

Unseen Flesh



GYNECOLOGY AND
BLACK QUEER
WORTH-MAKING IN BRAZIL

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*For mi abuela, Luz,
For my Sands, Val,
For my Brazilian sistah, Júlia,
For all your courage through breast cancer.*

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INTRODUCTION

Bearing Witness to Unseen Flesh

One typical hot March day, I jumped out of my taxi in front of Estação Calçada in Salvador-Bahia, Brazil. Estação Calçada is the central station of the only train line transporting people to and from the *subúrbios* (middle- or working-class neighborhoods) and *periferias* (outskirts of the inner-city or working-class and poor neighborhoods) in the lower city (*cidade baixa*). It is close to Faria de São Joaquim, where locals buy a range of things from meat and produce to essential Afro-religious provisions. Salvador is understood by its inhabitants to be an urban, densely populated Black city. The train station is in Largo da Calçada—the first *barrio* to connect the lower city to the *subúrbios* that accentuate Salvador's deep racial and class divides. Amid the buzzing commercial district in the lower city, you can see the stark contrast of white Brazilians dressed in business suits rushing to work while Brazilian Black vendors hustle in the streets in the summer heat. Many Black and working-class Brazilians moved through this train station while Juliana waited for me at the station's entrance.

Juliana was well known in the community for her deep commitment to Black women and LGBTT (lesbian, gay, bisexual, transgender, *travesti*) social movements. I was eager to connect with her to talk about Black lesbians' experiences with gynecology and well-being. After a warm embrace and double cheek kisses, the Brazilian way, she took me to her small office inside the train

station.¹ I had met Juliana during a *roda* (circle of discussion) planning resistance work to combat gender and racial violence in July 2007, during my first monthlong stay in Salvador. I was an exchange seminary student interested in African diasporic religious life. That summer, Black women took to the streets and marched into the Assembléia Legislativa (state legislative building) to advocate for the new Lei Maria da Penha, a 2006 federal law against domestic violence. Subsequently, I saw Juliana at *vigílias* (public gatherings to denounce Black genocide and femicide), marches, and other protests led by Black women, including many by Black lesbians. We stayed connected through my subsequent visits to Salvador. When during my fieldwork in 2012 I ran into Juliana in my neighborhood, Bairro Dois de Julho, in downtown Salvador, she had a huge reaction to the focus of my research: the negative impact of gynecological practices on the well-being of Brazilian Black lesbians. “There is a lot to think about regarding that medical experience that we don’t talk about,” she said with an intense facial expression.

Unseen Flesh is a story of Brazilian Black lesbian *worth-making*. Worth-making is the human energy expended or consumed to create pathways that sustain and claim agential living. Therefore, this ethnographic account seeks to intimately describe my Black lesbian respondents’ everyday lives amid structural violence in gynecology. This Black lesbian worth-making is anchored by love, erotic power, religiosity, and family care as much as it is marked by trauma and struggles for survival. My storytelling constitutes what Brazilian Black feminist literary scholar Conceição Evaristo (2017) refers to as *escrevivências*, or the ways that crafted narratives reflect real life, even when their futures are conjured by imaginings of a freer world. These are stories of Black lesbians conjuring selfhood and well-being against a social and cultural backdrop and official historical record that would find them *unseen*. My participants’ lives are windows into the unseen experiences within medical spaces and radical transformations of reproductive well-being. *Escrevivências*—literally, *written lived experience*—honor subjective and interpretive lived realities, validating memory work and imagination. Evaristo’s stories center Black women’s ways of navigating their intimate worlds and narrate their range of corporeal sensations and sensory knowledge-making. She unapologetically does not prevent herself from reimagining the realities and dreams of Black women, who care for and love themselves and others (women and men). Her *escrevivências* have long been employed as a method for the study of Brazilian Black experience and are exemplary of worth-making storytelling that seeks to rupture racism, poverty, and violence at the seams (McKittrick 2020, 44). Juliana and other Black lesbians I followed closely saw their social traumas within institutional spaces

as both individual *and* collective struggles. Here, likewise, their stories, in and out of medical spaces, are taken as evidence of Black lesbian living. Juliana's retelling of the story about another Black lesbian highlights how Black women care for and respond to other Black women's social traumas and how they carry the responsibility to each other. In this book, Juliana's intervention to navigate a healthcare system that devalues them is a critical, intersubjective mediation.

At Estação Calçada, Juliana shared her deep concerns about the lack of attention to Black women's and lesbians' reproductive issues, such as menopause, and the prejudice against trans men. However, when we shifted our conversation to the subject of the gynecology exam itself, Juliana's demeanor became agitated. I sensed that she had a traumatic story to tell. Having experienced a number of these difficult conversations, I noticed an emotional burden weighing on her. But the story she told was not directly about herself. She shared the experience of a "very young" Black lesbian in her early twenties (whom I will call Gabriela) who recently telephoned Juliana, enraged and crying after a visit with a white female gynecologist.

By this time, my own gynecological issues pervaded my fieldwork experience.² I appreciated sitting under an air conditioner with cool air to ease my hot flash from an abrupt postsurgical menopause. Six months earlier, I had returned to the United States to undergo a hysterectomy with ovary removal. I was diagnosed with widespread endometriosis that had been kicking my ass with fatigue, pain, and heavy bleeding. This unexpected major personal event only drew me closer to my participants. Our interconnections (Juliana, Gabriela, and me) are interwoven life stories—*escrivências*. Juliana told me the story that Gabriela told her, thus constituting a transnational Black feminist praxis of shared storytelling and affirmation across age, nationality, and other borders. I invite you to witness these stories as one way to fight against invisibility and unseen worth.

I tell these stories now not just as an ethnographer and a Black lesbian, but as a person who has administered the speculum exams in the United States. My own clinical experiences reimagine their interpretations within those closed spaces and how power is fraught in those relations. My clinical lens played a part in conceiving the framework of *Unseen Flesh*. My experience as a physician assistant informed how I navigated the field, analyzed the data, and wrote the book. I practiced medicine for seventeen years in the United States across specialties of neurosurgery, internal medicine, HIV, and oncology, and after immersing myself in Brazil's health care, I can bear witness in my analysis to the unseen-ness in medicine and society of the profound emotional and social trauma occurring within gynecological spaces.

Gabriela had sought medical care for vaginal bleeding that had persisted continuously for nearly a month. The gynecologist's first question, in a curt tone, was, "You are aborting. Are you aborting?" The young Black lesbian, shaken by the doctor's cold demeanor, emphatically replied, "I am not aborting. It is impossible to be aborting. I am a lesbian." Then, according to Juliana, the doctor leaned toward Gabriela and presumptuously asked with a smirk, "Tell me something, did you cheat on your girlfriend?" Gabriela swallowed her tears until she left the clinic and called Juliana. By the time I talked to her, Juliana was still furious and emotionally raveled by Gabriela's preventable trauma. She called the doctor's arrogant questioning "injustice in the delivery of care." I do not disregard the responsibility of Brazilian physicians to rule out complications of abortions (spontaneous or procedural) if suspected after a proper history-taking examination. Unfortunately, abortions are illegal in Brazil and are too often electively conducted under unsafe conditions; many Black women subsequently suffer medical complications such as infection and even death. However, Juliana told Gabriela's story to expose a different pervasive injustice: the abuse of power in gynecology that silently torments many Black lesbians. The gynecologist's presumption and insistence that Gabriela needed an abortion because she had cheated on her girlfriend with a man, which led to an unwanted pregnancy, was a mistreatment of a patient and, therefore, an abuse of power. This inappropriate behavior misdiagnosed the prolonged bleeding. It was dismissive of Gabriela's lesbian identity and sexual subjectivity; worse, the gynecologist's cruelty was rooted in the unchecked anti-Blackness, anti-queer, un/gendering, and classist power imbalance that pervades these medical spaces. Juliana interpreted the gynecologist's behavior not just as uncompassionate and inappropriate but *grosseira* (brute) and violent. She said that Gabriela cried for two days, traumatized by the experience. Then, still concerned about the bleeding, Juliana took Gabriela to her own gynecologist for evaluation. Juliana's white, LGBTQ+-affirming gynecologist found a sizeable uterine fibroid causing the prolonged bleeding.

Unseen Flesh bears witness to the emotional weight of gynecological experiences. This ethnography shows how Brazilian Black queer women are subject to iterative mental, emotional, and physical traumas within gynecological spaces. It understands that emotional weight as evidence. In this book I think with Dána-Ain Davis, who theorizes emotional weight as evidence of medical racism that leads to harms such as prematurity and infant mortality, to interpret how Black lesbians are forced to build and constantly recenter self-worth in their everyday lives toward survival and well-being. I argue that they consequently transform how they exist and are seen in medical spaces and in the world.

Unseen Flesh

Unseen Flesh visualizes Black lesbians' existence behind the veil of gynecologists' assumptions and *preconciotos* (prejudices), however well-meaning their intentions to deliver public *and* private health care. Juliana described a Black lesbian body as "um corpo invisibilizado" (body rendered invisible). The term *unseen* indexes my participants' perceived invisibility and the invisibilizing forces within those spaces. Where they sat on the examination table, Black lesbians repeatedly felt invisible, erased, and unheard by their gynecologists. Juliana understands this unseeing, for example, as the indignity and disrespect experienced by older Black women in menopause. But the experience of Black lesbians is specific and particular due to their racial, gendered, and queer sexual positionalities. Gynecologists' hidden logics of unworthiness of respect, professional conduct, and, as in Gabriela's story, appropriate care is triggered by first seeing them as Black bodies, then as women (or in their nonnormative gender expression), and then as lesbian (or homosexual).³ These multiple social positionalities matter because they inform how Black lesbians experience becoming unseen by gynecologists who devalue their full humanity. As Juliana said, the erasure of older Black lesbians' existence within medical spaces further triggers invisibility. This ethnography demonstrates how people's experiences and scenes are a lot messier than we imagine. This messiness evidences how their coming out to gynecologists is not the safest thing to do; but for some Brazilian Black lesbians, it is the right thing to do.

In this book, I trace an unspoken racial calculus operative within gynecology and within standard (heteronormative) reproductive discourses that is as homophobic as it is anti-Black and classist. Like Dána-Ain Davis (2018), who coined *obstetric racism* to explain how racism exists in obstetric care in the United States, I understand my respondents' narratives also to interrogate how *gynecologic racism* reflects pervasive anti-Blackness, sexism, homophobia, and classism in Brazil. Gynecologic racism manifests in how Black women are treated—or not—during exams, for example, by "not being touched" or by "not being given eye contact" and by receiving far less time during office visits than white women. These issues have been documented by Brazilian Black feminist epidemiologist Emanuelle Freitas Goes and coauthor Enilda R. Nascimento (2012). The routine pelvic exam ought to facilitate a feeling of safety with eye contact and by gently and respectfully explaining, before touching any body part, what is to be done. It is crucial to disentangle forms of power and potential gynecological violence. Obstetric violence names many reproductive injustices experienced by women across ethnicities, classes, and geographic

regions.⁴ Like obstetric violence, discourses of gynecological violence maintain racism that is rigidly unseen.

The unseen abuse of social power in Brazilian medicine is rooted in post-slavery plantation logics (McKittrick 2013). Lamonte Aidoo (2018) uses the notion of “slavery unseen” to expose the challenges of “understanding the real conditions under which Brazilian slaves lived due to willful concealment by whites” (5). Aidoo explores how slave owners enacted violence against Black male and female homosexuality using different forms of societal power. These societal powers ranged from medical discourses and the eugenics movement to the same-sex rape by white men and women of Black enslaved people. Aidoo’s understanding of the long sociohistorical trajectory of unseen social conditions and abuse of power helps me bring into visibility unseen bodies today. Unseeing is a matter of influential people adversely seeing and treating Black lesbian bodies within medical spaces.

The vast sociohistorical ties of contradictions and anxieties in gynecology about race and homosexuality and the ongoing bleeding of colonial power into society and gynecological spaces call attention to Black lesbians’ flesh. I use the concept of *flesh* to underscore the wounding and scarring of Black queer existence by the manipulation of medico-social power. As argued by C. Riley Snorton (2017), “flesh is, above all else, a thing that produces relations—real and imagined, metaphysical and material” (40). I appreciate Riley’s analysis of the history of racial slavery and gynecology in the United States and the gynecological experimentation by James Marion Sims on many enslaved Black women, including Anarcha, Betsey, and Lucy, to understand how sex and gender produces racial arrangements (32). Flesh as object or subject is then manipulated and expressed through power relations. Riley helps me think about what actually remains after flesh is instrumentalized within economies and systems of medicine such as injury and pain.

Flesh designates Black lesbians’ embodiment of injury at various scales. The physical pain that aggressive gynecological examinations causes is a critical corporeal dimension of power. But following Hortense J. Spillers (1987), I distinguish between *body* and *flesh* to shift our attention to the subjective and social aspects of Black queer existence within subject positions in medical spaces. Spillers’s ideas of Black “flesh and body” points to that which lies between “captive and liberated subject-positions” (67). The notion of the flesh is the blood, fluid, narrative, language, soul, and much more concentrated cultural and symbolic significances that mark the captive body (Shange 2019; Spillers 1987; Snorton 2017). Then, flesh is the concentration of meaning about skin color, race, sex, sexuality, gender expression—understood as excess and turned

into the otherness of Black queer bodies. Gabriela's captive subject-position under the grip of power, can also, in contestation of that power, shift into a liberated subject-position—which I explore in this book. Black lesbians' flesh, despite all crimes committed against it by society, is not a site of powerlessness. Their flesh is escaped and regenerated energy, spirit, soul, and body with capacity to revolt with knowledge production and action. Gabriela's sense of self in the moment and after the release from that captivity raises questions about whether her captive subject-position in that medical space is fully released after she leaves it. Gabriela cried for two days (maybe longer), indicating ongoing trauma even after the respite with Juliana. Her tormented memory is unseen flesh. It is a primary narrative tugged by hidden traumas, old and new, that turns emotional existence within these spaces upside down. Black feminists have long insisted on centering the embodied experiences of Black lesbians (B. Jones 2021). I follow this long tradition to rethink radical forms of evidence (Falu 2021) that situate our nonnormative narratives.

I establish unseen flesh as the excess and otherness produced by physicians resulting in body and flesh trauma and examine how the weight of that excess is carried by my participants. I redefine the medical term *gynecological trauma*, which usually refers to genital trauma experienced during medical procedures or sexual assault. My broadening of gynecological trauma, or what I refer to as *gyno-trauma*, expands that definition to encompass the adverse subjective, social, and corporeal effects produced by gynecology at the social intersections of intimate violence. The concept of gyno-trauma further shows that the biological and social in medicine are always intertwined. Gyno-trauma is unseen flesh; it is Black/queer/woman/female/masculinity/age/classed excess. The emotional work, quests for freedom, and resistance practices in self-care and self-worth are also unseen flesh narrated in this book. I explore the ways Black lesbian unseen flesh illuminates how notions of unworthiness are woven into the fabric of society and medicine.

Bearing Witness to Worth and Worth-Making

Unseen Flesh is an anthropology of Black lesbian worth that brings to light the uneven intimacy of power relations. It tracks Black lesbians' journeys to make and remake the embodied substance of well-being, where Black flesh and body conjoin, to define worth and worthiness despite devaluation by the world. What are the ways we gather, produce, and theorize Black lesbians' worth in its quotidian sense? This anthropology of worth acknowledges that the human labor of knowledge production and reactions within medical spaces are

intricately tied to Black lesbians' work of making self-worth. This book argues that Black lesbians incrementally enforce their worth within the intimate violence in gynecology, steering how they evaluate, protect, and chart their well-being within medical spaces. Such anthropology cannot apprehend worth and worth-making solely within the vacuum of institutional spaces. Black queer women retool themselves in worth every day, wherever they resist Black death and push for "Black aliveness" (Quashie 2021).

We understand unworthiness: Black women's reproductive lives are a commodity and monstrosity to society. But clear distinctions must be made with how Black lesbians experience Blackness as un/gendering and queerness through devaluation within medical systems. Cathy Cohen's (1997, 1999) earlier essays on transforming a radical queer politics is instrumental for rethinking how Blackness is nonnormative, deviant, and in this sense, "queer." We also understand the idea of a female flesh "ungendered" by Spillers's interrogation of gender and race differences in the Middle Passage and slavery. Black female flesh is un/gendered as ugly, unattractive, undesirable, monstrous (Spillers 1987). Christen A. Smith reminds us about Brazil's police terror and notes that "un/gendering is not the removal or cancellation of gender but rather its disavowal" (2021, 27). In Brazilian gynecology, gender is dismissed as "immaterial and unimportant," rendering Black women continually *out of place* in these spaces.⁵ This is a transnational experience tied to carceral and punitive tactics within medical spaces and health care. Health care's complicity in carceral and punitive tactics is embedded in the lack of accountability for the anti-Blackness and anti-queer violence within medical spaces. Gynecology is also the "arrivant state" (Lara 2020) in its colonial power, managing the intimate levels of being: queerness, Blackness, the femme, as well as the spirit, soul, and body.⁶

In this book, Brazilian Black lesbian worth and worth-making troubles an un/gendering/queering of Blackness in the fullness of its queer desire. This is distinct from worth and worth-making for Black heterosexual women and white lesbians. I follow Ana-Maurine Lara (2020, 4) in saying that to desire Black queer decolonization is to desire queer freedom and Black sovereignty. For Lara, queer freedom is not possible without Black sovereignty. Black lesbian life in all its expressions of queer desire in unseen flesh—the Brazilian Black lesbian femme or masculine-expressed female body. I take up Black lesbian worth and worth-making to show entrenched, iterative prejudice against Black lesbians' nonnormative sexuality and gender expressions. These intersecting prejudices intensify anti-Blackness, necessitating a Black queer analysis of race, gender, class, and homosexuality (a widely used social category in Brazil) in medicine and society studies. Black/queer storytelling shows how making gender and

queerness is a lived Blackness that chronically reverses the un/gendering and deviancy of queerness (Allen 2016). Their Black/queer existence must be defended when others unsee it, intentionally or not. I show the quotidian critical sources of worth in agency, contention, and erotic power (Alexander 2007; J. Allen 2012a; Lorde 1984). Scholars often view agency and resistance as dynamics that obscure the analysis of extreme subjection (Weheliye 2014). However, I urgently address the unseen agency rooted in Black lesbians' pursuit of well-being for better or worse. I understand their retooled self-worth and agential labor as spirit: mental, corporeal energy for making a Black queer life.

I do not take an ordinary path to understand the relationship between medical experiences and the social world. The book foregrounds Brazilian Black lesbians' theorizations of three key terms frequently used in their interpretations of the quotidian: *vivência* (lived experience), *bem-estar* (well-being), and *preconceito* (prejudice). These terms offer a viable analysis of worth and worth-making. Juliana's and others' insights highlight the negative impact of a rigidly heteronormative gynecological discussion on lived experiences within those spaces. The first routine question posed by a gynecologist is expected to be, "What contraceptives do you use?" followed by, "How are you today?" This beginning sits at the baseline of Black lesbians' critiques of their medical experiences. These heteronormative moments are significant turns that position Black lesbians (and, in varying degrees, also white lesbians and Black heterosexual women, who sit at their intersectional margins and violence) within a more profound intersectional experience of erasure and negation.

Bearing witness to worth and worth-making is Black/queer freedom work. In 2011, I began to recognize Brazilian Black lesbians' buried emotions about their experiences with gynecologists. I realized that Black lesbians and people with gender-nonconforming female bodies in the United States grappled with far more invisible power relations, to the extent that coming out was relatively neither urgent nor emotionally impactful. I focused on Brazil due to the ease and audacity with which physicians behaved unprofessionally. I suspected this was due to colonial specters and the sanctioning of broader violence creeping into those spaces unchecked. As an ethnographer, I was initially most interested in how Black women engaged within their ethical orientation to claim space and navigate their experiences as open lesbians and Black women during gynecology visits. However, I learned that the sense of "claiming" justice within interactions was more than identifying what unfolds medically and socially within an interaction, space, and time in gynecology. The multilayered fieldwork experience—followed by long, in-depth contemplation of all the