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# A Herstory of Pain

*We were both present  
We both saw it happen  
History is not yours to taint simply because  
You've recorded it*

THE TERM *slave* refers to a faceless and nameless group of bodies: bodies brought to the United States and worked, tortured, and discarded for more than four centuries. In contrast to individuals who perished in the Holocaust, there are few true records of slaves having lived their lives as fully actualized people. Of course, there are slave sale ledgers and insurance logs and even some veterinary logs that remain; however, it is not the same. Holocaust victims have families, friends, and neighbors who memorialize and lay claim to the dead. The very structure of slavery disrupts families and bonds between friends. There is no one to honor the enslaved who have died.

You, America, should honor those Black bodies as humans. You should grieve their memories and their souls; grieve their loss/their demise as your own. Enslaved Americans have been rendered as dark ghosts passing through collective historical memory. The longer you fail to honor their human memory as belonging to the family of man, the longer you are destined to mire in and be tormented by the ugly, shadowed past.

Imagine the ghost of Anarcha Wescott.

Imagine her speaking with the background refrain of the song “Hurt So Bad”:

I know you  
Don't know what I'm goin' through  
Standing here / looking at you  
Well, let me tell you that it (hurt) hurts so bad (hurts so bad)  
It makes me feel so sad (hurts so bad)  
It makes me hurt so bad  
... if you walk away

Well, let me tell you that it (hurt) hurts so bad (hurts so bad).<sup>1</sup>



IN ANARCHA WESCOTT, you, as a Black female physician, hear a backstory.

She has a name; she has female problems. She embodies fragility, and you feel her pain. You learn of her story because of the recounting by her abuser, Dr. Marion Sims, in his autobiography, *The Story of My Life*.<sup>2</sup>

At the age of 17, Anarcha becomes pregnant (ostensibly impregnated by her owner). In June 1845, on the Wescott Plantation in Montgomery, Alabama, after spending seventy-two hours, her labor comes to a standstill. Anarcha is afflicted with rickets due to a lack of vitamin D. The rickets affect the shape of her pelvis and the baby's ability to further descend. She is unable to deliver her child. Dr. Marion Sims, a family physician with a new private practice, is summoned to the Wescott plantation. He sees the infant's head impacted in the girl's pelvis and delivers the child (presumably dead); it is the first time he has ever used forceps. Subsequently, Anarcha is brought to Dr. Sims's office because of bleeding and the constant seepage of urine. Dr. Sims diagnoses a vesicovaginal fistula but offers no treatment for this condition because no treatment is available. Fistulas are known to be a complication of childbirth during this period. Not long after, two other enslaved women, Lucy and Betsy, are brought to Sims with the same condition — post-childbirth.<sup>3</sup>

A fistula is a tunnel or hole connecting two organs. Women can develop fistulas following prolonged childbirth, typically, between the bladder and vagina or the rectum and vagina. It is a devastating condition because of the stigma associated with being incontinent of urine (or stool).

Fistulas, to this day, occur frequently in developing countries, such as Niger and Mali, where resources are scant, education (for women) is nonexistent, and prenatal care is unusual. What do poor uneducated women have to say about these symptoms that begin after birth?

Examples from the lexicon of local language phrases related to obstetric fistula perceptions:

COUNTRY/LANGUAGE	PHRASE IN LOCAL	LITERAL ENGLISH TRANSLATION
Niger/Hausa	Ciwon/cutar; yoyon/fitsar	disease suffering of urine flow
Mali/Bambara	Sugune bon bana diguini kofe	disease of the urine flowing out after childbirth
Mali/Fulfulde	Niao kebbe so wari e debbo tiagal Heptagool	disease of the urine flowing out without warning after childbirth
Niger/Zarma	Harmun tuwo	Urine cup/pot

Women do understand that something went wrong during childbirth.

The long labor caused this disease.  
 The baby was stuck or tired.  
 The baby took the wrong way, the way of the urine, to come out.  
 They cut the urine box when they operated.<sup>4</sup>

IT IS 1846 and Sims, who will later become known as the father of gynecology, by happenstance devises a crude version of the speculum, using a pewter spoon. He is desperate for some way to make a name for himself in medicine. Having developed a method to better visualize the vagina, he is determined to find a surgical cure for vesicovaginal fistula, estimating that it should take him about six months to do so. To the dismay of his family and colleagues, he builds a small operating theater at the back of his house with about sixteen beds and invites plantation owners in the area to send him their enslaved women with symptomatic childbirth-induced fistulas. They oblige, because these women no longer have productive labor value. Sims offers to provide room and board for the women. In his autobiography, Dr. Marion Sims says *he will consent the women [sic] prior to any procedures*. He houses eleven women.<sup>5</sup>

*Don't admire the flying bird before you know the pain of flapping.*  
 — Ghanaian proverb

PAGES TAKEN FROM Anarcha's imaginary journal—

NAME *Anarcha Wescott*  
AGE *17*  
BIRTHDATE *don't know*  
WHERE WERE YOU BORN *far from here*  
PARENTS' NAMES *don't know*  
BIRTH LOCATION OF PARENTS *mama dead; pa?*  
DO YOU WORK *yes*  
OCCUPATION *slave*  
EMPLOYER *Master Wescott*  
HOW IS YOUR HEALTH? *Poorly*  
EXPLAIN *urine disease*  
HAVE YOU EVER BEEN PREGNANT *yes*  
HOW MANY TIMES? *once*  
ANY CHILDREN? *baby died*  
(SORRY FOR YOUR LOSS) *was Massa's*  
HOW WAS THE PREGNANCY? *I didn't know I was with  
child until late*  
WHAT HAPPENED? *baby was stuck*  
AND THEN WHAT HAPPENED? *doctor pulled him out  
after 3 days*  
AND THEN WHAT HAPPENED? *blood and urine all the time*  
AND THEN WHAT HAPPENED? *Massa brought me here to  
get fixed a while ago*  
COULD YOU HAVE SAID NO TO THE SURGERIES? *no*

THE HIPPOCRATIC OATH is an oath of ethics taken (originally in Greek, then in Latin) by all physicians since 300–500 BCE. New physicians swear to the healing gods that they will, first and foremost, do no harm, *primum non nocere*. In plain English, this translates to *help but do not hurt your patients*.

Dr. Marion Sims violated the first tenet of the Hippocratic oath.

IN A TREATISE DETAILING his surgical techniques, Sims writes: “The introduction of the sponge into the cavity of the bladder, or merely between the edges of the fistula, as well as its removal, is always attended with very great pain.”<sup>6</sup>

Sims also writes that he uses morphine liberally FOLLOWING the operation to cause constipation and allow the sutures to heal without the usual movement of the GI tract.<sup>7</sup>

Sims operates with the young women in the knee–chest position, in which the patient rests on her knees and chest with her head turned

to one side, arms extended on the bed and elbows flexed. The patient must be conscious in order to maintain this position.

You note that Dr. Crawford Williamson Long develops the use of ether for surgery in 1842. General anesthesia using sulfuric ether makes its debut at Boston's Massachusetts General Hospital in 1846. Marion Sims fails to make this concoction available to his cadre of "patients."<sup>8</sup>

Marion Sims chooses to use *no anesthesia* during the multiple surgeries he performs on the enslaved women over the three years of their surgical captivity. He handmakes seventy-one surgical instruments. Between January 1846 and June 1849, he experiments surgically on up to eleven women at the same time. Betsey, Lucy, and Anarcha are there in the house that Marion Sims has built for the duration of the surgeries. Anarcha undergoes *thirty* operations. Thirty. All with no anesthesia.<sup>9</sup>

Somewhere hidden in history are  
 shrieks of a woman experiencing searing, grizzly pain Ay  
 a bite-down-through-your-bottom-lip-and-drench-your-clothes-  
 in-blood-kind-of-pain  
 these cries of a woman asking for her mother even  
 with the knowledge of her mother  
 gone long before her  
 the sobs of a woman clenching saltwater lashes tight fighting  
 against the horror that the painlike a wild beast  
 will be loosed to claw at her again and  
 again and  
 again.

What happens to Anarcha's screams?  
 Where do swallowed screams go?  
 Are they absorbed into the body like defeated gas?  
 Do they rise up into the stratosphere?  
 Does a muted scream deform the inner screamer?

MORE PAGES from Anarcha's imaginary journal—

LIST THE MONTHS AND YEARS YOU UNDERWENT  
 SURGERY 4/1846, 5/46, 6/46, 7/46, 8/46, 9/46, 10/46,  
 11/46, 1/47, 2/47, 3/47, 4/47, 5/47, 6/47, 7/47, 8/47, 9/47,  
 10/47, 11/47, 12/47, 1/48, 2/48, 3/48, 4/48, 5/48, 6/48, 7/48,  
 8/48, 9/48, 10/1848

AGE AT TIME OF SURGERY *unknown*  
DID YOU STAY OVERNIGHT AT THE HOSPITAL AFTER  
YOUR SURGERY? *I lived there*  
DID YOU GIVE PERMISSION FOR SURGERIES? *I had*  
*no choice*  
DID YOU EVER TRY TO LEAVE THE . . . SURGERY  
COMPOUND? *No*  
WAS THE SURGERY PAINFUL? *yes*  
WERE YOU GIVEN ANYTHING BEFORE THE SURGERY  
TO PREVENT THE PAIN? *a rag stuffed in my mouth; dey*  
*other girls they held me still*  
  
*cuz pain is a house you caint never get the door closed on when he start*  
*up wit doctorin*<sup>10</sup>

AT ONE POINT, after more than a year, a colleague visits Dr. Marion Sims and says that he (Sims) has lost his way. The colleague points out that everyone in the medical community is aware that he has become obsessed with the surgical experiments he is performing on these women. His family and friends are concerned. By this time, his colleagues no longer come to watch the progression of the surgery (initially, there was the idea that they might learn something) or to assist with the surgery. Eventually, Sims teaches the enslaved women how to hold one another down during the experiments and how to act as his surgical assistants.

#### ANARCHA, IN POSITION

alright gal get the water from your eyes pull your knees up keep  
your feet flat be still. me? a bruised ghost I concentrate on my  
teeth / the roof of my mouth / I'm tryna rub it smooth / concen-  
trate on not blinkin see how long I can go til my eyes need to shut.  
doctor/massa again. he fancy wit his mind always tryin a new  
thing so I give away all my pink, scuffed, wet he say: experiment.  
hurt the same.<sup>11</sup>

Sims's autobiography suggests what has been alluded to earlier—he views himself as a physician-impersonator and not as a real physician. He fervently wishes to be recognized by society and his colleagues for his accomplishments. He exhibits no real concern about the plight of women (particularly Black women) plagued by this condition, nor is he concerned about the the etiology or prevention of these fistulas.

He does admit that, once he perfects his technique and begins to operate on White women, they (the White women) will have little tolerance for surgical procedures without anesthesia. He always uses anesthesia when operating on White women.<sup>12</sup>

IN 2016, a study showed that 40 percent of *medical residents* and *medical students* voiced these perceptions:

1. *Black people's nerve endings are less sensitive than white people's.*
2. *Black people's skin is thicker than white people's.*
3. *Black people's blood coagulates more quickly than white people's.*<sup>13 14</sup>

A meta-analysis of twenty years of studies, covering many sources of pain in numerous settings, found that Black/African American patients were 22 percent less likely than white patients to receive any pain medication.<sup>15</sup>

IT IS 2010 and you have accepted a gastroenterology job in a private, for-profit hospital in Mississippi. You see yourself as a woman of the world and have convinced yourself that you are adaptable enough to live anywhere. The hospital has offered you a sum of money large enough to make it difficult to walk away. Isn't it time to stop being a do-gooder and get paid? Your friends convince you this is so. You endure the prying questions at the Mississippi State Board of Medicine as to why an Ivy League-educated medical graduate would want to come and work in Mississippi. This same self-disparaging tone is reflected in a sign you spy as you enter the city limits: "Yes, we DO know how to read." You drive past rows of towering poplar trees and try to banish from your mind the voice of Billie Holiday:

Black bodies swinging in the southern breeze  
Strange fruit hanging from the poplar trees<sup>16</sup>

On your first official day of work, you are asked to shadow the other gastroenterologist (whom you will call Dr. X) at the hospital as he performs endoscopic procedures. This is standard practice at most hospitals. It is important that, as a new staff member, you familiarize yourself with the layout of the endoscopy suite, meet the staff, etc. Generally, the new physician then would be shadowed by the incumbent specialist—just to make sure that there were no red flags in terms of how you perform endoscopy and to ensure that the procedures will be performed by you

in a fairly stereotypical manner. The gastroenterologist you are shadowing, Dr. X, has been working at this hospital for more than thirty years. You were hired because the hospital needs a board-certified gastroenterologist for purposes of hospital recertification by the national hospital accreditation association. The older GI guy is board-eligible; he has just never taken the exam. The hospital is willing to pay you handsomely in order to meet the required accreditation guidelines.

As you watch the other physician perform the colonoscopy, it becomes clear to you that something is awry. The procedure is being performed using conscious sedation, but the medicine is not working and the patient is awake. Most procedures across the nation are either performed using conscious sedation or Propofol, a stronger anesthetic—the latter results in patients being sedated more quickly and deeply. Dr. X is giving incremental doses of the two standard conscious sedation medications, Versed and Fentanyl, as he inserts the endoscope into the patient’s anal cavity and advances it.

The patient is a Black woman in her late twenties. She lifts herself halfway off the bed as Dr. X navigates a turn in the colon with the scope.

“Oww! That hurts! Stop! Stop!”

“She does not appear sedated,” you remark. *He should stop the exam.*

Dr. X ignores your comment. “Double the medication,” he directs the nurse administering sedation. He motions to the medical assistant, “Hold her hands. Hold her down!”

Soon the patient is screaming and writhing and trying to get down from the exam table. It is chaos. You have never seen such a scene. You are used to playing gentle classical music, like Erik Satie, during your procedures. There are several people holding the patient down; she has received an amount of medication sufficient to sedate a horse. And still Dr. X persists.

You sidle out of the exam room. It is like watching someone undergo torture. You recognize that what you have just witnessed could technically be defined as assault and battery using an endoscope. You feel uncomfortably culpable.

By the end of your first week at this institution, you will have met the head of anesthesia and set things into motion such that colonoscopy employing conscious sedation will soon become a thing of the past. You vow to never have a patient be in a sustained state of discomfort during a procedure while you are practicing at that hospital. You try



not to imagine how often such scenarios must have occurred in the past. Most of the patients seen at that hospital are Black. Dr. X is White.

*What's a Black female body to do?*

You wish to go back in time and have a face-to-face with Dr. Sims: you would look him in the eyes and say to him, quietly (but resolutely),

See me. *Aren't I a human?*

Aren't I deserving of the same care and softness and nurturing and peace as other humans? I should not have to ask for or demand it; I should not have to scream for it. I should not have to march with signs for it nor rage for it. My skin is not super thick. You know this. My body feels pain as does yours. You know this too. You have studied the human body for years. You know the human body's intricacies and its mysteries. You know its failings. This thing you call race is a mental caricature, a mind swindle concocted to justify a horrific history. I won't dwell on the disappointment I carry that you, as a healer, have walked with this knowledge—that *all humans are the same beneath the skin*—but thrown it away. You have sworn, as a physician, to uplift the vulnerable and not advantage yourself of said vulnerability. I am neither magical nor am I savage. I am human, just like you. I am deserving of solace and space to cry (and not because you've tortured or abused me). I am deserving of deep breaths and hugs and respect. I am deserving of your earnest desires and efforts for healing and the healing of my loved ones. And if despite your very best efforts, it is my time to go, I want from you, as a learned healer, your gentle and most careful efforts to offer me a good passage to a good death. Which is what I, as a human, deserve. And what I, as a fellow human, would do for you. You should insist that all members of your tribe, those that come after you, understand this. Baptize them all in this new humanity. Heal your wretched souls. Lay off our necks. Stand down. You owe us this.

Then,  
you take his crown,  
melt down the gold,  
divide it into three and hand it off to Anarcha, Lucy, and Betsy.

Better they represent the field of gynecology as its mothers than  
Dr. Marion Sims,  
its most wretched and abusive father.

You arrange to take down all of the commemorative Sims statues  
that stand in South Carolina and in Alabama.  
And there's still one more,  
hidden away in a cemetery in Brooklyn, New York, where Sims  
is buried.<sup>17 18</sup>

Where will these Ghost Mothers rest?

## NOTES

<sup>1</sup>Little Anthony and the Imperials. Lyrics to "Hurt So Bad." Sony/ATV Publishing LLC, Universal Music, Music Sales 1964.

<sup>2</sup> Sims, JM (1884). *The Story of My Life*. New York: D Appleton and Co.

<sup>3</sup> Vernon, LF, "J. Marion Sims, MD: Why He and His Accomplishments Need to Continue to be Recognized a Commentary and Historical Review." <https://doi.org/10.1016/j.jnma.2019.02.002>

<sup>4</sup> King, D.W., *African Americans and the Culture of Pain*. University of Virginia Press, 2008.

Maulte, N., Berthe, A., Traore, S., Macq, J. "Obstetric Fistula 'Disease' and Ensuing Care: Patients'Views in West-Africa", *Afr. J. Reprod Health*, 2013: 19 [1]: 112-123.

<sup>5</sup>Sims, JM, op. cit.

<sup>6</sup>Sims, J. Marion, "On the treatment of vesico-vaginal fistula, 1853," <https://wellcomecollection.org/works/kpuz2zwd>.

<sup>7</sup>Ibid.

<sup>8</sup>Vernon, LF Op. cit.

<sup>9</sup>Sims, JM, op. cit.

<sup>10</sup>Christina, D. (2018) *Anarcha Speaks: A History in Poems*, Beacon Press.

<sup>11</sup>Ibid.

<sup>12</sup>Sims, JM, op. cit.

<sup>13</sup>Sabin, J. "How We Fail Black Patients In Pain", *AAMC*, 2016.

<sup>14</sup>Hoffman, K., Trawalsh, S., Axt, J., Oliver, M., "Racial Bias in Pain Assessment and Treatment Recommendations and False Beliefs About Biological Differences Between Blacks and Whites", *PNAS*, 2016: 113 [16], 4296-4301

<sup>15</sup>Ibid.

<sup>16</sup>Holiday, Billie. Lyrics to "Strange Fruit," Music Sales Corporation, 1937.

<sup>17</sup>Sayej, N. "J. Marion Sims: A Controversial Statue Taken Down But Debate Still Rages," Saturday 21, April, 2018. *The Guardian*.

<sup>18</sup>Gonzalez, D. An Antebellum Hero, but to Whom? *NYT*. Aug 18, 2017. 1-2.