for Black Americans. Failure to secure access to the polls occupied a great deal of organizing focus, culminating in a number of voter registration drives and demonstrations met with violent suppression. As Lewis notes in his speech, a state trooper's murder of Jimmie Lee Jackson as he strove to shelter his mother inspired a particularly powerful groundswell of righteous anger, which prompted a planned march from Selma to Montgomery. There was some ambivalence among leadership about the timing of the march on the 7th. King left to preach in Atlanta on the day. Lewis and other interested Student Nonviolent Coordinating Committee (SNCC) members ultimately marched independently, as SNCC voted not to attend as an organization. Particularly impactful for those who decided to march was Jackson's grandfather's choice to join despite being beaten himself on the same night Jackson lost his life. When asked if he would stand at the head of the line, he replied, "I'll walk with you. I've got nothing to lose now."²⁷⁹ Though Governor George Wallace intended Jim Clark, a notoriously violent Alabama

²⁷⁹ Gaillard, *Cradle*, 241.

sheriff, to halt the protestors, the brutality and cruelty of Clark's approach, including tear gas and unrestrained beatings, shocked even Wallace. He was remarked to have gone "berserk" at the footage of anti-Black violence, which ironically abrupted ABC's showing of *Judgment at Nuremberg*, a film fictionalizing Nazi war crime trials.²⁸⁰ King called for volunteers across the country to join the organizers in Selma before returning immediately, followed by swaths of recruits ignited by the scene on the bridge.

On the 50th anniversary of that very march, which came to be known as Bloody Sunday, John Lewis stood tall on the bridge where he once bled beneath the force of police batons and a cloud of noxious tear gas and affirmed, "it's good to be in Selma one more time, just one more time." Following a complex accounting of thanks and remembrances that included references to Jimmie Lee Jackson, civil rights activist Amelia Boynton, and the daughter of George Wallace who chose to join the ceremony, he remarked that he's often questioned about his choice to return to the site of such suffering and grief. "People often ask me, 'why do you come back,'" he reflects, "What purpose does it serve?"²⁸¹ As historian Frye Gaillard notes, "Of all the injuries at the Bloody Sunday march [Lewis's] were the worst, more serious even than those of Marie Foster and Amelia Boynton... who were marching just behind him."²⁸² Lewis was hospitalized, bedridden for three days following the incident and in "a lot of pain."²⁸³ Memory, he answered, was the purpose of coming back. "We

²⁸⁰ Gaillard, *Cradle*, 246.

²⁸¹ CNN Newsroom, "Live Coverage and Analysis of the 50th Anniversary of March on Selma," *CNN*, March 7, 2015, <http://edition.cnn.com/TRANSCRIPTS/1503/07/cnr.06.html>

²⁸² Gaillard, *Cradle*, 253.

²⁸³ John Lewis, *March: Book Three* (Marietta: Top Shelf Productions, 2016): 211.

come to Selma to be renewed. We come to be reminded that we must do the work that justice and equality calls us to do” and “we must use this moment to recommit ourselves to do all we can to finish the work. There’s still work to be done.”²⁸⁴ In this moment, he positions health memory as a practice of care; rather than doing himself harm by returning to the site of his brutalization, he describes the experience as “renewal,” an invigorating encounter that fuels him to do the work of justice. This particularly powerful rhetorical choice to name the remembrance as bravery intervenes in a complex discursive landscape to make several key interventions. Always a sharp and persuasive interpreter of his own archive, Lewis deftly leveraged his memories and his ethos as an organizer to care for himself and Black life, transforming both the physical space of the bridge and the meaning of Bloody Sunday memorialization by contextualizing his individual injuries as a product of white supremacy.

To effectively interpret Lewis’s memorialization requires more than a description of the events he references or the context in which he spoke, but also a complex accounting of the discursive landscape and the intellectual history of the Civil Rights Movement into which he intervened. In other words, Lewis doesn’t just make use of the literal events and injuries he experienced, but also the layers of concepts that have been applied to interpret them as well as the ambient rhetoric of his cultural and political context. Particularly useful for this work is the model Eric King Watts offers for “turning a hearer toward the endowment of voice” in his study

²⁸⁴ CNN, “Live.”

of the rhetorical and aesthetic dimensions of the New Negro trope. Of his rich theorization of voice, he argues:

Hearing the Hurt conceptualizes “voice” as a unique means for making sense of the intersection of aesthetics, rhetoric, and the lived experience of New Negro artists and activists working to manage intense political and cultural constraints...voice registers the specific historical predicament of speakers and writers, their forms of speech, and the conditions in which their speech was invented, performed, embraced, or denounced.²⁸⁵

Carefully balancing between his awareness of the unique karotic moment that inspired signifying on the trope and Black rhetors’ own agentic and influential choices, Watts unpacks how disparate actors with complex political and social investments drew on New Negro iconography to make claims about Black American life. He encourages us to “listen” carefully to Black “voices” as historically contingent, aesthetically and sensually resonant acts of interpellation that constitute new publics. He specifically demands attending to speech acts that “place before us our own humanity for inspection, interrogation and transformation,” concluding a discussion of Anatole Broyard’s powerful account of his father’s death cry with the query, “we have arrived at the ‘imperative resonance of voice. What will you do?’”²⁸⁶

The concept of voice Watts applies to New Negro authors can also illuminate the uniqueness of Lewis’s memorialization of the Civil Rights Movement. In the Bloody Sunday speech, and his later work in *March*, Lewis interpolates us into

²⁸⁵Eric King Watts, *Hearing the Hurt: The Rhetoric, Aesthetics, and Politics of the New Negro Movement* (Tuscaloosa: University of Alabama Press, 2012): 4.

²⁸⁶Watts, *Hearing*, 24.

citizenship through his use of embodied health memory, constituting a public that resists mainstream discourses about the meaning of the Civil Rights Movement in the present day. Lewis's voice hails us by calling attention to his wounded body and the social and political conditions that created it. He does not just ask us "what will you do" but instructs us to continue "do the work" that cost him so much. The rhetorical work he does is only fully legible when his "specific historical predicament" is unpacked, including the conceptual and rhetorical landscape into which he spoke and his embodied experience of trauma.

As Watts' explanation of voice clarifies, to "hear the hurt" and be hailed into the public necessitates a sophisticated account of the aesthetic and political discourses into which the rhetors intervene and to which their bodies bear witness. In terms of civil rights memory, a key element of that accounting is naming the dense layers of memorialization over decades, constructed by disparate actors with diverse political goals, that overlay our interpretation of both the space of the bridge and of Lewis's description of his own embodied experience. Structuring her argument around nine challenges to public histories of the Civil Rights Movement, political scientist Jeanne Theoharis explores why certain stories about the movement circulate, who they serve, and through what critical interpretive lenses we can tell richer stories that enable us to understand the present moment.

Taking to task both progressive and conservative politicians, she argues the movement has become a national fable with key characteristics, that "there *had been* an injustice, but once these *courageous individuals freely* pointed it out, it was corrected, and so proved the *greatness of American democracy.*" These accounts

refashion white supremacy into “personal matters of the heart rather than enduring matters of legislation and structure” and transform the fruits of persistent labor into a change that “happened naturally or inevitably.”²⁸⁷ The result is a neutralized and passive representation of civil rights activism that offers little in the way of causal and structural analysis, practical strategies for organizing, or meaningful connections to present racial inequities. Paradoxically, the desire to situate the Civil Rights Movement within a neat and clear lineage of American democracy marching forward to justice through language like a “second founding”²⁸⁸ re-entrenches the movement as a relic, making it more stable, more simplistic, and less useful.

Though progressive politicians draw on such tropes to do different, and often more sympathetic work, Theoharis is equally critical of the ways their articulations reinforce limiting interpretations that fail us, including taking Lewis himself to task at times.²⁸⁹ Though Theoharis argues “The act of making a historical tribute” in and of itself “resolves it and fixes it in a time and place,”²⁹⁰ Lewis’s voice at the commemoration, and more broadly whenever he refashions his embodied experiences on the bridge, do critical work to destabilize and suspend other ways of “fixing” the moment. By calling attention to the lifelong health repercussions of his organizing work, he reminds us that remembrance is a call to justice rather than a passive celebration. Rather than a neat arc of history, Lewis’s memorialization of his

²⁸⁷ Theoharis, *A More*, 5-6, 18.

²⁸⁸ Theoharis, *A More*, 8.

²⁸⁹ Theoharis, *A More*, 23.

²⁹⁰ Theoharis, *A More*, xi.

embodied experience creates a moment of both cathartic renewal and of temporal suspension: the movement is unfinished so the march must go on.

The question Theoharis poses about the temporality of memorialization, also engaged by Lewis, requires critical attention to the relationship between Black organizing and time. Fleming highlights the ways time itself can be co-opted to maintain white supremacy by introducing the concept of “black patience,” “a racialized system of waiting that has historically produced and vitalized anti-Blackness and white supremacy by compelling black people to wait.” The constant refrain that freedom will come, in the future, under certain conditions, if certain kinds of respectability, comportment, and affect are performed supports the “afterlives of slavery- the ‘skewed life chances’ of black being.” However, Fleming argues, the performance of patience functions as a liberation strategy, “It is, a challenge to black patience qua black patience- a performative attempt to unsettle ‘the wait’ in and through a radical performance of waiting.”²⁹¹ Lewis similarly plays with time in his public performance of health memory, collapsing the distinctions between present violence and the past by displaying and interpreting his physical scars which embody his lifelong health repercussions.

Lewis and Fleming’s kindred conceptions of time offer a way with and through the Afropessimist vision of “colored time” as articulated by Jared Sexton. Sexton, like many other Afropessimists, envisions white supremacy as producing a unique and disorienting experience of the passage of time. Quoting Mr. Tibbs from the film *In the Heat of the Night*, Sexton calls our attention to a particular line of

²⁹¹ Fleming, “Transforming,” 589, 588, 590.

dialogue: “There’s white time in jail, and colored time. The worst time you can do is colored time.” This naming of an “interminable, perhaps even incalculable, stalled time”²⁹² reflects both the literal inequities in the prison system that result in longer sentences, higher bail, and more brutal treatment, as well as the larger temporal dynamics at play while living under white supremacy. This endless no-place describes the Sisyphean nature of pushing against an ontology of the human that fundamentally precludes Black personhood, the sensory experience of time passing as the structures and material conditions of white supremacy remain unshakeable. Fleming’s idea of performative patience paired with Lewis’s health memory allow us to understand that making visible the contours of colored time is itself a liberation practice. By constantly enlivening the space of the bridge with meaning, demanding we return to mark the violence, and challenging us to continue the fight for justice, Lewis calls attention to the function of time under white supremacy through the extension of the march. The structural persistence of white supremacy, “colored time,” is made visible on Lewis’s wounded body, which he calls our attention to time and time again.

Significantly, both the physical harm of activism and the intersection of activism with medical care takes center stage in his co-authored graphic novel series recounting his personal biography as a way into the history of civil rights organizing more broadly, *March*. The artist and authors take full advantage of the comic medium to display the visceral nature of white terrorism Lewis and his peers experience as

²⁹² Jared Sexton, “The Social Life of Social Death: On Afro-Pessimism and Black Optimism,” *InTensions*, no. 5 (November 2011): <https://doi.org/10.25071/1913-5874/37359>

activists, with chaotic panels filled with grimacing, angry assailants leering out of the frame, frenetic onomatopoeia reflecting the violence, “THUNP” surrounded by a white starburst when a white terrorist’s fist hits an activist’s stomach,²⁹³ “SPLAT” when a police officer breaks a protestor’s skin with a baton,²⁹⁴ dark smudges like drying blood marking the wispy speech bubbles of wounded people.²⁹⁵ When an employee locks a group of protesters in a restaurant and turns on a fumigator, the pages fill with a haunting, spectral black with the barest outline of panel blocks and coughing noises within dark gray clouds of toxic fumes.²⁹⁶ The titular Selma to Montgomery march is structured around the climax of Lewis’s head injury, building tension with long, thin horizontal panels of marching feet, grim helmeted faces, different sharp angles of the bridge. The advance of the state troopers breaks the clean lines of the previous pages with violence, cracking batons, furls of tear gas, and chaotic, overpopulated panels. A trooper swings a baton on Lewis’s head twice with a visceral “SPLATT” and the next pages go sparse. On a black background, edges of Lewis’s face pooling blood spill out, his eyes bloodshot and tearing, as the text narrates: “I thought I saw death. I thought I was going to die. Get up. Keep moving.”²⁹⁷

Reflecting his visual disorientation and pain, the following panels are bleached white, with characters outlined but none of the nuanced shading that characterized the rest of the novel. He races back to the church where lines of

²⁹³ Lewis, *March: Book One*, 100.

²⁹⁴ Lewis, *March: Book Two*, 21.

²⁹⁵ Lewis, *March: Book Three*, 9.

²⁹⁶ Lewis, *March: Book Two*, 14.

²⁹⁷ Lewis, *March: Book Three*, 221-222.

wounded men and women lay draped over the pews as they are tended by medical staff, his head “throbbing” and his face speckled with gore. The narrative skips to him bandaged in a hospital bed, delirious and pained, head wrapped in a white bandage that remains for several pages until we see a crowd of protestors watching Lyndon Johnson deliver his speech to Congress on the Voting Rights Act through the television.

The narrative voice editorializes, “It was one of the most moving speeches I have ever heard an American president give on civil rights” followed by a full page spread of Lewis removing his wrappings before a mirror.²⁹⁸ This cathartic moment does not signal full recovery, however, as Lewis makes sure to note of a march that comes after, “I had to spend each night back in Selma, with a doctor nearby in case something went wrong with my head,”²⁹⁹ reminding us that the incident was permanently disabling. Lewis tells the story of Bloody Sunday as the compressed, evocative account of his head injury, drawing on all the affordances of the graphic novel form, from shading to page layout to interjected text, to demonstrate that marching was brutally violent in ways that last long past the moment on the bridge. The structure of the narrative makes the head injury metonymic for the health consequences of segregation, which cannot be “healed” with medical care alone, but with structural change. He depicts two sites of medical care, the first aid provided in the church by volunteers and the formal medical care provided in the segregated hospital. Finally, by linking the removal of his bandage to the passage of the Voting

²⁹⁸ Lewis, *March: Book Three*, 224.

²⁹⁹ Lewis, *March: Book Three*, 232.

Rights Act he reminds us that the physical violence he experienced is also structural violence, and the healing of his body must come alongside the eradication of white supremacy.

Likewise, *The Salt Eaters* is a novel singularly concerned with remembering the cost of activism as both physical and psychological, requiring both interpersonal and structural care. Taking place over approximately an hour of time, the novel opens with the aftermath of the primary character, Velma's attempt to die by suicide. Her interactions with spiritual healer Minnie Ransom, as Minnie strives to support her in choosing her own life, form the structure of the novel, which branches off into reflections on the major life events that contributed to Velma's profound depression. Mental health support and trauma recovery are the heart of the nonlinear narrative, which opens with Minnie's inquiry to Velma, "Are you sure, sweetheart, that you want to be well?"³⁰⁰ The entirety of the novel takes place in the brief span of time between that powerful question and Velma's ultimate answer, that wellness is worth the cost. A clear manifestation of Coles's claim that a key element of the suffering of Civil Rights activists was that "Victories are not permanent, and sometimes not to be had at all,"³⁰¹ Velma and her community struggle to reconcile the depth of their sacrifices— physical, psychological, and interpersonal— with the profound disappointment and unfulfilled promises of the post-Civil Rights era. In the meditation on salt as the treatment for neutralizing a serpent's venom that unfolds towards the end of the novel, Velma muses:

³⁰⁰ Bambara, *Salt*, 1.

³⁰¹ Coles, "Social."

She thought she knew that. At some point in her life she was sure Douglass, Tubman, the slave narratives, the songs, the fables, Delaney, Ida Wells, Blyden, DuBois, Garvey, the signers, her parents, Malcolm, Coltrane, the poets, her comrades, her godmother, her neighbors, had taught her that. Thought she knew how to build immunity to the sting... knew how to build resistance... stay poised and centered in the work and not fly off... Thought the workers of the sixties had pulled the Family safely out of range of the serpent's fangs so the workers of the seventies could drain the poisons, repair damaged tissues, retrain the heartworks, realign the spine. Thought the vaccine offered by all the theorists and activists and clear thinkers and doers of the warrior clan would take. But amnesia had set in anyhow.

Heart/brain/gut muscles atrophied anyhow. Time was running out anyhow.³⁰²

The remedy of salt in the snakebite becomes a metaphor for the hopes and dreams of a better future that sustained her through decades of activism. The language of “immunity” and “resistance” to venom reflect her awareness of the necessary longevity of activist work, the need to “commit to the struggle for a lifetime.”³⁰³ However, despite the intergenerational wisdom she locates in activists of both historical and interpersonal significance (from Wells to her godmother), she despairs that the communal body has become ill anyway.

Alongside her voluminous commentary on her first attempt at the form of the novel, Bambara's framing of *Salt Eaters* emphasizes how these commitments to

³⁰² Bambara, *Salt*, 1.

³⁰³ Angela Davis, quoted by bell hooks in *Black Looks: Race and Representation* (New York: Routledge 2015): 59.

cultural work as justice work manifest explicitly in her writing. She explicitly names the text “an assignment, so to speak, for community organizers,”³⁰⁴ “notes for organizing,”³⁰⁵ that encourages activists to reconcile disparate ways of approaching wellness. As she reflects, the central academy where Velma receives treatment attempts “to bridge the gap between our medicine people and our warriors,” a reflection of the project of the novel itself to blend “the political worldview and the artistic worldview... the best of so-called traditional medicine with the most humane of so-called modern medicine”³⁰⁶ Velma’s treatment exemplifies this model— she receives formal medical care to treat the physical wounds from her attempt, then receives communal care grounded in indigenous practices for the more complex social, emotional, and political trauma she carries. Bambara envisions her work in the form of the novel and the short story as a kind of political call as explicit and practical as the ones Lewis makes, though Lewis’s investments in formal politics and Bambara’s investments in community-based solutions produce generative tensions.

In this way, Bambara demands the very kind of attention to the aesthetic and the political in both her novel and in the larger project of Black liberation that Watts calls for in his urging to “hear the hurt” in the voices of New Negro writers. Though her novel is not autobiographical, it is an act of public memory, reflecting on movement history and the health repercussions of white supremacy with the same sophistication, care, and commitment to truth that Lewis demonstrates in his explicitly autobiographical work. As she compellingly argued, “As a cultural worker

³⁰⁴ Lewis, *Conversations*, 25.

³⁰⁵ Lewis, *Conversations*, 52.

³⁰⁶ Lewis, *Conversations*, 24-25.

who belongs to an oppressed people my job is to make the revolution irresistible.”³⁰⁷ Like Lewis, Bambara uses an aesthetic and rhetorical practice of health memory to make the past inhabitable and useable in the present, seeking kinds of historical continuities that unfold into a juster future and archiving lived experience. However, both the genre of the novel and her position as an activist-cultural worker, as opposed to a formal politician, offer unique affordances and opportunities distinct from Lewis’s. Bambara is also more squarely placed within a Black Power framework for understanding and practicing Black liberation, engendering more suspicion of the possibilities of the state and a greater focus on intracommunal capacity building and care.

From the introductory moment between the principal character, Velma, and the healer caring for her in the wake of her suicide attempt that sets the terms of the novel’s engagement with health, we unfold backwards into the events that left Velma so bereft and vulnerable, so desperate to stop “borderguarding” for others and “be unavailable at last, sealed in and the noise of the world, the garbage, locked out.”³⁰⁸ As these memories are revealed in disjointed vignettes, it emerges that at the heart of the deep trauma Velma and her community struggles to work through is the physical and psychological toll of organizing labor. One of the events from Velma’s past that figures strongly in her memories is a march. The process itself is brutally rendered, constituting a full day of being:

³⁰⁷ Lewis, *Conversations*, 35.

³⁰⁸ Bambara, *Salt*, 5.

Shot at, spit on, nearly run down by a cement mixer, murder mouthed, lobbed with everything from stones to eggs... Two pairs of rubber thongs left on the highway, a ragged pair of sneakers abandoned... her reserve pair looped round her neck, feet too swollen to torture further... a syrupy clot [sic] oozing down her left leg... Her throat [sic] splintered wood.

Following the bulk of the trek, she returns to the hotel that serves as the home base for the marchers, “hanging onto the counter with both hands, nails splitting, hands swollen, the phone too heavy to consider handling.” The narrator continues that Velma “was hanging by her nails... her legs trembling with fatigue, her nose stopped up, her skin caked with mud, her face, her hair dusted with wings and pollen... her backbone on fire, her bowels boiling,” that she “could barely stand up, much less focus on the clipboard and flip pages.”³⁰⁹ The grueling on-the-ground labor manifests in physical weakness and pain, including swollen hands and feet, broken nails, overtaxed muscles, inability to focus, and an inability to attend to the needs of her own body. Twice in flashback Velma’s menstrual period surprises her,³¹⁰ during the march and at an ill-fated organizing meeting with a lackluster political candidate, and in both instances the feeling of the clotted blood flooding her legs as a result of her forgotten pads and tampons calls her back into her body as she’s trying to do “the work.” In both of these instances, she can’t fully care for herself, the first because

³⁰⁹ Bambara, *Salt*, 35-38.

³¹⁰ Interestingly, in two of Coles’s pieces on the psychological toll of the freedom movement, he discusses similar symptoms. He describes “stomach ailments” and “menstrual irregularities” as part of what plagued the activists he worked with: Robert Coles and Joseph Brenner, “American Youth in a Social Struggle: The Mississippi Summer Project,” *American Journal of Orthopsychiatry* 35, no. 5 (October 1965): 920. And “stomach pains, or menstrual cramps newly bothersome and disabling:” Coles, “Social,” 309.

she's marching and adequate bathrooms with running water weren't secured for the volunteers, the second because she needs to stay in the meeting to defend the women's choice to splinter from the larger group.

Reflecting the broader dynamic of communal care and deep, lasting bonds between women, the care Velma remembers receiving comes at the hands of the women who love her. After she is kicked out of the hotel because the visible toll of the march on her body was embarrassing to the organizers, she is taken in by her friends in a tent. The narrator describes, "Ruby was trying to put her feet in the basin. Daisy Moultrie was brushing her hair. Velma had no control over her feet. No control over her head either... But the water was cool, it calmed her." Careful not to mistake interpersonal care with structural justice, when Ruby asks how she feels, Velma muses, "she wanted to answer Ruby, wanted to say something intelligible and calm and hip and funny so the work could take precedence again. But the words got caught in the grind of her back teeth."³¹¹ Like the instances of menstrual blood dripping down her legs, the physical reminders of her body pull her back into herself, making the sacrifices untenable and impossible to overwrite with platitudes. The narrator makes clear that Velma's experience is not singular or singularly felt; in one powerful moment in Velma's healing, her godmother grows nauseous and must leave the room to retch, in part because the visceral memory of police officers forcing her neighbor to beat her while they were both jailed suddenly and unexpectedly overtakes her. Her relationship with Velma is near symbiotic, Velma's processing of her traumatic experiences evoking her own.

³¹¹ Bambara, *Salt*, 40-41.

That the practice of marching figures so prominently in both memorializations of organizing's physical impact on health is unsurprising, given the political power of marches in the Civil Rights moment and the way the violence of the march sickens and depletes the bodies and minds of the marchers. However, though both Lewis and Bambara demand we remember the tactile, sensory experience marching in terms of its cost, the toll of health memory is remembered quite differently. Where the exigence to which Lewis responds demands a neater, more comfortable narrative around his experience that reframes reflection on the violence as "renewal," Bambara lingers in the ways health memory, though necessary and powerful, can make living and enduring in the present moment more difficult. The absence of progress, the interminable nature of the march toward justice, rather than renewing and invigorating her, exhausts her and puts an incredible strain on her relationships and her physical and emotional wellbeing. In a particularly insensitive moment over dinner, her husband interrupts her account of a traumatic event. Though his lack of sympathy and refusal to make space for her pain is striking, he does generatively note the physical toll of remembrance, remarking "Do you have any idea, Velma, how you look when you launch into one of your anecdotes? It's got to be costing you something to hang onto old pains. Just look at you. Your eyes slit, the cords jump out of your neck, your voice trembles... It takes something out of you."³¹² The burden of unresolved trauma, memory without meaning, leaves Velma physically exhausted and psychologically brutalized. Both Bambara and Lewis develop a practice of health

³¹² Bambara, *Salt*, 22.

memory that allows us to interpret their activism through its physical and psychological repercussions.

“Did you think your life is yours alone?”³¹³: Remembering the Discontents of Intracommunal Care

At first blush, Lewis’s approach to health memory in the *March* trilogy seems diametrically opposed to Bambara’s vision in *Salt Eaters*. An activist who chose to practice justice work within formal politics, rather than continue as an organizer, Lewis has a distinct relationship to his legacy and what he hopes it will accomplish. His account is made legible through some of the tropes Theoharis critiques, and he relies on a framework grounded in the iconography and language of American exceptionalism. However, beneath the trappings of a “great men of history” story of individualism, lies a much more interesting examination of the rise and fall of movements embedded in the banal and routine work of organizing. *March* nests the story of SNCC’s evolution from a groundswell of student activism to its central shift from an organization that emphasized interracial solidarity and the moral imperative of nonviolence to a “turning away from the larger society and turning towards each other,” as Bambara describes it.³¹⁴ Lewis’s awareness of SNCC’s center of gravity shifting around him enables the kind of reflection on community and memory *Salt Eaters* encourages, with a grounding in history. Read together, the texts offer a fuller

³¹³ Bambara, *Salt*, 148.

³¹⁴ Toni Cade Bambara, ed., *The Black Woman: An Anthology* (New York: Washington Square Press, 2005): 1.

picture of the ways communities cared for one another in the wake of the violence of segregation, the kinds of care such violence required, and the different tactics and approaches that work in concert, if not in agreement, to produce health equity. In line with Bambara's careful examination of the communal fissures and exhaustion of long term justice work, Lewis's memorialization resists depictions of mid-century organizers as an ideologically homogenous group with identical goals that were ultimately realized. Representing movement organizing as messy, conflict-dense, and always unfinished work transforms the static, long past visions of the Civil Rights Movement into useful survival practices applicable to the equally messy organizing problems of the present.

Book one of the *March* trilogy depicts the development of the nonviolent resistance tactics that would characterize the moment, particularly depicting Reverend James Lawson as a saintlike figure whose approach to justice work "liberated" Lewis and showed him "the way out."³¹⁵ The novel emphasizes scenes of unity and collaboration as the students in SNCC honed their approach to desegregation and bore the indignities of violence, verbal abuse, and imprisonment together. Fissures among coalitional groups begin to show in book two, with activist Will Campbell angrily attributing Lewis's commitment to nonviolent action, despite the increasing physical harm, to his "pride" and "sin."³¹⁶ Further, SNCC members express anger and discontent when Dr. King refuses to put his body on the line during the freedom rides because he was "on probation," though every member of SNCC was as well.³¹⁷

³¹⁵ John Lewis, *March: Book One* (Marietta: Top Shelf Productions, 2013), 78.

³¹⁶ Lewis, *March: Book Two*, 23.

³¹⁷ Lewis, *March: Book Two*, 90.

Significantly, Lewis also begins to note tactical fissures emerging within SNCC, an ideological conflict he attributes to an erosion of “discipline.” Twice he examines this dynamic, first representing a conflict between himself and Stokely Carmichael, who he describes as “acting out” and “threatening to derail [SNCC] efforts,”³¹⁸ then depicting an unnamed white man belligerently smoking and calling him a “square” when asked to put out his cigarette.³¹⁹ The moment with Carmichael reflects the differences among Lewis and activists who became disillusioned with formal politics, moving into a more intracommunal, Black Power model for social change.³²⁰ Though Lewis interprets the tension as Carmichael and others “acting out” and “derailing,” it in fact reflects a sincere disagreement about tactics and objectives in the face of the failures of the state and federal government. The simmering tensions introduced in book two come to full fruition in book three, when Lewis experiences SNCC moving away from his nonviolent, interracial philosophy into a new approach to racial justice incompatible with his views and even further from what he calls “the movement,” the loose coalition of organizations agitating for desegregation in the same period. This conflict over care practices demonstrates the ways activism, particularly nonviolent action, took a drastic toll on the bodies and minds of the activists, leading to legitimate disillusionment.

The tensions within “the movement” at large are spectacularly detailed in three places, first through the disagreements over the March on Washington for Jobs

³¹⁸ Lewis, *March: Book Two*, 112.

³¹⁹ Lewis, *March: Book Two*, 122.

³²⁰ For a further account of the SNCC rupture, and organizing politics of the moment more broadly, see John Dittmer’s *Local People: The Struggle for Civil Rights in Mississippi* (Urbana: University of Illinois Press).

and Freedom, next though the political cost of continued protest, and finally through the conflict over building deep and sustainable local connections versus parachuting into communities for moments of spectacular nonviolent action. When describing the March on Washington, Lewis notes that Roy Wilkins, among others, unfairly distributed funds to participating organizations, editorializing, “SNCC had already been growing apart from the mainstream of the movement. We were younger and, by their accounts, more radical. But the funding we received was only a small fraction of what other groups received, and it only served to widen the divide.”³²¹ Wilkins figures again in the political conflict over protests. He and others “became increasingly concerned about our continued protests and what that could mean for President Johnson’s chances among southern voters in the fall election,” urging a ban on demonstrations to secure his election. Lewis sharply replies, “That’s an easy position for you to take— it’s not often that **you’re** the one in the streets protesting,” calling attention to the violence of protest.³²² Finally, Lewis details the resentment SNCC began to feel towards SCLC, noting, “there were strong feelings that we had done the hard, necessary work laying the foundation— but now Dr. King and SCLC would swoop in and grab headlines without building strong ties in the community”³²³ In terms of intra-organizational movements within SNCC, Lewis attributes the growing tensions to increasing numbers, noting, “All the things that made SNCC what it was— decentralized leadership, consensus-driven decision making, respect for individuality— were now tearing it apart...the Mississippi summer project had swelled

³²¹ Lewis, *March: Book Three*, 42.

³²² Lewis, *March: Book Three*, 90-91.

³²³ Lewis, *March: Book Three*, 148.

our numbers... The intimacy that had allowed for decision-making by consensus had all but disappeared.” He briefly and dismissively gestures to class and gender conflicts, noting tensions between “salt-of-the-Earth field staff” and “college-educated intellectuals” and devoting less than a page to the critical paper prepared by women staffers about sexism within SNCC.³²⁴ Finally, he explores what he subtly depicts as his own ousting from SNCC, describing being forced to march without SNCC support, despite his deeply held beliefs, and noting of a particular decision “most of my colleagues in SNCC disagreed with me. They were sick of rules and procedures. More and more, they were becoming sick of me.”³²⁵ The break is finalized when a SNCC volunteer gave a scathing reply to Johnson’s speech that for Lewis, “was not the language, or the message, of nonviolence” which meant for him “SNCC was headed” down a road “I knew I would not be able to travel.”³²⁶ It is important to remember that this graphic novel does not represent itself as an unbiased history of SNCC or of the coalition of organizations that contributed to the March on Selma, but a deeply personal account of Lewis’s life as he experienced it. His representation emphasizes the tactical and ideological concerns over the physicality of protest that struck him as significant through the lens of his worldview. Even so, he committed to representing the embodied work of democracy as messy, conflict laden, and always unfinished.

For Bambara, the breakdown of intracommunal care is remembered as grounded in different visions of liberation and the strategies necessary to achieve it,

³²⁴ Lewis, *March: Book Three*, 139, 140.

³²⁵ Lewis, *March: Book Three*, 216.

³²⁶ Lewis, *March: Book Three*, 226.

though she is equally invested in the ways such conflicts are exacerbated by other kinds of embodiment, like gender. Certainly Velma and her friends are becoming increasingly exhausted at the unfulfilled promises of formal politics and self-serving politicians, but that disillusionment is focused through the ways their own gendered labor and leadership, and its physical and psychological toll, is ignored in service to male ambition. Erica R. Edwards details this dynamic, and the ways Black women interrupt and challenge it, in her monograph on charisma and black leadership, exposing the ways the fiction of a charismatic leader as necessary for the survival and efficacy of social movements is maintained.³²⁷ A significant element of the health memory work Bambara does with Velma's story is exposing the fissures in organizations that allow marginalized people to take on more labor with greater physical and psychological costs and less recognition. Public memorialization often obfuscates this gendered dynamic in the interest of a more palatable vision of justice work, often one that emphasizes "charismatic leaders." Two significant moments in the novel, the previously discussed march and a particular committee meeting, are deeply gendered, and the depth of the pain and rage Velma experiences when reflecting on them is grounded in that dynamic. In the aftermath of the march, the rage that grinds Velma's reassuring words in her back teeth is not just the result of physical endurance. Her litany of suffering as she clings to the hotel counter after marching is juxtaposed with her vision of the famous male speaker slated to talk at the march through the mirror, a man with "shiny black boots... knife-creased pants...

³²⁷ Erica R. Edwards, *Charisma and the Fictions of Black Leadership* (Minneapolis: University of Minnesota Press, 2012)

jacket hanging straight, the blinding white shirt.” She notes “He looked a bit like King, had a delivery similar to Malcolm’s, dressed like Stokely... she’d never heard him say anything useful or offensive. But... what a good press agent.” As her stomach roils and her legs collapse she hears his “ easy laughter... those dulcet tones” before she is ripped away and thrown out by a man who she feared “had broken her neck.”³²⁸

The dramatic irony of the cool, collected, adored male speaker breezing past the near-unconscious female marcher reflects the gendered reality of movement labor addressed in both Bamabara’s essays and historiography that reflects on the Civil Rights Movement. In historian Danielle McGuire’s account of the Montgomery Bus Boycott, she details how years of organizing and bearing the mental and physical costs of the boycott were borne by Black women, largely domestic laborers who used public transit to commute to their workplaces, while male religious figures occupied the most visible and celebrated leadership positions. McGuire exposes the ways this blindspot not only erases women’s work, but obscures key features of the trauma of white supremacy on women’s mental and physical health. Unlike their male colleagues, the women identified sexual harassment and humiliation by bus drivers as a common method of maintaining segregation on public transit central to their choice to maintain the boycott for as many months as they did. The evocation of sexual and gender based trauma recurred in the testimony offered by those women in various

³²⁸ Bambara, *Salt*, 35.

venues, including in interviews and as court witnesses.³²⁹ The tension between the speaker who flew in and the on the ground organizer also reflects broader questions about the relationship between national organizations and figureheads and those embedded in local communities who do the daily, consistent work of assessing and responding to their region's particular needs.

Both of these critiques are reinforced by the organizing meeting, where a candidate for a local office who no longer lives in the region pushes the organization to support his campaign. As the lofty, disembodied speeches on “the significance of new alliances shaping up against the Carter administration” drone on and the male members of the organization smoke and drum “their fingers on the tabletop” the women translate the political idealism into the embodied hours and materials of political action, “so many receptions to cater, tickets to print, chickens to fry, cakes to box, posters to press, so many gifts to extort from downtown merchants for raffles...”³³⁰ This dynamic, where men adopt leadership and decision making roles and women scramble to make their decisions real through physical labor inspires them to break away from the group to form their own. As Velma notes, “we have yet to see any of you so much as roll up your sleeves to empty an ashtray. Everybody gets paid off but us. Do any of you have a grant for one of us? Any government contracts? Any no-work-all-pay posts at a college?” She concludes, “You are welcome to continue operating as a social club, but not on our time... We'll notify you about the

³²⁹ Danielle McGuire, *At the Dark End of the Street: Black Women, Rape, and Resistance— A New History of the Civil Rights Movement from Rosa Parks to the Rise of Black Power* (New York: Alfred A. Knopf, 2010)

³³⁰ Bambara, *Salt*, 26.

meetings.”³³¹ As the way Velma’s experience folds out into larger questions of intra-organization dynamics and the possibilities for coalition demonstrates, her experience of illness is entangled in the post-Civil Rights Movement fissures of the 70’s, which further exposed the already tenuous image of unity. Published in 1980, *Salt Eaters* is fundamentally a text about the challenges and fissures of health memory for those who do the most grueling labor, what it exposes and reveals, and what must be done to carry its weight.

In her interviews and essays, Bambara regularly reflected on what was then her contemporary moment, arguing “What characterizes the current movement... is a turning away from the larger society and a turning toward each other.”³³² Unlike Lewis’s more reductive Black-white paradigm for interracial coalition, Bambara’s vision of “turning inward” involved building deep and genuine relationships with other communities of color, both in the US and across the globe. As demonstrated in *Salt Eaters* with the traveling troupe of the seven sisters, she believed in the transformative power of people of color solidarities. Ultimately, Velma’s healing was not only her own, because health is never an individual project, but the work of identifying as a community the conditions that create her kind of sickness, including the toll of activism. Both formally and thematically *Salt Eaters* represents wellness as a communal and structural choice inflected by supporting one another through processing physical and psychological trauma.

³³¹ Bambara, *Salt*, 37.

³³² Bambara, *The Black*, 1.

Health Memory as Democratic Practice

All three volumes of *March* begin with the same epigraph: “To the past and future children of the movement.”³³³ This loving gesture is both a reference to the frame narrative of the text, Lewis explaining his personal history to a Black child who visits his office on the day of President Obama’s inauguration, and a powerful claim about how and for whom the Civil Rights Movement should be remembered. The theme, calling young people to take the lessons of his life into their own struggle for justice, recurs in his public addresses, including in his posthumously published final message in the *New York Times*. Addressing the next “generation,” he implores, “You must do something. Democracy is not a state. It is an act, and each generation must do its part to help build what we called the Beloved Community, a nation and world society at peace with itself.”³³⁴ By placing the movement in the future tense, he clarifies the way he intends his health memory to be used, to enliven contemporary democratic practice in an unfinished democratic project. Though Bambara’s political and aesthetic production was less enamored of the promises of American democracy, both Bambara and Lewis remember mid-century activism as care practices formed at the intersection of state failure and Black resilience. For Lewis, this kind of care constitutes a workable framework for democracy, through a very different model of democracy than mainstream memorialization would suggest. For Bambara, such practices are simply how Black life continues to persist in spite of the overlapping matrixes of white supremacy and other systems of power.

³³³ Lewis, *March: Book One*, 1.

³³⁴ John Lewis, “Together, You Can Redeem the Soul of Our Nation,” *The New York Times*, July 30, 2020, <https://www.nytimes.com/2020/07/30/opinion/john-lewis-civil-rights-america.html>

Significantly, the vision of health justice that both authors develop is capacious and embodied, capturing a multiplicity of survivance practices. Through this lens, we can see as part of the same long, compassionate project the act of washing Velma's feet, the decision to physically relocate to the south to provide medical support to activists, the organizing of mass action to make visible the violence of voter suppression, the choice to return to the site of trauma to reclaim memory. Lewis and Bambara remind us that democracy, inasmuch as it is experienced, is experienced by embodied persons with aching feet and trauma-induced headaches. Those bodyminds must be cared for, a safety and security guaranteed by the state, for any political theory to meet praxis. Bambara emphasizes that for Black people to live longer, fuller, healthier lives is itself revolutionary, while Lewis dreams of the radical potential of embodied democratic practice built on Black health. Together, their memory work points us to a better way to remember their activism: as a health justice practice as vital today as it was on Edmund Pettus bridge. To use Robin D. G. Kelley's phrasing, "Big glitzy marches do not make a movement; the organizations and activists... will continue to do their work, fight their fights, and make connections between disparate struggles, no matter what happens in the limelight."³³⁵ Bambara and Lewis's health memories of their marching and bearing witness to their lived experiences push us past seeing such moments as endings, but as movements towards a future that has not yet been realized.

³³⁵ Robin D. G. Kelley, "Big, Glitzy Marches Are Not Movements," *Boston Review*, August 28, 2013, <https://www.bostonreview.net/articles/robin-kelley-big-glitzy-marches-are-not-movements/>

Chapter 3: “The Health of U.S.”:

The Long Black Freedom Struggle and 21st Century Health Policy

“That’s where real courage comes from... Not by avoiding our responsibilities to create a better America and a better world but by embracing those responsibilities with joy and perseverance. And discovering that, in our beloved community, we do not walk alone.” -

Barack Obama, Eulogy for John Lewis³³⁶

“we thought... despite all the ways we exist alone no one/would be on their own” - Claudia

Rankine, “The Health of Us”³³⁷

In the summer of 2009 in the United States, all eyes were on healthcare. President Barack Obama’s 2009 inauguration still felt rich with the promise of bold transformations to come and stimulus legislation just pulled the national economy back from the brink of disaster. Given the immediate crisis of the moment had been assuaged, the time had come to look forward, and the dramatic restructuring of national healthcare policy championed in his campaign shone as a perfect place to begin. This signature bill, as envisioned by the Obama administration, would have constituted a triumph of democratic deliberation grounded in diverse expertise, bipartisan compromise, and a deep commitment to the power of public policy to alleviate the suffering of average Americans. President Obama declared in his State of the Union Address to Congress in February, grounding his project in a century-

³³⁶ Fabiola Cineas, “‘The march is not over’: Read Barack Obama’s eulogy for John Lewis,” *Vox*, July 30 2020, <https://www.vox.com/2020/7/30/21348062/john-lewis-funeral-barack-obama-eulogy>

³³⁷ Claudia Rankine, “The Health of Us,” *LitHub*, November 16, 2016, <https://lithub.com/the-health-of-us/>

long striving for equity, “nearly a century after Teddy Roosevelt first called for reform the cost of our health care has weighed down our economy and the conscience of our nation...health care reform cannot wait, it must not wait, and it will not wait another year.”³³⁸ This was the moment vast structural changes were wrenched from imagined futures into lived reality. As the hearings began in earnest in March, the campaign trail mantras felt prophetic; here was the *change we can believe in*. The culmination of all our *hope*. *Yes*, the president affirmed, *we can*.

The bill, ultimately titled the Patient Protection and Affordable Care Act (ACA), would pass a year later, constituting the most profound shift in national health policy since Medicare. That the primary legislative triumph of the first Black president’s administration would re-envision state responsibility for care in an act of health justice, with President Obama’s rhetoric around the bill emphasizing health as a communal good and placing the ACA alongside the Civil Rights Act, is not incidental. Commentator and poet Claudia Rankine beautifully enumerated these connections in her poem “The Health of Us,” written in 2009 and recovered during an interview after Donald Trump’s election. An essayist, poet and incisive commentator on anti-Black racism in America, Rankine has discussed the interconnections among white supremacy, nationalism, and illness at length, most notably in her poetry collection *Don’t Let Me Be Lonely*.³³⁹ Her experimental, genre-defying writing, which blends features of poetry, personal essay, scholarship, plays, and more,

³³⁸ *Address by the President Delivered to a Joint Session of Congress on February 24, 2009—PM 8*, 111th Cong., 1st sess., *Congressional Record* 155, pt. 32: S2419.

³³⁹ Claudia Rankine, *Don’t Let Me Be Lonely: An American Lyric* (Minneapolis: Graywolf Press, 2004).

theorizes questions of national belonging, wellness, and visibility. This particular poem intervenes in her body of work as well as her ongoing critique of US racial politics by meditating on what an overhaul of health policy could mean, materially in terms of American life and wellbeing, and more broadly in terms of building a national ethic of compassion and care. The piece begins with the line “we heard healthcare and we thought public option,” opening into the smallest, most literal promise; a revision of national healthcare policy. The rest of the poem constitutes a wild freedom dream of the ripples such a policy could cast: “we thought we could be sure of ourselves in this one way/ sure... of our basic decency,” “we thought... despite all the ways we exist alone no one/ would be on their own,” “we were ready to care for each other...to know each other as another.”³⁴⁰

She unfurls the word “healthcare” into a rich landscape of associations, exploring the ways health policy is both a kind of health justice work indicative of the country’s values and an ethic of care grounded in compassion and mutual recognition. She translates the evolving text of the bill that would become the ACA into an interpersonal act of decency, the intentional cultivation of community, and the acknowledgment of common personhood. By contributing to collective care, she notes we not only “know each other as another” but “recognize our range of possibilities as a precious commodity” strategically appropriating economic language to make visible a uniquely human sort of capital. Reflecting the rhetorical moves Obama and his supporters themselves deployed to make healthcare access legible under capitalism, she asks what it would mean to “invest” in each other through a

³⁴⁰ Rankine, “The Health.”

guarantee of care and what kind of worlds such an investment could build. Significantly, Rankine frames traditionally conceived politics, the drafting of legislation, in the language of interpersonal care practices grounded in radicalism, collapsing the distinctions between formal and activist politics in the way this dissertation suggests.

Her analysis specifically links the bill to the long Black freedom struggle and a history of Black radical thought, as well as to the ways American democracy is foundationally poisoned by white supremacy. Through this tension, the realization of civic life through uniquely Black theorizations of communal responsibility in conflict with the American violences of genocide and enslavement, she highlights the central entanglement that animates this dissertation. She writes in one moment “if *justice was how love showed itself in public* then love/was defined by access to care.”

Referencing Cornell West as a means to make sense of the ethics of healthcare solidly grounds her examination in the Black intellectual tradition. That particular quote, which links care to larger political projects, illuminates the ways Black theorists understand care as a profoundly political act and a model for just practices. However, she concludes the poem with the following mournful lines:

despite being founded on genocide and sustained by slavery
in God’s country we thought we were ready
to see sanity inside the humanity we thought
the improbability of the face on capitol hill meant possibility.³⁴¹

³⁴¹ Rankine, “The Health.”

This elegiac conclusion functions through carefully selected contrasts, “genocide” and “slavery” with “God’s country,” “improbability” with “possibility,” the implied insanity of pre-ACA health policy with “humanity.” This chapter strives to explicate the gap between those contrasts, to unpack why the improbability of a Black president did not translate to truly transformative legislation, why the insanity of the US’s violent, brutal for-profit health system persisted despite its human cost, how a country with such lofty myths about itself can be built on enslavement and genocide and subsist on their afterlives, and what these tensions indicate about the future of multiracial democracy.

The answer lies in the deceptive simplicity of framing the ACA as a “single shift toward a national community.” Progressive health policy, which imagines the state as responsible for creating the conditions for life to flourish, thus an act of health justice, relies on the rhetorical and material creation of a national community.³⁴² Through strategic language, like President Obama’s refrain of our “responsibility” to each other, and explicit policy moves, like the “shared responsibility payment” tax penalty³⁴³ for not having health coverage, such legislation creates a networked community of people whose individual health is reliant on the health of the rest of us. Because this community is necessarily multiracial, possessive self interest in whiteness is thus incompatible with progressive policy and with public health. Phrased differently, the preservation of whiteness requires the rejection of multiracial

³⁴² Here I’m drawing on Robert Asen’s description of public policy in “Reflections on the Role of Rhetoric in Public Policy,” *Rhetoric and Public Affairs* 13, no. 1 (2010).

³⁴³ “Fact Sheet: Individual Shared Responsibility For Health Insurance Coverage and Minimum Essential Coverage Proposed Rules,” *Centers for Medicare & Medicaid Services*, January 30, 2013, <https://www.cms.gov/newsroom/fact-sheets/fact-sheet-individual-shared-responsibility-health-insurance-coverage-and-minimum-essential-coverage>

democracy, and thus health justice, in this instance meaning white America would choose sickness over community. Health policies like the ACA are, as Rankine suggests, a “shift toward a national community” where all Americans benefit through their shared investment in each other, and the history of white backlash demonstrates that whiteness makes such a community impossible. Her acknowledgement of the entwined nature of health justice and democracy juxtaposed with her gesture to the thwarted promise of the first Black president speaks to the linkages among Blackness, health justice, and political futurity, linkages enlivened by President Obama’s signature efforts to revitalize national healthcare policy. The previous two chapters of this dissertation have demonstrated that Black justice workers throughout history conceptualized health justice and democracy as co-constitutive. The national reckoning prompted by the development and passage of the ACA placed that theorization at the center of a national conversation about the boundaries of state responsibility and the definition of community, as well as the centuries-long project to exclude Black America from citizenship by excluding them from the conditions for health.

Each portion of this project has examined a different organizing mode central to the long Black freedom struggle, beginning in the introduction with a petition, transitioning through collective habits of comportment, hygiene and mass civil disobedience, emphasizing that each is also an act of health justice that challenges us to reimagine what it means to be healthy. These ever evolving liberation strategies take shape against a violent landscape of an equally flexible and intractable white supremacy, the machinations of which take center stage in this chapter. Afropessimist

theorists like Jared Sexton, Armond R. Towns, and Frank B. Wilderson III, along with scholars who do not explicitly align with Afropessimist thought but are deeply engaged in the conversation around ontological Blackness,³⁴⁴ have examined the relationship between Blackness and social death. They explore the ways the pernicious and resilient nature of white supremacy warps time and forecloses Black life, a concern that emerged as central in my previous chapter on the temporal work of health memory. This chapter considers public health policy through the lens of the Black freedom struggle, arguing that Black activists like those examined in the previous chapters laid the discursive and material groundwork for more liberatory visions of state responsibility for health justice. What this chapter will examine in more depth is the ways Black labor around redefining the state created a framework for liberal democracy that can provide for the needs of all Americans. Phrased differently, Black Americans' tireless demands for equity under the law and their innovations on health justice in the wake of state failure moved liberal democracy from an abstract project into a set of material practices.

The trenchant backlash reveals both that white America values the consolidation of white political power more than the practice of democracy and that white nationalism makes us all literally sicker. The collective project of health justice is fundamentally incompatible with white nationalism and instead requires multiracial democracy, but the project of whiteness accepts mass death as the cost of preserving

³⁴⁴Explicitly referenced here are: Sexton's "The Social Life of Social Death: On Afro-Pessimism and Black Optimism," *InTensions*, no. 5 (November 2011): <https://doi.org/10.25071/1913-5874/37359>; Towns's "Black 'Matter' Lives," *Women's Studies in Communication* 41, no. 4 (2018): 349-358, <https://doi.org/10.1080/07491409.2018.1551985>; Wilderson's *Afropessimism* (New York: Liveright, 2020). Other relevant thinkers include Sylvia Wynter, Saidya Hartman, Christina Sharpe, Fred Moten, and Hortense Spillers.

itself. The death cult of whiteness is effectively revealed through the mass, organized resistance to the ACA on the part of white nationalist groups, and even more painfully exposed in the contemporary COVID crisis, which I examine in more depth in my conclusion. Tracing a bright red line through the bodymind-destroying conditions of enslavement, the debilitating features of segregation and intergenerational poverty, the co-opting of integrated public assistance into a racist practice of surveillance and punishment, and the ongoing medical exploitation and neglect of Black America, whiteness's condition of possibility is the denial of Black health. Both materially, through the significant political, social, and economic advantages of whiteness,³⁴⁵ and discursively through the tautological construction of white dignity and Black inhumanity, whiteness is sustained by destroying the foundations of both democracy and health justice.

Following its passage, the ACA would prove powerfully resilient, weathering a legal challenge that landed in the Supreme Court, extreme resistance on the part of mainstream Republican politicians and then-fringe groups like the Tea Party, and a near decade-long conservative push for repeal that fizzled out a few months after a Republican president assumed office. However, President Obama's lofty goals of democratic deliberation and bipartisan compromise were thwarted at every turn through covert and explicit racist resistance.³⁴⁶ An increasingly radical right cast

³⁴⁵ Among other texts: Cheryl I. Harris, "Whiteness as Property," *Harvard Law Review* 106, no. 8 (June 1993): 1707-1791; Noel Ignatiev *How the Irish Became White* (London: Routledge, 1995); Ira Katznelson, *When Affirmative Action Was White: An Untold History of Racial Inequality in Twentieth Century America* (New York: W.W. Norton & Company, 2005); David Roediger, *The Wages of Whiteness: Race and the Making of the American Working Class* (London: Verso, 2022).

³⁴⁶ Notably, when Pres. Obama met with Senator Chuck Grassley to discuss potential compromises to garner bipartisan support, Grassley replied "You know what, Mr. President? I've got to admit- there's

generally unprincipled oppositional stances to every Obama-backed initiative and cultivated without censoring white nationalist backlash to his presidency as their primary means of consolidating power. While more mainstream politicians focused their resistance to the ACA through the ostensibly race neutral slogan “repeal and replace,” fringe groups and pundits were less restrained in their condemnation, referring to the bill as a key component of the president’s “reparations” for slavery, among other hyperbolic claims. Drawing on Afropessimist constructions of Black ontology, Paul Elliott Johnson argues conservatives paradoxically positioned “the ACA as a threat to life itself.” He notes:

Sarah Palin labeled the ACA ‘downright evil’ because it empowered ‘death panels’ to choose who lived and who died. Glenn Beck and other white resisters to Obama framed healthcare reform as a new Jim Crow, producing a perverse inversion that figures the fight for Black civil rights and the demand for white sovereignty over state and civil society as the same struggle rather than being diametrically opposed.³⁴⁷

The particular comparison he analyzes, conservatives’ positioning of their desire for domination as analogous to the Black liberation movement, reflects both the perverse public memory work around the Civil Rights Movement unpacked in the previous chapter and the way the language of democracy becomes a rhetorical sleight of hand that camouflages their commitment to authoritarianism. Much akin to the discourse of “freedom of speech” adopted by some of the most aggressive proponents of using the

no change that allows me to vote for this thing.” <https://www.latimes.com/projects/la-na-pol-obama-partisan/>

³⁴⁷ Paul Elliott Johnson, *I the People: The Rhetoric of Conservative Populism in the United States* (Tuscaloosa: The University of Alabama Press, 2022): 167.

power of the state to suppress critical ideas, the “don’t tread on me” language of individual freedom is actually a call for state repression of those not considered legitimate state subjects. Thus, progressive health policy afforded to all Americans becomes racialized “reparations.”

This seemingly bizarre and incongruous juxtaposition, a race-neutral healthcare bill with the afterlives of enslavement is telling, particularly given it would largely benefit white Americans who constitute a larger portion of the national population. The rhetorical strategy of associating integrated public services with unfair wealth redistribution through the specter of the undeserving Black poor has a long history in US public policy,³⁴⁸ encompassing resistance to public education and welfare, among other initiatives. The association of healthcare and reparations speaks to the race-baiting and fearmongering that characterized conservative rhetoric around the Obama presidency in the interest of consolidating white power for coming elections as the American electorate became increasingly demographically bleak for Republicans. It also reveals the long-term repercussions of the relationship between Blackness and health³⁴⁹ in the national imagination. It is important to note that there is nothing inherently reparative about healthcare—as detailed in the previous chapters, the state has and continues to allow Black Americans to become sicker as a precondition for white health—and medical discourses and apparatuses often

³⁴⁸ Refer to footnote 10 for other scholars in this vein. Additionally Carol Anderson’s, *White Rage: The Unspoken Truth of Our Racial Divide* (New York: Bloomsbury Press, 2017) is an excellent example.

³⁴⁹ A number of scholars working at the intersection of the medical humanities and Black studies have begun to parse this connection, including Therí Alyce Pickens, Sami Schalk, Jonathan Metzl, and Sabrina Strings, among the other scholars cited in this article. Also see the edited collection *Blackness and Disability: Critical Examinations and Cultural Interventions* (East Lansing, Michigan State University Press: 2011).

maintain, rather than counter, white supremacy.³⁵⁰ However, health is still a deeply racialized category and policymaking around public health is inextricable from conflicts over racial citizenship and national belonging. The development of the ACA and concurrent debate in popular discourse is therefore also a debate about the feasibility and desirability of multiracial democracy that reveals deeper and more fundamental conflicts. The long history of Black organizing around the right to a full, rich life guaranteed by the state and the vision of collective responsibility it requires is the unspoken specter shaping white America's ability to reimagine state responsibility for care and enact health justice. The way the ACA restructured the US health system is thus both deeply indebted to Black activism and limited by white nationalist organizing. As the increasingly undemocratic character of modern conservatism reveals, the contemporary iteration of the Republican Party rejects multiracial democracy in favor of white nationalist authoritarianism secured through the subversion of free and fair elections and the normalization of disinformation, a choice that has wide reaching repercussions from impoverished health policy to mass COVID deaths.

This chapter examines the passage of the ACA, with a particular attentiveness to the rhetorical and material ways fiscal and racial conservatives form coalitions to resist integrated public services as well as the legacy of Black activism that made it possible. While the connection between “dog whistle” racist rhetoric and fiscally conservative policy is more frequently explored through residential and school

³⁵⁰ Harriet Washington, referenced in my introduction, does a particularly excellent job detailing the ways Black Americans have been subject to profound medical violence from enslavement to the contemporary moment in *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Anchor Books, 2008).

segregation, resistance to the ACA and other attempts to democratize healthcare are key cases that reveal the racist underpinnings of the rejection of public welfare. Such moments also reveal how conservative electoral power is strengthened by emphasizing the shared interests of white nationalism and “limited government,” selectively understood as limited, democratic governance for white state subjects and racial authoritarianism for everyone else, while enabling reflection on the public health repercussions of that relationship. Drawing on Robert Asen’s articulation of public policy,³⁵¹ along with interdisciplinary scholars of white backlash politics and scholars of segregated health services including Carol Anderson,³⁵² Joseph Crespino,³⁵³ and David Barton Smith,³⁵⁴ this analysis attends to key rhetorical choices in both support for and resistance to the ACA to reveal the larger conflict over racialized definitions of national community undergirding the policy debate. Understanding the conservative strategy of amplifying animosity around public health through racist appeals also demystifies the contemporary difficulties in communicating public health information and exposes the ways unexamined white supremacist rhetoric makes effective public health initiatives impossible.

³⁵¹ Asen, “Reflections.”

³⁵² Anderson, *White Rage*.

³⁵³ Joseph Crespino, *In Search of Another Country: Mississippi and the Conservative Counterrevolution*, (Princeton: Princeton University Press, 2009).

³⁵⁴ David Barton Smith, *The Power to Heal: Civil Rights, Medicare, and the Struggle to Transform America’s Healthcare System*, (Nashville: Vanderbilt University Press, 2016).

Integration, Healthcare and the Question of National Belonging

The ACA is a post-civil rights policy that intervenes in a discursive and material landscape where public services are understood to be integrated, irrespective of actual access, and decades of conservative rhetoric grounds the urgency of austerity in the mythical exploitation of government funds by Black America. This juxtaposition implicates modern fiscal conservatism in the longer, post-Reconstruction history of diminishing the political and economic power of newly enfranchised freedpeople by casting them as illegitimate state subjects and circumscribing their mobility through legal and extralegal means. Various strategies were deployed to constrain reconstruction post-abolition, limit the successes of the Civil Rights Act and the Voting Rights Act, and gerrymander and regulate Black and brown voters into a politically negligible constituency. This mobilization of white America to preserve the power of whiteness is commonly referred to as white backlash and often studied through resistance to residential and school integration. One scholar of white backlash, Carol Anderson, contextualizes white nationalist political organizing through the analytic framework she develops: “white rage.” She writes of this pervasive, intractable anger, “White rage is not about visible violence, but rather works its way through the courts, the legislatures, a range of government bureaucracies. It wreaks havoc subtly, almost imperceptibly... White rage doesn’t have to wear sheets, burn crosses... working the halls of power, it can achieve its ends.”³⁵⁵ Carefully tracing the connections between explicit, spectacular racial violence and the subtler kinds of racial violence enabled by white monopolies on

³⁵⁵ Anderson, *White Rage*, 3.

political and economic power, Anderson argues that both must be understood through the same affective, emotional framework of anger so flippantly and dismissively applied to disempowered populations. Rather than focus on spectacular instances of white supremacist violence, she focuses on the legislative moves states made to preserve political and social power as the exclusive province of white residents.

Joseph Crespino does similar work in understanding and interpreting resistance to desegregation, drawing on different case studies to make his argument about the incorporation of extreme white nationalism into mainstream conservatism in the mid-to-late twentieth century.³⁵⁶ Another noteworthy historian of twentieth century conservatism, Kevin Kruse, details efforts to maintain residential segregation in the face of federal intervention, which takes on the same pyrrhic character of other types of resistance to integration.³⁵⁷ Consistent across the body of scholarship about white backlash and the development of modern conservatism represented here is the scholars' emphasis on the flexibility and permeability of racist rhetoric from both state and national sites of political power and from smaller, local and regional sites of power. The "Southern Strategy" is one of the most popular, pervasive frameworks for interpreting this relationship. As Crespino writes, the Southern Strategy framework suggests: "Instead of rejecting southern racism on moral grounds, modern conservatives simply channeled the fury and repackaged the message...using coded,

³⁵⁶ Crespino, *In Search*.

³⁵⁷ Kevin Kruse, *White Flight: Atlanta and the Making of Modern Conservatism* (Princeton: Princeton University Press, 2005).

racial appeals.”³⁵⁸ Supporting this interpretation, in a now infamous interview with Alexander Lamis in the 1980s, Republican strategist Lee Atwater argued:

You start out in 1954 by saying, “[anti-Black racial slurs]” By 1968 you can’t say “[anti-Black racial slur]”—that hurts you, backfires. So you say stuff like, uh, forced busing, states’ rights, and all that stuff, and you’re getting so abstract. Now, you’re talking about cutting taxes, and all these things you’re talking about are totally economic things and a byproduct of them is, blacks get hurt worse than whites.... “We want to cut this,” is much more abstract than even the busing thing, uh, and a hell of a lot more abstract than “[anti-Black racial slurs]”³⁵⁹

This striking admission of the strategic utility of the language of “fiscal” conservatism, “states’ rights,” “cutting taxes,” and “totally economic things,” in making both legible and covert the racist character of these policies fits neatly into a Southern Strategy framework for understanding a moral compromise on the part of establishment, national Republican politicians.

However, Crespino also offers a careful corrective to uncomplicated applications of this framework that is significant for my theorization of white backlash. He argues it is incomplete in its scope, particularly because it “has made rural whites from the Deep South the cancerous, racist element within the modern Republican Party and, in the process, has vastly oversimplified how race operates in

³⁵⁸ Crespino, *In Search*, 6.

³⁵⁹ Rick Perlstein, “Exclusive: Lee Atwater’s Infamous 1981 Interview on the Southern Strategy,” *The Nation*, November 13, 2012, <https://www.thenation.com/article/archive/exclusive-lee-atwaters-infamous-1981-interview-southern-strategy/>

the modern conservative movement.”³⁶⁰ Traditional Southern Strategy interpretations of the evolution of conservatism suggest that a nonracist Republican establishment strategically incorporates explicitly racist segregations’ interests through coded racial appeals, while Crespino urges us to refuse so stark a distinction between the sites of segregationist thought and the rhetorical strategy of dog whistle politics. Organizers and politicians at all levels and from all geographic areas had and continue to have complex investments in white nationalism and draw strategically on coded and explicit racist language in different contexts to differing effects. In this way, the relationship between “respectable” fiscal conservatism and racial conservatism is much more entangled and inseparable than it would first appear, complexities that are further revealed in the contemporary moment in the debate over the passage of the ACA.

In each instance of white backlash, conflict over particular pieces of public policy become battlegrounds for larger conflicts over the legitimacy of Black citizenship and the possibility of multiracial democracy, or, the possibility of a federal government that recognizes and serves a multiracial republic. Significantly, this relationship is borne out through the implementation of Medicare. Tracing the deeply segregated roots of private hospitals and insurance and the subsequent civil rights era push for integrated health services, Smith demonstrates that the successful implementation of Medicare is indebted to the labor of mid-century Black activists. This relationship is rendered most explicit in the United States Department of Health, Education and Welfare’s (HEW) reliance on civil rights organizers. Because

³⁶⁰ Crespino, *In Search*, 8.

Medicare was tied to Title VI equal protections, HEW drew extensively on the institutional and political work of such activists.³⁶¹ Smith further argues that not only did civil rights activists provide the literal labor that enabled the policy's success, but that their work developed the discursive/rhetorical landscape for it to flourish. He writes of the US medical system:

Race, and the logic of white supremacy, is hidden in the compromise patchwork solutions, the expansion of private insurance, the creation of producer cooperative solutions in the form of voluntary Blue Cross plans, the creation of the dominant voluntary hospital sector, the ideology of individualism, the opposition to public solutions... The notion of "social solidarity"... never came up as an argument for universal protections in the United States. Only during the civil rights convulsions of the 1960s did the notion of being "all in it together" have any salience. Medicare, in essence, was the gift of the civil rights struggle.³⁶²

The revisioning of state responsibility for care Smith defines as "social solidarity" can also be understood as a framework for liberal democracy grounded in a vision of a multiracial national community. Smith is not alone in linking the justice work of Black liberation activists and transformations in thinking about national care from diverse perspectives, including drawing further connections among activist work and health and medicine as well as naming the ways medical institutions often reinforce white supremacy in their own practices. Alondra Nelson, John Dittmer, and Jim

³⁶¹ David Barton Smith, *The Power to Heal: Civil Rights, Medicare, and the Struggle to Transform America's Healthcare System* (Nashville: Vanderbilt University Press, 2016): 94.

³⁶² Smith, *The Power to Heal*, 3.

Downs all call attention to the ways various kinds of activism traditionally centered in the long Black freedom struggle are also about health. Alondra Nelson reclaims the Black Panther Party's healthcare organizing as central in framing healthcare as a human right,³⁶³ while John Dittmer, cited extensively in the previous chapter, powerfully traces the history of the Medical Committee for Human Rights, demonstrating the ways medical professionals organized to provide physical and psychological support to mid-century activists.³⁶⁴ Jim Downs demonstrates the ways emancipated freedpeople conceptualized health as integral to their newly inaugurated citizenship rights.³⁶⁵ Alternatively, other scholars like Robert Baker, Harriet Washington and others center the labor of Black physicians and their subsequent erasure and marginalization by the medical establishment.³⁶⁶ This rich body of scholarship demonstrates that health in the US context is deeply racialized and that every element of healthcare is shaped by anti-Black racism.

The Battleground of Public Policy

As Smith's examination of Medicare reveals, policies are one key site where contradictions and complexities of American democracy and the lasting legacy of white supremacy are negotiated. Central to my own approach to the ACA as a

³⁶³ Alondra Nelson, *Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination*, (Minneapolis: University of Minnesota Press, 2011).

³⁶⁴ John Dittmer, *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care*, (Jackson: University Press of Mississippi, 2009).

³⁶⁵ Jim Downs, *Sick From Freedom: African American Illness and Suffering During the Civil War and Reconstruction*, (Oxford: Oxford University Press, 2012).

³⁶⁶ Robert Baker and Harriet Washington, et al., "Creating a Segregated Medical Profession: African American Physicians and Organized Medicine, 1846-1910," *Journal of the National Medical Association* 101, no. 6 (2009): 501-12.

representative case is Asen's articulation of public policy "as a mediation of rhetorical and material forces,"³⁶⁷ deeply embedded in the distribution of resources and the processes of representation that ascribe meaning to those resources. Asen argues such texts have unique features that require particular analytic attention, namely that they are by nature co-authored by a large number of rhetors, that they are developed and implemented over long stretches of time, and that they are polysemous. He also clarifies the complex relationship between the rhetorical and the material such texts facilitate, arguing that they "create, sustain, negotiate, and redefine the meanings of the very money, goods, and services provided"³⁶⁸ and, significantly for my argument, "express a nation's values, principles and priorities, hopes and ideals, and beliefs about citizens' responsibilities and obligations to each other."³⁶⁹ Policymaking is therefore also always about nation-making; rather than simply identify target populations or ideal outcomes, it co-creates them, along with reinforcing or developing systems of values. He takes up the early twenty-first century push for privatizing Social Security as a central example, arguing that Social Security's breadth, longevity, and the infrequency with which it is revised make moments of revision particularly powerful, noting that policymaking represents "atypical moments in the lives of policies where meaning making appears as the central task."³⁷⁰

³⁶⁷ Asen, "Reflections," 124.

³⁶⁸ Asen, "Reflections," 126.

³⁶⁹ Asen, "Reflections," 127.

³⁷⁰ Asen, "Reflections," 130.

President Obama’s push to reform national care “nearly a century”³⁷¹ after Roosevelt demanded it was a similarly massive structural change that inspired scrutiny and revision to the nation's core values and our understanding of citizens’ responsibilities to each other. In his public addresses during the drafting and passage of what became the ACA, he emphasized three major themes: that health reform was an act of communal care, that the current health system already did violence to Americans, though that violence was structural and thus less visible, and that the development of his approach was deeply bipartisan. Two of these interventions, the belief that health is communal care and structural violence is still violence, build on Black activists’ rhetorical and material work as examined in the preceding two chapters, like the Black Women’s Club activists who identified and combatted environmental racism and Bambara’s claim that *The Salt Eaters* is an effort to bring together “the best of so-called traditional medicine with the most humane of so-called modern medicine.”³⁷² Particularly of note is the activism of John Lewis who was actively serving in Congress during the passage of the ACA and voted in its favor repeatedly. By viscerally highlighting the physical, bodily consequences of segregation, both Bambara and Lewis demonstrated that public policy can be deeply and materially violent. Their displays of spectacular harm paired with calls for the state to protect their lives reframed our collective understanding of state responsibility

³⁷¹ *Address by the President Delivered to a Joint Session of Congress on February 24, 2009—PM 8*, 111th Cong., 1st sess., *Congressional Record* 155, pt. 32: S2419.

³⁷² Thabiti Lewis, ed., *Conversations with Toni Cade Bambara* (Jackson: University Press of Mississippi, 2012).

for care, while their vision of democratic practice laid the groundwork for the kind of communal responsibility healthcare reform requires.

Though Obama at times highlights specific groups, particularly the uninsured, for targeted rhetorical attention, the population the policy represents as envisioned by Obama and his supporters is extraordinarily broad, encompassing all American citizens³⁷³ in a newly imagined community grounded in what he at one point refers to as the “largeheartedness” of America. Notably, the profound racial disparities in healthcare are not mentioned, nor is any particular racial group highlighted as benefitting from the policy. Acutely aware of the fraught discursive landscape the first Black president must navigate, Obama was particularly cautious in positioning himself as a president for all Americans, and tempered explicitly racial appeals as a concession to conservative race-baiting. His presidency was characterized by an extremely conciliatory, careful approach to addressing anti-Black racism, which makes conservative interpretations of the bill particularly stark and unsettling.

His vision of communal care and responsibility is perhaps the most significant element of his meaning making for understanding the nature of resistance to its passage, which is fundamentally a resistance to multiracial democracy in general and Black citizenship specifically. During his September 9, 2009 remarks to Congress

³⁷³ The language of citizenship is key here, as one of the major scare tactics conservatives developed to disparage the ACA was the idea the bill would provide care for undocumented people at the expense of “real” Americans. Rather than embrace a more expansive understanding of Americanness and develop and defend policy that could include undocumented people, the Obama administration cast the claims as harmful misinformation. This tension culminated in one of the most highly publicized breaches of decorum during his presidency, Joe Wilson interrupting his remarks to Congress in September 2009 by shouting “you lie” when he asserted his reform would not insure “illegal immigrants.” For more context, David Batty, “‘You lie’: Republican Joe Wilson’s outburst at Obama health speech,” *The Guardian*, September 10, 2009,

<https://www.theguardian.com/world/2009/sep/10/you-lie-joe-wilson-obama-speech>

soliciting bipartisan support, he gestures to features of the “American character” including “self reliance,” “rugged individualism” and “defense of freedom,” among other more traditionally conservative articulations of Americanness. He also argues for the addition of another American value, “large heartedness— that concern and regard for the plight of others... Our ability to stand in other people’s shoes. A recognition that we are all in this together; that when fortune turns against one of us, others are there to lend a helping hand.”³⁷⁴ This is one of the clearest articulations of a common refrain, that to support healthcare reform is to act with compassion and care for other Americans, an act of interpersonal kindness that inaugurates a vision of one large community “all in it together.” The idea of opening up the promises of America to welcome more citizens into the fold is emphasized when he asserts the ACA’s passage would be a “historic vote” alongside other landmark legislation. At a rally days before the vote, he proudly asserted “We’ve had historic votes before. We had a historic vote to put Social Security in place to make sure that our elderly did not live out their golden years in poverty. We had a historic vote in civil rights to make sure that everybody was equal under the law... when we have faced such decisions in our past, this nation, time and time again, has chosen to extend its promise to more of its people.”³⁷⁵ His evocation of civil rights is unique, as it positions such protections as analogous to the protections afforded to seniors under Social Security and the uninsured under the ACA, and stands in stark contrast to white conservatives’

³⁷⁴ *President’s Address Delivered to a Joint Session of Congress on September 9, 2009 Relative to Health Care Legislation—PM29*, 111th Cong., 1st sess., *Congressional Record* 155, pt. 126: S9179-83.

³⁷⁵ Barack Obama, “Remarks by the President on Health Insurance Reform in Fairfax, Virginia,” *Obama White House*, March 19, 2010, <https://obamawhitehouse.archives.gov/realitycheck/the-press-office/remarks-president-health-insurance-reform-fairfax-virginia>

evocation of the Civil Rights Movement as analogous to their racialized opposition. Obama's capacious understanding of marginalization is distinctly not racial, and highlights a vision of an inclusive national community created through compassionate public policy.

Notably, John Lewis, then Representative Lewis from Georgia, struck similar notes in his own speeches in support of the ACA. In July 2009 in his remarks to the House he also made a powerful comparison to the Civil Rights Movement, once again reframing his own archive by referencing his speech at the March on Washington. After clarifying the urgency of the moment for the health of the American people he noted, "46 years ago, at the March on Washington, I said, 'They tell us to wait. They tell us to be patient.' We cannot wait, we cannot be patient. People are losing their health, their homes or their very lives because our health system does not work for them."³⁷⁶ Calling attention to the violence of demanding patience in the face of injustice was a recurrent rhetorical strategy during the Civil Rights Movement, and his pointed reference to the moment serves several functions. As mentioned in the previous chapter, Lewis and other justice workers' activism was often appropriated to serve interests antithetical to the political projects they supported in the wake of substantive national memorialization efforts. By linking his speech at the March on Washington to a contemporary health justice policy he supported in the present, he refuses reductive interpretations of the scope of his activism as well as being relegated to a relic of the past. Juxtaposed with Obama's litany of "historic votes" he

³⁷⁶ Representative Lewis, speaking on "Americans Need Health Care Now," on July 30, 2009, 111th Cong., 1st sess., *Congressional Record* 155, H9173.

also demonstrates how foundational to our understanding of collective responsibility the iconography and rhetoric of the Civil Rights Movement has become, so central that even those who would have or literally did resist his efforts cast themselves as part of his legacy. Later in the same remarks he quotes Dr. King, “Of all the forms of inequality, injustice in health care is the most shocking and inhumane,” demanding his colleges “answer the call of history.”³⁷⁷ The notion of the moral arc of history emerges as a recurring theme in his remarks, with Lewis urging in November, “Be on the right side of history, the right side of the sick, the right side of the vulnerable. If we fail to act on health care, if we fail to do what we must do, history will not be kind.”³⁷⁸

Significantly, protestors opposed to the ACA targeted Lewis and other Black legislators with racial slurs.³⁷⁹ As Johnson clarifies, though important to acknowledge and condemn, these incidents cannot and should not be isolated as fringe moments in conflict with an otherwise race-neutral resistance to outsized federal influence on the market. He notes of these “rogue actors,” “these were clumsy moments that highlight the effectiveness of the rest of the Tea Party’s rhetorical strategy, premised as it was on a vocabulary of fungibility whose racism circulated through public discourse mostly unmarked.” Later he critiques media coverage of these moments as sewing “these tears in the fabric right up, while popular talk about freedom supported the

³⁷⁷ Representative Lewis, “Americans,” H9173.

³⁷⁸ Representative Lewis, speaking on HR3962, on November 7, 2009, 111th Cong., 1st sess., *Congressional Record* 155, no. 166, H12857.

³⁷⁹ Paul Kane, “‘Tea party’ protesters accused of spitting on lawmaker, using slurs,” *The Washington Post*, March 20, 2010, <https://www.washingtonpost.com/wp-dyn/content/article/2010/03/20/AR2010032002556.html?hpid=topnews>

white individual and helped stabilize neoliberalism.”³⁸⁰ Drawing on Hartman’s conception of fungibility, he attends us to the fact that such extreme instances should best be contextualized as slippages that reflect the foundational racism in the Tea Party’s conceptualization of freedom as contingent upon Black abjection. Such instances are isolated inasmuch as they are unnecessary—the foundational concepts of freedom and individualism as utilized by white conservatives are so racialized that the Tea Party need not deploy slurs or highly marked racist iconography to forward anti-Black racism. The very idea of community is rendered toxic and racialized, such that its evocation provokes terror and violent resistance. Violent resistance to acts of health justice also takes center stage during conservative backlash to COVID protections, which I explore further later in this project.

Inversely, Obama then casts resistance to taking on the shared responsibility of national care as a kind of shortsighted selfishness. He defines the plan as one that “asks everyone to take responsibility for meeting this challenge” and further argues of individuals that don’t purchase health insurance plans by choice and companies that don’t provide insurance to their employees, “The problem is, such irresponsible behavior costs all the rest of us money... it means we pay for those people’s expensive emergency room visits...it forces the rest of us to pick up the tab when their workers get sick and gives those businesses an unfair advantage.” In the same speech he implores, “We cannot have large businesses and individuals who can afford coverage game the system by avoiding responsibility.”³⁸¹ The language of

³⁸⁰ Johnson, *I the People*, 161.

³⁸¹ *President’s Address*

irresponsibility, “gaming the system” and the evocation of the costs the responsible must bear frames nonparticipation as unpatriotic. However, he doesn’t only use the language of communal responsibility, which more neatly fits into progressive political discourse, but also draws extensively on conservative ideographs to reflect both his commitment to bipartisan governance and the moderation and centrism of his reform. He frequently referred to citizens seeking insurance as “consumers,” as he did when he supported the public option provision by arguing “consumers do better when there is choice and competition,”³⁸² shifted the language of the platform that houses options for the uninsured from “exchange” to “marketplace,” positioned himself in opposition to pushes for “socialized medicine,”³⁸³ and constantly drew on deficit hawk discourse, noting the current health system “is our deficit problem”³⁸⁴ and reinforcing that his plan will pay for itself.

The vitriol directed at the bill during its drafting and implementation, like the vitriol directed to Obama himself, was shocking, not only in its racial character, but in its disproportionate relationship to the text of the bill and the political legacy it speaks to. Though ultimately passed with almost entirely partisan votes, the ACA actually is as bipartisan in its influences and its scope as Obama suggested. It undoubtedly improved on the private insurance system that preceded it, which is why I include it as a kind of health justice, notably by securing protections for individuals with preexisting conditions and a prohibition on lifetime caps on insurance, but it was also

³⁸² *President’s Address*

³⁸³ Barack Obama, “Remarks by the President in ABC ‘Prescription for America’ Town Hall on Health Care,” *Obama White House*, June 24, 2009, <https://obamawhitehouse.archives.gov/realitycheck/the-press-office/remarks-president-abc-prescription-america-town-hall-health-care-6-24-09> .

³⁸⁴ *President’s Address*

distinctly conservative. Time and time again, Obama refused the more progressive and wide-reaching reforms demanded by further left advocates, claiming about the possibility of a single payer or similar approach: “to completely change our system, root and branch, would be hugely disruptive and I think would end up resulting in people having to change their doctors, their health care providers, in a way that I’m not prepared to go.”³⁸⁵ The administration even conceded the much-discussed public option provision in one draft of the bill, which would have provided a government-issued plan to compete with private insurers on the newly established insurance marketplace, at the threat of a filibuster from Senator Joe Lieberman.³⁸⁶ As Obama rightly noted in his remarks to Congress, “This piece of legislation is built on the private insurance system we have now... This bill tracks the recommendations not just of Democrat Tom Daschle, but also Republicans Bob Dole and Howard Baker.”³⁸⁷ This strategic modification of private insurance, in lieu of a more radical single payer transformation, can trace its roots to Mitt Romney, the former Governor of Massachusetts who ran against Obama in the 2012 presidential election. In 2015, Romney acknowledged that though he views the federal implementation of the ACA as a failure, “Without Romneycare, I don’t think we would have Obamacare.”³⁸⁸

³⁸⁵ Obama, “Remarks by the President in ABC.”

³⁸⁶ Manu Raju, “Lieberman: I’ll block vote on Reid plan,” *Politico*, October 27, 2009 <https://www.politico.com/story/2009/10/lieberman-ill-block-vote-on-reid-plan-028788>

³⁸⁷ *President’s Address*

³⁸⁸ Jessica Taylor, “Mitt Romney Finally Takes Credit for Obamacare,” *NPR*, October 23, 2015 <https://www.npr.org/sections/itsallpolitics/2015/10/23/451200436/mitt-romney-finally-takes-credit-for-obamacare> .

ACA Backlash as White Rage

Contemporaneous reporting on the backlash to the ACA gestured to its extreme, disproportionate severity, as in Frank Rich's "The Rage is Not About Healthcare," published in 2010. Rich argued that Medicare, a significantly more radical and progressive project, provoked less resistance, writing, "To find a prototype for the overheated reaction to the health care bill, you have to look a year before Medicare, to the Civil Rights Act of 1964," linking resistance to the long history of white rage.³⁸⁹ He further argues that the depths of the violent fervor "predates the entire health care debate. The first signs were the shrieks of 'traitor' and 'off with his head' at Palin rallies... from Gov. Rick Perry's kowtowing to secessionists at a Tea Party rally...to the gratuitous brandishing of assault weapons at Obama health care rallies...to 'You lie!' piercing the president's address."³⁹⁰ As Rich notes, resistance to the ACA occurred in the context of the profound white backlash to the election of the first Black president, as well as a broader association of austerity with white nationalist goals and robust public services as racialized handouts. The fervent activism and unprecedented obstructionism³⁹¹ was not simply about the policy itself or even about the Obama administration, but a much larger conflict over who the government serves and why.

³⁸⁹ Though I agree with Smith's claim that Medicare is also a success of the Black freedom movement, the work Black activists did to secure its efficacy was not publicly negotiated in the same way the racial implications of the ACA were made the centerpiece of public debate.

³⁹⁰ Frank Rich, "The Rage is Not About Healthcare," *The New York Times*, March 27, 2010 <https://www.nytimes.com/2010/03/28/opinion/28rich.html>.

³⁹¹ Michael Grunwald, "The Victory of 'No,'" *Politico*, December 4, 2016 <https://www.politico.com/magazine/story/2016/12/republican-party-obstructionism-victory-trump-214498>

However, it is important to note that in this early moment in the Obama presidency, there were significant discursive and rhetorical differences between the articulation of white backlash on the part of the radical, extremist right, as represented by groups like the Tea Party, and more establishment conservatism represented by congressional Republicans. Both factions are equally significant to consider in terms of the meanings ascribed to the ACA and their repercussions for the possibility of multiracial democracy, not only because the distinction ultimately collapses as the Republican Party absorbs its extremists into formal politics.³⁹² As Asen argues, “No single participant can direct the course of a policy debate; instead, trajectories emerge as collective achievements” and “in policy debates... mundane statements often are more influential than exceptional rhetorical performances.”³⁹³ Matthew Hughey and Gregory Parks gesture to the tension between more formal, establishment politicians and extremists in the early years of the Obama presidency, writing, “Grass-roots opposition to Obama has found expression and growth through implicit and explicit race bating from the Right. The rise of the Birthers, and that of their cousin the Tea Party Movement, together signal the rise of a Second Southern Strategy—a replaying of the 1940’s, 50’s, and 60’s GOP strategy of winning elections by exploiting anti-African American racism.”³⁹⁴

³⁹² Though this paper focuses on the Tea Party and contemporaneous conservative extremists’ integration into mainstream Republicanism, I would be remiss not to note the striking similarities between this moment and the mainstreaming of the QAnon conspiracy as those who champion it are elected to national offices.

³⁹³ Asen, “Reflections,” 133.

³⁹⁴ Matthew Hughey and Gregory Parks, *The Wrongs of the Right: Language, Race, and the Republican Party in the Age of Obama* (New York: New York University Press, 2014) 4.

In line with Asen’s claims about the centrality of less formal, more mundane communication in policy development, numerous scholars of contemporary conservatism have identified that it’s impossible to understand conservative extremism and its anti-Black racism without attending to the media ecosystem that cultivates and maintains it. Bryan Gervais and Irwin Morris argue a movement corresponding to the Tea Party on the left is unlikely because the “elements that were a part of and maintained the Tea Party movement,” particularly, “a collection of well-funded advocacy organizations and an ideological media establishment with a devoted following” don’t have analogues in leftist politics.³⁹⁵ Hughey and Parks devote an entire chapter to what they describe as the “interpretive community” of right wing media. Drawing out the striking rhetorical similarities in hyperbolic, racist interpretation of the Obama presidency across conservative commentators including Glenn Beck, Rush Limbaugh, and Sean Hannity, they argue that “the right wing media builds an easily consumable public discourse” with “repeated, if not ritualistic features” that indicate “the presence of an interpretive community rather than a disconnected group of journalists who rely on their personal journalistic skills or artistic judgements.”³⁹⁶ This history of conservative media intentionally positioning itself as a political force that consolidated disparate factions into a coalition around issues like segregation is a long one, dating back as far as the 1940s. Nicole Hemmer writes of these “media activists,” “Not only did they start an array of media enterprises...they built the movement. They coordinated rallies, founded

³⁹⁵ Bryan Gervais and Irwin Morris, *Reactionary Republicanism: How the Tea Party in the House Paved the Way for Trump’s Victory* (Oxford: Oxford University Press, 2018) 261.

³⁹⁶ Hughey and Parks, *The Wrongs*, 80-81.

organizations, ran political campaigns, and mobilized voters.” She also emphasizes that one of their constituent features was a belief in “the proper expression and diffusion of those ideas through ideological media sources,” meaning they did not view engaging in mainstream public discourse in ideologically diverse forums as a persuasive strategy.³⁹⁷

The rhetorical features of contemporary conservative media are of particular significance here. Such “media activists” rely on entwined, paradoxical claims, first that all perspectives warrant inclusion and consideration in the public sphere, which they respond to by developing ideologically isolated media ecosystems that actively exclude and punish diversity of thought. They also argue that their beliefs are both innovative and victimized, which they respond to by using the levers of their considerable power to support hegemonic views. As Johnson notes, “Conservative media is not telling a countercultural story about America: they narrate the hegemonic understanding of America as if they were the leading edge of a rebellion against progressive interests.”³⁹⁸ By loosely repackaging foundational racist myths in a veneer of ideological innovation, they position themselves and their viewers as marginalized subjects absent any rigorous or meaningful interrogation of marginalization. The rhetoric of conservative victimhood evacuates the language of power of any material grounding, turning oppression into an affective experience of discomfort that can be adopted by any subject position with or without historical grounding. The popularity of far-right media, including Fox News, and their vast,

³⁹⁷ Nicole Hemmer, *Messengers of the Right: Conservative Media and the Transformation of American Politics* (Philadelphia: University of Pennsylvania Press, 2016): x.

³⁹⁸ Johnson, *I the People*, 23.

devoted viewership, makes the interpretations of policy they collectively represent particularly important for understanding the twenty-first century iterations of segregationist resistance to integrated public services.³⁹⁹ As public health becomes an increasingly politically contested project in the COVID moment, this highly individualistic, decontextualized approach to politics destabilizes the core values necessary to surviving major biological crises. The conservative media ecosystem is foundational in resistance to masking, vaccinating, lockdowns, and numerous other public health strategies, making us all sicker.

Most generative and telling for the Tea Party and its resistance to the ACA is the conceptual framing of Obama's policies, particularly the ACA, as "reparations." Johnson uses Sara Ahmed's concept of the metonymic slide to make sense of the seemingly hyperbolic and absurd rhetorical moves Republicans made during Obama's term, equating the constitutive features of democracy with a violent assault on their personhood. He notes that it is "modern, and frankly banal, versions of governance that conservative rhetors analogize to abjection, dispossession, and enslavement. Liberal democracy's basic requirements...become a sign of the historical trauma of liberty foreclosed."⁴⁰⁰ He particularly traces the use of enslavement as metaphor and projected future among the Tea Party, noting that they use the ideograph of slavery to make sense of their own imagined marginalization. Interestingly, the rare invocation of actual enslavement occurs in the context of

³⁹⁹ A more contemporary study would consider the most recent changes in this landscape, including the exodus from Fox to Newsmax and the centrality of the conservative Twitter alternative Parler to the January 6, 2021 siege on the capitol.

⁴⁰⁰ Johnson, *I the People*, 15.

“unjust” reparative work that harms white America. Glenn Beck and Rush Limbaugh are two notable conservative commentators who consistently offered such hyperbolic interpretations of Obama’s policies as motivated by racial animus towards white Americans, which they interpret as reparative in nature. On two separate instances on *The Glenn Beck Program* in 2009, Beck links the ACA explicitly to this project, arguing, “This guy is not who he says he is. None of his bills, none of his proposals are about what he says they’re about. The health care bill is reparations. It’s the beginning of reparations,” and “Everything that is getting pushed through Congress, including this health care bill, are transforming America. And they are all driven by President Obama’s thinking on one idea, reparations... These massive programs are Obama brand reparations.”⁴⁰¹

Similarly, in response to a caller’s question about the ACA in 2010, Limbaugh argued, “This is income redistribution, returning the nation’s wealth to its quote unquote rightful owners. This is a civil rights bill. This is reparations.”⁴⁰² Unlike Obama’s comparison between the ACA and the Civil Rights Act, which positioned the uninsured as a marginalized group being welcomed into the fold of fully realized American citizenship through a guarantee of access to healthcare, Limbaugh’s pejorative evocation of civil rights suggests a fundamental unfairness grounded in misguided vengeance. He also identifies a “marginalized” group impacted by the

⁴⁰¹ Simon Maloy, “Self-proclaimed civil rights leader Glenn Beck’s history of racially charged rhetoric,” *Media Matters*, August 26, 2010, <https://www.mediamatters.org/research/2010/08/26/self-proclaimed-civil-rights-leader-glenn-becks/169797> .

⁴⁰² Media Matters Staff, “Limbaugh criticizes health care reform as a ‘civil rights bill’ and ‘reparations,’” *Media Matters*, February 22, 2010, <https://www.mediamatters.org/video/2010/02/22/limbaugh-criticizes-health-care-reform-as-a-civ/160735>

policy, but he imagines maligned white Americans serving that role, economically punished for the legacy of enslavement to the benefit of Black Americans.

Juxtaposing this language about the ACA, which is certainly a moderate, if not conservative, approach to health care reform that unambiguously benefited uninsured white Americans with the long history of racist language about integrated public services reveals stark similarities. Like the mass divestment from public schools in the context of federally-mandated integration, mutually beneficial services are rendered toxic and violently offensive through the evocation of benefits to “undeserving” Black Americans. Resistance is thus not a response to the particularities of the policy or even to the overarching idea of federal investment in the public good as a kind of overreach, but to the unsubtly evoked promise of Black economic and social advancement. Obama’s largehearted American community is offensive because it’s multiracial, his vision of health justice untenable because of which Americans are included.

This rhetoric on the part of commentators is representative of a significant wellspring of conservative organizing around the ACA, including rallies, phone banking, and targeted packing of town halls, among other pressure campaigns. These organizers formed a complex feedback loop with the strategy of unmediated obstruction developed by formal conservative politicians in response to the results of the 2008 election. Harnessing the power of such extremists emerged as a clear strategy for victory in the 2010 midterms and beyond. Take, for example, Senator Mitch McConnell’s claim mere days after the ACA’s passage, “I think the slogan will be ‘repeal and replace,’ ‘repeal and replace,’” which did become central to the

messaging that helped win the Republican Party the House in 2012.⁴⁰³ The language “repeal and replace” functions as a contemporary dog whistle, like the “freedom of choice” language used to legitimize resistance to integrated schools. By making repealing and replacing the ACA the heart of Republicanism in the Obama moment, establishment figures like McConnell could harness the white nationalist political power actively organizing around the existential threat to white nationalism posed by President Obama, without having to name their own project as white nationalist in nature.

The Southern Strategy in Reverse and the Death of Modern Conservatism

The landslide election of Democrats to both chambers of Congress and the presidency in 2008 through a powerful multiracial coalition of voters represented dual challenges for the Republican Party, both the immediate electoral trouncing that forced them into the minority in all branches of government and the larger death knell it represented: their party was becoming demographically unsustainable.

Championing unpopular policy alongside a full scale investment in white identity politics left few available strategies for surviving in the long term, particularly given the increasing turnout among voters of color and young voters the 2008 election represented, two populations with whom they largely polled poorly. The much-maligned Growth and Opportunity Project report released by the Republican National

⁴⁰³ Carl Hulse, “New G.O.P. Slogan: ‘Repeal and Replace’ Health Care Law,” *The New York Times*, March 23, 2010, <https://thecaucus.blogs.nytimes.com/2010/03/23/new-g-o-p-slogan-repeal-and-replace-health-care-law/?mtrref=www.google.com&gwh=D59A267221B032EB05F641338739340D&gwt=pay> .

Convention at the direction of then chairman Reince Priebus in 2012 included dire predictions on that score, arguing that “Public perception of the Party is at record lows. Young voters are increasingly rolling their eyes at what the party represents, and many minorities wrongly think that Republicans do not like them or want them in the country,” concluding that the party’s most urgent priority is to move beyond providing “ideological reinforcement to like-minded people,” the stated aim of the conservative media ecosystem outlined in the preceding section, and instead “be persuasive with, or welcoming to, those who do not agree with us.”⁴⁰⁴ They urged expressing compassion for poverty, transforming its messaging on immigration, actively facilitating communication with voters of color and cultivating their talents as political leaders, and welcoming other marginalized communities like “gays.”⁴⁰⁵ In the face of such bleak odds only two options remained, to expand their appeal to new voters by overhauling their public image in the ways the Growth and Opportunity Report ultimately recommended, or to profoundly depress turnout, setting up significant barriers between those less likely to vote Republican and the polls. Following key features of the post-Reconstruction Democratic playbook that kept newly enfranchised freedpeople from exercising their citizenship rights, they resoundingly chose the latter.

One such effort which achieved remarkable success at entrenching minority rule was the Redistricting Majority Project, also known as REDMAP, launched in

⁴⁰⁴ Henry Barbour et al. “Growth and Opportunity Project,” Republican National Committee, <http://www.documentcloud.org/documents/624293-republican-national-committees-growth-and.html> 6-7.

⁴⁰⁵ Barbour et al. “Growth and Opportunity,” 10.

preparation for the 2010 census. The project invested over 30 million dollars in winning majorities in the legislatures of states whose total number of congressional seats were predicted to change after the census, including Pennsylvania, Michigan, Ohio, and New York. These newly won legislatures would be leveraged in gerrymandering those states to the maximum Republican benefit, securing the highest possible representation in the House. The 2013 update on the success of the project celebrated the “aberration” of winning a House majority despite receiving a million less votes, proudly noting, “Republicans enjoy a 33-seat margin in the U.S. House...having endured Democratic successes atop the ticket and over one million more votes cast for Democratic House candidates...The only analogous election in recent political history in which this aberration has taken place was immediately after reapportionment in 1972.”⁴⁰⁶

Following the gutting of the Voting Rights Act in the *Shelby v. Holder* Supreme Court ruling, championed by conservatives, the stranglehold on state legislatures bore even richer fruit. Eliminating the preclearance condition for changes to election rules unleashed one of the most powerful post-Reconstruction disenfranchisement tools, onerous and racially targeted voting requirements. Voter ID laws, signature match regulations, voter roll purges and other restrictions flourished, alongside more explicit targeting like shutting down polling places in majority Black counties to increase wait times on election days.⁴⁰⁷ In response to the 2020 election,

⁴⁰⁶ “2012 REDMAP Summary Report,” *The Redistricting Majority Project*, January 4, 2013, <http://www.redistrictingmajorityproject.com/>

⁴⁰⁷ Rob Arthur and Allison McCann, “How the Gutting of the Voting Rights Act Led to Hundreds of Closed Polls,” *Vice News*, October 16, 2018, https://news.vice.com/en_us/article/kz58qx/how-the-gutting-of-the-voting-rights-act-led-to-closed-polls

Republicans launched over 80 legal challenges to the legitimacy of election practices, “focused on states and areas with a large minority presence” and “on the practices in cities or counties that were principally urban or otherwise contained a significant presence of people of color.” As legal scholar Atiba R. Ellis argues, “the voter fraud crisis necessitates narrowing the right to vote for those who are deemed threats to the political process. As the logic goes, this necessitates stricter voter-qualification laws, more limited access to the franchise, and ultimately, an electorate based on some (ever-shifting) measure of the legitimacy of the voter.”⁴⁰⁸ Much like the reconstruction push by white terrorists to reconstitute citizenship to exclude freedpeople, contemporary conservatives rely on a thinly, if at all, veiled attempt to define legitimate voters as white. In this way, conservative politicians operate in lockstep with the conservative media ecosystem, with the media laying the discursive landscape on which politicians build material inequities. Paired with a single minded focus on obstructing until they could leverage their federal majority to secure a generation-long conservative dominance over the federal courts, the strategy that ultimately solidified the post-2008 GOP left them uniquely ill-equipped to respond to the threats represented by extremists like the Tea Party and QAnon.

Investing fully in an insular, racially homogenous voting bloc produced a party deeply reliant on and fearful of its extremists, which initially played out like a “Second Southern Strategy,” to draw on Hughey and Parks’s term.⁴⁰⁹ This is clearly demonstrated in the ACA policy debate, where the explicitly racist critique from the

⁴⁰⁸ Atiba R. Ellis, “‘This Lawsuit Smacks of Racism’: Disinformation, Racial Coding, and the 2020 Election,” *Louisiana Law Review* 82, no. 2 (2022): 453-482.

⁴⁰⁹ Hughey and Parks, *The Wrongs*, 172.

agitators was domesticated into the language of “repeal and replace” by the establishment, allowing the fragile veneer of race neutral conservatism to remain. However, the subsequent depreciation of discourse, ousting of establishment politicians to be replaced by Tea Party candidates, and culmination of both in Trump’s election, suggest that instead of being “domesticated” by the establishment arm of the party, the Tea Party collapsed the establishment into its own discursive norms and values. The Tea Party shaping the Republican Party more significantly than the reverse is central to Gervais and Morris’s argument.⁴¹⁰ With norms of discourse already depreciating rapidly, and extremists achieving great success supplanting establishment politicians and reshaping the party in their image, the stage was set for an extremist candidate just like Donald Trump.

Given both the closeness of the Trump presidency and the rapidness with which it collapsed norms of governance and democratic discourse, few in-depth academic studies of the evolution of conservatism in the twentieth and twenty-first century have been able to fully grapple with the influence of Trump’s success on preexisting frameworks developed in the Obama era and before for understanding conservative politics. Many of the texts published prior to the 2016 election and close after, though perceptive, compelling, and detailed in their analysis of conservative movements and their racist rhetoric, offer arguments about the future of racial conservatism that have been disproven, particularly those that emphasize the necessity of race-neutral language to obfuscate the racially disparate impact of policy decisions in an era of what was popularly defined as neoliberal multiculturalism.

⁴¹⁰ Gervais and Morris, *Reactionary Republicanism*.

Proving the structural and institutional continuities between explicitly white nationalist policy and the ostensibly “colorblind” policy of the post-civil rights moment was the central concern of much of this work, predicated on the underlying logic that the Civil Rights Movement rendered explicit representations of racism unspeakable, at least by formal politicians.

An excellent example of such scholarship is Jodi Melamed’s concise summation of the emergence of neoliberal discourse and policy. Like many scholars who examine the civil rights moment, she views it as a paradigm shift in terms of racial representation, arguing that its spectacular rendering of white supremacist violence produced “a permanent crisis in white supremacy.” The moral crisis instigated by mid-century direct action creates a “liberal race paradigm” that “recognizes racial inequality as a problem, and it secures a liberal symbolic framework for race reform centered in abstract equality, market individualism, and inclusive civic nationalism.” Symbolically conceding to the violence of white supremacy, but framing its solutions in the context of free market capitalism allows for the emergence of neoliberal multiculturalism, a linguistically obscured racial capitalism that preserves structural white supremacist violence.⁴¹¹ This project, arguing for the racial color of what masquerades as race-blind, and its limitations in the contemporary moment shape the majority of the pre-Trump scholarship on conservatism, including those cited here. Hughey and Parks’s examination of race and the Republican Party during the Obama presidency is predicated on the idea of a

⁴¹¹ Jodi Melamed, “The Spirit of Neoliberalism: From Racial Liberalism to Neoliberal Multiculturalism,” *Social Text* 24, no. 4 (2006): 1-3.

“Second Southern Strategy,” tailored to the specificity and nuances of a Black president, and concludes with the optimistic claim reminiscent of the neglected Growth and Opportunity Project, “for the GOP to remain relevant in a post-Obama era, it will have to fundamentally change its policies around issues central to people of color...will also have to forsake racial dog-whistle politics.”⁴¹²

Crespino, writing prior to Trump’s election, grounds his analysis of modern conservatism in the fundamental incompatibility between explicit racism and electoral success.⁴¹³ Even texts that are amended to include a gesture to Trump, like Anderson’s updated afterward acknowledging his presidency for the 2017 paperback edition of *White Rage*, do not anticipate the depths of conservative concessions to white nationalist authoritarianism. Framed by the title “After the Election: Imagining,” her afterword cites the diverse kinds of organizing that emerged in the formative months following the 2016 election, including the Women’s March and the unprecedented volume of donations to the ACLU. Reading these moments as signals of a hopeful, multiracial future, she writes, “This is how we begin to diffuse the power of white rage,” and sketches out a radical dream for an equitable America.⁴¹⁴ In the pre-Trump texts, the frameworks developed preclude the possibility of a Trump presidency on the grounds that implicit, not explicit racial appeals enable success in national politics. The post-Trump epilogue is optimistic about the efficacy of grassroots mobilization in halting authoritarianism in a way that has been disproven by the past four years.

⁴¹² Hughey and Parks, *The Wrongs*, 172.

⁴¹³ Crespino, *In Search*.

⁴¹⁴ Anderson, *White Rage*, 174-75

There are exceptions, including Gervais and Morris’s 2018 study which integrated an analysis of the Trump campaign into preexisting work on the Tea Party’s influence on the Republican Party. Tracing a similar genealogy of conservative rhetoric to the one I outline here, they argue that the Tea Party, particularly its manifestation in congressional representatives who align themselves with and/or receive support from its disparate grassroots organizers, are distinct in their emphasis on racial animus, their extreme emotional negativity in communication, and their “anti-deliberative” approach to governance.⁴¹⁵ Drawing on various statistical analyses, including of the tweeting patterns of congressional representatives juxtaposed with Trump’s tweeting patterns, they further argue that there is considerable ideological and rhetorical overlap between Trump, his supporters, and the Tea Party. They write, “There are numerous parallels between the conservatives in the Tea Party movement and Trump supporters...Both groups were ardently anti-Obama. Both were racially resentful. Both favored immigration restrictions, Second Amendment rights, and budget cuts,” and later argue “Trump’s rhetoric—accentuating the decline of the white working class and forgoing any and all pretenses of civilized discourse—is a more extreme (and perhaps more potent) version” of Tea Party rhetoric.⁴¹⁶

These connections between the Tea Party and Trump supporters are extremely useful in describing the rhetorical shift from dog whistle racial politics to the explicitly racist, anti-deliberative language that characterizes contemporary

⁴¹⁵ Gervais and Morris, *Reactionary Republicanism*, 10.

⁴¹⁶ Gervais and Morris, *Reactionary Republicanism*, 29, 168.

conservatism. However, the legacy they trace is not long or capacious enough to capture the relationship between the post-Nixon Republican Party and explicit white nationalism, nor is such an effort within the scope of their project. The move from Bush-era compassionate conservatism⁴¹⁷ to Trumpian conservatism is essentially a Southern Strategy, adapted to Crespino's critiques, in reverse. Rather than backgrounding or rendering covert racist appeals in the hopes of securing a broad coalition of voters, a project that was already well abandoned by his entrance on the national political scene, Trump foregrounded racism in the interests of securing a predominately white electorate whose political dominance has already been secured, a strategy that ultimately received unambiguous support from mainstream Republicans. It is not incidental that Trump's first foray into formal politics was through a years long commitment to the anti-Black lie that President Obama was not really born in the United States,⁴¹⁸ nor that one of his thwarted goals was to rig the census to undercount diverse communities by including a question that demanded contributors identify the immigration status of those in their household.⁴¹⁹ At the crux of Trump's appeal was his forceful, violent rebuttal of the very largehearted, multiracial national community that buoyed Obama to victory in 2008 and 2012.

As addressed in the previous section, the modern conservative movement is buoyed by an incredibly tight, ideologically homogenous disinformation network that

⁴¹⁷ "Fact Sheet: Compassionate Conservatism," *George W Bush White House*, April 30 2002, <https://georgewbush-whitehouse.archives.gov/news/releases/2002/04/20020430.html>

⁴¹⁸ Stephen Collinson and Jeremy Diamond, "Trump finally admits it: 'President Barack Obama was born in the United States,'" *CNN*, September 16, 2016, <https://www.cnn.com/2016/09/15/politics/donald-trump-obama-birther-united-states/index.html>

⁴¹⁹ Gregory Wallace, "Why does the Trump administration want a citizenship question on the census?" *CNN Politics*, July 6, 2019 <https://www.cnn.com/2019/07/06/politics/census-citizenship-question-donald-trump-administration/index.html> .

radicalizes its viewers and primes their receptivity to conspiracy theories through a racialized and incoherent “anti-establishment” ethos, from Obama’s “falsified” birth certificate to the Pizzagate conspiracy to the belief Joe Biden’s significant margin in the 2020 election was somehow illegitimate. Donald Trump’s nonstop falsehoods further muddied the waters of public discourse during his presidency, contributing to mistrust of government writ large, and a myopic cult of personality around himself and those he vocally supported. This toxic combination of presenting the practice of democracy as violence against white America alongside cultivating a knee-jerk resistance to “establishment” knowledge has devastating repercussions for US capacity to respond to biological crises. When the COVID pandemic emerged, Trump’s relentless disinformation and adversarial relationship to public health dovetailed with a violently reactive conservative media landscape to render basic mitigation strategies a highly contested political battleground. The features of modern conservatism that make it incompatible with democracy, like hyperindividualism, anti-statism, and white nationalism, also make it incompatible with securing the public good through health justice.

Tracing the tangled, mutually beneficial relationship between “respectable” fiscal conservatism and explicit white nationalism in the current moment is necessary to halt the onslaught of lawless authoritarianism destroying the systems and institutions of American democracy. Despite the wealth of evidence to suggest that Trump’s election was racially motivated, generatively unpacked for popular

audiences by Ta Nehisi Coates in *The Atlantic*,⁴²⁰ and the best efforts of the mainstream Republican Party in Congress to shelter and enable Trump's authoritarian impulses, the threat the contemporary iteration of Republicanism poses to democracy is not consistently perceived. Rhetoric about bipartisanship and failures on "both sides" of the political spectrum still flourish in mainstream discourse. Notably, President Joe Biden affirmed as part of his presidential campaign that "This is not the Republican Party" and noted the he has "Republican friends in the House and Senate,"⁴²¹ a claim continually reinforced by his barely tempered articulations of unity as his ultimate goal. The similarities between his own language and the unity-focused rhetoric of Obama's presidency are striking, as Biden walks a significantly less narrow rhetorical landscape than the first Black president, and he served in Obama's administration, bearing witness to the failures of such an approach.

As a study of conservative resistance to integrated public services reveals, the line politicians like Biden so firmly and confidently draw between a commitment to fiscal conservatism in the interests of "reducing taxation" or enabling "freedom of consumer choice" and in the interests of securing racial disenfranchisement is not nearly so stark, nor should they be taken at face value. In her own study of this relationship in twentieth century conservatism, Nancy MacLean preempts critiques of her similar argument, writing, "some experts on the Right may object that this chapter conflates paleo-conservatives with the entire movement... Yet, however much the

⁴²⁰ Ta-Nehisi Coates, "The First White President," *The Atlantic*, October 2017, <http://www.theatlantic.com/magazine/archive/2017/10/the-first-white-president-ta-nehisi-coates/537909/>

⁴²¹ Shane Goldmacher, "Biden Thinks Trump is the Problem, Not All Republicans. Other Democrats Disagree," *The New York Times*, May 4, 2019, <https://www.nytimes.com/2019/05/04/us/politics/biden-trump-republicans-2020.html>

latter groups differed from the former...it is striking how little they protested the neo-Confederate mythology.”⁴²² Though her analysis centers on a common mythology, a romanticization of the pre-emancipation South, her sharp observation that “it is striking how little they protested” is particularly apt and incisive in the context of Trump’s precipitous presidency and the newer extremist faction he buoyed, QAnon.

It is striking how little congressional Republicans, even those not supported by radical groups, protested the mass confirmation of uniquely unqualified nominees for judgeships,⁴²³ the imprisonment and torture of migrants at the hands of federal agents⁴²⁴ and enabled by extrajudicial militia groups,⁴²⁵ the blanket refusal to comply with congressional subpoenas on behalf of the Trump White House and various executive agencies,⁴²⁶ the incessant racist rhetoric from the “very fine” white supremacist terrorists in Charlottesville⁴²⁷ to the residents of “shithole” countries who don’t deserve to immigrate in his white nationalist project.⁴²⁸ The obsequience

⁴²² Nancy MacClean, “Neo-Confederacy versus the New Deal: The Regional Utopia of the Modern American Right” in *The Myth of Southern Exceptionalism*, ed. Matthew Lassiter and Joseph Crespino (Oxford: Oxford University Press, 2010): 319.

⁴²³ Tom Porter, “Trump is rushing through ‘unqualified’ judges faster than any other president,” *Newsweek*, December 12, 2018, <https://www.newsweek.com/trump-has-nominated-more-unqualified-judges-stage-any-other-president-1255172>

⁴²⁴ Catherine Shoichet and Priscilla Alvarez, “A 16-year-old immigrant boy died in US custody. Officials are investigating,” *CNN Politics*, May 2, 2019, <https://www.cnn.com/2019/05/01/politics/unaccompanied-minor-dies-in-custody/index.html> (date accessed January 27, 2021)

⁴²⁵ Ryan Devereaux, “The Bloody History of Border Militias Runs Deep—and Law Enforcement is Part of it,” *The Intercept*, April 23, 2019, <https://theintercept.com/2019/04/23/border-militia-migrants/>

⁴²⁶ Paul Smith, “Why presidential stonewalling of oversight is a threat to democracy,” *The Hill*, May 2, 2019, <https://thehill.com/opinion/white-house/441763-why-presidential-stonewalling-of-oversight-is-threat-to-democracy>

⁴²⁷ Rosie Gray, “Trump Defends White-Nationalist Protestors: ‘Some Very Fine People on Both Sides,’” *The Atlantic*, August 15, 2017, <https://www.theatlantic.com/politics/archive/2017/08/trump-defends-white-nationalist-protesters-some-very-fine-people-on-both-sides/537012/>

⁴²⁸ Eli Watkins and Abby Phillip, “Trump decries immigrants from ‘shithole’ countries coming to US,” *CNN Politics*, January 12, 2018, <https://www.cnn.com/2018/01/11/politics/immigrants-shithole-countries-trump/index.html> .

reached existential levels of threat following his failed reelection bid in November 2020, when mainstream conservatives coalesced around a mass disinformation strategy to delegitimize Biden’s election, inspire the retroactive disenfranchisement of millions of voters, and install Trump as president against the will of the public. Even when the strategy culminated in a violent terrorist attack on the capitol, the majority of Republicans in the House and a select number in the Senate still voted against certifying the election results,⁴²⁹ continuing to parrot the lies that inspired violent extremism even past Biden’s inauguration. The explanation for such behavior lies in the legacy traced by scholars of the political right since partisan realignment under Nixon; making room for explicit white nationalism is the Faustian bargain fiscal conservatives at various levels of political power, holding various racial attitudes, strike to achieve political dominance. When Senator Lindsey Graham noted anxiously in the months preceding the 2012 presidential election, “The demographics race we’re losing badly... We’re not generating enough angry white guys to stay in business for the long term,”⁴³⁰ he underscored both the catch-22 of white identity politics and establishment Republicans’ awareness of its salience in their political project; to invest wholeheartedly in white nationalism is to, by nature, abandon democracy for authoritarianism and minority rule.⁴³¹

⁴²⁹ Harry Stevens et al. “How members of Congress voted on counting the electoral college vote,” *The Washington Post*, January 7, 2021, <https://www.washingtonpost.com/graphics/2021/politics/congress-electoral-college-count-tracker/> .

⁴³⁰ Rosalind Helderman and John Cohen, “As Republican convention emphasizes diversity, racial incidents intrude,” *The Washington Post*, August 29, 2012, https://www.washingtonpost.com/politics/2012/08/29/b9023a52-f1ec-11e1-892d-bc92fee603a7_story.html?utm_term=.51c84786c933 .

⁴³¹ I wrote the earliest draft of my thinking on the relationship between ACA and white backlash as a bridge to the Trump presidency in 2017, at the beginning of Trump’s first term, and I stopped updating the current events section in this chapter towards the middle of 2022. It is worth briefly reflecting that

Conclusion: The Death Cult of Whiteness:

COVID and the End of American Democracy

“Following the end of the [COVID] public health emergency, Americans will continue living sicker and shorter lives...” -BMJ opinion piece⁴³²

“The COVID-19 pandemic has highlighted persistent health disparities in the United States”
-authors of study on COVID hospitalizations ⁴³³

“you’re dead, america/ & where you died/ grew something worse” - Danez Smith, “you’re dead, america”⁴³⁴

This dissertation project developed from the foundational belief that all justice work is grounded in the right to health. I trace this principle through Black clubwomen, Civil Rights Movement activists, and contemporary US health policy, but I could have chosen from infinite potential cases. Diverse kinds of organizing, including tracing the disparate impact of climate change on communities across the globe, ensuring pregnant people have full agency when and if they give birth, and challenging the carceral state and the place of prisons and police in securing safety,

the slide into authoritarianism has only gotten worse as I do my final edits in April of 2023. Particularly striking in this moment is the dramatic changes at the level of state legislatures to criminalize the teaching of history in public schools, prevent pregnant people from accessing lifesaving abortions, and violently police gender expression into heteronormative, patriarchal models.

⁴³²Anne N. Sosin, Esther Choo, and Martha Lincoln, “The covid public health emergency is ending: it now joins the ordinary emergency that is American health,” *BMJ*, 381 (April 2023): 949, <https://doi.org/10.1136/bmj.p949>

⁴³³Reuters Staff, “Black patients with COVID-19 in Atlanta more likely to be hospitalized: CDC,” *Reuters*, June 17, 2020, <https://www.reuters.com/article/us-health-coronavirus-race/black-patients-with-covid-19-in-atlanta-more-likely-to-be-hospitalized-cdc-idUSKBN23O379>

⁴³⁴ Danez Smith, *Don’t Call Us Dead* (London: Penguin Random House UK, 2017), 75.

all support a worldview that the conditions for every bodymind to flourish with dignity are a fundamental right. This framing, alongside my work exploring the rhetorical and aesthetic practices of the long Black freedom struggle, unfolded an alternate genealogy of Black liberation that highlights the ways such activists and artists were always already organizing around their health and practicing health justice as a political imperative. In my first chapter, Black clubwomen leveraged their community roles as public health advocates and experts in the domestic sphere to create the conditions for health and safety, with a particular focus on hygiene and comportment. This focus on behavior, without losing sight of the larger political concerns, allows us to see the relationships among the personal, interpersonal, and structural in public health. In chapter two, civil rights activists articulated the relationship between segregation and lifelong health repercussions, as well as developed practices of memory that provided interpersonal and communal care. Finally, chapter three examines the way the Black freedom struggle laid the discursive and material landscape for healthcare reform, and makes sense of the white backlash that ensued following the passage of the ACA.

In this way, the legacy of the Black freedom struggle also reflects a theorization of liberal democracy's guarantee of rights as inextricable from a guarantee of the conditions for health. Moving from a disembodied political imaginary that requires evacuating rights-bearing subjects of both their specific identities and their material needs, the activists and intellectuals I study placed the body and its needs at the center of our understanding of citizenship. Citizenship is exercised by people whose capacity to engage in civic life is foreclosed, not only by

barriers like white nationalist terrorism, but also by impoverishment, deprivation, illness, and debilitation. This connection between democratic practice and the conditions for health exposes the ways white supremacy is grounded in making Black Americans sick, then naturalizing that sickness through race science or attributing it to “deviant” cultures and practices rather than structural violence. Black prosperity and wellness constitutes an affront to the “natural order” of white supremacy, making its specter a powerful means to inspire white Americans to reject the policies and practices that contribute to the public good, as well as the idea of a public good itself. In the remainder of this conclusion, I will explicate the contours of the COVID crisis through the lens of white nationalist rejection of the public good in terms of health policy. I will then explain how the case studies I chose help us see both the failures of the public health response and a way forward from a commitment to health justice. In so doing, I hope to demonstrate the usefulness of the legacy I trace in not only honoring the depth of the health justice work Black liberation activists have always done, but also helping us do public health better today.

The Case of COVID

As these principles were germinating during the drafting of my first chapter in the spring of 2020, a group of my students mentioned that they thought our spring break might be extended because of an amorphously defined virus. We ultimately never came back from spring break, and have cycled between fully virtual and hybrid operations since, as disparate philosophies of public health violently collided with eugenics, white supremacy, patriarchy, and capitalism, and an increasingly staggering volume of death and disability was normalized as both natural and necessary to

maintain resource hoarding among a small number of oligarchs. Having lost significant preparation time in the early months of the pandemic to the efforts of the Trump administration to obscure and suppress the severity of COVID-19, the administration continued to operate in conflict with its health experts, often publicly contradicting them,⁴³⁵ and aggressively combating states that implemented more robust protection measures.⁴³⁶ The systemic communication failures continued under the Biden administration, despite initial material improvements, and ultimately the much reviled “let them die”⁴³⁷ approach suggested by the Trump administration in the first few months of the pandemic has become established practice, with a rejection of the collective mitigation approach to infection. The hands-off, mass casualty perspective was strikingly demonstrated by CDC Director Dr. Rochelle Walensky’s much criticized remark on Twitter in late 2022: “We can’t stop the spread of COVID.”⁴³⁸

By functionally abandoning public health for a myopically individual project of ill-informed personal risk assessment, loosely justified by the availability of vaccines, the most vulnerable among us have been pushed out of public life and the suffering and death caused by unmitigated spread has been camouflaged by less

⁴³⁵ Charles F. Parker and Eric K. Stern, “The Trump Administration and the COVID-19 crisis: Exploring the warning-response problems and missed opportunities of a public health emergency,” *Public Administration*, 100, no. 3 (March 2022): 616-632, <https://doi.org/10.1111/padm.12843>

⁴³⁶ Quint Forgy and Josh Gerstein, “Trump: It’s my decision, not governors’, to reopen country,” *Politico*, April 13, 2020, <https://www.politico.com/news/2020/04/13/trump-governors-decision-reopen-183405>

⁴³⁷ Jeet Heer, “Trump Toys With a Let-Them-Die Response to the Pandemic,” *The Nation*, March 23, 2020, <https://www.thenation.com/article/politics/trump-fox-pandemic-nihilism/>

⁴³⁸ Rochelle Walensky (@CDCDirector), “We can’t stop the spread of #COVID19, but pre-departure testing and the requirement to show a negative test result when flying from China to the U.S. can help slow the spread as we work to identify and understand any potential new variants. Read the Order: <https://bit.ly/3jKDgq8>,” *Twitter*, December 30, 2022, <https://twitter.com/CDCDirector/status/1608956958912155648>

robust data gathering. Initially, crossing the hundred thousand death threshold in summer of 2020 was marked with an outcry of shock and horror, with diverse news outlets struggling to contextualize the number of US deaths through war analogies: “nearly a World War I-sized death toll,”⁴³⁹ “exceed[ing] the number of U.S. military combat fatalities in every conflict since the Korean War,”⁴⁴⁰ and “almost twice the number of Americans lost during the entire Vietnam War.”⁴⁴¹ The use of war metaphors is noteworthy, as both a common and thoroughly-critiqued analogy applied to make material the amorphous “enemy” of illness⁴⁴² and because of the ethic of emergency they reflect in the US context. International armed conflict occupies a unique rhetorical space in American politics— Presidential administrations across party lines support massive national defense spending, irrespective of the articulated need,⁴⁴³ and Congresses of various political alignments overwhelmingly approve budgets in the hundreds of billions, without the hand wringing and self-flagellation about deficits that foreclose much domestic policy. Deference to veterans, with notable exceptions,⁴⁴⁴ is a prerequisite for public office, and many

⁴³⁹ Jiachuan Wu, Nigel Chiwaya, and Robin Muccari, “Seeing the scale: Visualizing the 100,000 American coronavirus deaths,” *NBC News*, June 2, 2020, <https://www.nbcnews.com/news/us-news/visualizing-100000-united-states-coronavirus-deaths-n1221406>

⁴⁴⁰ The New York Times, “Four Months After First Case, U.S. Death Toll Passes 100,000,” *The New York Times*, May 27, 2020, <https://www.nytimes.com/2020/05/27/us/coronavirus-live-news-updates.html>

⁴⁴¹ Holly Yan, Steve Almasy, and Jay Croft, “Coronavirus has killed more than 100,000 people across the globe,” *CNN*, May 27, 2020, <https://www.cnn.com/2020/05/27/health/us-coronavirus-wednesday/index.html>

⁴⁴² Susan Sontag, *Illness as Metaphor and AIDS and Its Metaphors*, (New York: Picador, 2001) 64.

⁴⁴³ Bill Chappell, “The Pentagon Has Never Passed An Audit. Some Senators Want To Change That,” *NPR*, May 19, 2021, <https://www.npr.org/2021/05/19/997961646/the-pentagon-has-never-passed-an-audit-some-senators-want-to-change-that>

⁴⁴⁴ Ben Schreckinger, “Trump attacks McCain: ‘I like people who weren’t captured,’” *Politico*, July 18, 2015, <https://www.politico.com/story/2015/07/trump-attacks-mccain-i-like-people-who-werent-captured-120317>

public officials and media figures frame critiques of militarism, particularly in the post-9/11 moment, as unpatriotic. In many ways, international armed conflict is *the* emergency in the American imagination, demanding and receiving infinite resources and warranting considerable sacrifice and deference. This early effort to contextualize lives lost to COVID within the framework of war, though worthy of critique,⁴⁴⁵ indicated a willingness to treat COVID as a true emergency that warrants considerable collective sacrifice. It forms a striking contrast to President Biden's blasé remark in September 2022 that "the pandemic is over. If you notice, no one's wearing masks. Everybody seems to be in pretty good shape."⁴⁴⁶

In order to understand the depth of the material cost white nationalist resistance to public health will legitimize, it is important to reflect on the sheer magnitude of death and disablement normalized through the COVID crisis. At the time of writing this conclusion, the CDC reports just over one million total deaths in the US, a death toll that exceeds three times the US soldiers lost in World War I. The week of my writing marked 2,981 new weekly deaths, just under the number of lives lost in 9/11⁴⁴⁷. Of particular note in this phase of the pandemic is the overwhelming rates of respiratory viruses including but not limited to COVID among children and infants, which is maxing out pediatric hospitals' capacity to respond.⁴⁴⁸ Such formal

⁴⁴⁵ Margherita Benzi and Marco Novarese, "Metaphors we Lie by: our 'War' against COVID-19," *History and Philosophy of the Life Sciences*, 44, no. 2 (May 2022): 18, <https://doi.org/10.1007%2Fs40656-022-00501-2>

⁴⁴⁶ David Cohen and Adam Cancryn, "Biden on '60 Minutes': 'The pandemic is over,'" *Politico*, September 18, 2022, <https://www.politico.com/news/2022/09/18/joe-biden-pandemic-60-minutes-00057423>

⁴⁴⁷ "COVID Data Tracker," *CDC*, Accessed December 8, 2022, <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>.

⁴⁴⁸ Erin Prater, "The 'triple-demic' is sickening kids across America and straining hospitals, as a gift shop turns into a triage room and a hospital exec helps out in the ER," *Fortune*, November 8, 2022,

statistics vastly undercount the sheer magnitude of death caused by both COVID itself and the attendant collapse of health systems, with the 2022 World Health Organization report estimating an “excess mortality” of almost 15 million global deaths in two years. Even this modified statistic cannot account for the physical and psychological cost of COVID, particularly the personal and social impact of understudied “long COVID” symptoms, the enduring bodily effects of contracting and recovering from COVID. Several disability justice advocates raised the alarm about the consequences of allowing so many to become so profoundly sick, with writer and activist Imani Barbarin terming the pandemic a “mass disabling event.”⁴⁴⁹

The factors that contributed to such an abject failure are complex and multifaceted, from the uniquely corrupt and inept governance of the Trump administration to the already weak health infrastructure unprepared to sustain under crisis to the media ecosystem powered by a handful of corporations that algorithmically reward disinformation. However, the genealogy I began to trace of health justice as a citizenship practice in the long Black freedom struggle points to another contributing factor: the ways white nationalist resistance to multiracial democracy makes public health impossible, how the language we can use to talk about public health is similarly foreclosed by white supremacy, and how the death cult of whiteness will naturalize vast suffering to sustain resource hoarding. Phrased differently, the character of American fascism and its toxic entanglements with white

<https://fortune.com/well/2022/11/08/tripledemic-sickening-kids-across-us-united-states-hospitals-get-creative-capacity-issues-pediatrics-covid-coronavirus-covid19-flu-rsv-ilis-influenza-capacity/>

⁴⁴⁹ Imani Barbarin, “Death by a Thousand Words: COVID-19 and the Pandemic of Ableist Media,” *Refinery29*, August 30, 2021, <https://www.refinery29.com/en-gb/2021/08/10652679/covid-19-and-the-pandemic-of-ableist-media>

supremacy and capitalism render mass death and disablement both legitimate and deserved, when it recognizes it at all, and interprets collective health strategies as violence.

Given my project's emphasis on the health repercussions of white supremacy, it is significant to note that the COVID outbreak itself was profoundly racialized, preventing an effective response. In the early days of the pandemic, the Trump administration took great pains to associate the virus with anti-Chinese sentiment, terming it the "China" or "Chinese" virus.⁴⁵⁰ On one such occasion, Trump explicitly referenced COVID as "the plague from China"⁴⁵¹ and argued "[China] never should have let this happen."⁴⁵² This phrasing was taken up enthusiastically by conservative pundits and politicians, including Texas senator John Cornyn who claimed COVID stemmed from Chinese "cultural practices" like eating "bats and snakes and dogs and things like that" and further blamed China for "a lot of these viruses like SARS, like MERS and swine flu."⁴⁵³ White nationalist television personality Tucker Carlson echoed these sentiments, casting racist fear mongering as telling truth to power by boldly asserting, "China did this to the world and we should not pretend otherwise.

⁴⁵⁰ Maegan Vazquez and Betsy Klein, "Trump again defends use of the term 'China virus,'" *CNN*, March 19, 2020, <https://www.cnn.com/2020/03/17/politics/trump-china-coronavirus/index.html>

⁴⁵¹ Donald Trump, "Trump fans cheer and whoop as he calls coronavirus 'the plague from China,'" *The Independent*, June 11, 2020, YouTube video, <https://www.youtube.com/watch?v=7qPZ6HOJyZk>

⁴⁵² Doina Chiacu and David Brunnstrom, "Trump says doesn't want to talk to Xi, could even cut China ties," *Reuters*, May 14, 2020, <https://www.reuters.com/article/us-health-coronavirus-usa-china/trump-says-doesnt-want-to-talk-to-xi-could-even-cut-china-ties-idUSKBN22Q2BD>

⁴⁵³ Alex Samuels, "U.S. Sen. John Cornyn draws rebuke for blaming Coronavirus on China," *The Texas Tribune*, March 18, 2020, <https://www.texastribune.org/2020/03/18/john-cornyn-texas-coronavirus-china/>

That's not xenophobia. It's true."⁴⁵⁴ Though far from the only public figure to make this comparison, which was rampant in conservative circles, Trump's xenophobic language was particularly impactful in exacerbating anti-Asian racism, with studies demonstrating a significant increase in racist tweets and hashtags on Twitter following his March 2020 tweet with that language.⁴⁵⁵ Broader studies indicated that this racialization of the pandemic increased instances of anti-Asian discrimination⁴⁵⁶ and had a material impact on the mental health of Asian Americans.⁴⁵⁷ This violent rhetoric reflects a long history of associating immigrants with infection and disease and associating the policing of national borders and the racial demographics of American citizenship with the preservation of the health of the nation. Because racism makes terrible public health policy, this association led to the support of various ineffective measures, like reducing visas from Asian countries⁴⁵⁸ and demanding negative test results from those flying from China exclusively,⁴⁵⁹ while

⁴⁵⁴ Vincent Wood, "Fox News host Tucker Carlson begins referring to 'Chinese coronavirus,'" *The Independent*, March 10, 2020, <https://www.independent.co.uk/news/health/coronavirus-fox-news-tucker-carlson-chinese-kevin-mccarthy-a9392701.html>

⁴⁵⁵ Yulin Hswen, et al., "Association of '#covid19' Versus '#chinesevirus' With Anti-Asian Sentiments on Twitter: March 9-23, 2020," *American Journal of Public Health* 111, no. 5 (May 2021): 956-964, <https://ajph.aphapublications.org/doi/10.2105/AJPH.2021.306154>

⁴⁵⁶ Thomas K. Le, et al., "Anti-Asian Xenophobia and Asian American Covid-19 Disparities," *American Journal of Public Health* 110, no. 9 (September 2020): 1253-1438, <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2020.305846?role=tab> and Thu T. Nguyen, et al., "Exploring U.S. Shifts in Anti-Asian Sentiment with the Emergence of COVID-19," *International Journal of Environmental Research and Public Health* 17, no. 19 (September 2020): 7032, <https://doi.org/10.3390/ijerph17197032>

⁴⁵⁷ Cary Wu, Yue Qian, and Rima Wilkes, "Anti-Asian discrimination and the Asian-white mental health gap during COVID-19," *Ethnic and Racial Studies* 44, no. 5 (December 2020): 819-835, <https://doi.org/10.1080/01419870.2020.1851739>.

⁴⁵⁸ Tyler T. Reny and Matt A. Barreto, "Xenophobia in the time of pandemic: othering, anti-Asian attitudes, and COVID-19," *Politics, Groups, and Identities* 10, no. 2 (May 2020): 209-232, <https://doi.org/10.1080/21565503.2020.1769693>

⁴⁵⁹ Walensky (@CDCDirector), "We can't stop."

legitimate public health measures like masking were cast by conservative pundits and politicians as both ineffective and violating.

However, the anti-Asian racism that characterized the COVID response is not the only way white supremacy shaped public health policy. Paul Elliott Johnson, discussed at length in the previous chapter, makes a brief reference of the resistance to public health measures in relationship to COVID, noting that an “example of the somewhat kneejerk protocols of the Domsday Machine can be viewed in the heavily armed, mostly white protests during the novel coronavirus,” further arguing such protestors elevated “economic over human need” embodying “economic interests making claims against democracy” but paradoxically exacerbating economic downturn for the majority of Americans.⁴⁶⁰ While the wealthiest Americans saw significant gains in their net worth⁴⁶¹ and the executives and stakeholders of major corporations also grew richer, the cost of the relatively unmitigated pandemic approach was offset to workers.⁴⁶² Such white reactionaries organizing against the public good in the interest of maintaining existing wealth structures exacerbate their own material suffering in exchange for the economic and political power of whiteness. That whiteness means less in terms of material benefit in moments of increasing economic inequality paradoxically invigorates their investment,

⁴⁶⁰Paul Elliott Johnson, *I the People: The Rhetoric of Conservative Populism in the United States* (Tuscaloosa: The University of Alabama Press, 2022): 215.

⁴⁶¹ Chase Peterson-Withorn, “How Much Money America’s Billionaires Have Made During the Covid-19 Pandemic,” *Forbes*, April 30, 2021, <https://www.forbes.com/sites/chasewithorn/2021/04/30/american-billionaires-have-gotten-12-trillion-richer-during-the-pandemic/?sh=ff1f85bf557e>

⁴⁶²Molly Kinder, Katie Bach, and Laura Stateler, *Brookings*, April 21, 2022, <https://www.brookings.edu/research/profits-and-the-pandemic-as-shareholder-wealth-soared-workers-were-left-behind/>

manifesting in increasingly virulent and explicit racism. The long history of white backlash bears this out, with the mass resistance to integrated public services like schools alongside divestment from the social safety net as it became increasingly associated with “undeserved” benefits to communities of color, particularly Black communities.⁴⁶³ Recent social science research confirms the applicability of white backlash to the COVID moment, demonstrating that white Americans are less compliant with public safety measures when they are made aware that people of color are more likely to die of COVID.⁴⁶⁴

Phrased differently, the story of the decline of America, both in terms of an increasingly less robust, less effective government ruled by a vocal, violent minority and in terms of the million and counting pandemic death toll is the story of American whiteness and the staggering cost of its maintenance. The rhetorical practice that became popular as police brutality protests reached a fever pitch alongside the emerging pandemic to suggest that we struggle against “two pandemics,”⁴⁶⁵ COVID and American racism, warrants critique⁴⁶⁶ but does reflect a deeper reality. The infrastructural and democratic failures of the American experiment COVID exposed are profoundly entwined with its racial history. The implications of this tragedy are twofold, first that the history of Black organizing around health reveals the way white

⁴⁶³ Carol Anderson, *White Rage: The Unspoken Truth of Our Racial Divide* (London: Bloomsbury, 2016).

⁴⁶⁴ Allison L. Skinner-Dorkenoo, et al., “Highlighting COVID-19 racial disparities can reduce support for safety precautions among White U.S. residents,” *Social Science & Medicine* 301 (May 2022).

⁴⁶⁵ This phrasing was ubiquitous, one thoroughly fleshed out example is: Charlotte Lyn Bright, “The Two Pandemics,” *Social Work Research* 44, no. 3 (September 2020): 139-142 <https://doi.org/10.1093/swr/svaa012>

⁴⁶⁶ Particularly of concern here is treating systemic racism and public health crisis as separate issues, when racism informs every part of health and medicine.

supremacy makes us all sicker. It also reveals the practices of health justice that enable survival in the face of profound structural violence, practices I identify in this project.

The Black liberation workers this dissertation highlights demonstrate health justice as a lived survival practice and their lessons are just as significant for today. My project seeks to collapse and complicate the boundaries between formal and activist politics by reading a diverse spectrum of practices— interpersonal hygiene, nonviolent direct action, and public policy— as kinds of care that make democracy possible by creating the conditions for health. Applying this framework to the ongoing COVID crisis once again reveals that a guarantee of health as a precondition for citizenship, the maintenance of multiracial democracy, and the survival of biological crises are constitutive goals. Multiracial democracy is best positioned to keep us healthy, and true civic participation is reliant upon the conditions for health.

Each of my chapters contextualized a particular moment in American history through Black liberation organizers' development of a strategy to sustain Black life in the wake of state neglect, strategies that reveal the ways a guarantee of health is foundational. COVID revealed that these three modes—public health strategies of interpersonal and communal care (chapter one), campaigns of public pressure and remembrance (chapter two), and public policies that make the conditions for survival a guarantee (chapter three)—were necessary for moving through a mass disabling event. Black clubwomen developed a sophisticated understanding of the relationship between interpersonal acts of care, particularly those related to hygiene, comportment, and sanitation as well as their ability to communicate the urgency of

those acts through public health initiatives. This powerful negotiation of individual behavioral choices, communal responsibility, and structural violence exposes the failures of the contemporary US public health apparatus in introducing the practice of masking. Casting masking as a tedious, uncomfortable, but temporary gesture to public health during the start of the pandemic, rather than a long term commitment to community safety, allowed space for bad faith actors to fashion the mask as a symbol of restrictions on civic life and tap into a virulent well of white nationalist resistance to the public good.

Civil Rights Movement activists' powerful public action exposing the ways state violence makes us sick and keeps us sick lifelong demonstrates the necessity of sustaining attention on the lives foreclosed by COVID and the attendant collapse of health systems. A key feature of the move to normalize mass COVID infection was to simply *stop looking* at the cost. Changing requirements around testing, accessibility of testing sites, reporting of COVID data and "community levels," signaled not a decrease in cases of COVID but in their visibility.⁴⁶⁷ The Obama administration's push to constitute national community around accessible, mandatory health insurance in the ACA reflects how indispensable a social safety net is for enduring a biological crisis. The exigence of the crisis instigated two massive relief bills: the Coronavirus Aid, Relief, and Economic Security Act (CARES)⁴⁶⁸ under President Trump and the

⁴⁶⁷ Will Stone and Selena Simmons-Duffin, "CDC's new COVID metrics can leave individuals struggling to understand their risk," *NPR*, March 12, 2022, <https://www.npr.org/sections/health-shots/2022/03/10/1085797307/cdcs-new-covid-metrics-can-leave-individuals-struggling-to-understand-their-risk>

⁴⁶⁸ Kelsey Snell, "What's Inside The Senate's \$2 Trillion Coronavirus Package," *NPR*, March 26, 2020, <https://www.npr.org/2020/03/26/821457551/whats-inside-the-senate-s-2-trillion-coronavirus-aid-package>

American Rescue Plan Act⁴⁶⁹ under President Biden, which expanded on many of the provisions in CARES. These plans dramatically expanded healthcare access, invested in improving health outcomes, and reduced poverty through measures like expanding the Supplemental Nutrition Assistance Program (SNAP) and Medicaid, providing free testing and vaccinations for COVID, and suspending evictions. Notably, the Child Tax Credit alone, which provided monthly support payments to families with children, cut child poverty by thirty percent.⁴⁷⁰ These policies, which made America healthier, safer, and more economically secure, have all been allowed to expire,⁴⁷¹ demonstrating no lasting awareness of the necessity of such support in maintaining health and citizenship. In this way, the legacy of Black health advocacy that this dissertation traces provides a rhetorical and material map for survival by making the conditions for health both urgent and achievable.

Health Justice as a Freedom Dream⁴⁷²

I open and close this project with epigraphs from Danez Smith's poetry collection *Don't Call Us Dead*: "some of us are killed/in pieces, some of us all at once"⁴⁷³ from the poem "every day is a funeral and a miracle" and "you're dead,

⁴⁶⁹ Barbara Sprunt, "Here's What's In the American Rescue Plan," *NPR*, March 11, 2021, <https://www.npr.org/sections/coronavirus-live-updates/2021/03/09/974841565/heres-whats-in-the-american-rescue-plan-as-it-heads-toward-final-passage>

⁴⁷⁰ Cory Turner, "The expanded child tax credit briefly slashed child poverty. Here's what else it did," *NPR*, January 27, 2022 <https://www.npr.org/2022/01/27/1075299510/the-expanded-child-tax-credit-briefly-slashed-child-poverty-heres-what-else-it-d>

⁴⁷¹ Claire Cain Miller and Alicia Parlapiano, "The U.S. Built a European-Style Welfare State. It's Largely Over," *The New York Times*, April 6, 2023, <https://www.nytimes.com/interactive/2023/04/06/upshot/pandemic-safety-net-medicare.html>

⁴⁷² Robin D. G. Kelley, *Freedom Dreams: The Black Radical Imagination* (Boston: Beacon Press, 2002).

⁴⁷³ Smith, *Don't Call*, 65.

america/ & where you died/ grew something worse”⁴⁷⁴ from “you’re dead, america.” The former juxtaposes the speaker’s experience of HIV, “the little/cops running inside/my veins,” with those murdered by police brutality, “today, Tamir Rice/tomorrow my liver.” Later the speaker asks, “name a thing that can’t be made a weapon?/can you point in the direction of the doctor?”⁴⁷⁵ This powerful layering of violences, police brutality and illness, firearms and medical professionals, reflects the central intervention at the heart of the Black freedom movement activists I study; sickness *is* anti-Black state violence. Racially disparate health outcomes, from higher rates of HIV to disproportionate deaths from COVID are not passive or incidental, but an active construction of policy launched and maintained by the state. Like a death from police brutality, a death from inequitable medical practice or environmental racism’s impacts on the body is a preventable death.

The quote from “you’re dead, america” that opens this conclusion reflects on the election of Donald Trump, identifying the specific experience of the “death” of America for Black citizens. Sharply satirical, the speaker remarks, “i know where they buried you/’cause it’s my mouth” and “i put a spell on you/it called for 3/5s of my blood.”⁴⁷⁶ These images, among them the corpse of America decaying in the speaker’s mouth and the death of America requiring $\frac{3}{5}$ of the speaker’s blood, gesture to the disproportionate cost of the death of American democracy for those already experiencing the long legacy of anti-Black racism. Though the speaker has “lost my faith in this garden,” the speaker ultimately enacts a burial and notes that in the

⁴⁷⁴ Smith, *Don’t Call*, 75.

⁴⁷⁵ Smith, *Don’t Call*, 65-67.

⁴⁷⁶ Smith, *Don’t Call*, 75.

coming days “i can shift the wreckage,” not for the good of America but for “my honeyed kin/those brown folks who make/up the nation of my heart.”⁴⁷⁷ This turn to hopefulness grounded in a deep sense of communal belonging is reflected in the quote Smith pulls for the title: “please, don’t call/us dead, call us alive someplace better.”⁴⁷⁸ The juxtaposition of a searing critique of the ways America makes Black citizens sicker, in fact demands that sickness as a precondition of its existence, with a freedom dream of “someplace better” where Black life can flourish is health justice in the tradition I’ve examined. Like Smith, the figures I’ve highlighted knew that the denial of the conditions for health was state violence, but built someplace better in the spaces between what the state allows and what they can create for each other. Ultimately, health justice is a future-oriented freedom dream, imagining that a healthier, safer world is possible.

⁴⁷⁷ Smith, *Don’t Call*, 78-79.

⁴⁷⁸ Smith, *Don’t Call*, 3.

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