

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 sistab, Júlia,
For all your courage through breast cancer.*

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My journey is full of twists and turns. Many beloved people have laid hands on it. Truth be told, I never dreamed of being an anthropologist. A dancer, yes. A fashion designer, yes. Not an anthropologist. But then, neither did I foresee going to the New York Theological Seminary for a Master's degree. Yet, it was the seminary that would sponsor in 2007 my first one-month immersive visit to Salvador-Bahia, where I stayed with Marlene Moreira da Silva who introduced me to the Brazilian Black feminist movement, to Candomblé (an Afro-Brazilian religion), and to the important Brazilian Black lesbians in my life, first and foremost Erica Rocha. I am grateful to the twists and turns and all the people in it.

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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 *vigilias* (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—*escrevivências*. 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

information collected (from interviews, newspapers, public materials, events, discourses, policies, photographs, and more)—led me down a different path toward seeing how Black lesbians make and remake self-worth, individually and collectively, against violence in the quotidian, within interactions, and on larger scales. After all, when gynecology causes multifold trauma, the effects are immediately sewn into the everyday lives of Black women.

Bearing witness to how my participants grappled with and elevated their worth is an ethical relation that opens multiple parts of ourselves. I came to understand this relation by diving into the depths of Black women's negative emotions: anger, shame, disdain, and fear. Like Bianca Williams (2018), who grappled with her reaction the first time a participant cried, I wrestled with deep emotions. My participants often cried while sharing their interconnected experiences, and I often cried with them. I am an ethnographer with training from a social justice seminary in New York City to hold space for, listen, and connect to the energy and words of others. I keenly see others through their unseen parts. When I cried with participants or sank into my emotions without tears, I recognized that my emotions were pathways to my knowledge production and connection with what participants revealed.

Some Black women responded to the unwelcoming of their bodies and identities by not seeking care when medically necessary or by silently enduring an aggressive speculum exam from a glaringly *preconceituoso* (prejudiced) gynecologist. Many similar stories about disdainful, presumptuous, and abusive interactions with gynecologists drive this book. These stories are acutely traumatic at both the physical and subjective (emotional, cognitive, and spiritual) levels and are layered with post-traumatic stress. Black lesbians' varied responses of self-care and self-worth to gynecology should be read not as negligence but rather as responses to entrenched societal prejudice and toxic encounters.⁷ This is bearing witness to unseen flesh.

Intimate Violence: Gynecology's Intersecting Logics of Preconceito

Because of skin color preconceito, thousands die of hunger, violence . . .

Hate sinks further in the world every second.

*You think you're superior, you hurt the mother who is holy, you hit me in
the face,*

Man mistreats a child. The sin of the sinner is skin color prejudice . . .

Because of color prejudice, if you are poor, you are already a thief.

*But the doctor who robbed never goes to prison; the killer cop has skin color
prejudice.*

Ignorance spreads through prejudice of our skin color . . .

It's because I am black that I will bide
It's because I am white that I detest you
It's because I am Indian that I will be extinguished . . .
Awake (Desperta).

These are selected translated verses from “Desperta (Preconceito de Cor)” by the famous Brazilian Black diva singer Margareth Menezes. She was among the first artists to forge ideals of Black power and antiracism into popular music. These lyrics remind us that racial prejudice is powerful enough to produce intimate *and* systemic violence. She vocalizes doctors’ crimes, shielded by racial privilege, while Blacks are presumed criminals. For Menezes, racial prejudice goes beyond bias or preconceived ideas. It is an epistemological mechanism rooted in anti-Black violence on all scales. *Unseen Flesh* uses the term *preconceito* in part because during my fieldwork, it was a buzzword in public discourses that explicitly denounced racism, sexism, homophobia, and other forms of systemic oppression—in contrast to the United States at that time, when the word *prejudice* was largely absent from the public discourse.⁸ I also pry open this term because, like Menezes, my participants discussed *preconceito* with profound, palpable disdain, and they positioned it as a significant culprit for their negative experiences with gynecologists. One participant, Luciana, said to me about the gynecologists, “Para com sua preconceito!” (Stop with your prejudice). This statement expresses more than resistance to prejudice; it is a call to abolish it and its entrenched effects, which lead to volatile interactions and institutions. For my participants, *preconceito* was a social tool to disintegrate Black life. As I took more significant notice of how pervasively the term also circulated within the social movement and government materials, I understood *preconceito* as a catchall term for structural violence and power relations.

In Brazil, the diffused, elusive singular term *preconceito* too easily erases or marginalizes the experiences of Black nonnormative sexualities and gender-nonconforming female bodies. Brazilian “afro-nationalism” (C. Smith 2016, 6) has disrupted racial democracy with greater Black visibility and interventions to racial injustice.⁹ However, institutional spaces, such as medicine, maintain ideologies and practices inherited from Brazil’s history during slavery, after slavery, and in the twentieth-century, hygienist and eugenics movements. Kia L. Caldwell (2007, 2017) has focused extensively on the impacts of racial discrimination and social exclusion on the health of Afro-Brazilian women. Caldwell traces the slow progression since the 1980s of an intersectional approach to advocating for reproductive justice for Black women, prioritizing is-

sues such as fibroid tumors, sterilization, and maternal mortality (2017, 118). Caldwell also interrogates the normative futility of color-blindness within Brazilian health care. She advances my analysis of intersectional preconceito as a multifold ideological feature of the gynecological encounter that materializes broader injustice within society.

In Brazil, while a significant number of women consult gynecologists more than necessary, approximately thirty-three million women do not go to the gynecologist at all or delay their visits.¹⁰ It is no secret to the public health sphere that gynecological spaces abuse power. In 2015, Sheu Nascimento, a Black lesbian community organizer in Bahia, published a piece in *Bloguerias Negras* that called out how Black lesbians' experiences of exploitation in gynecology are silenced within broader reform platforms that combat racism and *lesbofobia* (S. Nascimento 2015). An intersectional preconceito analysis exposes gynecology's intimate violence and toxic culture.¹¹ Intimate violence differs from intimate partner violence such as domestic violence and sexual assault. It produces gyno-trauma in gynecology rooted in abuse of power toward the Black lesbian body marked by "gender '*dominado*' (dominated), race '*inferiorizada*' (made inferior) and sexuality '*abnormal*'" (de Oliveira 2019, 117; see also Prado and Machado 2008). Intimate violence in gynecology is a sort of neocolonial "monstrous intimacy," which Christina Sharpe defines as "a set of known and unknown performances and inhabited horrors, desires, and positions produced, reproduced, circulated, and transmitted, that are breathed in like air and often unacknowledged to be monstrous" (2010, 3). Like Sharpe, who interrogates postslavery subjects, sexual trauma, desire, and how the Black body is read by gynecologists in subjugation, I read Black lesbians' trauma, the intimate violation of their bodies, in both the present and sociohistorical sense. I read their trauma in this way to *reject* gynecologists' and academics' separation of Black lesbians' sexual and reproductive body parts from their subjective selves.¹²

Still, intimate violence is not without hidden intersecting logics that manifest what Brazilian race scholar Adilson Moreira calls institutional *microagressões* (microaggressions) (2019, 52). Moreira's work focuses on the pervasive, entrenched "recreational racism" of jokes and insults within Brazilian workplaces, media, and institutions. He points to the ongoing need to dissect interlocking logics of oppression reproduced within institutional spaces with chronic social and corporeal trauma in marginalized patients such as Black lesbians. However, Denise Ferreira da Silva also cautions us about the mechanism of racial logics within societies that draw from libertarian ideas only to maintain "exclusion and obliteration" of Black bodies (2016, 185). Here, Sharpe, Moreira, and Ferreira da Silva are instrumental in illuminating the

entanglement of intimate and systemic power through Black lesbians' lens of the unseen racial logics that differentiate exclusionary existence from the obliteration of worth. And so, Brazilian queer freedom and Black sovereignty may never be possible in gynecology. But a mapping of Brazilian Afro-diasporic queer desire, Black decolonization praxes crossing into and out of those spaces, is the much-needed evidence of survival in worth and worth-making.

Shadowboxing Fieldwork

I name my Black queer feminist methods *shadowboxing fieldwork* (Falu 2021). Shadowboxing the field does not ignore the shadows in which Black queer women live. It analyzes within those shadows Black queer women's challenges to "state power, conventional discourses and politics, and the stereotypes that obscure their political agency" (James 1999, 8). I retool Black feminist Joy James's notion of shadowboxing to legitimize my radical warrior decisions, experiences, and labor when applying my multiple identities to identify evidence that I deem relevant to this topic. Shadowboxing the field turns over rocks, regardless of size, on the fertile ground of insidious power, which includes discourses. In 2011, I became interested in how health care (both public and private) would ensure the rights of all LGBTQ+ citizens to be free of prejudice and discrimination.¹³ The Ministry of Health finalized its political and reform agenda in 2013 with a policy titled *Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais, Travestis e Transexuais*, which purported to be an intervention on the part of Brazil's public health care system (Sistema Único da Saúde, or SUS) to combat the inequities that impact LGBTT people and their health.¹⁴ These documents asserted that prejudice and discrimination lie at the root of LGBTT health inequities. This national public policy reinforced a commitment to eliminate such inequity. The ambiguous implications for such social reform to effect change for the LGBTT population became more apparent after my 2013 visit to Porto Alegre in southern Brazil. Porto Alegre, a large urban city with a much smaller Black and Brown population than Salvador and a higher number of private health care users, had significant lesbian activism around health issues. In 2011, lesbian activists in Porto Alegre initiated a Municipal Reform Agenda for Lesbian Health to extend the national reform platform. White lesbians who mobilized these efforts told me that they attempted to hold gynecologists in Porto Alegre accountable for developing and implementing new policies and strategies to eradicate homophobia in health care. Those efforts had not succeeded by the time I arrived, and their municipal reform intervention was paralyzed. They reported that gynecologists did not

believe in “lesbian health” issues and did not want to take seriously the impact of prejudice on lesbians’ well-being and decisions to seek health care. Despite these defeats, these lesbian activists were far more advanced in promoting public discourses and dialogue with the medical community than activists in Salvador were. Such mobilization is intricately tied to how racial relations are forged sociopolitically: anti-Blackness would demobilize such efforts in places like Salvador if taken up by Black lesbian activists (see Carneiro 2020).¹⁵ The Porto Alegre visit confirmed for me that being a Brazilian white lesbian is a racial privilege that opens doors to financial and political efforts to mobilize policy work.¹⁶

This invisibility within the white feminist movement and policy work provokes Brazilian Black feminists to use Sueli Carneiro’s longstanding notion of “enegrecendo o feminismo” (Blackening feminism) to recognize how unseeing racism mobilizes whiteness in power relations (Carneiro 1995, 2005, 2020; Santos 2014, 163; Caldwell 2007, 151). For Carneiro, “enegrecer” feminism is to mobilize intentionality in addressing the oppressions of Black women through an anti-racist agenda (2020, 3). Racism is often tricky to explicitly isolate as a discriminatory practice in health care (Davis 2018; Hoberman 2012). Carneiro (2011) would agree that Brazil’s public discourses are critical vehicles for “whitening” (*embranquecimento*) medical racism by not forcefully addressing—if addressing at all—a normative system within public health discourses steered by white lesbian feminists and activists. The feminist discourses about lesbian health have fallen short of taking up Carneiro’s anti-racist agenda. The 2006 document *Saúde das Mulheres Lésbicas: Promoção da Equidade e da Integralidade*, given to me during my fieldwork, was a pioneering publication for its focus on the health of *mulheres lésbicas* (lesbian women), yet it focused mostly on white lesbians, or lesbians homogeneously.¹⁷ The research and propositions in this publication are a significant point of reference within national policy agendas, facilitating awareness of the implications of health policy for this sub-population. The report includes quantitative research on health and *mulheres lésbicas*—but for the most part, its structure situates *homossexualidade feminina* in public and local discourses to understand its history, vulnerabilities, and social formations.

The report focuses on preconceito as the basis of the social conditions that negatively impact lesbians’ health and access to health services. It draws attention to “the invisibility of female homoeroticism; the invisibility of feminine sexuality in itself; and the degree of prejudice (*preconceito*) that we have, today, in relation to homosexuality” (Prefeitura Municipal 2011, 4). Yet it almost disclaims recognition of other disadvantaged populations identifying as *homossexuali-*

dade feminina by its very minimal charge to recognize “racial/ethnic or class” as substantial categories of preconceito. It contains almost no data on Black lesbians—another sign of Black lesbians’ (and Black women’s) invisibility in health policy and health research. This type of national lesbian health policy points to the challenges facing local discourses to specifically explain what constitutes preconceito in relation to anti-Blackness within health care or institutional spaces.

Through my Black queer orientation to the field, I latched onto a lesser-known document within public discourses about Black LGBTTT life. *Negros e Negras Lésbicas, Gays, Bissexuais, travestis e transexuais: construindo política para avançar na igualdade de direitos* was published by the Secretaria de Políticas de Promoção da Igualdade Racial (SEPPIR), a state-level constituency for racial equality established in 2003. The pamphlet envisions the intersection of racial and sexual identities and rights in a way that reinforces the relationships between citizenship, social well-being, and preconceito.¹⁸ The document emphasizes that at the intersection of social identities, racism and homophobia impinge on the well-being of the Black LGBTTT population. It poses the question, “What does it mean to be Black LGBTTT in Brazil today?” The answer lies in an “attitude of life” and “a proposition of transformed (self and communal) politics.” An attitude of life is central to worth-making when one is subject to multiple forms of systemic oppression. Nonetheless, such public documents and agendas that center discourses on race and racism illustrate that even a world free of homophobia applies unevenly to the fullness of Black LGBTQ+ well-being.

Brazilian Black lesbians see themselves as Black women first and as lesbians second. Another, more widely circulated 2012 document, *Saúde da Mulher Negra: Guia para a Defesa dos Direitos das Mulheres Negras*, delineates the structural conditions and inequities affecting health: biology (individual factors and reproductive capacity), social and economic relations (impacts of racism and patriarchy), environmental conditions, and the efficacy of the SUS.¹⁹ The areas impacting the health and existence of Black women in Brazil were at the top of my participants’ minds, particularly as all of them have kin affected by inequities in those domains. This report reminds the public that health, in general, is not about individual actions but about a “complete well-being that is physical, mental, and social.” Its opening question is “how to define health (*saúde*).” Undoubtedly, an agenda for Black women’s health starts with sensory and corporeal aspects such as “sensations, sentiments, visions, the comfort of the individual body and collective bodies” and, for Afro-Brazilian women in particular, an “embodiment of sacred body spiritually.” It is critical

to draw on such a report with a structural framework of intersectionality to explain Black women's health challenges with "patriarchal racism, institutional racism, and environmental racism" as the driving forces limiting and destroying Black women's lives.

Public discourse and the material mediums to communicate and translate social conditions are invaluable sources for Black queer ethnography. Among a plethora of examples of discourse production, I never found a booklet on Black lesbian health and well-being. These public materials, alongside the many spaces, events, and people I sought to learn from about Black lesbian life and Black life in general, are what I consider shadowboxing the field. "Shadowboxing the field" also refers to how I followed necessary, unconventional, "radical" Black feminist pathways—including tuning in to television and music, art and sports, social movements, and marches—that interconnect for Black queer analysis and all of which trace back to worth-making in gynecological spaces. As a physician assistant and an ethnographer, I understand that people do not leave parts of themselves at the clinic door. When we inquire into the stakes of life and living, methodologies that uproot power and make available the normative and nonnormative are most often seen by ethnographers who are also at the margins in the academy.

Unseen Flesh is undoubtedly a feminist ethnography forging radical and materialist feminist strategies to intercept forms of power (Davis and Craven 2016). I found that women wanted to talk for hours. They talked passionately, robustly, and ragefully. They shed tears or erupted in laughter. I did not take for granted the open sharing of their private lives in an incredible amount of detail. I interpreted their openness as a sign that the topic was highly significant to them. I conducted over sixty interviews on this journey from 2011–2013 with Black lesbians, physicians, and other informants (including medical staff, activists, and Candomblé religious leaders). The twelve Black lesbians I followed closely were out about their sexuality in all realms of their lives.²⁰ A Black/queer feminist ethnographic approach takes seriously the invisible intersections of identity, knowledge, praxis, and presence (as well as absence) transforming women and gender-nonconforming Black female bodies for liberation. I follow Jafari S. Allen (2016) in what it means to deterritorialize "Black/queer" narratives in anthropology. I agree with J. Allen that "queer may never do what some defenders claim it was meant to do—include a more capacious coarticulation of a number of embodied and embodying categories of normativity, like nationality, gender, region, class, and ability, as well as sexuality" (2016, 618). In Brazil, the term *queer* arrived in the academy from white LGBTQ+ scholars. My participants did not identify (at that time) with the term, nor is it necessary for them

to adopt it. Nevertheless, a Black/queer analytic is crucial for honoring their erotic subjectivities and erotic autonomy (J. Allen 2011, 2012b; Gill 2018; Lorde 1984; Wekker 2006; Alexander 2005, 2007). Black queer ethnography draws on the agential sociopolitics claiming space to exist in the social world.

Freeing Ourselves: *Bem-estar* and *Vivência(s)*

The visual guide and handbook *Freeing Ourselves: A Guide to Health and Self-Love for Brown Bois* (Cole and Han, 2011), produced by the Brown Boi Project in Oakland, California, facilitated my conversations about the myriad ways Black and Brown nonnormative bodies are cultural producers of well-being rooted in resistance and ideas of freedom. The guide's vivid photography and images depict sexual health and well-being across topics such as sexual practices, mental health, and pregnancy. The photos (and the book) elicited from my interlocutors expressions of a deep sense of self that I interpret as an evaluative and transnationally self-reflective ethical condition of their lived experiences as Black lesbians of the African diaspora.²¹ However, Black/queer freedom is not a given in representational politics. In this sense, this is a reproductive justice project centering and reimaging Black queer reproduction.

Ethnographers' Black/queer politics inform our presence and knowledge production in the field, coexisting with transnational African diasporic feminist strivings in solidarity. As cultural anthropologists invested in the study of diasporic Black life, we pay attention to how the quotidian moves us to imagine different futures. We thrive within narratives, images, ideas, and material culture that create speculation about what ought to be, or not be, for Afro-diasporic people. I agree with Jessica Marie Johnson, who, in telling a story about Black women's intimacy during slavery (and into the present), asserted there is much "more than confronting violence" (2020, 12). Like Johnson's story, my exploration of the erotic, desire, familial relations, and *luta* (struggle) responds to Sueli Carneiro's (1995, 17) claim that Brazilian Black women "have to do more than just hope for a better future. What we have to do is to organize, and never to stop questioning. What we have to do, as always, is plenty of work" (see also Carneiro 2003).²² *Unseen Flesh* captures the "plenty of work" (Perry 2013). I propose a renewed *olhar* (gaze) that dismantles the myth of Black women as "towers of strength who neither feel nor need what other human beings need, either emotionally or materially" (Smith 1995, 256).²³

Black lesbians know that they cannot use the "master's tools to dismantle the master's house" (Lorde 1984, 110).²⁴ Neither are they interested in forging new identity politics within spaces of power as liberatory strategies. Instead,

they embody “lesbianism as an act of resistance” that rejects modes of servitude, and they engage in decolonizing, solidarity practices, and self-formation to define their quality of life as legitimate cultural critics (Clarke 1981, 12). This book joins the growing scholarship on Black queer studies that gives rigorous, loving, committed attention to varied theoretical frameworks for the study of Black queer life (A. Allen 2015; Avilez 2020; Johnson 2018; B. Jones 2021; Keeling 2019; Quashie 2021; Strongman 2019; Sullivan 2021; Tinsley 2018). This book brings to Black queer studies renewed social analysis and humanistic insights for Black queer existence. It is worth contemplating Black/queer futures with *bem-estar* (well-being) and how striving for it is a promise to ancestors and *orixás* (African deities) that they will not die a social death but only grow in beauty and joy (Falu 2020, 51). What word breathes life into our daily existence? That word is *us*.

The Book’s Offerings

Unseen Flesh begins by digging into a world of *vivências* to explore sexual health as liberatory and foreground women’s concept of *viver minha sexualidade* (to live my sexuality). I turn to Black lesbians’ self-identification as virgins to interpret *vivência* as erotic power. Black lesbian virginity is a disruptive positionality for gynecology (and the sociohistoric making of sexual health in Brazil that constructs the healthy ideal family) since my participants are trying to live their best, healthy sexual lives. Chapter 1 introduces a lived *bem-estar* by centering the meaning of Black lesbian *vivência(s)* and turning to the notions of sexual health broadly and a body politic that exposes a social disequilibrium within a gynecological encounter. The chapter also establishes the language used by Black lesbians, interpreted in forms of erotic power to claim space and knowledge within the challenges of derailing speculum exams. Chapter 2 introduces my term, *gyno-trauma*, to rearticulate gynecological trauma and to emphasize the emotional and social pain and labor caused by gynecology. It charts Black lesbians’ negative affective experiences with intersectional *preconceito* to rethink the intertwined facets of redefined gynecological trauma. This chapter considers various modes of “staying in your body” (Cox 2015) and resistance, such as body-scanning practices of “*sousveillance*” (Browne 2015), to convey Black lesbians’ activated social gaze and orientation to their bodies within gynecological spaces and interactions.

The ethnographic interludes before and after chapter 3 cross the reader temporally and spatially. These interludes represent an entry and exit, passage points, of sorts, into and out of gynecology’s “contact zone” (Pratt 1992) shaped by the

sociohistorical legacy of slavery, eugenics, and a sanitary society and structural power. Here, I examine how gynecology, both sociohistorically and in the present, is an imperialistic, colonial, and modern contact zone. These splices of socio-medical history are the sociological and anthropological hauntings in what I name the *social clinic*. This chapter interrogates gynecology to look for socio-historical ideologies entrenched in a contemporary colonial, racist, sexist, heteronormative, and homophobic space. Through these histories of gynecology and medicine, I interpret the intricacies of language, symbols, and power relations and the nuances of physicians' socialities, which are sometimes contested and sometimes unseen by Black lesbians. I open with Luciana's story of reading the intimate violence of anti-Blackness and heteronormative gynecological experiences. Gynecology is where gender is constructed, race is made, and sexuality is deployed. Through the dichotomy of private and public, gynecology reveals contradictions worth contemplating. The sociohistorical ideologies and institutional practices ingrained in gynecological spaces mirror broader hegemonic forces. The social clinic functions as a microcosm of the social world from which intimate violence emanates; there we can see gynecology as part of a larger social laboratory in Brazil.

Chapter 4 brings us into the world of worth-making in intersubjective relations and examines how Black lesbians respond to the social world, with its preconceito and violence beyond—and because of—the gynecological encounter. Ethical and political resistance spheres are the unseen social world where Black queer women want to be heard, seen, and be taken seriously as subjects who forge “shapeshifting” ethics (Cox 2015). I refer to how Black queer women shapeshift their value systems in protest, advocacy, and social movement work in response to institutional violence. In their activism and other resistance and abolitionist work, they are animated by a desire to effect change within public discourses and communities—specifically, to eradicate injustices. I describe their interventions—protests, social movements, and new directions in public discourses—to give a glimpse of Black queer women's empowerment and sustaining of themselves and others; again, these are their responses to preconceito and to living with structural violence. By looking at Black queer women's collective organizing work and how they occupy spaces, I understand them as ethical subjects, which allows me to track their shapeshifting efforts to eradicate injustice across all spaces. I offer a framework to understand the ethical relations that the Black queer women have to themselves and their intersubjective networks.

What is Brazilian Black lesbian living? Undefinably beautiful experiments (Hartman 2019). If Black lesbians, like Black women, are already from the

future, chapter 5 centers on the ancestral inner energy reminding us that Black women's lives are radical. I conclude the book with "beautiful experiments" to frame my theorization of *bem-estar Negra* through the lens of the Black lesbian's most intimate ideas, places, relationships, struggles, and dreams. The notion of *bem-estar Negra* raises the analytical bar to ask, "How are we beholden to and beholders of each other in ways that change across time and place and space and yet remain?" (Sharpe 2016, 101). Through an anthropological lens of Black lesbian worth-making, Black lesbians' past, present, and future together become an African diasporic trajectory of possibilities, creativity, re-imaginings, and erotic playfulness about what truly matters: their collective well-being.²⁵ All the chapters work together to analyze how Black queer bodies move about in the world, in and out of violent spaces, and zealously seek our attention to humanize, reimagine, and recreate a different world.

I am inspired by M. Jacqui Alexander's expression of her book map section, "If I Could Write with Fire: A Word on How to Read," for this section on the book's offerings (see Alexander 2005, 9, 18). I cannot tell you how to read this book, but I write with *fire*. I offer an opportunity to listen to the melodies and feel the sensations, full of turns and twists but all interconnected, to help understand Black lesbians' experiences making meaning of their worthy lives. Like Alexander, this is the Spirit in which I offer this book.

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Notes

INTRODUCTION

1. Throughout this book I refer to Black lesbians variously as *lésbicas Negras* (the Portuguese translation) or Black queer women. Some participants identify with being a *lésbica Negra*, but many prefer to identify as *sapatonas*, a word that translates as *dykes*. The term *lésbica* is often associated with white lesbians. My participants identify as women and with cisgender even when they also identify as masculine presenting; they are not transgender or transitioning in gender. The pronouns used by my participants at the time are she/her/hers. I also use *heterosexual* and often *cisgender* because *heterosexuality* is a more common term in Brazil than *cisgender*. I use the acronym *LGBTQ+* to include all identities beyond transgender, including transsexual, travesty, queer, and others.

2. During my hysterectomy, my cervix was removed because of the severity of my endometriosis. I left the field in mid-December 2012 and returned to the field in mid-February after five weeks of recovery. After surgery, I experienced sudden menopause because of the removal of my ovaries, which my fallopian tubes had wrapped around like curly fries, according to my surgeon.

3. I use the terms *homosexuality* or *homosexual* throughout the book to reflect the language that my participants and public discourses used and continue to commonly use today. At times, I will also use the term *queer* to ground my analysis and discussion to situate Black queer desire (J. Allen 2013, 553).

4. See Castro and Savage 2019; Chattopadhyay et al. 2017; Smith-Oka 2013.

5. Christen A. Smith's article, "Counting Frequency: Un/gendering Anti-Black Police Terror," helps me think about the entrenched injustice of Black women's gender being treated as "immaterial and unimportant" in all institutional spaces (2021, 27).

6. Ana-Maurine Lara (2020) in *Queer Freedom: Black Sovereignty* rearticulates the term "arrivant" to interrogate Christian coloniality past and present and future in Dominican Republic. It offers a way to conceptualize colonial power, national landscapes, and Indigenous presence (8). Brazilian gynecology can be viewed as a "project that emerged out of colonialism, and its policies continue to mobilize colonial power, especially in negotiating hierarchies of race, gender, sexuality," and class (9). Faye V.

Harrison (2008, 1994, 2010) has also been deeply instrumental in rethinking decolonizing anthropology for this work. I am cautious about not referring to the idea of freedom in ways that erase their social conditions and constraints as well as their racial consciousness about Brazilian slavery and its ties to racial injustices in Brazil in my analysis.

7. Anthropologist Linda-Anne Rebhun's work demonstrates the varied ways Northeastern Brazilian women manage, negotiate, and perform different emotions in the face of normative patriarchal control as well as class and racial difference in order to sustain everyday life with agency and even creativity (1993, 2004). Furthermore, anthropologist Jessica Gregg's (2003) work focuses on "the conflict between cultural ideals of Brazilian women's sexuality and the lived reality of sex for impoverished *Brasileiras* in the Brazilian Northeast" to examine the "interplay between sexual expectations, sexual reality, and disease in that same context" (3). Gregg's work is vital for reflecting on how Brazilian women's agencies that serve to strategize against medical institutional violence are entangled with how the medical establishment participates in an agenda centered on blame and risk, casting women's sexuality as "dangerously excessive for the spread of disease such as hpv which causes cervical cancer," and "dominant cultural constructions" of sexuality and gender that establish relationships to their sexuality (43, 4). Also, queer anthropology is foundational for rethinking nonconforming gender analysis in our discipline that takes seriously matters of social difference and intersectionality characteristic of female nonnormative sexualities and the ways categories generated understanding about gender and sexuality interconnected representations (Boellstorff 2007; Valentine 2004, 2007; Weston 1991; Lewin 1993; Lewin and Leap 2002). Richard Parker's (1991) work helped me during my formative years to rethink my approach to gynecology to be a complex window into Brazil's "sexual universe," offering us the opportunity to understand how homosexuality is permitted or prohibited within specific social hierarchies and imaginaries. My research also follows Don Kulick in studying how "gender is grounded not so much in sex as it is grounded in sexuality; and such grounding allows and even encourages the elaboration of cultural spaces" (1997, 575; also see 1998). My general undertaking grounds gender in sexuality to the extent that I point to gynecology as an entrenched space and practice of *desexualization*, of removing the person from their body parts and sexuality until the consultation ends (Kapsalis 1997). Also see Mammo 2007.

8. David Hellwig (1992) documents African Americans' experiences with entrenched racial prejudice after traveling to Brazil (1900–1970s) despite the absence of Jim Crow laws and prohibitions as in the United States.

9. See Telles 2004; Weinstein 2015; Farfán-Santos 2016.

10. See SOUBH, "Pesquisa: 33% das brasileiras não vão ao ginecologista regularmente, February 14, 2019," <https://soubh.com.br/noticias/viva-bem/33-das-brasileiras-nao-vaao-ginecologista-regularmente>. There are many Brazilian journalistic sources documenting women's reservations of going to a gynecologist.

11. In analyzing intersectionality, I also think with Iris Marion Young, who identified five "faces of oppression": exploitation, marginalization, powerlessness, cultural imperialism, and systemic violence (1990, 63). This is not an exhaustive list, but for Young, these were critical elements for contemplating distributive injustice. We understand intimate violence through these faces of oppression inculcated in gynecological spaces. Also, this

intersectional preconceito is the steep power differentiation of intersectionality. See Crenshaw 1991; Akotirene 2019; and C. Moore 2012).

12. These emotions in particular raised questions about injustice, echoing Christina Sharpe's (2010) point that "if justice depends upon the point of view or is only recognized through a white gaze passed on from slavery (colonialism, segregation, incarceration, genocide, etc.) to Blackness (or being Black), then how is such injury addressed and redressed?" (13).

13. LGBT is a more commonly used acronym than LGBTQI that would otherwise include transsexuals/*travesti* in Brazil, especially during my fieldwork period of 2011–13. The acronym may also include queer as of the publication year of this book, though it continues to not be a widely used term and is insulated in the Brazilian academy and public discourses. However, LGBTQI is now widely circulating in Brazil to include queer, questioning, and intersex people.

14. See the Ministry of Health's 2013 document for LGBT reform (Ministério da Saúde 2013b). During fieldwork, I accessed its original 2010 document online, which was a work in progress until its final version in 2013. Sistema Único da Saúde, or SUS, is Brazil's public healthcare system. It was created in 1990 following the 1988 Social Democratic constitution instituted after the fall of a militarized nation-state. See the *Lancet* for a history of SUS (Castro et al. 2019).

15. See Carneiro 2020.

16. This public health care policy agenda emerged on the heels of the country's 2004 initiation of another sociopolitical agenda, Brasil's em Homofobia: Programa de Combate a Violência e a Discriminação contra gltb e de Promoção da Cidadania Homossexual (Brazil without Homophobia: Program for Combating Violence and Discrimination against LGBTQI and for the Promotion of Homosexual Citizenship), which sought to recognize the various areas in which discrimination impacts homosexual citizenship, such as "racism and homophobia, health, women's issues, etc." (https://bvsm.saude.gov.br/bvs/publicacoes/brasil_sem_homofobia.pdf). See also Knauth (2009) for a discussion of discrimination against lesbians in Porto Alegre. I had the opportunity to meet and converse with Dr. Danielle Knauth, an anthropologist, during my visit to Porto Alegre. I am grateful for her time and perspectives.

17. In Salvador, white lesbians promoted public discourses on lesbian health, but issues of medical racism impacting Black lesbians were not central to their movement and knowledge production. See also Prefeitura Municipal 2011.

18. From this document I also learned that homosexuality was legalized in Brazil in 1830, well before slavery was abolished in 1889. These changes clarified the ways I understood how the term is taken up in public discourses and everyday speech. Secretaria de Políticas de Promoção da Igualdade Racial 2011.

19. Document produced and distributed nationally by Articulação de Mulheres Negras Brasileiras 2012. The quotes in this paragraph are from page 11 of this document. See also Batista, Werneck, and Lopes (2012) for work on health, race, and racism in Brazil. See also Paim et al. 2011.

20. I also follow John Jackson Jr.'s notion of "flat ethnography, where you slice into a world from different perspectives, scales, registers, and angles—all distinctively useful,

valid, and worthy of consideration” (2013, 16–7). Otherness will never be transparent or fit neatly within a “thick description” as the object of power and hierarchy. My data collection and analysis fall within a “thin description or thin-slicing” approach not because details and patterns can be readily identified, but because of what I see in societal persistence to *unsee* Black lesbian existence in the moment and everywhere (Jackson 2013). See also Mullings 2005 for how we move toward an anti-racist anthropological inquiry.

21. Michel Foucault’s understanding of ethical work is what he refers to as “moral”: “for an action to be ‘moral,’ it must not be reducible to an act or a series of acts conforming to a rule, a law, or a value. Of course, all moral action involves a relationship with the reality in which it is carried out, and a relationship with the self” ([1985] 1990, 27–28). This study is not a focus on morality, but rather a study of interpretive processes grounded in justice by action and responsibility. Therefore, the works of some medical anthropology scholars are instrumental here for assessing the structural violence in medicine in order to challenge how the “meaning and structure” (see Dressler 2007) of the sexual subject might be unraveled from their power relations (Janes and Corbett 2009). Foucault defined ethics as “the kind of relationship you ought to have with yourself, *rappor a soi*, and which determines how the individual is supposed to constitute himself as a moral subject of his own actions” (1994, 263). I move beyond this widely taken perspective on ethics to interpret ethics as evaluative praxis within a social realm where Black lesbians hold multiple subject positions within a gynecology encounter; how they respond to preconceito as an entrenched and accepted social norm. While Foucault’s ethics turns to morality as the defining feature of ethical action and patterns of conduct, I draw upon Naisargi Dave’s understanding of radical ethics as primarily “a commitment to philosophical exercise, to think differently, to ask new questions of oneself in order to analyze and surpass limits upon what can be said and done” (2012, 8).

22. See Carneiro (2003, 123) where she takes up an anti-racist conversation to address Black women’s health in Brazil.

23. An anti-racist Black/queer *olhar* forges empowerment “as having consciousness of the problems that afflict them and to create mechanisms to combat them” (Ribeiro 2018, 136).

24. I think about Brazilian Black lesbians’ evaluative practices to reclaim “subjugated knowledge” for a politics of empowerment within spaces of power (Collins 2000, 13). Audre Lorde (1984) also charged us to think about how to not turn to the master’s tools to dismantle oppressions and systems of power.

25. The scholarship on Afrofutures guides me to engage the value of Black futurity and narratives for ethnography (see Anderson and Jones 2016). Mark Dery coined the term *afrofuturism* in 1994 to describe “speculative fiction that treats African-American themes and addresses African-American concerns in the context of twentieth-century technoculture” (Anderson and Jones 2016, viii). Kudwo Eshun asserts that “Afrofuturism may be characterized as a program for recovering the histories of counter-futures created in a century hostile to Afrodiasporic projection and as a space within which the critical work of manufacturing tools capable of intervention within the current political dispensation

may be undertaken” (Anderson and Jones 2016, viii). These perspectives signal potential for our ethnographic work of Black studies to assess Black futures through creating the present. I also draw upon the scholarship on well-being from Haworth and Hart (2007); Matthews and Izquierdo (2009); and Pickering (2007). My methodologies were also influenced by the work of Linda Tuhiwai Smith (1999).

CHAPTER I. THE VIRGIN WHO LIVES WITHIN HER EROTIC WORTH

1. I bought this book of poetry at a book signing to which I was invited by my participant, Emilia, at Katuka, a store in Pelourinho. Katuka is a Black-owned store that also sells African cloth and jewelry. Contributing poets identify as Afro-Brazilian women or members of Candomblé. The book is written in Portuguese but also has its own English translation, which is used here.

2. The history of public health for sexual health is entwined with Brazil’s history of eugenics and its hygienist movement. Nonetheless, it is a relatively recent public health concept emerging forcefully during the early HIV/AIDS era. It continues to be tied to family “health” construction and reproduction (see Ministério da Saúde 2013).

3. Lesbibahia is a small lesbian community organizing group that I followed in 2011 and 2012–13.

4. I am interested in O’Grady’s work for rethinking how forms of self-expression are a stage of being *seen*, though inferiorly, yet experiencing being seen also resists the normative shaping subjectivity.

5. I’m influenced by how Samar Habib’s (2009) accounts of Arabo-Islamic texts between 850 and 1780 A.D. period demonstrate women’s contestations toward their prohibited erotic practices. The below poem by a ninth-century grinder and resident of Baghdad captures how nonpenetrative sex carries both erotic and resistance against patriarchal power. This poem speaks to the endurance of erotic sexual play (ninety pilgrimages) in resistance to patriarchy. The poem below, from Habib’s findings, expresses the embeddedness of erotic political freedom.

How much have we grinded sister, ninety
Pilgrimages
More delightful and invisible than the entries of the penis head and than
A pregnancy that pleases the enemy and worse than
That, the reproaches
Of the censures
And we are not limited in grinding,
Like in fornication, even though it is more
Delicious to the inclined.

6. I also think with Cymene Howe, who asserts in her work on Nicaraguan lesbians and activism that “sexuality is a vast category that has been used to give name and voice to desires and practices, to codify political solidarity, and to define subjectivity and identity” (2013, 16).

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