

Medicine and Healing in the Age of Slavery

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Review

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Within the permanent collection of the Smithsonian's National Museum of African American History and Culture is the "Michelle Obama Story Quilt," made by South Carolina artist Vermelle "Bunny" Rodrigues to highlight the connection between Michelle Obama and the Gullah Geechee Cultural Heritage Corridor through the First Lady's great-great-grandfather, Jim Robinson, who was born into slavery around 1850 on a rice plantation near Georgetown, South Carolina. As a Gullah Ooman on Hilton Head Island, South Carolina, Bunny Rodrigues was both a matriarch and a healer, responsible for transmitting herbal, homeopathic, religious, and spiritual knowledge that was rooted in African worldviews and passed down through families, from one generation to another, in oral traditions such as folklore, myth, and songs. Bunny and her husband Andrew founded the Gullah Museum of South Carolina to share the history, folklore, traditions, and practices of Gullah people and the African Diaspora with visitors along the Gullah Geechee Cultural Heritage Corridor of coastal Florida, Georgia, South Carolina, and North Carolina.¹

Prior to her death in 2015, Bunny Rodrigues's life was part of a greater narrative of the ways in which healing traditions shaped the various slave systems that came about and developed throughout the Atlantic World from roughly 1500 to 1900, and whose legacies persist in medical systems and societies today. In *Medicine and Healing in the Age of Slavery*, editors Sean M. Smith and Christopher Willoughby disrupt the traditional geographical and temporal limits of slavery studies through a collection of essays that examine slavery in British, Spanish, French, Dutch, and Portuguese Empires and their successors, from West Africa to the Caribbean, to North and South America.

¹ Rodrigues, Vermelle "Bunny," and Andrew Rodrigues. Interviewed by Savannah L. Williamson. Oral Interview. Hilton Head Island, South Carolina, 14 March 2011.

The first section of the volume, “Knowledge,” examines the transmission and transformation of Indigenous and African healing practices throughout colonial slave societies. By focusing on the diverse participants in the medical marketplace of the Atlantic World, this volume decentralizes Western medicine and healing practices as unique and dominant by placing it equally among healing systems, including the herbal, folk, and conjuring traditions of Africa, the Americas, and Europe, that circulated throughout the Atlantic World. Indigenous American and African healers incorporated European knowledge into their practices just as European healers brought American and African knowledge into theirs, creating a diverse and interconnected system of medical care throughout the Atlantic World.

Part two, “Experience,” examines the ways in which enslaved people worked to maintain control over their own bodies and health care, pursuing their own self-interest and working to ameliorate the conditions of bondage. Rather than view enslavers as the only actors in medical decisions, *Medicine and Healing* emphasizes the active participation of enslaved patients and healers who had their own conception and understanding of illness and healing and sought to manage their own care. Enslaved peoples understood their own market value, often manipulating market valuations to achieve their own goals. Meanwhile, slavery and concepts of health were integral to the development of financial markets, credit systems, and legal statutes. Some understood the law well enough to successfully sue for their freedom based on their right to obtain the medical care of their choosing, bending the medical marketplace of the Atlantic Diaspora to their individual needs, and highlighting the ways in which medicine and health functioned both as tools for control and for autonomy over enslaved bodies. Whether in sickness or health, enslaved and free peoples worked to ameliorate the conditions of bondage for their own self-interest, medical or otherwise.

This volume also highlights the role of the state in regulating race, labor, commerce, health, and medicine in Atlantic World slavery. Though owners and traders often hired physicians to intervene in the health of enslaved peoples, the interests of medical practitioners and slaveholders did not always align—physicians sought professional legitimacy and profit, while owners often desired their human chattel to be “sound” or well enough to labor, which did not always mean healthy. Part three, “Profession,” establishes the ways in which state institutions facilitated the professionalization of medicine by determining orthodox and heretical practices and, therefore, who could be a licensed practitioner, setting prices on enslaved people with disabilities, relying on physicians’ courtroom testimony in warranty suits, creating state-run

hospitals and asylums, and gathering data on the health of free and enslaved peoples, pertaining to supposed racial differences, during and after the Civil War. Thus, the chapters in this study highlight the ways in which perceptions of race and labor related and led to the construction and performance of medical expertise as physicians worked to establish themselves as professionals within the medical marketplace. As white doctors worked to define and treat illness, they created the language and the system that would come to define blackness as a medical condition of difference and inferiority.

Finally, *Medicine and Healing* bridges the healing practices of Atlantic slave societies and inequities in medicine and health today. As racial science grew in authority to explain perceived differences between humans, it was similarly used to justify the inequality, violence, and suffering experienced by African Americans after emancipation. Persisting institutionalized racism throughout hospitals, medical practices, and health clinics has contributed to high numbers of uninsured people, cuts to health care programs, rejection of Medicaid expansion, and untreated or undertreated health conditions common among Black Americans. As a result, Black mothers today are three to four times more likely to die from pregnancy-related complications, for example, while Black infant death rates are four to five times that of white infants (205). Black patients are also less likely to be believed by medical professionals when they are in pain, wait longer on average than white patients for doctors to administer adequate pain treatments, and are prescribed lower doses of pain medication compared to white patients, due almost entirely to racialized beliefs about Black bodies that came about during the eighteenth and nineteenth centuries. Ultimately, *Medicine and Healing in the Age of Slavery* is a groundbreaking interdisciplinary collection of essays that illuminates the connections between Atlantic medicine, diverse healing practices, and conceptions of race, within the greater Atlantic World in the age of slavery and traces the origins of medical systems and inequities of today.

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