

UnTextbooked

A history podcast for the future.

Transcript: [The forgotten mothers of American gynecology.](#)

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Guest	Deirdre Cooper Owens
Season - Episode	1 - 8
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Gabe Hostin 0:06

The biggest mistakes you make is to assume that human beings are objective. We can try to be objective. That's what scientists do all the time. They use observation evidence and hypotheses, but it's tricky because scientists are still people, and people are collections of stories, biases and facts.

These problems exist across science, and perhaps the effects are felt deepest when it comes to medicine, who lives, who dies, who gets the best care, and who gets experimented on. And importantly, who does the experimenting.

The answers to these questions, tell us a lot about who we consider important, and who we consider expendable.

I'm textbook producer Ruben Memon became interested in medicine at a young age.

Ruba Memon 0:53

I was in the hospital a lot, just because of my asthma, and it was cool just kind of seeing like the team of doctors and nurses and just everyone coming together and working together. So medicine was something that I was interested in, but I didn't really realize that I was interested in women's health care, until like high school. And, you know, that's when I found Dr diedre Cooper Owens book and the book was a combination of both you know medicine and activism.

Gabe Hostin 1:25

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dierdre Cooper owns his book, medical bondage, race, gender and the origins American gynecology confronts the legacy of James Marion Sims Sims was a surgeon in 19th century, and is often credited as the father of modern gynecology. But what's less talked about is that Sims made these discoveries by exploiting poor and enslaved women.

Ruba Memon 1:46

He was one of the many male physicians who took advantage of blackened slave woman's bodies and experimented on them, you know he had this belief that black women were inferior yet stronger and could bear pain easily. The same exact belief and situation continues to present itself today and for us to learn about this history is a step forward in dismantling the systems of oppression that still hold in our society today, right. So, I think that we must adjust these patterns and the only way we can properly do that is through the examination of our history.

Gabe Hostin 2:27

On this episode of UnTextbooked Gruber interviews, dierdre Cooper Owens, about the history of reproductive medicine and forgotten contributions of the so called mothers of modern gynecology. I'm Gabe HostIn, and this is UnTextbooked. Stay tuned.

Ruba Memon 2:59

So, that you prefer Oh and I was wondering if you could talk about you know what accepted myth or story has been told about Dr Sims or him his white male colleagues as a whole,

Deirdre Cooper Owens 3:10

you know, the way that American history had been taught traditionally was this, what we call this progressive march through history that people who hire neared certain discoveries that they did so because they were really benevolent, they were kind hearted, but when you insert the history of slavery that complicates things a bit. And so what I wanted to really show was how foundational slavery was to US history in nearly every branch and like you, I focus on the history of medicine and I focus primarily on Reproductive Medicine. And so the way the James Marion Sims, as the father of American gynecology had been thought of really until the late 20th century the 1990s in the 2000s was as an American hero. His early biographers wrote about this man who was so kind hearted that he took it upon himself to take in these sick enslaved women, and he repaired them after years and years of grueling experimental surgical work. I always said a Sims was the father of American gynecology or f4 McDowell who is known as the father of the very army, or friends dwama re Provost, known as the father of the C section. If these men are known as the fathers then who are the mothers. Right. And I think for your listeners out here especially those who are interested in history. This is really something that is a challenge when you're writing about enslaved people. The only written records that really exist are from the people who own them. So, James Marion Sims had an idea after dealing with the white patients who repair what was then called vesicle vaginal fistula. So essentially, that condition happened after a woman was in childbirth for a number of days, but she could not give

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birth, because the baby was stuck. So the end result was incontinence. And so he as he says scours the county for cases in Alabama, he finds these eight or nine women. And he asked the owners to lease the slaves to him enslaved people were legally considered not human beings but movable property. And, you know, as you might imagine, there's a lot of mistakes that were made and these mistakes are being made on these women's bodies. The I guess the silver lining of one could use that term is at least the women's condition was repaired surgically. So, they weren't suffering anymore from that particular condition. But, unfortunately, he did not record the names of all of them so we only know and NACA Betsy and Lucy. We know that they were in those, those three in particular were in their late teens or early 20s. We don't know anything else about them. But when Dr Sims his white medical assistant, quit, he had to teach these enslaved women. And so what that meant for them, they still went back to their original owners, and they still weren't enslaved. And this is fortunate for the slave owner unfortunate for the women, their economic value can then increase because they're able to still have babies, but they're also bringing another skill. You know in history fields we call it reproductive labor and that means that they're not only providing domestic labor, but their bodies and their biological functions are also considered labor. And the other thing I think is really important. It goes to what these women already had in terms of their own knowledge, right that they weren't just empty vessels, but that women had been taking care of each other and birthing babies serving as midwives, ever since the beginning of time and so they also have their own knowledge as well

Ruba Memon 7:21

on you also talk about poor Irish immigrant women who were also treated horribly and oppressed by the health care system the women's health care system. And I was wondering if you could talk a little bit more about these poor Irish immigrant women.

Deirdre Cooper Owens 7:37

Oh yeah, I sure can. So after he sells his hospital. His slave Hospital in Alabama. He moves to New York, and this is where he really becomes famous and his career takes off, and in 1855 he founds the New York State Hospital for women and claimed it was the first hospital for women in the United States, but that's not true because he actually had a hospital for enslaved women in Alabama. And so, because of where the hospital was located, it was in a predominantly white neighborhood in Manhattan. And it also was in a neighborhood that had a disproportionately large number of Irish immigrants. And so there was one woman in particular, Mary Smith in her name sometimes gets lost. You know in the telling of stems, but she was actually experimented on a year longer than the enslaved women in Alabama. And unlike just successful surgical repair in Alabama Simms totally botches Mary Smith surgeries and in the end after nearly six years of experimenting on this woman also making her work in the hospital because she had been poor and without a home so living on the streets. He essentially just sends her sensor back to the streets, when he bought us a surgery. And it was just a really sad story because this was a young woman in her early 20s who migrated immigrated to this country by herself. But after the, the final surgeries botched, at the end of the six year experimental phase of work, in

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some sense, or to the streets, Mary doesn't have anything she doesn't have a home she no longer has a job she can't live in the hospital anymore. And so sadly she takes up begging, as a young woman still in her 20s, and she was run over by a horse and cart. Just a year or two later so it's a really sad story. And there are so many more. I wish immigrant women like Mary Smith and young teenage girls. And so those were some of the stories that were really disheartening for me, because many of these doctors had learned their procedures on enslaved people, many of them had been taught by some of the same professors that taught Simms and some of his colleagues that I mentioned in the book. And so there is, I think, a story that can be told, probably for a lot of immigrant groups in the 19th century early 20th century, who ultimately suffered at the hands of many of these men who had never really been critiqued or investigated in critical ways. You

Ruba Memon 10:24

know, you talked about Mary Smith, and she is one of many right there were so many like Irish immigrant woman who were poor who turned to prostitution as you talked about in your book, and that in turn led them to be shunned from hospitals basically if they had like STDs, right, and then with black woman there were so many flawed views and ways they were perceived, and some of those thoughts. Some both of these things have parallels today right. How did Dr Sims, and his other white male colleagues, how did their flawed views impact medicine today.

Deirdre Cooper Owens 11:05

You know, unfortunately, a number of doctors I mean it's not overwhelming, but some of them had been taught in med school that, oh, you know, I know that Sims is experiments, you know his surgical experiments, couldn't have hurt because women don't have a lot of nerve endings in the upper vaginal area, which is just not true. Also that black people are poor people or immigrant people are lying when they talk about their pain, because the belief is that somehow they want drugs they want narcotics, and so they can't be trusted or either they're just being histrionic. Those are some of the ideas. Sometimes the patient blaming that tends to happen is right out of right out of the 18th or 19th century, medical textbook. So for instance, when I would do my research on these historical figures. He would often have doctors when the surgeries didn't go well, or their procedures failed, they would say oh you know it was the fault of this ignorant granting midwife or, you know, some other really demeaning term about the black woman patient or the black woman, medical practitioner, so whether that's a granny midwife, or a plantation nurse. And it's the same way that you find particularly with maternal morbidity and mortality doctors will say oh well if black women just ate better if they came to their, their appointments, if they weren't so fed. And so a large part of it stems from the medical, the legacy of medical racism that has deep deep roots in the 18th and 19th century in this country

Ruba Memon 12:48

right yeah and I, I thought it was really interesting how you mentioned that if a black woman walks into an ER with pain, oftentimes, doctors believe that these women are lying. Right. And,

you know, I was looking at statistics and I found stuff like how black mothers in the US are more likely to die than white mothers, and I wanted to know your thoughts on how we can start to fix this.

Deirdre Cooper Owens 13:13

I think what you're doing is, you know, really important what you and your colleagues are doing, you're educating young people in particular, and so that is important because the US was not the United States until the 1780s. But even though democracy, American democracy might have been founded in the 1780s American slavery was much older. It was introduced in the 1400s. And so it was not until the late 20th century than literally the 1960s that you had laws that finally said, Oh wait, racial discrimination is bad, all around. And so we're going to have black people have access to laws that were created hundreds of years ago. So from the 1960s, until 2020. You've literally had people who are still living my parents as a matter of fact they were born in the 1940s, you have people who have lived most of their lives in Jim Crow right I'm the first generation in my family to attend an integrated school but it wasn't really integrated because of white flight that started to happen in the late 60s and 70s. And so when you think about all of these things. You can't just point to one person. This means that there are systems that had already been put in place well before we were born, and that people were upholding until a very very very late time in our history, and unfortunately we see the impact of those discriminatory and racist and classist policies, still being enacted in many of the structures that we are trying to transform and change, you know, for the better. So for me it's medicine for a lot of folks, it's law enforcement. When we think about the impact of slavery that plantations had slave patrols who actually had legal authority to capture slaves. When, when we think about medical hospitals that went to save owners and said hey can we lease or rent your slaves, so that we can experiment on and quote unquote heal them or fix them. These are structural problems. So, in no way am I defending someone like James Marion sentence because he doesn't need my defense he lived a pretty good life. Right. But in saying that oh he's the worst person in the world he was a butcher he was all of these horrible things I'm saying no exception analyzing him erases the fact that he was doing what everybody else around him was doing, and he was doing it because it was legal. It was not only legal but it was considered. Right. And so what we do is educate folk. I think we continue to speak out. We continue to put pressure on organizations and the government. using history I think as a tool to show that this is not some, you know, play on a race card. And also we support organizations institutions individuals who are about dismantling structural and systemic racism classism, sexism, you know I can name all the isms right you know we have to start seeing black people's oppression, black people's death as important as as white people's I often use the example of cervical cancer. So when white women, especially more elite white women were suffering disproportionately from cervical cancer. And also, breast cancer, guess what happens. The pap smear becomes a normal part of a well woman exam. In the United States, mammograms become a part of, well women's exams, because you literally had elite white women who were saying, Wait a minute, this is killing us off. And they had access to power, and were powerful themselves. And so they made a change because they saw the negative impact on their community. What if those same

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powerful white women did that with regard to black women's mortality maternal mortality and maternal morbidity and black infant mortality. What if they did that we could literally change policies and change, medical practices in this country. All of us should have a right to be healthy, like all of us should have a right to be healthy. Yes,

Ruba Memon 17:54

yes. As you were talking, I was furiously nodding my head. Because everyone needs to be treated equally especially in terms of health care like, you know, people often say like, oh all lives matter whatever then show it, you know. And so, yes, I, I 100% agree, knowing what we know about like the roots of contemporary gynecology, what should women of color, specifically do are like, specifically for like black women and lower income woman, like how can we tell if our two minutes, unbiased and can can that ever be a reality.

Deirdre Cooper Owens 18:35

Oh, that's a great question. I have been in conversation with a few Black ob-gyn. Black women I should say ob gyn midwives and doulas. And, and some activists. And I think that black women, and black birthing people need patient advocates. And the thing is certain hospitals do provide patient advocates, but I'm talking about having a database or resource list of advocates who are not hospital affiliated because anybody hospital affiliated, even if their intentions are good. They're going to be representing the needs and the policies and the politics of the hospital, and the hospitals become the dangerous places for black women and black birth and people when they're when they're giving birth. So I think independent patient advocates. They just don't exist in large numbers, unfortunately. So what we have to do is really get the word out I think social media is great in this way, where people advocate for quality health care. There are a lot of organizations that don't just kind of give you the stats, or give you the history lesson, but they'll say, Hey, here's a list of resources here are some of the things that you can do. I think that's important I think the development of a hotline so that black women and birthing people really poor poor folk anybody who was in harm's way. If you feel ignorant about a thing you call you ask you get correct information, and you're treated kindly you're treated with respect. Because what we know from another study that comes out of the University of Southern California, and also UCLA psychologist, the ways that racism impacts, African Americans. Literally shortens your life and so what it does is, you are inflamed inside so literally there is internal inflammation that tends to happen. And this cuts across class, marital status, education, none of that half that matters. And so, African Americans tend to have a shorter life than white Americans, by and large, women and men, we tend to have shorter lifespans. And what these, these psychologists are now finding is the low level inflammation that tends to happen is the physiological responses to racism. I you know, I don't, and this is gonna sound really pessimistic and I always consider myself an eternal optimist, I don't know if in my lifetime, and I'm 48 now, I don't know, because racism is. It's been here since the beginning. colonization who was about, you know, literally conquering other groups of people. So I don't know if we could live in a world where there was no bias against anybody. I'm not sure but but I am hopeful that by people paying attention to the really harmful effects of racism and classism and sexism and all of these kinds of things ableism

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homophobia, queer phobia I mean I could go on and on. Knowing the harmful effects that I, at least for me when I teach us history. I don't do so to create bad guys and good guys, I do so to say, Hey, you know let's know the full story, and in knowing the full story perhaps we can learn to be more empathetic.

Ruba Memon 22:24

Thank you for all you're doing and thank you for writing this book, I have recommended it to many people already.

Yes, Dr. DJ Cooper Owens, is the author of medical bondage, race, gender and the origins of American gynecology, Dr. Cooper Owens, where can people find you online.

Deirdre Cooper Owens 22:47

Oh, they can find me online so always make jokes on the old people's platform, Facebook, go to author, dierdre Cooper Owens, and you can also go to my website [www dot deirdre Cooper Owens dot com](http://www.deirdrecooperowens.com).

Gabe Hostin 23:08

Dr. Deirdre Cooper Owens is director of the humanities and medicine program at the University of Nebraska Lincoln. Reuben Memon is a freshman at Northwestern University. Our music is by Silas Bowen, and Coleman Hamilton, who are senior and recent graduate of walnut Hill School for the Arts in Massachusetts. Our textbooks edited by Bethany Denton and Jeff Emtman Fernande Raine is our head cheerleader. Our website is [UnTextbooked calm](http://UnTextbooked.com). Be sure to follow us on Instagram. Take talk, and Twitter at [UnTextbooked](https://twitter.com/UnTextbooked). That's where you'll find more stories from the present and the past, that shouldn't be overlooked. [UnTextbooked](http://UnTextbooked.com) is a project of Got history, an organization that believes in a world where all young people can advance civic well being, for themselves, society and the planet.