Popular Myths:
The Impact of the Hyper-Sexuality Trope on Black Women's Health Activism in America 1900-2000

Nathalie Lavoie

The trope of hyper-sexuality has immeasurably affected African-American women's health; this paper will explore discourse on reproductive health in two overlapping historical periods that mark specific interactions between dominant stereotypes about sexuality and black women. In the late 19th and early 20th centuries, many African Americans used social organizations to address their need for health services. Sanitary hygiene campaigns, promoted by these organizations, can be understood as a reaction to the perception of sexual immorality tied to the African-American community. These groups focused on moral purity as a means of advancing the race as a united whole. A critical examination of medical discourse on cervical cancer mortality from the late 20th and early 21st centuries offers an example of the continuing impact of the trope of hyper-sexuality. The presumed sexual availability of black women is implicated in the epidemiologic tracking, diagnosis, and treatment of cervical cancer in the African-American community. In contrast to movements of the past, the reproductive health activism born from the feminist movement, in response to the HPV vaccine controversy, relied on a community health model that empowered black women to voice the role of racial identity in women's health. Thus, the early health activism from 1890-1920s, the increasing cervical cancer rates of 1930-1970s, and the participation in post-1970s feminist health movements represent different ways in which black women interacted with the trope of hyper-sexuality: in which *middle-class black activists* used the trope to pursue a project of racial uplift, in which *the medical field* used this trope to reconcile health data and redirect illness blame, and in which *black feminists* rejected the trope to empower community-centered health activism.

To understand the way that early health activism and the escalating rates of cervical cancer intersect with this trope, it is important to consider the origins and historical impact of the myth of promiscuity. In her article, "Some Could Suckle Over Their Shoulder," historian Jennifer Morgan recounts the tales of European travelers who encountered African women for the first time. In observing these women, men struggled to find a cohesive understanding of both their blackness and femininity: "Femaleness evoked a certain element of desire, yet travelers depicted black women as simultaneously un-womanly and marked by a reproductive value dependent on their sex."[1] These traveler accounts, compiled from the 15th to 17th century, stoked the imagination of European men as they were reported back to the continent. The women became more and more mythical, elusive, and "exoticized." The African women existed, in the minds of many men, as the antithesis to the white, pure, women of Europe. They became creatures who sought to seduce men to satisfy their "obsessed . . . craving for the love of mortal men."[2] This specification of mortal men seems to indicate that

these women were other-ly, perhaps non-mortal, but most certainly different. This perception did not dissolve over time, but instead took on different meanings in different societies.

During slavery, the power dynamic between white male slaveholders and black female slaves often perpetuated this dangerous myth. White males justified sexual access to black female bodies, under the pretext that those women were the descendants of the creature-like sexual objects described by early European travelers. Following this precedent, the notion that black women were by nature sexually promiscuous had long served as justification for white male access to black female bodies.[3] Noma Roberson, a nurse and sociologist, emphasizes the inconsistency between the characteristics of many West African family models, such as "respect, restraint responsibility, and reciprocity" and prevailing stereotypes about slaves.[4] She describes the way that slavery broke down this value system for slaves. Historian Michele Mitchell describes Post-Emancipation as a "mainstream discourse generally portrayed black women as indiscriminate and insatiable, black men as oversexed and bestial, and black children as so sexually precocious as to preclude innocence."[5] Jim Downs argues that Emancipation resulted in a complete deconstruction of community and cultural resources, not entirely unlike the resulting values reconstruction following the dispersion from the slave trade.[6] In an attempt to seek economic autonomy, black women obtained positions as domestic servants. These women became the target of racist health awareness activities. Domestic servants were labeled as contagious and charged with bringing disease into their employer's home, by employers and public health officials.[7] However, the historical precedent for black female health advocacy can be seen in the Colored Benevolent Societies, which were predominantly women-led and sought to provide resources for freed men and women.[8] Contrastingly, there was not much focus on sexual ethics in these groups.

However, a presumption about black female sexuality continued to integrate itself into the American social fabric. Nearly a century later, in the 1950s, sociologist Charles Spurgeon Johnson noted an irony in the famous Alfred Kinsey sex study that the recorded behavior of white women – half of whom were not virgins when married and a quarter of whom were unfaithful at least once after marriage – "approximate[d] many of the popular myths about Negro women."[9] Johnson's retort was made in response to the exclusion of black females in the study because of their presumed deviant sexual behavior. The belief was so prominent that in 1953, sociologist Edward N. Palmer called for a similar study for African-American women to determine "once and for all" if there truly existed a deviance in sexual behavior between the two races.[10] Palmer's use of the phrase "once and for all" is significant in emphasizing the historical longevity of these beliefs. Worse still, the impact of these beliefs is still prevalent in the treatment of black women by medical professionals. The preconceived notion of access to black women's bodies is seen in a story told by a medical resident in 2003 in the journal *Focus*. During rounds, the medical team examined the abdomens and breasts of two female patients of similar ages. Unlike for the white patient, who was fully draped, had her permission requested, and her curtains drawn, the examination was performed on the black patient without any of these standard procedures.[11] This account is published in the book *Seeing Patients: Unconscious Bias in Health Care*, which dedicates itself entirely to the impact of underlying racism on modern medicine.

At the end of the 19th century, a prominent shift can be seen in the medicalization of the hyper-sexuality through the discourse on venereal diseases. For example, a medical research paper from Dr. Holmes included the commentary, "[i]f by any miracle venereal infections could be completely eradicated" when discussing the African-American population.[12] This subtle reference to the particular relationship of the African-American community and venereal disease indicates a prevailing notion of deviant sexual behavior. The collection that published Holmes's piece, *Germs Have No Color Line: Blacks and American Medicine 1900-1940*, plays on the slogan "Germs have no color line" used by federal public health officials to alert white Americans of the threat that ignoring black health had on themselves.[13] In 1896, Frederick K. Hoffman, a health statistician for Prudential Life Insurance, more overtly gave "particular emphasis on the idea of the physical and moral deterioration of black people due to sexual immorality."[14] Heather Prescott draws attention to the use of the word venereal in medical literature, which "signaled the sinful origin of these afflictions" due to its origin in theological conversations about sins involving lust.[15] The focus of biomedicine on venereal diseases encouraged the presumption that African Americans were both physically and morally diseased.

To understand the role of the hyper-sexuality trope in early 20th century health activism, it is important to understand the creation and goals of the health activism of the 1890s-1920s. At the turn of the century, black mortality rates were 70% higher than the mortality rates of whites in the southern city of Atlanta.[16] Throughout the country, black communities' living conditions often lacked paved roads or piped access to water. Until 1886, there existed no nursing institutions that admitted African-American nurses, indicating the unequal number of African Americans in the health professions.[17] This compounded with racial segregation policies resulted in what has been termed medical apartheid.[18] This lack of services and wariness of white physicians, alongside the emergence of the black middle class, played a crucial role in the development of the social clubs that assumed the role of health educators and advocates. The National Urban League, founded in 1910, worked to secure equal opportunities for African Americans through "solutions to problems of income, employment, education, housing, health, and civil rights for the masses of black and brown Americans who want a better way of life."[19] The group also focused on education, housing, and childcare. As unemployment and homelessness were understood as factors in overall health and thus named "social ills," nearly all of the organizations' work focused on health. In addition, the groups practiced more overt health policy activism, such as testifying before Congress on health insurance coverage of minorities.[20] The National Urban League and many others classified much of their work as sanitation promotion. This hygienic movement was offered as "a euphemism for the control of venereal diseases and a new approach to the prevention of these afflictions."[21] Underlying the health movement of these groups was a moralistic agenda about sexuality. This is especially true for the women-led organizations.

The Tuskegee Woman's Club, for example, considered it their mission to spread the "gospel of cleanliness."[22] These women described themselves as "sex crusaders in service to the race," a particular terminology that deepens the association of this health work with a moralizing racial uplift agenda.[23] Within the work of the National Association of Colored Women, founded in 1896, the uplift and alleviation of poverty existed alongside "concerns about sexual morality."[24] There existed a clear contrast between

the progressive reform element and the conservative overtones regarding sex. To understand why these women adopted this stance, it is useful to examine the prescribed roles of women in health. At the Annual Tuskegee Negro Conference, it was established that "women's irresponsibility, not financial constraints, had jeopardized the lives of their children" as an explanation for high rates of infant mortality in the African-American community.[25] Even in the *Journal of the National Medical Association*, an African-American inclusive counterpart to the American Medical Association, editor Charles Victor Roman blamed the high rates of mortality and morbidity on "'sexual relations, diet, and unsanitary housekeeping,' and in all of these, he pronounces that 'woman is the determining factor.'"[26] In doing so, Roman and many others denoted the moral, sanitary, and sexual practices the result of women's misconduct. Thus, righting these wrongs also became women's work. Additionally, the medical field marked this kind of social work as primarily "feminine" and turned its attention to the innovative fields of bacteriology and epidemiology.[27] Because of their exclusion from formal medicine, the medical fields disregard for women's health, and in reaction to the assertion that women were to blame for unsanitary conditions and diseases, women began to assume the work of sanitation and hygiene.

The construction of black female bodies as promiscuous has undoubtedly contributed to the sexual purity stance of racial advancement. This historical presupposition was manipulated by middle-class black women for a racial advancement agenda. Finding themselves defined by the "lowest common denominator," many upper-middle class African Americans felt the need to both distance themselves from lower class blacks and elevate lower class blacks for the sake of the race.[28] Thus, the ultimate goal of moral purity became "an appropriate solution to racial advancement."[29] This goal required, in the minds of these reformers, a moral refurbishing of African-American women. Historian Susan Smith, in connecting the 1920s activism to these stereotypes, writes, "[t]heir assertions of sexual respectability were black middle-class women's responses to racist sexual stereotypes."[30]

It is important to note however, that there exists no singular motivation for the women of these groups. It is most likely that they "sought simultaneously to alleviate the urgent medical ills of a community and to implement greater internalized social control."[31] This is clearly exhibited in the efforts of the Tuskegee Women's Club, which worked to stop sexual abuse and expose sexual myths. Shame and secrecy around sexual activity continued in the public sphere, even as these women worked towards improved sexual education. However, the turn-of-the-century activism marked an important change. What had been a continuum of stereotypes generated about and describing African-American women was now being actively engaged by the African-American community, for better or worse. This engagement was positive by indicating that African-American women could assume authority over their own categorizations. However, it also compounded the stigmatization of the trope for lower-class African-American women, to whom the trope was predominantly applied. Despite this diversity in motivation and intention, the application of the hyper-sexuality trope to the lower class for the purpose of uplift adds to the ugliness of its legacy by integrating a classist perspective to this health work.

In the 1920s, physicians approached cancer as an opportunity to act as moral agents, using their position of

authority to constrict women's choices.[32] Cervical cancer offers an interesting case to understand the immortality of the promiscuity myth, because unlike other cancers, it "brought researchers into a new thicket of speculation about intimate lives and sexual matters across the color line" especially as cancer was considered a woman's disease for much of its early history.[33] This was in part because cervical cancer stood as the only cancer with higher mortality for blacks than for whites.[34] In medical discussions of sexually transmitted diseases, women remained "at the center of causal narratives for most of the twentieth century" not unlike the message of sanitation campaigns which isolated women as the source of disease.[35] Perhaps as a result of this narrative, "[f]or many women, cancer continued to be associated with dirtiness and shame, failures of hygiene, and implicit accusations of a tainted morality."[36] The proposed etiology of the disease over history reflected the medical field's use of presumptions about African-American sexuality. The difference in the rates of cervical cancer for white and black Americans recorded in the 1930s was tied to poor care after childbirth and different labor practices.[37] This speculation is reminiscent of the historical construction of black women who birthed children without pain and continued working with their children strapped to their bodies.[38] However, it also spoke to contemporary conditions in which black women continued to have limited health access. By 1949, it was determined that the various effects of poverty might have an effect, "perhaps due to a combination of diet, the trauma of multiple births and poor obstetrical care, and possibly some racial influence."[39] Whereas this attitude addressed certain risk groups an important turn was made in the 1950s, addressing the disease as the result of behaviors in place of belonging to certain social groups.

The story of Henrietta Lacks exemplifies how race affected cancer diagnosis and treatment, and how cancer of the cervix was viewed in a particularly moral context, especially for black women.[40] Henrietta Lacks, a poor black woman from Virginia, died at thirty years of age from a cancer she first identified on her cervix. However, her legacy and much of the controversy surrounding her life is in regards to a sample taken from her tumor, without her knowledge, which went on to become the HeLa cell line, infamous in biology studies. This abuse of her body and deceit of her family offers one more compelling case of the medical communities presumed authority of black women's bodies. However, the focus for this paper is on Henrietta's experience of cervical cancer in the 1950s in America as an African-American woman.

Henrietta visited the segregated John Hopkins Hospital with the self-described condition of a "knot in [her] womb." She had kept her symptoms silent for some time because she feared a doctor would render her sterile if she complained of the issue. When she finally visited the local doctor, he "figured it was a sore from syphilis," but after negative tests he recommended a gynecologist. The healthcare environment for Henrietta and other blacks was bleak and reminiscent of the post-emancipation conditions of nearly a century earlier:
"David drove Henrietta nearly twenty miles to get there… it was the only major hospital for miles that treated black patients. This was the era of Jim Crow – when black people showed up at white-only hospitals, the staff was likely to send them away even if it meant they might die in the parking lot."

Upon entering the hospital, Henrietta expressed discomfort at the medical atmosphere. Her medical history

reflects a continued preference to avoid treatments or tests that seemed unnecessary. Her commitment to this appointment was like most black patients in that "she thought she had no choice." Upon telling the physician she knew there was something wrong with her womb, he doubted her experience noting she would have had to palpate the area to know this. Later, in reviewing notes, Dr. Jones also questioned why during her pregnancy a few months prior, no note was made in her medical history about the lesion.[41]

Rebecca Skloot's telling of Henrietta's story highlights a few important elements that are relevant to the post 1950s discussion of cervical cancer in African-American women. Primarily, the interactions between Henrietta and her doctor are marked by Henrietta's fear that the doctor would perform unwanted contraceptive surgery and the doctor's presumption that any reproductive issue was linked to syphilis. The discussion of sterilization and contraception have extremely complicated histories that are extremely relevant to the construct of hyper-sexuality, but ultimately beyond the scope of this paper. The suspicion of syphilis, assuming that Henrietta did not raise this as a concern, more blatantly infers a belief about Henrietta's sexual behavior. Additionally, the Lacks's journey to the facility and Henrietta's resistance to complete any treatments represent the conditions that contributed to the characterization of the American healthcare environment as medical apartheid.[42] The physician's commentary in doubt of Henrietta's health narrative as she tells it reflects a power dynamic in the relationship and thus distrust in Henrietta as a knowledge-bearing patient. Additionally, from his note about her self-examination and his special attention to the idea of Henrietta touching her cervix implicates a broader commentary on the acceptable limits of black female sexuality.[43]

Henrietta's story exists in contrast to the archetypal cancer patient, a "middle-class white woman who trusted and turned to medical doctors for guidance."[44] In addition, this woman was expected to practice self-examination of her breasts for malignancies. Motion pictures regarding breast self-examination cast Hollywood-ready white women to encourage others to engage in the practice. In this way, "cancer was cleaned up and recast for popular consumption."[45] This clean up approach to sexually linked health behaviors is reminiscent of the hygiene campaigns that restrained African-American women's sexuality. The medical practitioner's reaction to Henrietta's practice of self-examination indicates her behavior is deviant. The greater sense of shame demanded by black women about their sexuality is related to the presumption of promiscuity. The pervasiveness of the trope is apparent in the mainstream media's exclusion black women from the autonomous practice of self-examination.

This racial disparity recalls other sources of historical trauma on black women's health. It wasn't until the 1970s feminist movement that voices like Roberson, a nurse and sociologist, cited the sexual assaults by slave masters and the other dangers of slavery as "no doubt, key factors to the introduction of cancers of the female reproductive organs."[46] Roberson selects three influences that need further consideration in the discussion of African-American women's health in the 1970s. These are African-American women's placement in social structure, social stereotypes about black women's health and health-related behavior, and health status.[47] This highlights the impact of both the accessibility of health services, as well as social influences, particularly stereotypes. Roberson forges a causal link between the sexual exploitation of black women and thus the myth of promiscuity and the reproductive health

for African-American women. Many medical papers list the "reproductive behaviors" of African-American women as a cause of their increased risk for many reproductive disorders, but Roberson digs into this point. She questions what assumption about the particular sexual behaviors of African-American women is implicated in these medical documents.[48] She is not alone in questioning the connection, but her criticism is ahead of the work of contemporary feminist movements in the 1970s.

Facing medical exclusion, women were mobilized in 1974 to form the National Women's Health Network. Unlike the segregated organization of the turn of the century, this organization "gave the women's health movement a unified voice."[49] The incorporation of African-American board members like Byllye Avery who spearheaded the Black Women's Health initiative in 1982, support this claim of inclusion. Differences clearly existed between the black women's and white women's health groups. While white women promoted self-examination of their cervixes, African-American women sought a platform to share the struggle and story of their health narratives. For black women, self-help was promoted as an opportunity "to explore our collective history, to analyze our past and to identify our struggles and triumphs as we move to wellness."[50] This difference is important in understanding the different positions from which these women stood in society. A description of the 1983 National Conference on Black Women's Health highlights a beneficial change since the health activism of the early 1900s. An observer described the participants in the conference: "They came with Ph.D.'s, M.D.'s, welfare cares, in Mercedes and on crutches, from seven days old to 80 years old – urban, rural, gay, straight."[51] This inclusivity is in line with the movement's focus on engaging women in the community through self-help groups to work towards self-definition of health needs.[52] Julie Scott, who worked with the Black Women's Health Project and Boston Family Planning Project, drew from her lived experience as a black woman in the United States, when she opposed performing pelvic exams on patients under anesthesia who had not explicitly granted consent.[53] The story in particular, as well as the complicated network of issues revolving around reproductive health, highlight the positioning of African-American women in society, such that a special care towards sexual health lingered from the legacy of the trope of hyper-sexuality.

Another black women's health activism movement emerged in response to the release of Gardasil in late 2006. Merck, the pharmaceutical company behind Gardasil, advertised using a "generalized risk and universal girlhood" based approach that ignored the risky circumstance that some girls faced while others did not. This increased discussion around some preventive health practices but silenced the discussion of racialized risk and certain preventive actions such as Pap smears. The controversy surrounding the HPV vaccine has tended towards discussion of Merck's, the pharmaceutical company that produces Gardasil, "colorblind racism" in advertising.[54] In addition, Merck published an advertisement in *Ebony* article which placed the blame for cervical cancer on black mothers for not protecting their daughters with the HPV vaccine.[55] In doing so, the pharmaceutical company "effaces the social and economic context that surrounds the women in the United States who have the highest rates of cervical cancer."[56] In particular, one of the risk factors for the development of HPV into cervical cancer belongs to an ethnic minority group.[57] The medical community has insolently accepted that people of color continually fell into the grouping of "at-risk teens." This was true in

various diseases and can be seen in 1995 based campaigns about HIV.[58] Even into the 21st century, African-American women are at 60% higher risk for developing an invasive cancer and at twice the risk of dying than Caucasian counterparts.[59]

In constructing explanations for this epidemiologic gap, researchers and clinicians have employed, intentionally or not, age-old presumptions. The Down There Health Collective (DTHC) asked what doctors truly mean by listing race as a risk factor. They asserted that doctors are not making a claim about a genetic connection, but instead that, "living in a country founded on racist principles that continue to undermine access to health care" poses a serious health risk.[60] This connection between ethnic or racial minorities, and worse of cervical cancer outcome, has been attributed to "financial restraints, poor access to health care… substance abuse", as well as "language problems, cultural and social differences, and poor compliance."[61] When physicians implicate cultural or social differences, it is interesting that the lasting stereotypes about substance abuse and poor compliance are stated overtly. It does not deviate far from historical discourse about black female bodies to understand that this claim of cultural difference may reflect a presumption about increased number of sexual partners and earlier pregnancies, conditions which exacerbate HPV and have a historical precedent in the presumed hypersexuality of African-American women. This connection, vocalized by Roberson twenty years prior, is rearticulated in more contemporary health activism.

In the work of such organizations as DTHC, Gardasil can be seen as more than just another implication of the hypersexuality trope, but also an opportunity for the incremental growth of black women's health activism. In addition to critiquing the HPV vaccine's advertisement and focus, DTHC released their own pamphlets with independent information about the vaccine and reproductive health. These pamphlets were written for teens and posted on the MySpace page of the organization. These community-based movements more overtly reject the hyper-sexuality trope as it is implied in explaining and compounding racially disparate rates of cervical cancer incidence and death. Recently, the defunding of Planned Parenthood has reignited the debate over claims that such abortion-clinics promote black genocide. [62] This issue is complicated by the role of Planned Parenthood as a primary health care provider. Planned Parenthood has been considered a source of health autonomy for women, by providing Pap smears and birth control. This access to and use of birth control stands in stark contrast to the early 20th century activism which accepted the trope as a means of racial uplift.

Though it is clear that the myth of promiscuity has a clear and lasting impact on the health of black women, so too has the legacy of health activism. As early work reflected existing societal pressures to "clean up" the race, activism represented the autonomy of middle class black women to affect the health of individuals within the broader African-American community. In reaction to the impact of racially disparate health outcomes, as seen in HPV and cervical cancer, women have questioned the authority and bias of male physicians in diagnosing and talking about reproductive health. Various voices have drawn connections between the lasting impact of presumed availability of black female bodies and differential health outcomes based on race. However, the Black Women's Health Network and the Down There Heath collaborative indicate that health activism offers a parallel story of autonomy that stretches beyond its origin in sanitation campaigns. Many other is-

sues are implicated by this discussion - such as perceptions about African-American male sexuality. Additionally, the current Flint water crisis calls into question the additional health burden for childbearing aged women exposed to lead and other environmental injustices.[63] As such, this overview of particularly reproductive health related issues and activism welcomes further exploration and discussion. In telling the story of a century of black women's health activism, the trope of hyper-sexuality is implicit in contextualizing the different approaches of health activism and in part culpable for the health outcomes for black women.

ENDNOTES

1. Jennifer L. Morgan, "Some Could Suckle over Their Shoulder: Male Travelers, Female Bodies, and the Gendering of Racial Ideology, 1500-1770," *The William and Mary Quarterly* 54.1: 168 (1997).

2. Ibid., 170.

3. Susan Lynn Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950* (Philadelphia: University of Pennsylvania, 1995), 19.

4. Ibid., 39.

5. Michele Mitchell, *Righteous Propagation: African Americans and the Politics of Racial Destiny after Reconstruction* (Chapel Hill: U of North Carolina, 2004), 11.

6. Jim Downs, *Sick from Freedom: African-American Illness and Suffering during the Civil War and Reconstruction* (New York: Oxford University Press, 2012), 170.

7. Stephen Knadler, "Unsanitized Domestic Allegories: Biomedical Politics, Racial Uplift, and the African American Woman's Risk Narrative," American Literature 85.1: 93-119 (2013), *Duke Journals* 95.

8. Downs. 90.

9. Keith Wailoo, *How Cancer Crossed the Color Line* (New York: Oxford, 2011), 107.

10. Ibid., 214.

11. Augustus A. White, *Seeing Patients: Unconscious Bias in Health Care*, (Cambridge: Harvard University Press, 2011), 221.

12. Samuel Jackson Holmes, "The Principal Causes of Death Among Negroes: A General Comparative Statement," *Germs Have No Color Line: Blacks and American Medicine*, 1900-1940. By Vanessa Northington. Gamble. (New York: Garland Pub., 1989), 160.

13. Knadler, 95.

14. Smith, 8.

15. Heather Prescott, *Three Shots at Prevention The HPV Vaccine and the Politics of Medicine's Simple Solution*. Edited by Keith Wailoo, Julie Livingston, Steven Epstein, and Robert Aronowitz, (Baltimore: John Hopkins Press, 2010), 106.

16. Smith, 27.

17. Ibid., 25.

18. Knadler, 93.

19. Juanita Fleming, "A Black Perspective with Selective Comments on Health," *Cultural Diversity in America: Implications for Selected Populations*, By Hattie Bessent, (Kansas City, MO: American Nurses' Association, 1983), 42.

20. Ibid., 42

21. Prescott, 107.

22. Smith, 2.

23. Mitchell, 103.

24. Smith, 18.

25. Ibid., 27.

26. Knadler, 99.

27. Ibid., 100.

28. Martin Summers. Lecture. "Public Health in Africa and the African Diaspora," (13 Nov 2015).

29. Smith, 19.

30. Ibid., 19.

31. Knadler, 97.

32. Smith, 17.

33. Keith Wailoo, *How Cancer Crossed the Color Line*, (Oxford: Oxford University Press, 2011), 111.

34. Ibid., 60.

35. Lindy Braun and Ling Phoun, Three Shots at Prevention, 47.

36. Wailoo, 73.

37. Ibid., 60.

38. Morgan, 189.

39. Wailoo, 111.

40. It is undetermined if Lacks's cancer was of the cervix or if it had originated elsewhere in the body.

41. Rebecca Skloot, *The Immortal Life of Henrietta Lacks* (New York: Crown, 2010), 13-17.

42. Knadler, 93.

43. Skloot mentions in her notes that this was a greatly debated scene to include in the book, as it made many other involved parties uncomfortable.

44. Wailoo, 85.

45. Ibid., 87.

46. Noma Roberson, "Exploring Health Issues and Health Status of African American Women with Emphasis on Cancer," *African-American Women's Health and Social Issues*, eds. Catherine Fisher Collins, (Westport, CT: Auburn House, 1996), 39.

47. Ibid., 38.

48. Ibid., 49.

49. Sandra Morgen, *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990*, (New Brunswick: Rutgers University Press, 2002), 39.

50. Ibid., 54.

51. Ibid., 42.

52. Ibid., 46.

53. Ibid., 47.

54. Laura Mamo et. al. 133.

55. Ibid., 138.

56. Ibid., 140.

57. Shobha S. Krishnan, *The HPV Vaccine Controversy: Sex, Cancer, God, and Politics: A Guide for Parents, Women, Men, and Teenagers*, (Westport, CT: Praeger, 2008), 37.

58. Mamo, *Three Shots at Prevention*, 133.

59. Krishnan, 37.

60. Giovanna Chesler et. al. Three Shots at Prevention, HPV 159.

61. Krishnan, 37.

62. Cynthia Greenlee, "What you must know about Planned Parenthood and Black Women," Ebony (6 August 2015). <http://www.ebony.com/news-views/what-you-must-know-about-planned-parenthood-and-black-women-504>

63. Kanya D'Almeida, "The Flint Water Emergency is a Reproductive Health Crisis," Reproductive & Sexual Health and Justice (26 January 2016). <http://rhrealitycheck.org/article/2016/01/26/flint-water-emergency-reproductive-health-crisis>