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The Rhetoric of Sickle Cell Anemia

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THE RHETORIC OF SICKLE CELL ANEMIA

A Dissertation

Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
in partial fulfillment of the
requirements for the degree of
Doctor of Philosophy

in

The Department of Communication Studies

by

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To my Daddy, I did my best to honor you in this—until we meet again.

Ephesians 6:1-3 NIV Children, obey your parents in the Lord, for this is right. “Honor your father and mother”—which is the first commandment with a promise—“so that it may go well with you and that you may enjoy long life on the earth.”

ACKNOWLEDGMENTS

It is finished. After three unexpected deaths—my father, my mentor, my grandmother; two heart attacks and one stroke—my mother; three surgeries—my mother; five hospital stays—my mother, three skilled nursing rehab stays—my mother and one flooded house—my family, I have completed the requirements to receive a PhD. My journey has been unusually hard, I've cried a lot and thought about quitting a time or two, but that's not the daughter my father and mother raised me to be. I knew I would get to the end, I just wasn't sure when it would be. The bitterness of the end is that I arrive without my father, the man who taught me how to endure, the man who imparted to me the will to win, at all times, regardless of the fight or the length of the journey. The pain I experience at this finish line is because of the passing of my mentor, the man who started calling me "Dr. Kell," long before it was likely, the man who taught me how to think, the man who required "my utmost for His highest." Both of these men, have changed my life, I just wish they were here to see how.

Without the grace of God, none of this or anything else in my life is possible. It is amazing and it has been sufficient. I have found a resting place in Philippians 4:13 AMPC I have strength for all things in Christ Who empowers me [I am ready for anything and equal to anything through Him Who infuses inner strength into me; I am self-sufficient in Christ's sufficiency].

Although my name will change and I will receive a degree, my reality is that this doctorate belongs also to Momma, Kim, Kelbert, Grace, Jordyn and Rodney. My love for my mother, my sister and my brother exceeds the human capacity; my

gratitude for you is immeasurable. Grace and Jordyn, my fondest memory is of you running through Middleton Library at age 6 and 8 racing to find my research books. While your friends were enjoying life with their family, you accompanied me to conferences, read with me in Starbucks and endured the sheer embarrassment of your mom typing her dissertation during your school activities. Thank you for the sacrifices. Rodney, this probably isn't what you expected on December 14, but here we are. Time and space do not permit me to enumerate why my love for you is ineffable and my gratitude indescribable. Your sacrifices have been more than anyone else. In time, I will do my best to show you why it was all worth it. Elizabeth, you remain the only answer, to my one prayer. Deidra you are my Aaron and Hur. To the other Mrs. Robvais, thank you for keeping me covered in prayer. Thank you Joycia and Donyelle for caring for my daughters during the evening classes, your trust is invaluable.

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ABSTRACT

My dissertation examines the rhetorical treatment of sickle cell anemia as synecdoche, representing a preoccupation with racialized discourses of disease and the affective registers manifested in public life. From its inception SCA has taken on cultural meanings to satisfy ideological arguments about the nature of black bodies. It has been appropriated to create “categories of difference and belonging” (Schramm et al). I examine how SCA is gathered by rhetors to serve varying ideological purposes and cultural communities. It is utilized to invite different readings that conceptualize the black body as an object of scientific experimentation, as an agent for resistance and as a narrative of injustice. Foregrounding SCA materializes the language of racialized medical technology, actualizes the convergence of disease identity and social disruption and visualizes the articulation and ontology of a pained black body. Finally, SCA is much more than the replacement of thymine for guanine, the stymied travel of a red blood cell through the maze of human physiology and the deprivation of oxygen for organs in potential pain and debilitation. SCA discourse is verdant with ways to interpret the persistence of race in society. It is ripe with opportunities to uncover how racism is disclosed in “verbal props” that undergird biological determinism and rationalize genetic causation.

CHAPTER ONE. SICKLE CELL ANEMIA: A RHETORICAL HISTORY

The “facts” of sickle cell anemia (SCA) are that, according to Kaiser Health News the life expectancy for sickle cell patients in 1994 were 42 for men and 48 for women. In 2005 the life expectancy declined-for men to 38 and for women to 42. The time for sickle cell patients in the waiting room is 50% longer than any other patient experiencing pain. The lamentable treatment of sickle cell patients in the emergency room and therefore reoccurring visits has something to do with the inadequate medical attention they receive. Ignorance of SCA often leads to poor diagnosis and inappropriate care. One of the culprits that contribute to maltreatment is inadequate medical training of doctors in understanding SC. Kaiser Health reports,

Most sickle cell patients struggle to access even the most basic care. ER doctors rarely understand how to treat them, and patients get misdiagnosed and inappropriately sent home, said Patricia Kavanagh, a pediatrician and ER physician at Boston Medical Center. “What we learn about sickle cell disease in med school is usually covered in 20 minutes.” Nearly 40% of sickle cell patients have to be readmitted to the hospital within 30 days — more than for any other diagnosis, according to the federal government’s Agency for Healthcare Research and Quality (Kaiser Health News).

Only two drugs are available to treat SCA since its discovery in 1910: hydroxyurea, approved by the FDA in 1988 and Endari approved by the FDA in 2017. The funding for SCA is woefully disproportionate to other diseases. Medical research has been meager in contrast to other similar diseases. The funding for approximately 30,000 cystic fibrosis patients is seven to 11 times more than SCA, while the ALS challenges garnered \$115 million for approximately 20,000 patients (Kaiser Health News).

Some new sickle cell studies are in the works, including eight funded by the Patient-Centered Outcomes Research Institute. But one major problem is that no national data registry exists for sickle cell disease, said Mary Hulihan, director of the sickle cell program at the Centers for Disease Control and Prevention. “We don’t have even basic information like how many people in the U.S. have sickle cell disease or where they are getting their health care,” Hulihan said (Kaiser Health News).

Alice Melao has written in Sickle Cell Anemia News that the diseases stigmatization, as a “black disease” has been the cause for a lack of funding and scientific and medical attention (1). This in turn alters cultural attitudes and social judgments regarding the disease and its perception in medical and scientific discourse. Kaiser Health concludes, “Sickle cell patients suffer discrimination, poor care, and shorter lives” (Kaiser Health News). This story isn’t news, but instead the normal narrative sickle cell patients have come to expect and live with since the discovery of the disease in 1910. In this dissertation I argue that these facts are a consequence of SCA being racialized as a black disease. The question then is what does it mean for SCA to be a black disease? What does blackness, as a rhetorical configuration, do to our understanding of SCA? As I expand the cultural and scientific notion of SCA my research will argue that the appropriation of blackness, as a marker of identification for this disease, serves a dual purpose of symbolism for white supremacy and sickle cell warriors.

Many individuals that are inflicted with SCA call themselves warriors. They are positioned in a perpetual fight with a scientific and medical community that renders them invisible, a research community that considers their disease not very valuable and with an inner constitution that from time to time wonders how much longer to hold on and endure. This moniker is exclusive to those suffering with the

disease. As evident in this dissertation, the Black Panthers fight against governmental and societal negligence and indifference in regards to SC. However, as far as the label “warriors”, in this work and the common parlance of this condition, the moniker is assigned to those under affliction.

My dissertation asks the following: how did SCA become a black disease, why did it happen and what are the consequences? More pointedly I explain how sickle cell disease is appropriated to perform ideological work of racial difference as it perpetuates the notions of white supremacy in constituting the black body, identifying black blood as diseased site and marking blackness as problematic. As a rhetorical work I consider the symbolic nature of SCA to arrange discourses to act on bodies, arrange policies and articulate health care requirements. In the arsenal of whiteness SCA mobilized disciplinary mechanisms that dehumanized patients. To the contrary in the arsenal of social activist SCA was mobilized to advocate for the humanity of sufferers and a critical examination of how diseased conditions segregate and support notions of difference. This dichotomy is my contribution to rhetorical studies as it reveals the fluidity and malleability of SCA to be utilized as a weapon of whiteness supporting historical violence yet also a site that sanctions agency and transgression. Not only do sickled cells mark a genetic abnormality but also rhetorically, they are signifiers of a contested history. They are memory sites that tell stories, which are themselves contingent on the rhetors that lay claim to them. The blood of a SCA patient “commands attention because it announces itself as marker of collective identity” (Dickinson et al. 25). My work draws attention to how this comes about and why. In SCA we find biology expressed far beyond the

parameters of physiology. SCA communicates a history of difference of while also charting paths of resistance. Attending to the rhetorical character of SCA, in other words, helps illuminate the contingent ways medical discourses interpellate black bodies while also creating the conditions of possibility for anti-racist practice. I contribute to our understanding of blackness as a fugitive site of resistance, a performative work in SCA discourse. Blackness identifies as a generative source that summons activists to rally around ways to resist the normative understanding of SCA in seemingly pedestrian ways. As well, SCA discourses provide ways to observe the rhetorical dimensions of blackness as both a pessimistic and optimistic orientation. SCA is the modality through which I analyze blackness as it circulates in public culture and medical and scientific discourses. In the following sections I detail the necessity for a rhetorical approach to SCA, I explore its association with blackness as disease category and conclude with examining the treatment of the sickle cell in other fields of study.

A Rhetorical Approach to Sickle Cell Anemia

SCA spawns from an assemblage of discourses that mobilizes language, symbols, and images to constitute subjects. In conversation with each other, at the center of SCA discourse is blackness and the body it serves. Blackness in the hands of whiteness crafts a new set of meanings, articulates material inscriptions, and facilitates difference, categories, and identity. Bodies are malleable rhetorical entities; they suffer consequences and produce results, they are communicators of culture and affective beings (Jackson 9). I critically examine the intersection of

bodies and blackness in constituting SC discourse, as these reflect historical, social, and cultural meanings. Kelly Happe writes,

Discourse is where institutional practices, cultural norms, and dominant beliefs converge. Researchers are embodied persons who must draw not only from an agreed on and disciplinary-specific lexicon but also from the tropes, metaphors, narratives, and arguments that circulate outside of the scientific context but which they are in no way immune (14).

Instead, from its inception, this disease has taken on cultural meanings to satisfy ideological arguments about human nature. It has been appropriated to create “categories of difference and belonging” within the purview of disparate discourses enveloped, under the guise of black inferiority and white superiority. The social and cultural reckonings of discourse to shape meaning of SC should not be overlooked, as they were inextricably woven to constituting it as a black disease and maintaining the present understanding as such.

Discourses structure attitudes and habits; they are essential to establishing normality. Happe argues, “Discourses traverse institutions and the larger social and economic structures of which they are part” (15). With that said a critical engagement of discourse in the construction of SCA attends to: whose scientific knowledge is privileged and how does that knowledge become the foundation for meaning associated with this disease. Technology discourse serves to facilitate how certain diagnosis are made and perpetuated to sustain and legitimize disease states. A rhetorical perspective acknowledges the symbolic notion of diseases as cultural constructions to disclose and disrupt social practices entrenched in power dynamics. As SCA discourse reveals the normalization of scientific practices and attitudes often obfuscates the employment of racecraft and thus deflects to the

notion of racial difference as a product of nature. SCA discourse from its inception to the present has almost exclusively been identified as racialized; this in turn has normalized the condition and established it as a method of categorization. The naturalization of this discourse illuminates the ways scientific rhetoric is employed to persuade towards essentialist thinking. It assumes power and acts it out in social practices that presume the purity of whiteness. For this reason a critical rhetorical treatment of SCA discourse is required to disrupt discourses of power.

From three particular time periods: 1910-1940 (the discovery of SCA), 1960-1972 (regarding the social activism of SCA) and 1990-present (the pain crisis of SCA), I trace discourses that not only labeled SCA as a black disease, thereby figuring black bodies as naturally defective but also affirmed the superiority, purity and humanity of white bodies. The racialization of SCA therefore demonstrates the subjugation of the black body under the medical gaze and disciplinary mechanisms of the state as it “constitutes ways of being and ways of being-with others-in the world” (Barnett and Boyle 9). As a site of inquiry SCA explores the means by which black bodies “come into relation and have effects on other things” (9). I attend to the ways stories of identity and difference have been told through the lens of SCA. This allows me to examine marks of difference in a sickle cell body that manifest in blood, genes, and pain. These are rhetorical sites and symbols that carry social significance and are inscribed with race. In the particular history of sickle cell, blood, genes, and pain connect the dots that constitute a legacy of white supremacy in the objectivity of black bodies. Whereas I give specific attention to the nature of the body expressed through blood, genes, and pain, I generally focus on the place of

the body in SCA discourse. In other words I consider primarily two ways the body is understood when interpreting SCA in society. SCA is understood through a body that carries out biochemical processes and cellular mechanisms. The body is also understood in SCA parlance as a social symbol. To this point Mary Douglas explains,

The social body constrains the way the physical body is perceived. The physical experience of the body, always modified by the social categories through which it is known, sustains a particular view of society. There is a continual exchange of meanings between the two kinds of bodily experience so that each reinforces the categories of the other. As a result of this interaction the body itself is a highly restricted medium of expression. The forms it adopts in movement and repose express social pressures in manifold ways.....all the cultural categories in which it is perceived, must correlate closely with the categories in which society is seen in so far as these also draw upon the same culturally processed idea of the body (65).

The body then, operates as a discursive unit as it is inscribed by varying interpretations of blackness and it also operates as an agential unit, as it resists and reforms discourses of negativity and obscures subjectivity. Throughout this work I draw on both interpretations of the body. In chapter 3, case study 1 tension arises as the discursive black body is utilized to interpret the biochemical body and thus SCA is defined through notions of whiteness. Chapter 4-5, case study 2 and 3, respectively demonstrate how the black body has been appropriated by activist and community organizers to also resist historical renderings of blackness offered by the state. This pushback occurs as the Black Panther Party and sicklers articulate their incompatibility with a body that is unrecognizable. Yancy is useful to explore this thought process.

The corporeal integrity of my Black body undergoes an onslaught as the white imaginary, which centuries of white hegemony have structured and shaped, ruminates over my dark flesh and vomits me out in a form not in accordance with how I see myself. From the context of my lived experience, I feel "external," as it were to my body, delivered and sealed in white lies (2).

In sickle cell discourse, biological entities function as rhetorical technologies of difference that conceptualize and categorize race at a molecular level with macro consequences. In a Foucauldian sense, these different topoi relate to sickle cell in cultural discourses that posit black blood as contaminating, genes as reductionist and pain as consequential to a particular host. Indeed sickle cell narratives are used to assimilate blood, genes, and pain into a network of arteries to validate racial difference. Moreover, they let stand discursive practices, which support historical categories preoccupied with white superiority. Exercising power through assigning labels, creating categories, and defining humanity are useful to maintaining structures of power and understanding sickle cell as a black disease. The sickle cell narrative locates the pernicious and subtle practices of white supremacy through science; showing it to be a “logic of social organization that produces regimented and institutionalized conceptions of hierarchized human difference” (Weheliye 3).

The etiology of sickle cell is used to promote a vision and thinking of black bodies as inferior and impure. I explore an array of scientific practices and political arguments that promote the mechanisms of determinism and reductionism at work in SCA. This essentialist notion leads to arguments that contribute to our understanding of African American subjugation and whiteness as a malleable structure of power. Furthermore it contributes to the production of knowledge in explaining the representation of black bodies in scientific discourse as already racialized, contaminated, and polluted. Rhetorically sickle cell was an anecdote for the different types of discourses of the time, reiterating the notion of “how subjects can and do struggle against subjection and practice new modes of racial becoming”

(Ehlers 3). My work examines sickled cells as contested rhetorical sites; I consider how we make meaning of cells in ways that are politically and socially racialized in the United States. By contested I consider the early presentation of SCA as a black disease, an impurity of the blood. Once it is discovered to be a molecular disease sickle cell is still presented and misunderstood as solely a property of black bodies. The emancipatory ways SCA functions is revealed in how the Black Panthers appropriate the disease as a rejection of whiteness and how sickle cell patients exert agency through community engagement and other social practices that create a space for their voice. This rhetorical perspective of sickled cells attends to Weheliye's theory of "racializing assemblages," that is to say, "the visual modalities in which dehumanization is practiced and lived" (6). It also narrates how the technologies of SCA serve as terministic screens toward our understanding of the historical legacy of the malleability of whiteness in scientific discourses that seek to maintain its invisibility and dominance. The pathologizing of black bodies renders them disposable and subject to different circuitries of power, manifesting as white supremacy.

I consider what kind of narrative does SCA enable regarding race, science, and the politics of visibility? How does history construct a narrative of sickle cell for the benefit of those who deem the black body as a persistent problem? This question allows us to consider the rhetorical history of sickle cell as a black disease that furthers the notion of human racial difference. Kathleen Turner advocates for rhetorical history because it "offers us the opportunity to see rhetoric as a perpetual and dynamic process of social construction, maintenance, and change rather than as

an isolated, static product” (Turner 4). To be sure SCA is not the proverbial tub that rest on its on bottom. Instead, from its inception, this disease has taken on cultural meanings to satisfy ideological arguments about human nature. It has been appropriated to create categories of difference that facilitate hierarchy and marginalization. Over time the malleability of sickle cell’s social and political construction has skewed its biomedical knowledge resulting in disparate discourses that feed into ideologies of objectivity and liberation. This dissertation examines how SCA has become a black disease, although it is not exclusively contained in black bodies. How does “race get written into the definition” of sickle cell? (Metzl ix). The language of sickle cell is racialized from its inception and thus aptly informs us who is afflicted with the disease and why? These clinical affirmations are predicated upon cultural assumptions, rhetorically producing ideologies and actions that perpetuate racial hierarchies and maintain racial categories.

SCA is more than a disease; it is a symbol of racialized identity, it is a site of exclusion, it is a supposed validation of difference, a production of history that cobbles together discourses of rhetorical significance to facilitate ideologies of white supremacy. As I will demonstrate in this dissertation, “our social construction of the past, then, is guided by and contained in the symbols and systems of symbols that give currency to our attitudes, values, beliefs, and actions” (10). A rhetorical history of SCA “seeks to understand the context through messages that reflect and construct that context” (2). It is within the context of white supremacy and deflected ontological racecraft that we come to understand SC discourse in this dissertation. I utilize the tools of a rhetorical historian that allow me to trace “the power of such

stories and images as symbolic constructions of reality for their publics” (5). By situating sickle cell within the context of a broader history of race, bodies, and identity, I show the rhetorical enactments of white supremacy in sustaining hierarchy and human difference.

SCA discourse is understood through considering the evolution of the disease through time, examining how its etiology, social and political meaning has taken shape. Considering its history with rhetorical tools explores the forms and strategies of race and science to build rhetorical identification of SCA sufferers; thereby concluding SCA discourse is immersed in racist ideas. This work reveals the historical construction of white supremacist ideas about SCA and the perpetuation of them in medical and scientific discourses. Ibram Kendi aptly argues racist ideas are at the root of racism. I extend this argument to conceptualize racist ideas as the root of racial science. Kendi writes,

The principal function of racist ideas in American history has been the suppression of resistance to racial discrimination and its resulting racial disparities. The beneficiaries of slavery, segregation, and mass incarceration have produced racist ideas of Black people being best suited for or deserving of the confines of slavery, segregation, or the jail cell. Consumers of these racist ideas have been led to believe there is something wrong with Black people, and not the policies that have enslaved, oppressed, and confined so many Black people. Racist ideas have done their job on us. We have a hard time recognizing that racial discrimination is the sole cause of racial disparities in this country and in the world at large (9).

In providing a genealogy of SCA I assemble together cultural and historical writings that reveal “problems found below the surfaces of our lives—the problems whose itches feel impenetrable, whose remedies are ever just beyond our grasp, and whose very articulations require a severe work of thought” (Koopman 3). This allows me to examine SCA as representative of a broader discourse that views black bodies as

diseased and in need of discipline. More specifically I use SCA as a rhetorical trope to explain the historical relationship of racializing bodies and the receptivity of disease. SCA then is a signifier that gives expression to the ways of thinking about black bodies as a whole.

Blackness as a Disease Category

I agree with Michelle Wright when she posits, “Yet for all its successful (and less successful, forgotten) deployments, Blackness remains undefined and suffering under the weight of many definitions, not one of which covers every type of Blackness or coheres with all the other denotations and connotations” (Wright 1). I see blackness as an orientation of being in the world that bears the mark of history, while also itself assuming the responsibility of making history. I identify blackness as a rhetorical trope, a generative space, “with associated discourses and cultural scripts that socialize people into ways of seeing and thinking” (Kennedy et al. 5). It is used to perform in the medicalization, criminalization, and racialization of certain kinds of bodies. I look at the rhetorical work of blackness and what it does, how it’s used to organize, discipline and mobilize. This allows me to observe blackness as a rhetorical production with varying iterations over time. The historical inscription of blackness is significant to this work as it determines how SCA is understood and why. To this point Yancy unfolds the historical narrative of blackness. “From the perspective of whiteness, I am, contrary to the existentialist credo, an essence (“Blackness”) that precedes my existence. Hence, my emergence upon the historical scene requires that I engage in a battle that is not only iconographic and semiotic but also existential” (1).

The insidious nature of whiteness historically has inscribed and raced bodies with the negative idea of blackness. As a mark of distinction, a symbol of difference the utility of blackness is seemingly unending and “far from ontologically empty: it is a historically emergent lived experience, variegated, changing, and changeable” (Alcoff 8). It is through blackness that SCA is known; it is because of blackness that bodies are inscribed as diseased, it is with blackness that blood is interpreted as impure and it is in blackness that pain is normalized. I uncover, through SCA discourse what blackness does and how it is used in the diagnosis of medical doctors, in the conclusions of researchers, in the policies of politicians and in the resistance of social warriors. The malleability of blackness highlights the necessity to critically examine its use in our understanding of sickle cell, the disease process, cellular mechanisms, and palliative care. The trace of blackness can be identified throughout SCA discourse as it informs and structures forms of scientific and medical knowledge about susceptibility and resilience to disease. Blackness serves a dual purpose in that it mobilizes and marginalizes. I borrow from the work of Fred Moten, Saidya Hartman and E. Patrick Johnson to explore the rhetorical machinations of blackness to foment performances of agency, resilience and resistance. Frank Wilderson, Jared Sexton and Orlando Patterson orient our understanding of blackness as a dire prognostication that has been constructed by an anti-black system to marginalize and ultimately lead towards imminent demise. I argue that both orientations are necessary for exploring the articulations of antagonisms and agonisms found within SCA discourse. From these we learn how blackness is appropriated to serve varying rhetorical purposes. The malleability of

blackness, apparent in SCA discourse reveals a perpetual tension that resides in how we come to understand the rhetorical history of this disease. Moten and Wilderson enable us to conceptualize the dual rolls of SCA throughout history and in this dissertation. Wilderson informs us of the pain associated with SCA. On the other hand Moten observes that blackness is a state of being at a particular time, a creative energy that summons ways of resistance. Through this prism we consider the Black Panthers and sicklers, each, taking ownership of how blackness is perceived. They live out activism, demonstrating that “blackness is in the mind of the performers” (Wright 3). Chapter 3-case study 1 considers blackness as an inscription of disease an imminent threat of deformity and ultimately death. Chapter 4-case study 2 reveals the tension at play with varying understandings of blackness. Whereas the Panthers mobilize blackness as a creative resistant force, the state interprets blackness as problematic and criminalizing. Chapter 5-case study 3 takes on the narrative of blackness as a badge of courage, an infusion of courage, a community organizer to save lives.

Beginning with The Atlantic Slave Trade we see “the politics of the making and unmaking of black bodies for the first time, showing more holistically how men, women, the sick, weak, and unborn became paradigmatic to this foundational moment of conquest and debasement” (Mustakeem 7). Thus even before slavery, blackness is rendered what Du Bois describes as a “problem.” During the Middle Passage voyage the black body is “marked, disciplined, and scripted and materially, psychologically, and morally invested to ensure white supremacy” (1). This approximately 35 to 90 day voyage was an instructive engagement, a demonstration

of power, an act of white supremacist language and labor to constitute, categorize and confine bodies. The Middle Passage figures as a central place that constitutes bodies as chattel, inferior, diseased, and so forth. It is a rhetorical force that defines and makes a particular kind of body that is understood as such once these black bodies reach America and then become slaves. The Middle Passage is a laboratory, a rhetorical place where publics are created and identified, where boundaries are erected to determine “the other,” where impurity and purity is labeled and separated. Wilderson concludes the Middle Passage is a “signifier that commands attention, because it announces for a collective. This signifier commands attention, because it announces itself as a marker of collective identity” (Dickinson et al. 27).

The constitutive capacity of the Middle Passage for me is then a “memory place...” functioning as the “secular oracle” for how we interpret black bodies (27). Therefore its rhetorical invention is not limited to simply their initial construction. Instead I contend, “we must attend as well to the intervening uses, deployments, circulations, and rearticulations in the time between the establishment of a place and our current practices in and of the place” (31). The ships traversing on the Atlantic were symbolic places, memorial establishments where bodies were organized, and made objects, while offering ways of understanding narratives of blackness and whiteness simultaneously. Bodies are acted on and defined throughout the ships compartments. Rhetorical bordering and boundary making was evident in enactments of torture, as bodies were aligned in confined quarters. Not only were these performances of torture but also displays of white supremacist power in creating a new kind of black body. George Yancy analyzes the generative

assemblage of whiteness, the black body and the Middle Passage through a Foucaudian frame:

The sheer non-discursive confinement of Black bodies/selves within these tight spaces, filled with putrid smell of death, was an exercise of power. A new Black body/self was in the process of being created and produced, a docile and self-hating body/self.....The Middle Passage was a voyage of death, bodily objectification, humiliation, dehumanization, geographical and psychological dislocation (Yancy 114).

As a rhetorical trope blackness draws significant meaning from the Middle Passage as a site of difference and disruption. As a rhetorical trope whiteness also draws significant meaning from the Middle Passage as it creates a collective identity through the constitutive function served by place and power. Throughout this work whiteness operates as a function of white supremacy. It is supported through the systemic power structure that white supremacy affords. On occasion I use whiteness and white supremacy interchangeably because each points to the normative value of white and the distortion of blackness. Both are orientations of power and make use of the other. To this point Yancy argues,

The power of whiteness (white supremacy) manifest itself in many forms, but it still remains whiteness (white supremacy). Whether it manifests itself in the form of the dragging to death of James Byrd Jr., Trent Lott's praises of white segregationist Strom Thurmond, President Bush's reference to the Crusades in his war on "terrorism," or the little old white woman who clutches her purse as a black man enters the elevator, whiteness remains a synergistic system of transversal relationships of privileges, norms, rights, modes of self-perception and the perception of others, unquestioned presumptions, deceptions, beliefs, "truths," behaviors, advantages, modes of comportment, and sites of power and hegemony that benefit whites individually and institutionally (8).

The constitutive rhetoric of the Middle Passage interpolates black bodies into subject positions that inform their identity as diseased and defective. The transcendence of whiteness as the legitimating authority of what's universal and

valuable, what's of nature and of human origin emerges in shaping how black bodies are understood. Therefore the insidious nature of whiteness assigns disease conditions according to ideologies of difference and racial supremacy.

Race as Natural Ontology

Throughout SCA discourse blackness serves as proxy for nature, which then conjures notions of race and legitimizes how one is observed and stigmatized with this disease. As Rana Hogarth argues, since the nineteenth century, race has become homologous to biological essentialism and consequently a discursive space to constitute subjects and materialize practices. Race is an organizing tool to distance and delineate. It is always on the prowl to discipline "the other" through regimes of power. Seemingly natural categories are taken for granted and not queried, physical differences are thought to be manifestations of physiological mechanisms. Race as nature, takes our attention away from racism as cause. More specifically: the deliberate deflection to name sickle cell as a black disease instead of identifying the meaning and value inscribed on bodies by white supremacy, the deliberate deflection of black blood as impure instead of attending to the normalization of whiteness as purity, the deliberate deflection in the benevolent rhetoric of President Richard Nixon in finding redemption for neglect of SCA instead of observing the use of categories and diagnostic measures as disciplinary tools of objectivity reveals deflective ontological racecraft at work in the production of SC discourse. Each case study unveils the concealment and performativity of white supremacy language in determining what SC is, who gets it and how it's lived with. Scot Barnett and Casey Boyle define ontology as

an ongoing negotiation of being through relations among what we might, on some occasions, call human and /or nonhuman. We thus take ontology to be the pervasive relationality of all things—the means by which things come into relation and have effects on other things in ways that resonate strongly with exiting and emerging understandings of rhetoric (8).

In order to appreciate the subtlety of white supremacy in shaping SC discourse we must consider the relationality of black blood, the black body, and black pain in constituting language and identity. While most work considers the epistemic formulations of SCA and its social, cultural and political traction, I focus on how the “relational being” to blood, body and pain through the perspective of race facilitates notions of difference. More specifically I argue how blood, bodies and pain communicate salient and generative connections to understanding the nuances of white supremacy. I will examine from SCA’s discovery to the present, a constitutive rhetoric ensconced in ideologies that support ontological experiences of black bodies to pain and disease. This hegemonic overture diverts attention away from “disciplinary rhetoric’s” of whiteness to a seemingly natural posture of black bodies. An ontological encounter with SCA acquaints us with the language of racecraft, the everyday uses of words to focus on race as a natural occurrence, instead of a contrived action to maintain difference. “Racecraft has permitted the consequence under investigation to masquerade among the causes,” argues Fields and Fields (41). The need to classify, measure, and quantify expressions of nature as fundamental to being is the operationalization of racecraft. Language is necessary to deflect away from acts of racism and to constitute black bodies as defective and raced. Moore, Pandian, and Kosek write about the symbiotic relationship of race and nature in contextualizing the politics of difference:

We take both race and nature as historical artifacts: assemblages of material, discourse, and practice irreducible to a universal essence. Imagined as an ontological foundation, nature has served as the generative terrain from which assertions of essence emerge. Nature appears to precede history, even as it wipes away the historical traces of its own fashioning. Race has provided mobile markers of identity and difference on this naturalizing ground, rationalizing orders of exclusion as laws of necessity. Race provides a critical medium through which ideas of nature operate, even as racialized forces rework the ground of nature itself. Working together, race and nature legitimate particular forms of political representation, reproduce social hierarchies, and authorize violent exclusions—often transforming contingent relations into eternal necessities (3).

In SCA discourse blackness also functions as a resource for cultural and social resistance. This work discloses the activism of the Black Panther Party and Sickle Cell Warriors as they reorient the meaning of SCA and instead appropriate it to be a call for resistance against systemic inequities. SCA becomes a symbol for social justice action and a clarion call for how blackness is utilized for the good of the community. I consider resistance to represent acts of resilience; opportunities that warriors make to assert their identity and voice. Even though resistance is an individual act, performed by particular persons, resilience is representative of a larger community. It begins as individual expressions of courage that coalesce into community engagement responsive to various exigencies. Resilience, says, Flynn et al., is “creative, animating the potential of whatever comes to hand as a suitable rhetorical resource...Thus resilience realizes possibilities and resources by shaping and enacting relationships among selves and others, speakers and audiences, things and dreams, bodies and needs, and so on” (7). I also draw from the work of Jeffrey Bennett in communicating the place of resistance in this work, noting that it entails more than community mobilization, as seen in the Black Panthers activism, but also the everyday acts that confirm the humanity of the sickle cell warrior, the defiance

of a smile, the intentionality of attire and so forth. All of the seemingly inconsequential acts examine how warriors “defy reductively ascribed notions of identity” (Bennett 112).

Sickle Cell Disease Outside of Rhetoric

Outside of the scope of rhetorical studies Melbourne Tapper and Keith Wailoo, anthropologist and historian respectively, contribute significantly to our understanding of the racialization of sickle cell. Tapper’s text *In The Blood: Sickle Cell Anemia and the Politics of Race* argues that:

Sickling today is viewed as a black-related disease not simply because the majority of people suffering from the disease are blacks, but because various medical sciences in tandem with anthropology have represented it as a disease of black people since the turn of the twentieth century (3).

He further argues that his work is about “how at specific moments sickling was established as an object of analysis and a target of intervention, and its identification and treatment became instruments of power” (3). Wailoo provides a historical account of SC in two texts: *Drawing Blood Technology and Disease Identity in Twentieth-Century America* and *Dying in the City of the Blues: Sickle Cell Anemia and the Politics of Race and Health*. These situate SCA as a historical racialized disease that is formed in part through the utilization of technology, such as blood analysis, electrophoresis, and pharmaceuticals. Wailoo reveals how the “once-invisible disorder acquired an identity and symbolic significance, and how malady became a key part of African American identity and a kind of political and cultural currency” (*Dying In The City of the Blues* 3). I rely heavily on the historical accounts provided by Wailoo and Tapper, as they provide the only comprehensive treatment of SCA. My approach differs from theirs inasmuch as I consider how the historical is

rhetorical and that I examine the “process by which symbols and systems of symbols have influence upon beliefs, values, attitudes, and action” (Hauser 3). The language and practices chosen by medical practitioners, scientist, politicians, and activist disclose power relations that are enabled by larger cultural arguments that sustain white supremacy. Thus we come to understand with a rhetorical lens how language and practice function as naming mechanisms, providing us with a different vocabulary that shapes and mobilizes, that creates and constrains.

The Rhetoric of Health and Medicine

This dissertation finds it home within the scholarship of the Rhetoric of Health and Medicine, a sub-specialty of the Rhetoric of Science. Sickle cell is a disease that affects the health of individuals and it either progresses or regresses with the aid of pharmaceuticals and the expertise of those within the medical field. Beyond those obvious connections, sickle cell is treated in my work as a symbol, a rhetorical tool that has been used to shape our understanding of black bodies, the disease process and the durability of race in determining the quality and quantity of care. Sickle cell has been utilized to create identities of its patients, establish boundaries and classifications. The discourse accompanied by the disease has established it as black disease, when medical science has proven otherwise.

According to the National Heart, Lung, and Blood Institute,

In the United States, most people with sickle cell disease are of African ancestry or identify themselves as black. About 1 in 13 African American babies is born with sickle cell trait. About 1 in every 365 black children is born with SC. There are also many people with this disease who come from Hispanic, southern European, Middle Eastern, or Asian Indian backgrounds (Sickle Cell Disease NIH)

Although science has determined that this disease is not monopolized by a singular race or ethnicity cultural and societal language argues to the contrary, thus revealing the malleable work of white supremacy in drawing attention to blood and genes as markers of identity and difference. The rhetoric of health and medicine specifically focus on certain “distinctive assumptions” that identify its work:

Rhetorical approaches to health and medicine focus on persuasion or symbolic action in health and medical discourse—whether written, visual, digital, material face to face and in some cases embodied and technological practices, asking: Who is persuading whom of what? What are the means of persuasion? With what consequences? In so doing, they investigate the relations among rhetor, audience, context, and messages that are produced in response to specific exigencies or that themselves craft specific exigencies in relation to health (Malkowski et al 2).

As I look at the aspects of sickle cell within the area of rhetoric of health and medicine I explore the following questions: How did a sickle cell body become exclusively a diseased black body? Why has the notion of sickle cell as a black disease sustained such durability from its discovery to the present? What are the “historical processes” that contributed to sickle cell as a black disease? Each answer and the methodologies to arrive at them can be found within the rhetoric of health and medicine.

SCA is not studied within the field of rhetoric of health and medicine, nor is much attention given to it within the scope of rhetoric. Thus, this dissertation assuredly fills a gap in both fields of study. As for the intersection of race, science, medicine, bodies and rhetoric, Happe’s text: *The Material Gene: Gender, Race, and Heredity after the Human Genome Project* attends to the

ways in which the hereditarian body, one that is also normatively gendered and racialized, is the new site whereby economic injustice, environmental

pollution, racism, and sexism are implicitly reinterpreted as pathologies of genes and by extension, the bodies they inhabit (17).

Happe's work examines the role the human genome is used fostering our understanding of racialized bodies and the perpetual used of science to justify human difference. Whereas Happe considers genomics as a whole, her work doesn't focus on a particular disease condition. Her focus on cancer, more specifically, ovarian and breast, show its prevalence in African American women and how particular genetic material and organs are racialized to articulate ideologies of white supremacy. I identify with her work broadly and more specifically in discussing the body as a discursive production of culture history and race. I build on Happe's scholarship along with the work of Condit and Lynch that help to point to sickle cell as evidence of a body inscribed by a racialized disease and the residual boundary lines of identity, purity and difference.

Sickle Cell Anemia-A "Racial Project"

My focus on sickle cell discourse discloses the malleability of white supremacy and its utilization as a "racial project," that is to say, an "interpretation, representation, or explanation of racial identities and meanings, and an effort to organize and distribute resources (economic, political cultural) along particular racial lines" (125). For Omi and Winant, white supremacy is a "racial project" that "has taken different forms from the colonial era to the present" (127). Attending to sickle cell discourse allows for further examination of the ways bodies are inscribed with attitudes of racial inferiority. This "racial project" is clearly evident throughout the discourse of SCA and examined in the following chapters. After expounding on the theory and method that I have chosen to undergird my critique in chapter 2 I

then proceed to explore three distinct time periods that demonstrate the appropriation of medical diagnosis and laboratory test, public policy and medical care in sustaining white supremacy ideology and the reproduction of race in medical discourse. Chapter 3 examines white supremacy and the racialized discourse of SCA in the discovery phase of the disease, focusing on the time period 1910-1940. I address the following questions: How does racialized discourse work itself into seemingly objective analyzes? How does white supremacist ideology structure knowledge of SCA? I examine the synthesis of technologies, cultural discourses, and scientific journal articles to reveal the rhetorical construction of SCA as a black disease.

Sickle cell's discovery, association with black bodies and the labeling of it as a black disease contributed to the narrative perpetuated by slaveholders, philosophers and other proponents of human difference. It supported the notion of white supremacy and its invisible hand to assign identity through racialized discourse. I draw from the following artifacts: "Sickle Cell Disease, With Special Regard to Its Nonanemic Variety" (1943), "Sickle Cell Anemia (1924), A Study of the Erythrocytes in a Case of Severe Anemia With Elongated and Sickle Shaped Red Blood Corpuscles" (1917); "Sickle Cell Anemia in the White Race" (1943). These seminal pieces are useful for establishing the boundaries of sickle cell disease and determining who is pure and who is not and why. They do the foundational work for establishing and arguing sickle cell as a black disease. Furthermore within these texts we see the early use of technology and its emergence as symbols to communicate certain meanings about racialized bodies. Rhetorically they point to

how sickle cell became a black disease and how blood was constructed to represent nature and racial difference. These articles also give insight as to how medical doctors and scientist employed their expertise and worked within rhetorical situations to give answers to the exigencies of their time. Sickle cell discourse was implemented to continue the notion of black bodies as inferior and diseased, while also protecting white bodies from contamination through miscegenation.

Chapter 4 analyzes the use of SCA as a tool of social activism. I consider the following questions: How is SCA used as a means to create a social movement? How does SCA become a source of contestation between the state and subjects? Who controls the discourse and how? This chapter considers Richard Nixon, the Black Panthers and the competing narratives of SCA as sites of rhetorical struggle to legitimize white supremacy and promote black solidarity from 1960-1972. This chapter considers the rhetorical dimensions of SCA in the competing discourses of Richard Nixon and the Black Panthers, as each offers disparate knowledge claims about the disease that are ideologically grounded in a social identity. Nixonian rhetoric represents a “benevolent enactment of a white national good” while Black Panther rhetoric asserts community uplift in terms of power and agency that is essential for survival in America (Riggs 2). This tension represents the rhetorical malleability of SCA and the prevailing discourses that shroud this disease from its inception to the present. For this chapter I draw from the presidential papers of Richard Nixon, specifically the messages to congress he gives that express the need to propose a national health strategy that encompasses sickle cell disease. From this the country begins to establish particular guidelines for testing and genetic

screening that serve to stigmatize African Americans. I examine the sickle cell campaign instituted by the Black Panthers Party and the various iterations such as: the screening program, articles--“The People’s Fight against Sickle Cell Anemia Begins”, media campaigns via posters and appearances on television. These artifacts point to the pastoral power of Nixon and the state at work in tension with the agency of the Black Panthers and African Americans legitimization of their voice, citizenship, and identity.

Chapter 5 examines the pain stigma of SCA, asking the following questions: How is science used to regulate biopower, define subjects, and regulate populations for the purpose of the state based upon certain racialized assumptions? I examine the rhetorical treatment of sickle cell pain crises as synecdoche, showing that it embodies the relationship between the subjugation of black bodies and their assertion of agency. This chapter considers the narratives of SCA patients. The everyday practices of remembering, writing and telling are ways to defy disciplinary acts of white supremacy to erase patient’s pain and thus cause them to be rendered invisible. Pain is the most common symptom of those with sickle cell disease. These acute episodes of severe pain are also called “crises.” SCA pain crises give a rhetorical framework that informs our understanding of disease transformation, the malleability of whiteness and the politicization of black bodies. Ultimately they draw our attention to African American bodies as disposable discursive sites of stigma and discrimination. “These crises are also entrenched in power dynamics and certain racial identities that translate into implications for access to care, awareness of the disease, and legitimacy of the patient population and patients’

experiences“ (Savitt 24). SCA pain crises contribute to a larger historical narrative of black bodies under trauma. Pain crises help to illustrate the life of a diseased body, and how it accounts for the lingering traces of trauma through the formulation of collective identity, counter-public spheres, and rhetorical agency. Pain discourses provide a language to critically talk about the subjugation, performance, and production of black subjects in everyday traumas. Each chapter considers different rhetorics that give meaning to our understanding of SCA. Through the use of medical devices and scientific results, health activism and political discourse, online communities and ownership of space, we witness an evolution of the social and cultural meanings of SCA.

This presentation is a diachronic mapping of black bodies in distress through the lens of SCA and the appropriation of it in various discourses to shape our understanding of the meaning of race and the language of pain. I explore Foucault’s notion of “technologies of the self” by looking at the online communities where sickle cell warriors talk about living with SCA. On these websites we find discourses of resilience devoted to telling stories of those within the sickle cell community. Each coping strategy to live with pain crises, each encouraging word of perseverance and each testimony of triumph over stigmatization are acts of agency, rhetorical gestures that give substance to an illusive identity, an invisible body, an ignored voice. These online communities function as rhetorical spaces that illustrate the ways these warriors fight back. They engage in what bell hooks calls “talking back.” These rhetorical acts...”are for those who stand and struggle side by side, a gesture of defiance that heals, that makes new life and new growth possible”

(hooks 9). These websites facilitate practices “to permit individuals to effect by their own means or with the help of others, a certain number of operations on their own bodies and souls, thoughts, conducts and ways of being” (Rabinow and Rose 146). Through this means of rhetorical negotiation, a community is created, an identity sustained and marginalized voices are heard. My work accounts for how “sickle cell warriors” appropriate “technologies of the self” to facilitate an understanding of disease transformation, to disclose the malleability of white supremacy in disciplining black bodies and to map their resilience in “moving from silence to speech” (Flynn et al).

Together these chapters draw our attention to African American bodies as disposable discursive sites that are stigmatized and discriminated against. They reveal the perpetuation of a narrative that requires sickle cell to justify and affirm knowledge claims predicated upon white supremacy. This results in the maintenance of racial hierarchies and categories that sustain cultural and societal discourses of difference.

CHAPTER TWO. MALLEABILITY AND CONTROL IN SICKLE CELL DISCOURSE

SCA is a contested site that functions to liberate and bind, to restrict, and reclaim. Historically and culturally SCA is understood as a black disease, although it has been proven otherwise. The racialization of this disease constitutes a discourse that fosters white supremacy. In other words, this “black disease” allows for a constituent of voices that promotes ideological work of racial difference that renders the black body as a diseased site. To the contrary, as a contested site SCA also constitutes a discourse that fosters social justice and resilience. In the hands of Black Panthers SCA becomes a rallying cry, a clarion call for social movement, the visualization of black suffering, and the protest of white supremacy. Through the activism of sickle cell warriors, SCA is mobilized as a space to perform rhetorical resiliency, to operate as a community that finds buoyancy in believing that they can write prescriptions on how to live with and conquer SCA. This way of coming together and thus forming relationships is what Robert Asen deems as necessary to give “publics their energy, dynamism and productive force. Public makes and transforms through its relationships” (Asen 298). What I demonstrate is how SCA operates as a commodity, a valuable currency to maintain positions of power and acquire positions of visibility. This nuanced perception of SCA is valuable to understanding it as a contested site. To this point, Keith Wailoo writes,

To call attention to disease as ‘commodity’ is merely to emphasize its place in a network of exchange relationships, where—much like any object—the disease concept and the illness experience acquired value and could leverage resources, money, or social concessions. Sickle cell disease’s trajectory as a commodity reveals, in microcosm, the general trajectory of American health care and medical research in the twentieth century. This way of viewing the

history of disease will draw our attention to the ways in which disease discourse meshed with other political and economic developments in health care, including the rise of national institutions like NIH, the appearance of genetic counseling, the emergence of disease activism, the growing cultural power of illness, the advent of managed care, and the changing political economy of health care in America (9).

As a commodity, the rhetorical value SCA holds is broad and thus requires a wide theoretical lens to capture its work. Fields and Fields work on racecraft, explores how the language of SCA is utilized to perform ideological work for white supremacy and how it also creates opportunities for resistance. The articulation of SCA as a black disease requires that we consider the place of race in its historical identity, and furthermore the representations of blackness in its cultural context. The malleability of SCA provides an opportunity to explore the nuances of blackness as representative of resistance or resignation. In other words, SCA implores language that functions as synecdoche, representing acts of stigmatization and subjugation as well as transgressions and resistance. I attend to both presentations of this disease, valuing blackness as acts of optimism, as well as pessimism. This then helps us to answer the question how SCA become a black disease and why has this production of knowledge been sustained to the present.

The Constitutive Work of Sickle Cell Anemia

A thorough excavation of SCA's racialized foundation requires a critical rhetorical treatment, an examination of how meaning is assigned to this disease, how bodies are interpreted, and the symbolic reality it has sustained. A rhetorical examination of SCA discourse is yet to be done and thus our understanding of the disease is largely from a historical, sociological, anthropological, and medical perspective. The truisms these disciplines provide are necessary but fall short in

supplying sustenance to seekers who question the use of language in labeling sickled cells based on projections, who wonder about the persuasive arrangements and use of technology, facts and figures in naming bodies, who challenge the constitutive nature of race and history in identifying a people as diseased. A rhetorical method then becomes a requirement to illuminate the ideological commitments that have constituted SCA as a racialized disease; it is essential in determining disparate discourses that assemble together to manifest racial difference and mask racial hierarchy. Rhetorical tools provide the equipment necessary to attend to the legacy of race as an organizing principle in scientific research and medical diagnosis as well as address more nuanced methods of structuring and articulating blackness as diseased. Furthermore rhetoric is useful in articulating the discursive uses of whiteness in maintaining supremacy in knowledge production through science research, while establishing health disparities as natural occurrences. Locating the symbolic and rhetorical gestures that culminate in identities, practices and policies point to the persuasive appeal of health of medicine and the need to theorize it critically.

Rhetorical approaches to health and medicine treat health and medical discourse as situated action, social action, and constitutive action, focusing on how 'specific symbolic patterns structure meaning and action in health and medical contexts and practices. This orientation of rhetorical study attunes scholars to the sociocultural functions, material contexts, and epistemological power of the language use, as rhetorical scholars also emphasize the relational, dynamic, and contingent nature of knowledge (Malkowski et al 4).

I trace the rhetorical situations sickle cell discourse inhabits. These spaces of engagement facilitate fertile arguments for how disease processes rely on cultural ideologies to structure meaning. In subsequent chapters SCA then becomes a nexus

point to advocate for social justice while also advocating for state control and discipline of bodies. The constitutive nature of SCA is essential to the maintenance of black bodies as subordinate in health discourses and medical research. To this end Sandra Harding questions whether scientific research such as that which implicated and continues to articulate sickle cell as a black disease is able to recognize inherent proclivities toward the maintenance of white supremacy and deficiencies of black bodies. She writes,

Under what conditions could it occur that a society with widespread and powerful forms of structural racism—a race segregated social structure—could produce sciences that did not participate in justifying and maintaining such white supremacy? The problems of interest to a culture’s sciences at a given moment in history, the hypotheses, or the goals to be achieved in resolving the problem—how could these aspects of sciences not contribute to maintaining the exiting social structure and agendas of the white supremacist society that decides which scientific projects to support? (Harding 18).

Over time sickle cell’s historical discourse has changed as it has sustained a cultural memory of African American bodies enmeshed with impurities and in need of discipline. To achieve this, technology and diagnostic testing are prevalent in sickle cell discourse to represent and manipulate cultural arguments and satisfy historical meanings. These produced persuasive and often conclusive characterizations of SCA as a black disease even though scientific and medical research belied such assertions of a racialized condition.

Rhetorical tools give us the resources to consider how definitions are constructed through time. In considering stem cells, and their definitions at the intersection of science and politics John Lynch argues,

Definitions are more than mere referential resources found in a dictionary and more than stipulations or temporary conveniences for the sake of

exposition. Definition is a key step in any debate or discussion. Definitions can change and develop over the course of a debate, which means they are not the identification of an “essence” or “reality” independent of the arguers or context of the debate. Definitions play an important role in shaping peoples psychosocial consensus about the world (5).

As is evident in SCA discourse the fluidity of its meaning can be traced from its association with the propensity of blood cells sickling, to the presence of genetic abnormalities, to a perpetual life of pain.

Sickle Cell Anemia as Synecdoche

Sickle cell’s understanding as an “exclusionary disease category” requires that we look at black bodies as different and therefore subject to numerous interpretations of meaning. As a result, I attend to the rhetorical acts that enable the racialization of sickle cell anemia and the judgments that follow. My dissertation examines the rhetorical treatment of sickle cell anemia as synecdoche, representing a preoccupation with racialized discourses of disease and the affective registers manifested in public life. From its inception SCA has taken on cultural meanings to satisfy ideological arguments about the nature of black bodies. It has been appropriated to create “categories of difference and belonging” (Schramm et al 3). SCA is more than a disease that results from the absence of an amino acid; that requires its patients to live with the perpetual presence of pain and the shame of stigmatization. It has been appropriated to establish borders and boundaries—keeping some folk in while making sure others remain out. It has been appropriated to establish identity—a winnowing factor, siphoning us from them. As a rhetorical trope SCA represents a preoccupation with racialized discourses of disease and the affective registers manifested in public life. Kenneth Burke defines synecdoche as

“part for the whole, whole for the part, container for the contained, sign for the thing signified, material for the thing made, cause for effect, effect for cause, genus for species, species for genus, etc.” (Burke 251). SCA functions as a synecdoche in three significant ways. First, SCA represents the preoccupation with the impurity of black blood and purity of whiteness. SCA’s appearance within scientific discourse, its etiology rooted in blood deficiency contributed to the notion of African Americans as naturally impure. Blood became a marker of difference and identity, thus supporting the ideology of the white supremacist’s argument that blacks were distinctively unique and unable to assimilate into becoming a pure American. Scientific racism at the time determined that blackness and blood were synonymous storytellers, constitutively characterizing a particular kind of person, who could not be a citizen, whose humanity was questioned and whose identity was determined. SCA represented blood and it was evidence of difference and inequality. The rhetoric of blood shaped anxieties that mobilized white supremacy within the historical context of eugenics discourse. Therefore, as Jeffery Bennett asserts, “The blood of the other has perpetually enabled ‘normal’ citizens to articulate their identities” (36). Further supporting the significance of blood as an organizing principle in SCA discourse Bennett writes,

it repeatedly distinguishes between the in-group and the out-group, the stranger from the kin, the illicit from the pure. Blood is metaphorically appropriated as both a marker of life and of death, a symbol of good health and perilous disease. It delineates levels of citizenship, status, relationships and identities (29).

The essentialist notion that blood was given in the early phases of SCA discovery proves useful also in gathering the strength of scientific discourses in facilitating

attitudes regarding the black body. The reduction of SCA to black bodies confers disability and subordination with blood as “evidentiary material...imagined as the ground in which identity is rooted and an empty signifier for race” (Chinn xiii). This reminds us of the relationship that blood and black bodies have, as they are symbolic of a broader discourse of SCA as contaminating.

Secondly, SCA is associated with the mobilization of disease discourse to sustain white supremacy and also to identify acts of resistance. The political discourse of President Nixon in juxtaposition to the social activist discourse of the Black Panthers traces the malleability of SCA as synecdoche. I examine these competing narratives of SCA as sites of rhetorical struggle to legitimize white supremacy and promote black solidarity. Both sides used SCA to represent their disparate arguments and to reduce the black body to a contentious site of struggle. I consider the rhetorical dimensions of SCA in the competing discourses of Richard Nixon and the Black Panthers, as each offers disparate knowledge claims about the disease that are ideologically grounded in a social identity. Nixonian rhetoric represents paternalistic notions of good, while Black Panther rhetoric asserts community uplift in terms of power and agency that is essential for survival in America. This tension represents the rhetorical malleability of Sickle Cell Anemia and the prevailing discourses that shroud this disease from its inception to the present. I understand Nixon’s benevolent rhetoric, the subsequent genetic screenings and labeling of black bodies as contagions as disciplinary tools of examination that “homogenize people as members of populations, thereby to facilitate their management, including self-management” (Foucault) In their

activism through community programs, health initiatives and media the Black Panthers asserted their rhetorical agency as a resistance to the prevailing discourse of SCA as a “black disease” that produces inferior bodies. I examine the ways in which the Black Panthers made their voices heard and their attempt to assert a “biological citizenship” which functioned to resist the normative claim of whiteness at a time that assumed black bodies to be risky, vulnerable, and deviant. I also look at how the Black Panthers appropriated the malleability of SCA to establish its “legitimacy in black communities and among the broader public” (Nelson, 119).

Third, SCA represents the invisibility of black pain and the agency to “talk back” through discourses of resilience, thus allowing sickle cell patients to tell their own story. SCA pain crises give a rhetorical framework that informs our understanding of disease transformation, the malleability of whiteness and the politicization of black bodies. Ultimately they draw our attention to African American bodies as disposable discursive sites of stigma and discrimination. “These crises are also entrenched in power dynamics and certain racial identities that translate into implications for access to care, awareness of the disease, and legitimacy of the patient population and patients’ experiences” (Savitt 24). As synecdoche, the pain crises of SCA embody the relationship between the objectivity of black bodies and their assertion for agency. I examine the capacity of pain crises to stand in as representative of a larger narrative of sickle cell disease as a malleable trope that functions in American culture to produce racial formations. The rhetorical treatment of SCA as synecdoche in medical journals, political policies and activist writings account for the significance of this disease to function as a

polysemic site to illuminate the discourses and ideologies that contributed to the racialization of this disease.

Discourses about blackness as pathology served the ideological purposes of white supremacy in maintaining SCA as a marker of polluted bodies and certitude of racial identity along with supporting the notion of whiteness as pure and normative. *Deflective Ontological Racecraft* discloses the mechanisms that perform ideological work of white supremacy. That is to say it uncovers language usages that interpret how we understand SCA as a black disease and how we act in accordance to this comprehension. SCA functions as a trope, in the interpellation of the black diseased subject visualized in scientific, cultural, and political discourses. As synecdoche, SCA creates, performs and signifies, acts and ideas, demonstrating the “relationship between name and identity” (Rowe, 367). Furthermore this work demonstrates how this rhetorical trope constitutes a social reality that’s created in a medical lab and in a community in the streets and online.

Deflective Ontological Racecraft

Our present understanding of the disease is inextricably woven to the past, what was then called a black disease, is what we answer to today. This disease assumes an assemblage of discourses: racism and racecraft, power and pain, blood and blackness, bodies and brevity of life, social justice, and political schemes, all of which help to interpret why SCA is rarely understood and widely ignored. The malleability of whiteness has covertly manifested throughout SCA discourse and therefore requires keen, perceptive, and critical attention to how this has occurred. Fields and Fields define racecraft as a “mental terrain and pervasive

belief” (18). A rhetorical consideration of the implementation of racecraft in SCA discourse allows us to unpack the elements of persuasion that build claims and support arguments that corroborate the racialization of SCA. Extending beyond the surface of skin and objectivity of individual difference, racecraft

exists objectively, it has topographical features that Americans regularly navigate, and we cannot readily stop traversing it. Racecraft originates in human action and imagination; it can exist in no other way. The action and imagining are collective yet individual, day-to-day yet historical, and consequential even though nested in mundane routine (18).

In racecraft we find a heuristic with rhetorical currency to identify symbols that invoke difference and to parse language that signifies racial meanings. Racecraft maintains a language that participates in formulating discourses of race and inequality. It is a discursive practice that is characterized by strategies that perpetuate classification and social structures. According to Fields and Fields,

The ideas of racecraft are pieced together in the ordinary course of everyday doing. Along the way, they intertwine with ideas that shape other aspects of American social life. Those of racecraft govern what goes with what and whom (sumptuary codes), how different people must deal with each other (rituals of deference and dominance), where human kinship begins and ends (blood), and how Americans look at themselves and each other (gaze). Because racecraft exists in this way, its constant remaking constantly retreats from view (25).

The malleability of whiteness makes it a moving and manipulative target; this is clearly evident in the refashioning of SCA from its discovery to the present. It does something in shaping SCA discourse through rhetorics of technology in defining and making subjects, through labeling bodies as deviant and abnormal and through rendering invisible black suffering.

I situate this dissertation within the context of racecraft as I argue that SCA reveals the process where discourses about blackness, blood, bodies and pain, the

central components of the disease, draw our attention to human difference while overlooking acts of racism through mechanisms of power. The constitution of SCA as a black disease provides us with an ideological trace of white supremacy and thus what I term as deflective ontological racecraft; that is to say, the obfuscation of white supremacy through the means of assigning racial practices to the natural existence of race. With this rhetorical mechanism I advance Fields and Fields understanding of racecraft and thus provide a critique of whiteness that uncovers symbolic gestures, racialized language, habits and attitudes that not only naturalize black bodies as inferior but also present white bodies as superior. This deflection deliberately draws our attention to blackness as diseased, inured to pain, and naturally marked. I sort through the various iterations of whiteness within SCA discourse with deflective ontological racecraft. This theoretical treatment discloses the mechanisms of white supremacist, drawing our attention to natural causes instead of societal and historical practices of racism. DOR decenters whiteness, by rendering visible the activities within society that suggest black bodies are inherently unequal and pathological, therefore because this body has been rendered inferior it now constitutes a particular orientation to it. DOR is the performance of an ideology, a set of social practices and processes where racism is attributed to race and all of this is the working out of white supremacy thought in SCA discourse. It interrogates how white supremacist thought is articulated in establishing SCA as a racialized disease. Useful to this project is how racecraft uncovers the manipulation of race to covertly disguise acts of racism. These rhetorical performances justify characterizations of inferiority as occurrences of nature and thereby beyond the

purveyor of human intervention. This aversive action I argue serves in the obfuscation of white supremacy while structuring our orientation to black bodies. In other words, through white supremacist discourse, SCA has constitutively determined our relational being to bodies.

The humanity of black bodies are already marred and diseased, thus their “bodily degradation” supports a different kind of existence, through which encounters with others are always in a subject position, as blackness acts as a cloak of pathology, criminality, difference, immorality and so forth (Hartman 9). Blackness is a site of contestation determining material existence and disease receptivity. I advance further that blackness is a material exigency, an environment that determines my existence, and a habitat to which I belong. This rhetorical constitution situates our place in the world. In describing rhetorical ontologies in rhetoric of science Christa Teston writes, “I define rhetorical ontologies as entanglements of devices, disciplined bodies and discursive practices that co-construct phenomena. Rhetorical ontologies undergird scientific hypotheses, motivate methodologies, and fortify findings” (Barnett 48). As we consider what blackness does, how it is oriented and its “rhetorical situatedness” in SCA discourse, it then becomes imperative to utilize deflective ontological racecraft as a method to unpack the seemingly invisible workings of white supremacist ideology. As a rhetorical tool DOR critically examines discourses in the production of the black body as diseased, infectious and stigmatized. DOR attends to the normalization of language, “as a verbal prop for the mental trick that turns racism into race” (Fields and Fields 27).

Discourses of race are indistinguishably linked to our understanding of SCA. Race functions as an organizing principle, a malleable heuristic that draws us into a historical trace of how a people were named and identified. Furthermore, race operates as a terministic screen, a border wall through which our sight is obscured and oriented in accordance with discourses that determine meaning and the place of bodies in society. Race emerges from the need to organize, to differentiate and to classify and thus how it is transacted historically takes on meaning to fit particular ideologies. A critical attention to the rhetoric of race and racism looks at the ways symbols perform through material bodies, text, and other agents to come to terms with structural inequalities in society. Racialized discourses reify difference through creating systems of categorization, which enable the perpetuation of injustices for generations. Because racial inequalities are central to life, rhetorical work is necessary for uncovering hegemonic discourse that foster difference and objectivity. The rhetorical study of race brings with it an understanding of how it is socially constructed. It is widely agreed that race is not biology. Omi and Winant speak to the fluidity of race,

Race is a way of 'making up a people.' The very act of defining racial groups is a process fraught with confusion, contradiction, and unintended consequences. Concepts of race prove to be unreliable as supposed boundaries shift, slippages occur, realignments become evident, and new collectivities emerge.... The definitions, meanings, and overall coherence of prevailing social categories are always subject to multiple interpretations. No social category rises to the level of being understood as a fixed, objective, social fact (Omi and Winant 105).

With this understanding rhetoric is a suitable resource to address the contingencies that race brings. The establishment of race throughout history is based on language and symbols, assigning categories and identities. Whereas other fields of study look

at race as the finished product, rhetoric considers the rhetorical situations, the historical exigencies, and the motives that brought about the product. If race were considered with the tools of Burke we could see that difference began with hierarchy, thereby associating labels and task to coincide. Rhetorical form gives us the process of producing discourse designed to create and an appetite or desire for a particular ideology.

Afro Pessimism and Optimism

Thus far race has defined SCA and has become the marker to identify diseased patients. The essentialist notions imbedded within SCA discourse are useful in constructing a population of sicklers, determining their body type, and erasing pain. Subsequently these essentialist claims lead to arguments of who is inferior and who is superior, who is visible and who is invisible, who is pure, and who is impure, who belongs and who is an outsider. SCA was appropriated from its inception with epistemological ethos. This notion assigns race to some while assuring others are protected against. Khiara Bridges writes about the weaving of an identity safety net by white supremacist discourse. Sickle cell anemia is a:

Black related disease because only Black persons naturally carried the sickle cell trait within their blood, making them naturally susceptible to development of the disease. Or so the logic goes. Once sickle cell anemia acquired its racial association, a persistent, tenacious racial logic ensured that association would remain. Thus the abundance of evidence demonstrating that sickle cell anemia could, in fact, manifest in white persons did not threaten the status of sickle cell anemia as a “black-related disease, but rather threatened the “non-Black” status of the person manifesting the disease. Sickle cell anemia remained a “black-related disease” by making Black all persons who had it (153).

From this perspective, a rhetorical reading of race circulates how it is used in making diseased bodies and equating blackness as pathological.

Arguably the appropriation of political and social discourse to determine how bodies were described and handled, how cells were interpreted, how symptoms were treated was essential in guaranteeing SCA as a racialized disease. Black bodies were represented in everyday parlance and practice as categorized in conjunction with a particular historical narrative. Blackness oriented a different kind of existence, as it resembled a garment to be worn, a suit of clothes that never wore out or were taken off. Blackness became the terministic screen that filtered our understanding of bodies through prisms of disease, pathology, impurity, and dehumanization. Blackness under the control of whiteness was evil and consequently the justification of punishment. SCA then as a defective blood condition was justified and not a surprise. Blackness performed as a racial identity marker; therefore the diagnosis and definition of SCA easily fit together, seamlessly woven into discourses of difference and subsequently ideologies of white supremacy. Identifying blackness as a disease marker rhetorically constitutes certain bodies as prone to disability and branded as frail. White supremacist discourse utilizes blackness to arrange and “catalyze affective intensities” that subject their bodies to disciplinary rhetorics while reifying whiteness (Barnett and Boyle 12). Blackness then becomes a performative tool, a speech act that reifies language as it associates material consequences. In da argue

the racing of a subject is a never-ending process, one that must be reiterated by various authorities in order to sustain the naturalized effect of race. In short, performativity is a matter of reiterating the norms through which a racial subject is constituted. It is the power of discourse to bring about what it names through the citing or repetition of norms (93).

As for race, the efficacy of naming comes through the continuation of an act, which has diachronic extensions throughout history. Inda connects the normativity of racial utterances and its performance to their role in shaping history. “So for a performative term such as black to have binding power, it is not enough for it to draw on its historicity; it must also draw on it repeatedly and continuously. Simply put, then, the success of a performative act of racial shaming and constitution depends on the force of reiteration” (Inda 89). We then conclude that SCA discourse is an assemblage of “sociopolitical processes of differentiation and hierarchization, which are projected onto the putatively biological human body” (Weheliye 5). Moten best sums up the necessity for juxtaposing blackness as space of resistance and resignation.

Less self-evident is the normative striving against the grain of the very radicalism from which the desire for norms is derived. Such striving is directed toward those lived experiences of blackness that are, on the other hand, aligned not so much with a kind of being-toward-death but with something that has been understood as deathly or death-driven nonbeing. This strife between normativity and the deconstruction of norms is essential not only to contemporary black academic discourse but also to the discourses of the barbershop, the beauty shop and the bookstore (177-178).

Discourses of race and discourses of the body situate SCA as synecdoche, representative of how black bodies are reckoned as diseased and different.

It is articulated by some that blackness obtained its meaning as diseased and category during the Trans Atlantic Slave Trade. This voyage through the middle passage was a place of stripping away and becoming for Africans, Wilderson reasons Africans entered into the middle passage as people with a heritage and culture, identity and being and exited as black, bereft of existence and meaning, constructed by whiteness and constricted by anti-blackness. It was a place of social death. The

Middle Passage was so reductive of the humanity of Africans that their being was subordinated to less than human and always, already a subject. This thought process and understanding of blackness and the humanity of African Americans is known as Afro Pessimism. Wilderson, along with Orlando Patterson and Jared Sexton, argue the Middle Passage was a generative space of ontological essentialism and thus the interpretation of blackness as degenerative while whiteness becomes normal. Wilderson writes,

The gratuitous violence of the Black's first ontological instance, the Middle Passage, wiped out [his or her] metaphysics...his [or her] customs and sources on which they are based. Jews went into Auschwitz and came out as Jews. Africans went into the ships and came out as Blacks. The former is a Human holocaust; the latter is a Human and a metaphysical holocaust. This violence which turns a body into flesh, ripped apart literally and imaginatively, destroys the possibilities of ontology because it positions the Black in an infinite and indeterminately horrifying and open vulnerability, an object made available (which is to say fungible) for any subject. As such, "the black has no ontological resistance in the eyes of the white man" or, more precisely, in the eyes of Humanity (38).

The Middle Passage served to dehumanize the African and consequently bring about the notion of Anti-Blackness. This cultural and historical system is perpetuated well beyond the Middle Passage, slavery, Jim Crow and into the present with the prison industrial complex. Anti-Blackness is predicated upon the dehumanization of African Americans, its sustenance comes from their steady "social death." For that reason Wilderson surmises freedom from that system and identity apart from this culture is not possible without the dissolution of social structures that are woven into the notion of anti blackness.

The erasure of African American identity during the Middle Passage supports the ontological essentialism of blackness and marks it as a product to the heir of

hopelessness suffered. Humanity for Wilderson is elusive and unattainable because the profitability of anti blackness is predicated upon the rendering black bodies as valueless. Blackness, Wilderson figures,

refers to an individual who is by definition always already void of relationality. Thus modernity marks the emergence of a new ontology because it is an era in which an entire race appears, people who...stand as socially dead in relation to the rest of the world. This I will argue, is as true for those who were herded onto the slave ships as it is for those who had no knowledge whatsoever of the coffles (18).

What Wilderson articulates is the violent history that blackness is ensconced in. He invites us to resist the possibility of redress and assimilation into a larger representation of humanity. The Middle Passage haunts blackness and thus orients the being of all who bear that mark. Even the seemingly political and cultural advances that the nation has made towards a more equitable society are not sufficient to rid this trope of its haunting past, that remains a perpetual state of being. Sexton considers the Civil Rights Movement, the Black Power Movement, the election of President Obama, and other such progressive developments as “permutations” instead of definitive measures of advancement. The violence of anti blackness renders black bodies as fungible property, capable of being erased, reinterpreted and misidentified. It’s historical lineage tethers us to the Middle Passage and for that reason blackness remains a cite of violence and transgression. Whereas Wilderson attends to the antagonistic flow of blackness, Fred Moten and E. Patrick Johnson direct our attention to the potential and improvisational use of the trope. Moten and Johnson articulate that in blackness there is an element of fugitivity, a restlessness, and refusal to capitulate to any historical narrative. Moten acknowledges the historical trace that contextualizes blackness, “The history of

blackness is testament to the fact that objects can and do resist. Blackness—the extended movement of a specific upheaval, an ongoing irruption that rearranges every line—is a strain that pressures the assumption of the equivalence of personhood and subjectivity” (Moten 1). It is the tension that history affords and reveals that orients Johnson’s interpretation of blackness as “too...slippery—ever beyond the reach of one’s grasp. Once you think you have a hold on it, it transforms into something else and travels in another direction. Its elusiveness does not preclude one from trying to fix it, to pin it down” (Johnson 2). In other words, the violence of blackness throughout history doesn’t preclude us from also viewing it as transient, orchestrating a performance that accords with the zeitgeist. Both Moten and Johnson attend to the artistic and improvisational measures of blackness, the way it acts and circulates, resisting the pull of pessimist to narrow it to a particular register, a definitive time. History is an unfolding and constant re-interpretation of blackness. Johnson argues this is evident during the Harlem Renaissance, Black Arts, and Civil Rights Movement as various iterations of blackness belie the notion of the Middle Passage being a central focus of understanding and interpretation.

What these differing views of blackness offer is an interpretive frame of analysis to examine SCA. I extract from each to derive a theoretical lens that appropriates the fugitivity and fungibility of blackness in SCA discourse (Moten 1). The tension between the pessimist and the optimist, in Wilderson and Moten resembles the back and forth of blues and jazz music as each finds its way to bellow out the cries and celebrations of the human condition in African American life. Blackness is entrenched in a history of despair; it grapples with the dissonance and

destructiveness of a place, a passage, between identity and invisibility. Modes of transgression for Wilderson are tethered to periods of despair in slavery and Jim Crow, penal injustice and systemic poverty. The fungibility of blackness perpetuates an existential crisis rooted in ontological essentialism. Blackness is also liberating, entrenched in a history of hope and resilience, exuding energy in varying modes of subjectivity. Agency and optimism orient modes of fugitivity (Moten 1). The tension that I bring to the fore gives blackness a rich texture to unweave. This seemingly problematic intersection of blackness is what Johnson finds as essential to understanding its varied dimensions.

Blackness does not belong to any one individual or group. Rather, individuals or groups appropriate this complex and nuanced racial signifier in order to circumscribe its boundaries or to exclude other individuals or groups. When blackness is appropriated to the exclusion of others, identity becomes political. Inevitably, when one attempts to lay claim to an intangible trope that manifests in various discursive terrains, identity claims become embattled....blackness becomes a dangerous phenomenon (2-3).

The utility and malleability of blackness allows me to visit the permutations of freedom and violence in SCA discourse. I give heed to the historical lens that views SCA as a black disease, rendering its victims as resigned to a life of stigmatization and deterioration. Scientific literature acquaints it as a mode of “social death”, an affliction of the body that marks it as disease. It is treated as synecdoche in regards to pain and the body. Sickle cell warriors are treated as social misfits and pharmaceutical parasites. And thus we assert a particular alignment with ontological essentialism, a denial of sentient, a want of being, a fungible body. The pliability and fluidity of blackness also gives us permission to present SCA as ripe for acts of resistance, a resource for rhetorical agency. The

instability of blackness, the dissonance of its being, gives it the malleable trait that makes it productive for observing a nuanced approach to SCA. The language employed in appropriating different variations of blackness entail the use of racecraft in masking ways of whiteness. As I disclose the tension within the violence and victories associated with SCA I come upon the use of language and symbols that foster identities and coordinate communities. This keeps before us the conversation between the various iterations of blackness, the body that speaks, and the body that absorbs, the disciplinary mechanisms of the state and the resistance of its citizenry in their fight against the ravages of SCA. I will conclude this chapter attending to the rhetorical body and its legacy in reproducing and representing SCA as a black disease.

Body Politics

SCA show's how racist practices are woven into the corporeal and molecular structure of the body, it reveals the material consequences of race. Attending to the body rhetorically can offer a critical account to how identities are constructed and performed. Rhetorically the body revels the disciplinary powers of racial identity and how subjects are formed. Cells and genes, macro and microorganisms and the bodies they inhabit come to the researcher and doctor already inscribed by the social. They are symbolic as much as they are material; indeed, how bodies matter is very much a product of discourse. Kelly Happe argues the body is made to stand in as a material given over which the scientist has no control...The (racialized) body is made to appear anterior to discourse, leaving the scientist to merely "describe" it (144). No object of scientific investigation or medical intervention comes to us

ready-made but is rather, the product of interest-driven discourse. As a form of discourse sickle cell anemia embodies the diachronic constructions of blood that have extended to the notion of genetic determinism. It allows us to analyze the persuasive ideological choices scientists make, while identifying the ways in which science does political and rhetorical work in public life. SCA discourse renders the body visible and considers how the disease extends beyond the material existence of genes, cells, blood, and pain. For this cause it is imperative that rhetorics of the body are analyzed, parsing through the particular expressions of how blood is a naming mechanism and how cellular properties perform racial acts.

The body is centralized in our understanding of the racialization of SCA. It is contextualized in a historical setting that presents it as already diseased, already, disabled and already defective. This rhetorical history of the black body as diseased has maintained its fluidity and therefore as the etiology of SCA has evolved in time as have the claims for its rational and natural occurrence. In order to support the claims for natural difference and hierarchy, arguments were established to contribute to the notion of race as the cause. This is evident as early as the 18th century in the writings of Thomas Jefferson.

In “Notes on the State of Virginia” Thomas Jefferson explains the nature of difference. His argument was not unique to the times, for you see, in order to support the enslavement of negroes philosophers, theologians and politicians had to ground their actions in the uniqueness of biology, the need for hierarchy and the sovereign will of a God who created superior and inferior beings. As a slave owner Jefferson’s justification supported his coffers and assuaged his conscience.

To our reproach it must be said, that though for a century and a half we have had under our eyes the races of black and of red men, they have never been viewed by us as subjects of natural history. I advance it therefore as a suspicion only, that the blacks, whether originally a distinct race, or made distinct by time and circumstances, are inferior to the whites in the endowments both of body and mind....This unfortunate difference of colour, and perhaps of faculty, is a powerful obstacle to the emancipation of these people (qtd in Hammonds & Herzig 28).

Jefferson's ideas were part of a discourse that supported health differences and biological peculiarities as the cause for diseases. More specifically, Southern physicians and plantation owners argued that the physiological differences of Negroes were inextricably tied to diseases associated with their race. In the speech "Report on the Diseases and Physical Peculiarities of the Negro Race" Dr. Samuel A. Cartwright argues that an understanding of black diseases is contingent upon the numerous anatomical and physiological differences between the Negro and the white man. Cartwright carefully accounts for differences beyond the skin, focusing instead on the "the membranes, the muscles, the tendons and in all the fluids and secretions" (67). According to Cartwright, the negro anatomy represents deficiencies: "his head is hung on the atlas differently from the white man; the face is thrown more upwards and the neck is shorter and less oblique; the spine more inwards, and the pelvis more obliquely outwards; the thigh-bones larger and flattened from before backwards; the bones more bent; the legs curved outwards or bowed" (67). The argument of difference was further supported by deficiencies in metabolic processes and bodily fluids such as lymph, phlegm, mucus, and blood. These physiological and anatomical differences gave rise to "negro diseases" such as: pulmonary congestions, scrofula (disease of the glands), frambaesia (communicable by contact among those who greatly neglect cleanliness),

drapetomania (the disease causing slaves to run away) and dysaesthesia aethiopia (affecting both mind and body). In Dysaesthesia Aethiopia as well as with other Negro diseases, there is a common reference to black blood. The condition of blood was essential to understanding the Negro being. His blood was thought to be impure, vile, and deteriorating. It was used as a means to identify blackness and whiteness, mental capacities and human worth. Because of the contaminating nature black blood was not to mix with white blood. Jefferson's treatise, Cartwright's argument supported the need for distinction and a means to identify a contamination of normative white beings. These were part of a pervasive narrative that supported the essentialist notion of Negro blood as different, as a signifier to a diseased and subordinate body. Blood was evidence of race and thus used as an organizing material to identify the boundaries of black and white. The black body was considered diseased, susceptible to various ailments, yet strong enough to withstand pain and discipline.

I provide this brief historical reference to demonstrate that SCA wasn't discovered in a vacuum, in isolation, and outside of an ideological frame. Instead, sickle cell's discovery contributed to a continuation of determining racial identity through anatomical and physiological means. As Jefferson's writings indicate the use of disease as a site of struggle isn't a new phenomenon or a departure from recent history. Jefferson wrestled with the fitness of black bodies for slavery, the moral standing of America's tenets and the ultimate judgment of God in vindicating the course of history. *Notes on the State of Virginia* is part and parcel of his defense that black folk were inferior and that white folk were superior, a treatise exploring

what Toni Morrison identifies as his “color fetish”, a proclivity to that which nature has created and inscribed with meanings of insufficiency, ineptitude and unqualified. Jefferson’s *Notes* were meant to substantiate difference and distinction, human variation and race categories. The anatomical and physiological differences he noted were sufficient cause to counter any belief that blackness was just a pigmentation response to the protein melanin.

Whether the black of the negro resides in the reticular membrane between the skin and scarf-skin, or in the scarf-skin; whether it proceeds from the colour of the blood, the colour of the bile, or from that of some other secretion, the difference is fixed in nature, and is as real as if its seat and cause were better known to us. And is this difference of no importance? (Hammonds 24).

For Jefferson, blackness is born in nature; it is not just color, but race and subsequently provides a historical lens to our understanding of physiological traits. Race then is a precursor to biological essentialism, a forerunner to causes of disabilities and difference. *Notes* provide the canvas for Jefferson to paint a portrait of a people, born to be enslaved and entangled with all sorts of maladies and dysfunctions. He reasons, they are different in everyway, from the blood that course through their bodies, to the cranial capacities that measures reasoning and judgments. Characteristics such as these were tools of his trade that would be useful to continue constructing the black body. *Notes* wasn’t just a historical monograph Jefferson crafted to provide the basis for arguments of racial difference, instead it was the utilization of deflective ontological racecraft, the obfuscation of white supremacy through the means of assigning racial practices to the natural existence of race. It was a scheme of subterfuge, to point to the shadow of skin while avoiding the substance of manufactured race difference in discourse. Such

acts perpetuated the material consequences and historical narrative of white supremacy and objectification of black bodies. Even more useful for this project is how *Notes* builds on a rhetorical history that produces and articulates racialized discourses to support the notion of whiteness as transcendental norm and blackness as a signifier of mental and physical death.

More than providing us with an account of history, *Notes* assembles an array of arguments, rhetorical in use, to constitute a particular kind of body that is predicated upon an ideology of inferiority supported with skewed scientific precepts and practices. Rhetorical history then is essential to parsing the divergent pathways that lead to the perception and persuasion of SCA as a black disease. It is a constructive tool that traces the symbolic nature of black bodies as sites of disease and difference in our understanding of SCA from its American inception in early 20th century to the present.

All of these claims by Jefferson and his contemporaries were in support of an inferior body that was a product of nature, thus beyond the ability to repair or remediate with societal laws. Justice was not deferential and therefore the treatment of African Americans as inferior was not unethical or immoral. Giving a rhetorical perspective of the prescribed body, Kelly Happe contends,

Bodies are artifacts of culture...the body is always already gendered and raced. Bodies do not shed their gender and race markings on entering the space of medical observation and intervention. There simply is no biology without these cultural signifiers, no way of "seeing" through them to abstract physiological principles...genes are never not raced (14).

The significance of the body in SCA guides me to consider the following questions:

What is the function of the body in SCA discourse? How does a historical reading of

the body, implicate white supremacist ideology? What symbolic gestures are exhibited in the black body that becomes signifiers to a larger discourse on the objectivity of blackness? How does SCA become a racialized disease that is reduced to the black body, regardless of scientific and medical evidence? These queries call for a critical examination of the body as a rhetorical site, a contested place and a disruptive field where communication occurs and meaning happens. More specifically I examine how the body speaks and how it is spoken of. As Paul Achter explains in his work on bodies of veterans, “The body is a rhetorically useful and flexible argumentative locus that reflects the attitudes, values, and biases of a culture. In addition to their flexibility as sites of argument, public controversies involving bodies prove that the body is a forceful rhetorical form that captures and expresses ideas in ways words cannot” (Achter 49). I consider first communication about the body, following that with the body as a communicative force. Bodies absorb meaning; operating as a “fluctuating signifier”, subject to interpretation, they are often static and flexible materials that act. Communication orchestrates a narrative about bodies, whether racially, gendered or through any other language or symbolic capacity. This narrative is assimilated into publics and through varying discourses to convey meaning and determine actions toward particular bodies. The black body as disease is a product of history and is traced back to the use of religion, then racialized science to tell a story of human difference to support categorization and disease susceptibility. Jefferson and his contemporaries shaped our understanding of an inferior black body. They utilized metaphors, images, and other tropes as producers of knowledge to represent deficiency and difference. Language

historicized the black body, its subjectivity to cultural meanings and social ontological understandings. Subsequently racialized scientific discourse garnered an ethos to legitimize racial categories. Harding recognizes the need to critically examine knowledge producers and who is advantaged by such ideologies.

From a scientist's point of view, the discovery account can seem like a maximally accurate description of research. To challenge its accuracy is to challenge the basis of scientific research itself, that is, the observations and recollections of the community of scientists. And it is to challenge the authority of what is perhaps perceived to be the most legitimately authoritative institution in modern societies (Harding 8).

Under the guise of scientific research the black body was deemed already problematic and susceptible to diseases. This fostered a seamless transition from Jefferson's thoughts communicated in Notes on the State of Virginia to the discovery of SCA. What we learn from the historical trace of SCA is that race is a social construction and a material fact, inasmuch as racialized discourse materializes racialized bodies. Race is rhetorical, a historical product, that ambles about in the everyday, attaches itself to bodies, inscribes upon souls; yet the paradox remains, race isn't real, it's a fictionary tale, a societal and cultural design. As SCA discloses, the material weight of race on bodies effects what they are called, how they are named and if they are cared for. This cultural phenomenon has consequences.

Davis Houck and Amos Kiewe elaborate further on the notion of cultural inscriptions and the weight they carry on bodies in FDR's *Body Politics: The Rhetoric of Disability*. "Cultures invest bodily conditions with meaning and in so doing can valorize or admonish appropriately. Disability is not written in the stars—or on the body; rather, disability is a construction, defined, and negotiated by culture at a given point in time. It means different things to different people at

different historical moments” (Houck and Kiewe 5). What Houck and Kiewe make plain is how FDR was privileged with agency to inscribe and shape the public meaning of his disability. To the contrary, what we find in SCA discourse is that agency is often absent and therefore cultural constructions of black bodies influence public communication and policy regarding the research and care of SCA patients. Communication about raced bodies is often communication about diseased bodies and thus the raced body is a site, a canvas, on which are drawn cultural mores, fears and misunderstandings about difference and determinism. Consequently then, black bodies are marginalized and devalued. In the case of SCA the material consequences become evident in how these bodies are cared for, how their symptoms are misdiagnosed and how their pain is rendered invisible.

Bodies are not only products of communication but also bodies are communicative agents. The rhetorical influence of the body is often disruptive, enabling, and agentive. As persuasive symbols, bodies function as independent gestures, countering societal norms, drawing critical attention to systemic structures of power. The usefulness of bodies in formulating arguments of resistance was evident during slavery. In *Scenes of Subjection* Saidiya Hartman observes the everyday works of resistance performed through seemingly enslaved bodies. These acts of resistance communicate bodies as rhetorical forces against racial subordination.

The everyday practices of the enslaved encompassed an array of tactics such as work slowdowns, feigned illness, unlicensed travel, the destruction of property, theft, self-mutilation, dissimulation, physical confrontation with owners and overseers that document the resistance to slavery. These small-scale and everyday forms of resistance interrupted, reelaborated, and defied the constraints of everyday life under slavery and exploited openings in the

system for the use of the enslaved. What unites these varied tactics is the effort to redress the condition of the enslaved, restore the disrupted affiliations of the socially dead, challenge the authority and dominion of the slaveholder, and alleviated the pained state of the captive body (Hartman 51)

The rhetorical body as a resistant force serves to demonstrate agency from seemingly captive bodies. In a different time period, but serving a similar purpose to disclose bodies as producers of communication, I examine the work of social and medical justice for African Americans. More specifically I unpack the use of the body as an initiator for change in Black Panther discourse, as they established health clinics to aid in SCA medical treatment. I contend that their work was what Kevin Deluca called an “image event to provide a delivery system for strafing the population with mind bombs” (4). While these clinics served the purpose of taking care of their own, the Black Panthers also utilized these occasions to bring attention to black bodies in neglect and also black bodies in control. Referring to the power of the image events Davi Johnson Thornton writes image events “change public consciousness by shattering existing perspectives and bringing new elements together or articulating (linking) them in ways that redefine reality” (19). Bodies are communicators that inscribe meaning, affective beings that invoke feelings to which rhetoric offers a suitable and sustained response. Blackness is the cloak that is fastened onto bodies that facilitate subjectivity and categorization, fear and invisibility. This black body has a history that has been written in white supremacist language, that tells a story of disease and criminalization, mental inferiority and instability. The subtle nuances within the folds of history have made the language and intent of white supremacy cloaked and clandestine. The clarion

call that has gone forth since the later part of the 19th century is that SCA is a black disease. It has proceeded without little disruption or defiance, largely at the behest of an ideology that feeds from discourses that give heed to the racialization of black bodies. I argue that a critical rhetorical examination of SCA discourse through the lens of DOR will disrupt ideologies of white supremacy and disclose the ultimate intent of sustaining its normalization. In the following chapter I start at the beginning of how SCA became a black disease. Each chapter provides a rhetorical situation that gives birth to exigencies that support the racialization of SCA for the purpose of maintaining white supremacy, that embrace the racialization of SCA for the purpose of disclosing genocidal discourse, that appropriate SCA as a rallying cry for activism and agency.

CHAPTER THREE. THE MAKING OF A BLACK DISEASE

“The Souls of White Folk”

This chapter begins with the souls of white folk; here we find an intersection of hubris, hierarchy and hatred—a false assertion of pride in oneself and history, a vacuous assumption that the creation of human categories is factual and not a falsified social design and an absolute disdain for the “other”, difference or diversity. I begin with the souls of white folk because this hollowed and haunted place is often covered up with all sorts of platitudes and pontifications that shroud the source of racism. Hollowed because the myth of race is inextricably woven into religion, supposedly sanctioned by deity and the moral responsibility of the colonizers. Haunted because from the 17th century until now the ghost of racism reappears and reoccurs, though seemingly disavowed by science, it is a sustained socially structured system, which materializes in the mundane and spectacular (Wilderson 2009). Racism doesn’t just appear out of the ether or haphazardly meet us along the way, instead history unfolds the nature of race, the habits in race as the attitudes for race are born of the soul, created in the sanctum of mind and heart. And that’s why before we can understand how SCA became a black disease, we must grasp by what authority does a people have the audacity to package, label and send off into society another kind of people with identities not of their own making or doing, with bodies susceptible to sickness and carriers of disease.

This chapter considers the rhetorical use of technology, specifically Victor Emmel’s diagnostic test to inform and establish the boundaries for the initial

biological processes of SCA. This test was central to determining how SCA is diagnosed as it asserted scientific truth claims about the disease. Emmel gives a guide whether accurate or not of whose body has the potential for disease and whose body is exempt. He lays the qualifications for exemption and examination. Emmel's claims are grounded in the ethos of technology. The scientific argument that his work proposes addresses a broader cultural argument at the time of African Americans as defective and disease prone. His work is in consonant with societal norms thus not drawing attention to any tacit acceptance of SCA as a racialized disease.

Furthermore, I consider the "public status for scientific claims that ultimately lead "toward the transformation of these claims into scientific knowledge" (Gross 129). In other words I analyze the utilization of the placement of these claims and how medical journals translate into a harbinger of expertise and legitimacy, thus giving further corroborating evidence to arguments made regarding the racialization of SCA. In SCA discourse we find that the ideology of white supremacy facilitates the emergence of technology to name and corroborate disease characteristics and to make claims that interpret particular bodies as essentially inept and disposable. Interpreting SCA discourse through the critical analysis of deflected ontological racecraft allows us to note the normative performance of whiteness. A rhetorical critique of the medical research that is seminal to our foundational knowledge of SCA is imperative as it allows us

to understand the functions of scientific projects in their historical contexts, and how racist, white supremacist, and Eurocentric consequences follow from apparently innocent assumptions about human variation, causes of

social change, human progress, the functions of value neutrality, and what constitute good methods (Harding 25).

In this chapter I examine influential articles from medical journals that guide our thinking in determining how SCA became a racialized disease. The argument for the racialization of SCA relies heavily on the expertise of medical scientist, physicians who utilized their expertise to sustain claims that were questionable and appropriated methods less than scientific credible. What made this argument salient and suitable for the times is how seamless it was woven into the period's discourses on race and human difference. Contemporary norms invited and welcomed scientific research that supported the notion of black blood as vile and representative of why miscegenation was anathema. At the time of the research and findings, the racialization of SCA was in keeping with what Hogarth calls "medicalizing Blackness." The objectification of black bodies wrote race in SCA and thus was apart of normative discourse. Each was sustained by their rhetorical expertise and consequently, the legitimacy of SCA is determined by the authority of the voice. To this point E. Johanna Hartelius informs us how experts wield their proficiency and skill with intent to persuade and thereby solidifying the rhetorical nature of expertise:

All experts associate themselves strategically in networks with other experts and areas of expertise, borrowing cultural capital. All experts explicate some from of epistemology and methodology. All experts select a stance that prescribes either deference or participation as the most appropriate public response. All experts create an urgent demand for their expertise by identifying and/or constructing a rhetorical situation in which it is the most fitting response (29).

This chapter is devoted to critically analyzing the “fitting responses” that are crafted by the cultural conditions and social mores that make SCA testing possible and that undergird the material realities that this disease produces. Hartelius reminds us that expertise is not simply a label of acumen or distinction but more importantly, for this work, a topos where persuasion can be found, with rhetorically intentions. “It is important to recognize...that expert authority is wielded rhetorically. When we recognize that certain arguments and appeals ‘belong’ to the rhetoric of expertise we become more cognizant of experts strategies” (30). Before considering the solutions that SCA brought about and the answers to the questions of the time, I begin with an examination of the zeitgeist of Du Bois’ writings, which give us a snapshot of the normalization of whiteness and supposed foreign nature of blackness, as America’s understanding of SCA is being formulated. I build on Du Bois’ work by considering how this “black disease” was constructed and promulgated historically, largely through medical journals and prominent voices in the medical community.

Du Bois and the Spirit of the Times

During the Jim Crow era W.E.B. Du Bois wrote two seminal essays that give context to the discovery of SCA and provide an excellent foundation of the culture and societal norms: “The Souls of White Folk” and “The Superior Race.” Du Bois begins “The Souls of White Folk” metaphorically from an advantaged place, where he is able to dispel the myths and machinations of whiteness as supreme. He writes:

High in the tower, where I sit above the loud complaining of the human sea, I know many souls that toss and whirl and pass, but none there are that intrigue me more than the Souls of White Folk. Of them I am singularly clairvoyant. I see in and through them. I view them from unusual points of

vantage. Not as a foreigner do I come, for I am native, not foreign, bone of their thought and flesh of their language. Mine is not the knowledge of the traveler or the colonial composite of dear memories, words and wonder...Rather I see these souls undressed and from the back and side...This knowledge makes them now embarrassed, now furious! They deny my right to live and be and call me misbirth! My word is to them mere bitterness and my soul, pessimism (923).

“The Souls of White Folk” identifies whiteness as an organizing principle of a social system, a racial discourse that shapes human identity, predicated upon a flawed understanding of history and fear of the truth. White supremacy Du Bois argues rhetorically functions as the perpetuation of a historical lie. What Du Bois revealed of whiteness during his time also remains relevant in the work of Kennedy, Middleton, Ratcliffe as they disclose the insidious as well as blatant aspect of whiteness in their text: *Rhetorics of Whiteness: Postracial Hauntings In Popular Culture, Social Media, and Education*. They identify how “whiteness haunts: it inflicts identities of bodies, cultural groups, sites, objects, events and actions” (6). Whiteness produces habits and practices that are predicated upon ideas of human difference, superiority, and purity. The critique of white supremacy discloses what Du Bois considers as the “unknown unapprehended Truth” (The Superior Race 1) The lie functions as an “epistemology of ignorance” an instrument of black subjectivity. In the *Racial Contract* Charles Mills argues that an epistemology of ignorance is an agreement to “misinterpret the world.” This misinterpretation rhetorically “functions as a particular pattern of localized and global cognitive dysfunctions (which are psychologically and socially functional) producing the ironic outcome that whites will in general be unable to understand the world they themselves have made” (Mills 18). Mills further contends that ignorance is “in no

way accidental, but prescribed by the terms of the racial contract, which requires a certain schedule of structured blindness and opacities in order to establish and maintain the white polity” (84). For Du Bois, whiteness is a symbol that is predicated upon a historical “color line” and its social structure that delegitimizes “the other” and their opportunity to experience the fruits of a democratic ideal. Or as Seshadri-Crooks argues, “Whiteness is a master signifier (without a signified) that establishes a structure of relations, a signifying chain that through a process of inclusions and exclusions constitutes a pattern for organizing human difference” (3). It is through the performance of whiteness that multiple meanings are given to black bodies and furthermore that racialized disease come into meaning.

Du Bois countered the exigencies of the time by decentering whiteness in the retelling of history so that we might have a sense of how we construct history under different circumstances, from disparate paradigms and acts. In “The Superior Race”, Du Bois proceeds to undermine the notion of scientific racism by establishing the usefulness of racial supremacy and problematizing it as a lie. At the time of its writing the nation was enshrouded in Eugenics thought, as it was interested in improving the mental and physical being of its citizens, distinguishing racial purity and celebrating nationalism. These narratives were established to play a role in the creation of power relations through racial hierarchy and human difference. Du Bois writes,

Indeed the greatest and most immediate danger of white culture, perhaps least sensed, is its fear of the Truth. Its childish belief in the efficacy of lies as a method of human uplift. The lie is defensible; it has been used widely and often profitably among humankind. But it may be doubted if ever before in the world so many intelligent people believed in it so deeply. We

deliberately and continuously deceive not simply others, but ourselves as to the truth about them, us and the world (Superior Race 76).

This fear of the truth is the perpetuation of a lie, the political representation of whiteness as preeminent, whiteness as normative, whiteness as ideal. This fear of the truth is the perpetuation of a lie, the political representation of blackness as impure, blackness as diseased, blackness as aberrant. Between this environment of lies and misrepresentations of the truth, SCA is sandwiched. As Du Bois intimates in “The Souls of White Folk”, what becomes evident is “Wave on wave, each with increasing virulence, is dashing this new religion of whiteness on the shores of our time” (924). To go along with Du Bois’ imagery, the theology of whiteness sought to indoctrinate society with the notion that black bodies at the time were the home of a host of debilitating diseases and deformities. What Du Bois does is help us locate the exigencies of the time, painting a portrait of what societal claims give rise to in the consideration and acceptance of SCA as a black disease. Again, grasping an understanding of the numerous machinations of whiteness centers this work as we note how the categorization of disease organizes bodies to serve structures of power. This also points to the rhetorical nature of race as it “organizes difference and elicits investment in its subjects” (Seshadri-Cooks, 7).

A Cadre of Diseases

During this time in history, syphilis, SCA and tuberculosis represented the perpetual disease state of black bodies; these were their fate and markers of difference. Indeed they were justified as “exclusionary disease concepts that could serve opposing ideological purposes while functioning as a vehicle for exclusionary social policy” (Reuter 9). Conjuring disease discourse to legitimize the objectivity of

black bodies was normalized as slavery slipped into the shadows of history. With reconstruction on the horizon slave masters searched for ways to perpetuate the rationale that black bodies were inferior and operated on a lower level of being than white bodies. The pathologizing of blackness and the preoccupation with difference served to facilitate white supremacist ideology while creating a chasm between races and how they were represented in society (Pollock 2). SCA was a part of a larger discourse on blackness as a pathological disease category. In the text

Medicalizing Blackness: Making Racial Difference In The Atlantic World, 1780-1840

Rana Hogarth writes about the usefulness of blackness as a disease prescriber,

The process of defining blackness as a physiological and at times pathological trait went hand in hand with the logic physicians used to diagnose and make prognostications about illnesses and the body's responses to them. At the same time, pathologizing blackness also served the purpose of expanding existing social divisions. The pathological and even normative traits that physicians attributed to black bodies became tools of oppression and power for even as white physicians constructed images of health and robust black bodies capable of enduring brutal labor regimes, they also identified deficiencies within these bodies that disqualified them for self-government. (Hogarth 3).

In 1851 Samuel Cartwright, physician and plantation owner established that the nature of disease had to be "understood through the lens of anatomical and physiological difference" (28). After a series of studies Cartwright concluded that there was a difference in the physiology of African Americans respiratory system. "The lungs of blacks cannot vitalize the blood. Incompletely vitalized blood was a racial characteristic that produced 'lack of vitality' cured only by forced labor" (28). When asked, "How is it ascertained that Negroes consume less oxygen than white people?" Cartwright responded: "I answer, by the spirometer" (29). This justification for slavery was one of the numerous opinions that surfaced during this

time that supposedly provided a definite conclusion of racial difference.

Cartwright's claims of the deficiency of black bodies justified their lack of human qualities and thus validated enslavement. Each argument reconstituted narratives of black bodies as objects of submission, in need of support. In keeping with a broader discourse of their times Hogarth reiterates how in Cartwright's arguments were with societal norms that appropriated medical expertise as a legitimating force. "The pathological and even normative traits that physicians attributed to black bodies became tools of oppression and power, for even as white physicians constructed images of healthy and robust black bodies capable of enduring brutal labor regimes, they also identified deficiencies within these bodies that disqualified them for self-government" (Hogarth 3).

Frederick Hoffman, a contemporary of Cartwright was even more influential in influencing the discourse on African Americans as inferior in his book *Race Traits and Tendencies of the American Negro*, written in 1896. Hoffman argued that slavery was a requirement for the African Americans to have the best quality of life. Not only were they not equipped to survive outside of the boundaries of slavery, but also physiologically they were not created with the proper lung capacity, blood, cognitive faculties or even desire to be industrious and productive. The generalization was useful in putting forth claims of inferiority, establishing the identity of the African American as diseased, while protecting whiteness from impurity. Hoffman summarizes his work in the following quote:

The pages of this work give but one answer, an answer which is a most severe condemnation of modern attempts of superior races to lift inferior races to their own elevated position, an answer so full of meaning that it would seem criminal indifference on the part of a civilized people to ignore

it...It is not in the conditions of life but in race and heredity that we find the explanation of the fact to be observed in all parts of the globe, in all times and among all peoples, namely, the superiority of one race over another, and of the Aryan race over all (312).

The necessity of providing a historical context cannot be overstated in determining how SCA was a piece that fit neatly into a puzzle that portrayed an image of bodies that are ill-equipped for life, beyond the scope of slavery, but also bodies that are beyond remediation and thus beyond the extension of social justice. Hoffman's writing conjured and continued the ideology of white supremacy as evidenced in black inferiority. The black body according to Hoffman, Cartwright, and others were designed to be different and thus assumed to be diseased. SCA was simply one of a cadre of diseases, thought to be circumscribed, for black bodies, considered as products of deficient cells, tissues, organs and systems. What's apparent is how black bodies are labeled and categorized, formed and disciplined to advance white supremacy, to assert the normalization of whiteness as supreme and thus blackness as a signifier for all that is evil.

This evolution of racial categorization that Hoffman alludes to discloses what Ehlers sees as taxonomies of skin. This method of differentiation was replaced by "investigations that sought to locate racial essence beyond the skin and, instead, in the deep recesses of somatic functioning. And as the search proceeded, racial difference became located in every conceivable invisible part of the body, but most especially in the blood" (44). Among the most significant racialized disease at the time was tuberculosis and syphilis. Tuberculosis was prevalent among urban blacks contributing to a significant rate of morbidity and mortality. In his work *Infectious Fear: Politics Disease and the Health Effects of Segregation*, Samuel Roberts writes:

The worst white reactionaries saw black tuberculosis as a harbinger of racial degeneration...Because of its etiology and sociomedical profile, tuberculosis, among all the major early-twentieth-century afflictions, may prove best suited to illustrate the historical processes of racial construction of disease and of medical constructions of race (Roberts 4-5).

Within the same historical environment of racialized health and vulnerable diseased bodies, syphilis conjured notions of African Americans as resistant to certain maladies because of their unique physiology and anatomy. Harriet Washington examines the use of African Americans in medical experimentation and the disease discourse that sought to naturalize physiological differences and normalize white bodies. Syphilis, she argues, was at the intersection of experimentation, protection of whiteness and disciplinary mechanisms of power.

Syphilis, for example, was held to be racially dimorphic. Physicians believed it worked its most feared damage within the neurological system of whites but that the less evolved nervous system of blacks was left relatively unimpaired. In blacks, syphilis was thought to attack the muscles, including the heart. This belief that syphilis in blacks differed dramatically from the disease in whites provided a rationale for the infamous U.S. Public Health Service's (PHS) Tuskegee Study of Syphilis in the Untreated Negro Male. Between 1932 and 1972, six hundred black men, their wives, and their children were deceived into participating in a research study that denied them treatment, so that PHS scientist could trace the progress of the disease in blacks (Washington 37).

This brief trace into the rhetorical situation that we locate SCA at the turn of the century discloses the normalization of whiteness, the perpetual use of race as a biological marker of difference and thus the expectation of blackness to operate as a physiological deficiency. SCA is the continuance of a conversation, the furtherance of an idea that's preoccupied with blackness as a pathological birthmark. Race then becomes suitable to stratify bodies and disease types. It informs whose normal and who is beset with deficiencies. It creates and names the kind of citizen it wants,

while excluding and excising others. What will be evident in SCA discourse is how this is done and what disciplinary rhetorics are at the disposal of whiteness. Our primary focus will be on how technology is a primary rhetorical tool to draw lines of distinction and thus facilitate disease identity. Speaking to the mutuality of rhetoric and technology in organizing discourse and representing symbolic gestures, John Lynch and William Kinsella write, “Each results from the gathering and deployment of existing resources, whether these are scientific principles or material foundations that become the basis for a specific device or the ideas and arguments that form the basis for a finished discourse” (Lynch and Kinsella 2). The cultural and political history of SCA is steeped in the logics of blood, scientific research, medical theories and diagnostic test, all of which assemble a particular narrative that is supported largely from the credibility of technology as a mechanism of discovery.

What these and other tools reveal is how white supremacist ideology relied on technology to present SCA as a black disease, to interpret the black body and give meaning to its existence. Confidence in the credibility of technology as an objective measure occludes or deflects the machinations of whiteness and feeds into the notion of racecraft, as it ascribes deficiency to matters of race instead the performance of racism. The confluence of blood, cells, scientific and medical imaging all work toward substantiating blackness as a physiological birthmark, a natural defect that’s not merely inscribed by scientist but more importantly discovered, an indication of what was already there. At this time in American history, the black body served as synecdoche, at the crossroads of culture and

science, found at the intersection of the social and science, as SCA challenges the meanings of whiteness and blackness.

Medical Corroboration

In 1910 after the discovery of SCA by Dr. James Herrick. In the “Archives of Internal Medicine” Herrick chronicles his finding as possibly “freakish poikilocytosis, presenting as peculiar elongated and sickle-shaped red blood corpuscles” (Archives of Internal Medicine 517). His patient is:

an intelligent Negro of 20” a recent immigrant, to the United States from Grenada, West Indies. Neither parent was found to have similar symptoms; however the neighborhood was fraught with folk who also had the same diagnosis: scabs, ulcers, bruises, and a persistent cough. He didn’t have syphilis or gonorrhoea, each of which was common diseases associated with black bodies during this time in history (517).

As for the physical examination Dr. Herrick wrote, “this showed him to be a young man of typical Negro facies, with black, curly hair.” The blood panel taken on Decemeber 26, 1904 was an examination of red and white cells and hemoglobin, the protein in red blood cells that delivers oxygen to other cells in the body. From the examination Dr. Herrick determined,

The shape of the reds was very irregular, but what especially attracted attention was the large number of thin, elongated, sickle-shaped and crescent-shaped forms...They were not seen in specimens of blood taken at the same time from other individuals and prepared under exactly similar conditions. In the fresh specimen where there was a slight current in the blood before it had become entirely quite, all of the red corpuscles, the elongated forms as well as those of ordinary form, seemed to be unusually pliable and flexible, bending and twisting in a remarkable manner as they bumped against each other or crowded through a narrow space and seeming almost rubber-like in their elastic resumption of the former shape (Herrick 519).

After consulting another physician’s notes from the same patient over the course of a year Dr. Herrick determined that no conclusions could be made or definite

diagnosis. Although some of the symptoms mimicked a syphilis patient Herrick could not definitely say that the mysterious condition was the sexually transmitted disease. After evaluating “the odd blood picture”, Herrick concluded, “the question of diagnosis must remain an open one unless reports of other similar cases with the same peculiar blood-picture shall clear up this feature” (521).

Herrick’s seminal article represents an effective rhetorical genre during a particular time period when medical science and culture intersected to justify blackness as a marker of inferiority. Medical journals were useful for scientist to communicate to each other their findings, were significant for suggesting and establishing cultural norms and valuable for determining future ways of understanding the human condition. Importantly we find this heuristic at the nexus of determining the etiology of SCA. These articles contributed to answering the following questions: How does racialized discourse work itself into seemingly objective analyzes? And, how does white supremacist ideology structure knowledge of SCA? A rhetorical perspective towards medical journals enables us to analyze the form and style that comprise the arguments, to conclude how we will make judgments. Although the audience is comprised of fellow scientist and physicians the use of this tool is all the more significant, as it represents the function of the scientific and medical communities to guide our cultural beliefs. Scientific journals became sites of rhetorical invention to trace the methodical and precise way technical language was appropriated to convey various meanings of blackness. They were a continuation of a convergence of thought that began to justify the

institution of slavery. A new vocabulary emerged as scientist and medical practitioners named SCA and located it as a contested space.

The rhetorical use of this genre captured a form that was useful in maintaining scientific ethos and the voice of the physicians as an interpreter of human nature, thereby concluding medical scientific journals as “typified rhetorical actions based in recurrent situations” (Miller 159). Placement of text and visuals, hypothesis and results, conclusions and questions coordinate towards persuasive actions. In other words, language that establishes the credibility of the author, reference to past research and the need for further experimentation all represent a kind of form that’s common and central to the persuasive aspect of medical research articles. For Burke this form “leads a reader to anticipate another part, to be gratified by the sequence.” To add to Burke’s formulation, Carolyn Miller writes, “Form shapes the response of the reader or listener to substance by providing instruction, so to speak about how to perceive and interpret; this guidance disposes the audience to anticipate, to be gratified, to respond in a certain way” (Miller 159). Scientific rhetoric influenced conversations and ideas about disease. Scientific rhetoric also influenced cultural practices by inviting others to envision new habits and attitudes about old matters. By reiterating facts, presenting graphs and performing other scientific acts scientist were invited to read the black body as diseased and impose a different set of ideas upon their body, in tandem with deformativity. Subsequent journal articles repeated the specious claims and consequently gave credence to them. The pathologization of the body established a relationship between SCA and black bodies regardless of Emmel’s initial results. His

inference and their repetition of it ultimately essentialized a group's identity while articulating a disease to materialize in specific bodies. The direct appeal to fellow scientist and doctors, the placement of assumptions and arguments as coordinate with the discourse of the time that resisted miscegenation and called for the maintenance of racial purity. Ultimately we find in the publication of these journals in scientific venues the need to prove the defilement of the black blood and consequently the need to keep it separate from that of others. What will be evident in this chapter is the employment of medical research to assemble ideas and add on to their meaning to ultimately paint a picture of SCA as a representation of blackness. Articulations are formulated for the sake of identifying who is pure and who is tainted. Questions abound early as the disease is given a host, and its home is historicized. While the choice of language and symbols are ensconced in medical jargon to convey a natural certitude, what I theorize with deflected ontological racecraft is the artful precision with which whiteness is woven into arguments to maintain human difference.

As intimated earlier, Dr. James Herrick identified the first case of SCA; however he was not sure what clinical name he should inscribe. His descriptions are void of conclusions, with more of a tepid assertiveness and hesitancy to label the "unusual blood findings" and "freakish poikilocytosis" as common to a certain body. To the contrary Herrick shies away from certainty and advises caution as he writes, "No conclusions can be drawn from this case. Not even a definite diagnosis can be made. The question of diagnosis must remain an open one unless reports of other similar cases with the same peculiar blood-picture shall clear up this feature." What

we find is a patient's history that includes comments such as: "intelligent negro of 20, common disease in the locality where he lived, he denied syphilis and gonorrhoea, a young man of typical negro facies, with black curly hair, he was fairly well developed physically and was bright and intelligent." These marks of distinction are significant inasmuch as they give guidelines in evaluating and identifying who is a possible host for bizarre and curious blood. The careful descriptions of the body demonstrate how it is enlisted in establishing boundaries and borders in defining and categorizing bodies. Herrick painstakingly and methodically tabulates the blood counts and how it differs over time. The addition of this not only assumes the meticulous and thorough nature of his medical exam but also asserts the reliability of charts. The rhetorical form of scientific articles are structured for a particular audience, to persuade and promulgate to a wider audience, to normalize theories and to codify social behaviors. As well, the choice of rhetorical resources that compose arguments give a nod to the kind of audience that is receptive towards persuasion. Thus we find in the artifacts that I'm examining attention to the following questions:

What conventions govern the way researchers participating in a particular scientific discourse community are expected to argue? What facts, beliefs, and values do participants within a particular research community use to judge the validity and reliability of methods and conclusions? What broader sets of facts, beliefs, and values might influence the making or judging of arguments (Wynn 9)?

Within the journals, there is a reoccurring appeal to scientific judgments predicated on facts that are interpreted to concur with the socio-cultural values of the time. The audience of fellow medical doctors is significant, as these utilize a new scientific vocabulary and employ their ethos as a strategy to produce and circulate cultural

knowledge of SCA. In other words, Emmel's medical gaze along with his proclivity to read black bodies as different allows him the broad scope to interpret his findings as potential instead of factual.

Herrick begins the initial characterization as he considers possibilities and publics for disease type and host. His foundational essay lays the groundwork with language of potentialities that are appropriated by Dr. Victor Emmel in 1917. With Emmel's research and subsequent technology to determine the presence of SCA, now there is a disciplinary mechanism to identify and validate black bodies as problematic. Emmel's blood test was used to establish lines of demarcations, rules, and borders for judgments. For years it communicated particular guidelines, created meaning and accommodated white supremacist logic of difference within blood kind and subsequently inferiority within physiology. The material realities of the test were evident as it authorized a particular way to determine the disease potentialities and assumptions. Emmel's blood test was strategically in place to maintain a technical language that represented social and cultural arrangements. In 1917 Emmel chronicled in the *Archives for Internal Medicine* a visit with a mulatto patient whom had similar symptoms to the patient examined by Herrick. "My own observations were begun with the purpose of making a detailed study of the peculiar types of red blood corpuscles occurring in this blood and to ascertain if possible their mode of origin and the factors involved" (586). The cells presented were "elongated in shape" but inclusive as to a sickled cell shape. Emmel assessed the cells under observation and concluded these,

are suggestive as to the manner in which the original disk-shaped erythrocytes may be transformed into the sickle-shaped elements....What

appear to be identical transition stages between disk-shaped and sickle-shaped erythrocytes were also present in the blood preparations from Herrick's and Washburn's cases.

Emmel devised a test under "experimental conditions" that consisted of placing a culture of blood on a slide bounded by a "ring of petrolatum." After observations of two to three hours "Great numbers and in some cases the majority of the previously apparently normal disk-shaped and in some cases the majority of the previously apparently normal disk-shaped erythrocytes become transformed into elliptical spindle-shaped and sickle-shaped elements" (591). Thus, sickled cells appeared after Emmel's blood test was performed. On a subsequent visit the patient's blood was examined and was determined normal. To this Emmel wrote, "On making an examination of the blood in the ensuing September, I was surprised to find an almost entire absence of the sickled shaped erythrocytes. Again, Emmel tested the blood and as before his test "induced the patient's cells to sickle" (Wailoo 141).

Emmel's blood test produced the results he was looking for. As is evident by the conclusion from his blood test results Emmel saw in blood cells from Negro patients or individual's with Negro blood that there was a likelihood for sickled blood. He determined, "The evidence appears conclusive that even though for some unknown reason the circulatory erythrocytes had temporarily returned to an apparently more normal structure, they still retained the potentiality for transformation into the sickle-shaped forms" (593). To further substantiate the constitutive nature of Emmel's blood test and its way of shaping our understanding of Negro blood as diseased, Emmel tested the patient's father's blood to determine if this disease was acquired through familial lines. The first examination of blood

yielded a normal result; however after the blood sample was tested with Emmel's blood test sickled cells appeared. "When the next opportunity occurred to see the father again, nearly a year later, his blood still presented an apparently normal condition, but in the culture preparations the erythrocytes again manifested the same tendency toward a transformation into elongated and sickle-shaped forms" (594). The work done by Emmel's test, demonstrates the embrace of technology to determine how bodies are read and understood. The repetition of his process by other scientist articulates how central Emmel's work was in strategizing and organizing the racialization of SCA. What we find is that SCA is not simply a disease process but a generative site to gauge and guide ontological racecraft, a heuristic in the coiffers of white supremacist ideology to forward the narrative of race as an essentialized property and that technology is useful to reveal what is hidden. Therefore, Emmel's diagnostic test supposedly aids and abets nature; it interprets instead of manufactures the chemistry of SCA and its causation. The constitutive action of this diagnostic test discloses its power to act as a barometer and measuring device of how race is used to determine and disqualify bodies that differ from the normative. As Bennett argues in his work on the cultural effects of HIV testing, I also agree that "cultural conditions make testing possible" and consequently enable the test to be reproduced regardless of shoddy methods and its results to be interpreted as justifiable.

The language Emmel used in describing the viability of his results in guiding future testing is rhetorical. "They still retained the potentiality for transformation into the sickle-shaped forms," informs the authority Emmel assumed in reading

black bodies (Emmel 593). His characterizations allowed him “the capacity to define the body to organize the terms through which the body’s signs are read” (Miller 33). The early use of scientific articles to define SCA and categorize certain bodies as host discloses “a view of medical journals as epideictic rhetoric and thus ‘sheds some light on values of medical research, practice and care’ (Segal 155). Such medical discourse is epideictic because it elevates scientific knowledge or general and common language. In other words, the use of journals allowed scientists to stake a claim that was considered not easily refuted because of the prestige and veneration of scientific knowledge. The rhetorical currency in Emmel’s techniques should not be overlooked as it provided a lens through which subsequent interpretation of SCA diagnosis would occur. His work framed how we come to know SCA. His medical knowledge and clinical decisions proved foundational for influencing the diagnostic evaluation to determine who is a SCA patient. His results were rendered plausible through the exigencies of the time. His work was informed by the times and thus the formulation of a scientific experiment that encourages a racialized reading was invited and welcomed. The authority that he assumed in naming and classifying black bodies as potentially diseased resonates Foucault’s writings:

It is a normalizing gaze, a surveillance that makes it possible to qualify, to classify, and to punish. It establishes over individuals a visibility through which one differentiates them and judges them. That is why, in all the mechanisms of discipline, the examination is highly ritualized. In it are combined the ceremony of power and the form of experiment, the deployment of force and the establishment of truth (184).

It is necessary for me to meticulously chronicle the emergence of Emmel’s blood test in the rhetorical history of SCA because the development of this

technology comes at a seminal moment when science and racial thought have continued to perpetuate the notion of the deficiency of “others.” Furthermore we find the use of scientific language, technology as medical practitioners inhabit a conversation that centers in race as a natural occurrence, that identifies disease based upon cultural norms and creates a narrative that furthers the pathologization of black bodies as hosts for SCA. Emmel’s blood test was used as an exercise of power to create the sickle cell patient, to determine the diagnosis that would ultimately diminish the sickle cell body as less than or always in need of remediation and repair. It sustained white supremacist’s ability to exert power and influence over sickle cell discourse. This claim finds its grounding, its logical support in Foucault’s understanding of the operation of power and the production of knowledge. He writes:

Power never ceases its interrogation, its inquisition, its registration of truth: it institutionalizes, professionalizes, and rewards its pursuit. In the last analysis, we must produce truth as we must produce wealth...In another way we are also subjected to truth in the sense in which it is truth that makes laws, that produces discourse which..transmits and extend itself upon the effect of power. In the end we are judged, condemned, classified, determined in our undertakings, destined to a certain mode of living or dying, a function of the true discourses which are the bearers of the specific effects of power (Foucault 93-94).

What we glean from Emmel’s blood test is essential to our understanding of the assumed biological processes of SCA and also the racialization of discourse to serve a cultural and societal purpose. While rhetoric draws our attention to the conventional use of discourse to assemble an audience and move them in a particular direction it is notable to address the material aspect of stuff, the tangible or as Barnett and Boyle posit “rhetoric through everyday things” (2). Critically

examining the rhetoricity of materials in tandem with discourse anchors our understanding in the power of persuasion and the deliberate strategy to sway through social subtleties how we view a people and that, which pertains to them. Barnett and Boyle remind us that “rhetoric is conceived as more than just a knowledge-making praxis: at the same time, it is thought to constitute ways of being and ways of being-with-others-in-the-world” (9). Thus, Emmel’s diagnostic test charts the path for how SCA patients are constituted, how the disease is understood, and how blackness is vilified in the process. This becomes evident as physician and scientist harken back to Emmel’s test as an authority on SCA diagnosis, even though the results were inconclusive. Emmel’s medical gaze and the subsequent diagnosis of other doctors and scientist served to “obfuscate their involvement in the dynamics of power by naturalizing the marginalization they incite” (Miller 37). Ultimately he frames how we come to understand and know SCA. This falls right into the purview of deflective ontological racecraft as we witness Dr. Emmel concluding that SCA is the property of black bodies based upon his suppositions. After observing a patient with no apparent or obvious sickled cells, Emmel applied his technique and noted, “within one hour a large number erythrocytes had assumed beautiful crescentic and sickle-shaped forms” (Emmel). Once the cells returned to their original shape, Emmel argued that the cells “still retained the potentiality for transformation into the sickle-shaped” Wailoo expands further on this seminal moment in SCA diagnosis.

Emmel cautiously suggested that his technique had diagnosed a ‘potential disease.’ As such, it was a hematological test for a latent disorder in a person who appeared to be health. Regardless of the patient’s complaints,

symptoms, or illness experiences, the technology could locate a disease. Truly, sickle cells were hidden, concealed and waiting to be found (142).

Rhetorically Emmel's test and surrounding discuss then gave permission to hop aboard this train of language that asserted the nature of SCA to be "potential" and "latent" as Dr. Virgil Sydenstricker would later argue. What this reveals is the constitutive aspect of medical test and requires us to question what is tested, how is testing talked about, what does testing do and how are these results interpreted.

In the text, *Racecraft The Soul of Inequality in American Life*, Fields and Fields, draw our attention to the manipulative aspects of white supremacy ideology in our understanding of Jim Crow. They write,

The wizardry of racecraft makes Jim Crow appear to have affected black Americans alone...Slavery engaged an immense geography of connected activities that no Americans could escape, whoever they were and wherever they lived. What is more, slavery does not belong only to America's past, but is the heritage of all Americans alive today, including those of recent vintage. Slavery enthroned inequality both among free citizens and between slaves and owners and, in the manner of its ending, left inequality as a permanent bequest to America's future (75).

I argue this same "wizardry" is cloaked in the implementation and utilization of Emmel's diagnostic test as it not only apparently determines the impurity of black bodies but also renders white bodies as pure and pristine. What Emmel does is provide a measure of protection to distant SCA patients from contaminating white bodies, in keeping with fears of miscegenation. To this point Richard Dyer, agrees, "If races are conceptualized as pure (with concomitant qualities of character, including the capacity to hold sway over other races), then miscegenation threatens that purity"(25). The subsequent embrace that other scientist extend in interpreting SCA as a black disease calls for continued testing and procedures that

not only discipline these aberrant bodies but also require measures that are focused on “blackness as a means of limiting access to the white category, which only the utterly white could inhabit” (25).

Consequently then, Emmel’s blood test was a piece of a larger puzzle with rhetorical proclivities that designed a disease to fit a historicized body. While this exigency was addressed with technical and scientific language, whiteness seemingly dissolved into the reality of the rhetoric of expertise. In other words, we observe through Emmel’s work that his “prescribed readings of the body are couched in empirical discourse in order to present as natural and inevitable. What are in fact powerfully motivated narratives of the body its value, and its place within the human community” (Miller 33). This demonstrates the working of deflective ontological racecraft as our attention is directed to the seemingly normalized scientific conclusions of black bodies as host for SCA instead of the working of racecraft, “transforming racism into race, leaving black persons in view while removing white persons from the stage”. Furthermore what Emmel identifies as difference in the black blood serve to demonstrate racecraft and thus manifest “social facts” determining “what goes with what and when, how different people must deal with each other and where human kinship begins and ends” (23).

The use of blood as a racialized substance is strategic in obfuscating racism while amplifying race. Consequently racecraft helps us to understand the diametrically opposed meanings of blood as a racialized marker and as a biological product (51). Emmel’s blood test was situated amongst a larger narrative, an expansive ideology that functioned to normalize whiteness. To this point Foucault

writes, “In short, the question of ideology that is asked of science is not the question of situations or practices that it reflects more or less consciously; nor is it the question of the possible use or misuse to which it could be put; it is the question of its existence as a discursive practice and of its functioning among other practices” (Foucault 185). What makes Emmel’s blood test significant is that it is authorized as the barometer to define what constitutes SCA; it associates Negro blood with disease and therefore justifies the marginalization of bodies based upon assumptions and proclivities. It falls into line along with other social and cultural hegemonic practices that utilize race as a necessity for disciplinary practices, while obfuscating the actual practice of racism. As a rhetorical technology, Emmel’s blood test operates as a support system, a pillar to bolster assumptions of race that encourage ontological experiences. Charles Bazerman reminds us of the influential potential of technology, when situated in the most conducive environment,

For any technology to succeed (that is, to establish an enduring place within the world of human activities), it must not only succeed materially (that is, produce specified and reliably repeatable transformations of matter and energy); it must also succeed symbolically (that is, adopt significant and stable meanings within germane discourse systems in which technology is identified, given value, and made the object of human attention and action.) New technologies are a matter of heterogeneous engineering—that is, the coordination and application of many kinds of knowledge and practice, all of which are united and instantiated in the final product (Bazerman 335).

In subsequent years we will see, as the markers of identity and borders of SCA as a black disease are drawn, Emmel’s blood test communicate white supremacist ideology through scientific language and testing, thus reflecting the practice of racecraft.

In 1922 Dr. V.R. Mason discovered the fourth case of SCA, he reported his findings in the *Journal of the American Medical Association*. He refers to previous findings as supportive of the notion that SCA is likely a black disease. "Recent medical literature contains the records of three patients, all negroes, or negroes with an admixture of Caucasian blood, in whom severe anemia, characterized by certain peculiar morphologic alterations of the red blood cells, was present" (1955). To further substantiate the disease linkage to a particular race Mason includes a table titled: Results of Blood Examinations of All Other Cases Reported. The columns reflect the doctors who tested and reported their findings: Herrick, Washburn, Cook and Meyers, with each date of the findings adjacent to the name. Additional information include blood count of red and white cells, hemoglobin ct. and color index, followed by "differential leukocyte count per cent." When evaluating the four cases of SCA Mason postulates,

The blood picture does not resemble that seen in any of the common anemia's, and it is possible that the disease represents a clinical entity. If that is true, it is of particular interest that up to the present the malady has been seen only in the Negro, and, so far as could be ascertained, it is the only disease peculiar to that race (Mason 1957).

Here we find reference to previous scientific results that serve to contextualize and historicize race. For Mason, the pattern of findings contributes to the credibility of the established argument about the origin of SCA. His essay further explores how medical expertise is constructed rhetorically. Mason and his contemporaries utilized visuals of cell samples, strategically situated the placement of their research, built upon similar points of reference, all supporting the notion of diseased blood as a natural occurrence of black bodies. Thus far the four cases of SCA represented a

cultural and social crises, a sense of urgency that called for medical experts to protect whiteness from contamination. That is to say, to resist miscegenation, ultimately “threatening the taxonomical system of racial classification and the idea of white racial purity” (Ehlers 2). Mason’s work displays a diligence to identify and isolate physiological impurities to align with maintaining white purity.

Historically, society had made claims about SCA and the subsequent discourses contributed to the prevailing messiness of white supremacy and rhetoric of eugenics. SCA discourse was not simply a medical disturbance but also a social upheaval. The assimilation of black and white blood would lead to contamination and consequently a depraved society. A rhetorical situation of seemingly epic proportion called for medical experts with answers and agency to articulate a return to cultural norms and a need to castigate aberrations of whiteness. In her text, *The Rhetoric of Expertise*, E. Johanna Hartelius describes the deftness with which experts maneuver and manipulate situations for their benefit and the maintenance of social norms.

All experts identify or construct a rhetorical situation in which their expertise is the most fitting response. Experts strategically generate a sense of urgency or necessity to which their expertise is the ideal response. They present themselves as uniquely capable of doing that which is ‘waiting to be done’ thus correcting that which is ‘other than it should be.’ Expertise becomes the solution to a problem or the answer to a question (25).

The rhetorical value of the table: Results of Blood Examinations of All Other Cases Reported shouldn’t be overlooked. It illustrates the persuasive aspect of tables and statistics, the computation of numbers and presentation of charts in garnering attention to an audience. The certainty and assuredness that numbers bring to claims, in this case revealing the frequency of inordinate blood results, often

validate an argument. Noting the contribution of tables and figures to solidifying a rhetorical argument with its style Alan Gross writes in *The Rhetoric of Science*, “Tables and figures serve scientific argument in two ways: first, by bringing the reader closer to the experience that grounds the argument, they add semantic weight to its terms; second, they suggest relationships, ideally causal relationships, among the physical objects whose behavior they summarize” (Gross 74). In the table, Mason first identifies the scientists that have done the research. Although the list is small- (three groups of scientist), he accounts for the dates each does their experimental research, totaling eight times, which then presents a more thorough examination and tells a story that extends beyond the scope of language.

The placement of mathematical computations of blood within an article of such significance is fundamental to the rhetorical implications of this genre style as it affords immediate judgment and persuasiveness to a scientific audience. Tables and charts evoke the presence of impartiality and the impossibility of tampering by human mechanisms. Ultimately, what we find in this table, as well as the other representations of scientific findings found in the articles under examination, is the need to refute unequivocally with any available means of persuasion. The arrangements of language in text, charts, and images function to reach a scientific audience, to supply symbolic patterns that orient subsequent scholarship and everyday social practices. In this rhetorical genre there is a gathering of voices and minds that echo and think about similar ideologies, which are representative of rhetorical practices, that evoke a broad consciousness, stemming from the work of a few. All of which contribute to the rhetoric of expertise in the compilation and

configuration of SCA discourse. Again, Hartelius informs our understanding of the rhetorical usefulness of a group of experts, framing society with language that diffuses into the culture for the purpose of audience gathering and identity forming.

Strategic associations of expertise serve rhetorical purposes well beyond allowing one expert to borrow cultural capital from another. They also create a structure or chart of expertise in the public mind. It is almost as though experts provide a map, representing where they are located relative to each other. This mental map illustrates for the public how expertise organizes society (Hartelius 19).

On the heels of Mason's research in 1923 Dr. V.P. Sydenstricker reported in the Southern Medical Journal similar findings to the previous testing of SCA patients. However what's significant about Sydenstricker is his reliance on Emmel's hypothesis of SCA in a latent phase. In other words, the language Emmel used in assuming the possibility of SCA becomes an authoritative voice, an organizing principle in determining the diagnosis, instead of individuals presenting symptoms. Emmel's work has been lionized as the model for determining the racialization of SCA. Little questioning is given to how his experiment is carried out and interpreted and thus white supremacist ideology is promulgated for generations. I agree with philosopher Sandra Harding:

The goal should be to understand the functions of scientific projects in their historical contexts, and how racist, white supremacist, and Eurocentric consequences follow from apparently innocent assumptions about human variation, causes of social change, human progress, the functions of value neutrality, and what constitute good methods. Science-and society constitutes one social formation in each society or subculture, each aspect of which is rooted in assumptions of the other (25-26).

Melbourne Tapper explores the significance of Sydenstricker's work and how it advances the argument of SCA as racialized, while also further legitimizing science as an authority in producing knowledge that subordinates and disciplines.

Whereas the old strategy of case finding relied upon the patient/doctor interaction (where the sick person came to the clinic with specific complaints which the doctor then interrogated and assigned meaning), the new strategy employed by Sydenstricker produced cases by analyzing blood samples in the laboratory. By privileging the laboratory over the clinic as a site of production of “valid” medical knowledge, Sydenstricker came to consider as “patients” people who did not feel ill or who—if they were sick—did not necessarily have sickle cell anemia (Tapper 15).

Sydenstricker' language creates and organizes a different kind of patient that represents race instead of symptoms. His determination that SCA is exclusive to black bodies can be extracted from the following statement he made in the Southern Medical Journal: “We have not run such a large series of white bloods as we have of bloods of colored patients, but in our present state of knowledge sickle cell anemia is confined to the negro race” (Sydenstricker 183). Even after admitting that the same battery of test to determine SCA was not given to “white bloods” Sydenstricker relies on the expertise of his colleagues and the supposed reoccurrence of positive results in “black blood” to support the notion that this disease is the property of black bodies. This symbolic gesture deflects judgment to race instead of the practice of racism and thus the maintenance of white supremacist thought. His reliance on “latent sickling” to draw our attention to the inherent and thus natural deficiency of black bodies describes what Fields and Fields consider as a “busy repertoire of strange maneuvering by fitting humans in a particular kind of grid” (16).

Sydenstricker's claims are hidden in the language of biological essentialism therefore requiring us to see the potential of SCA in black bodies as inherent and always possible. He outlines his rhetorical renderings in his research findings, “The blood of more than 300 white patients has been examined by us with special reference to ‘latent sickling,’ and in no case has anything resembling it been seen. In

a similar number of negroes, it was found thirteen times, exclusively of its occurrence in the families in the cases reported” (Tapper 15). This “strange maneuvering” contributes to notions of Afro Pessimism and requires us to wrestle with what Warren questions as the humanity of black bodies. One must take a step backward and ask the fundamental question: is the black, in fact, a human being? Or can black(ness) ground itself in the being of the human? If it cannot, then on what bases can we assert the mattering of black existence” (2)?

The material practices and consequences of Syndenstricker are noteworthy in that race is now utilized to determine disease susceptibility. Racial subjects are constituted as the consequence of scientific research; racial subjects are formed by language cultivated in the cauldron of whiteness. This seemingly benign appropriation of language is facilitated as technology takes a central role in our understanding of SCA. “Emmel’s blood test was thus part of a ritualized diagnostic interaction, pervaded with mistrust and suspicion about racial origins” (Drawing Blood: Technology and Disease 146). It permits blackness to become a source of identity in locating patients and determining how SCA circulates in various publics. Before concluding this chapter I examine the rhetorical utility of blood in SCA discourse. More specifically I consider what happens when sickled cells appear in white bodies and how it shapes the narrative of racialized disease. Furthermore this dislocation of cells and disruption of blood discourse circulates in society to animate language that again implicates blackness as the culprit in promulgating pathology.

Could Our Blood Be The Same?

As mentioned earlier, the research of Sydenstricker deviated from his contemporaries in that his judgments regarding SCA susceptibility were largely in part due to race. His expectation was ensconced in claims of blackness as a disease product that inflicts certain bodies. Race was an organizing principle for him and therefore confirmed his suspicions of the physiology of SCA patients. Their blood was different; their cells were deformed because of race. Therefore this seemingly accurate assessment was a confluence of nature and the truth about racial difference. For Fields and Fields, Sydenstricker conclusion is a manifestation of racecraft, as it relies on external traits to determine present realities.

Americans observe themselves and each other through their own eyes and those of others, all the while classifying and evaluating. Thus racecraft as an inner horizon that turns out to be densely populated with sometimes peculiarly selected physical traits. A living person, to be met presently, ascribes meaning to the shape of his jawbone. And Jefferson preferred the skin color of white people, with its “fine mixtures of red and white,” to that of black people, ‘that external monotony, that immovable, that immovable veil of black which coves all the emotions (Fields 71).

Attention to race orients us seemingly to that which is natural and away from the contrived notions of racism, the material and tangible determinants of whiteness that rhetorically obfuscates one in place of the other. Racecraft identifies the substitutes, the stand-in’s, the objects that are used to communicate and symbolize race, while hiding the performance of racism. In the inception of SCA as a black disease, blood is the heuristic that resembles race, that substitutes for nature that assembles categories. It is appropriated by iterations of whiteness to justify the association of SCA and blackness. In other words, white supremacist ideology utilizes blood to create a subject and thus employs others to normalize it as an

organizing principle. Blood denotes matters of citizenship, belonging, and identity. The epistemological nature of blood is part and parcel of a historical lineage of physiology utilized as a suitable argument for defining difference. For Jefferson “the black of the negro resides in the reticular membrane between the skin and scarf-skin”; for Cartwright human difference extends beyond the epidermis and into “the membranes, the muscles, the tendons and in all the fluids and secretions.” Blood then operates with constitutive properties to corroborate the need to categorize and maintain human hierarchy. In SCA discourse blood maintains ideological properties that are “rhetorical manifestations of purity and pollution” (Bennett 35). Because of this, blood is transactional and becomes malleable to fit the contours of discourses that call for the maintenance of social differences. The prevailing argument that resonates in the seminal artifacts locating SCA as a black disease is the notion of how “other” is defined. Jeffrey Bennett’s work on the rhetorics of queer blood is useful in further expanding our understanding of blood and otherness.

What remains parallel in their narratives is the degree to which their blood, and their identity, is always signified as more outrageous and dangerous than that of the majority group. The blood of the other has perpetually enabled “normal” citizens to articulate their identities with the culturally sanitized images of the nation-state that circulated in popular discourses of nationalism (36).

In the 1940’s, the notion of SCA as a black disease and a marker of racial difference are slightly challenged when white bodies are found to be subjected to it. For you see, earlier narratives determined Negro blood as the definitive marker of SCA and difference. It was diseased and thus expected to be the culprit and conclusively the home of sickled cells. The “valuation of whiteness” was asserted against the diminution of black blood (Chinn 6). Stigmatization and marginalization

was possible because of the pigmentation of SCA sufferers. Any interference with this logic was disruptive, particularly during the social upheaval of miscegenation and the necessity to maintain margins of identity. As Sarah Chinn argues, “Too often over the past century, bodies have been interpolated as a bundle of evidentiary signs in order to shore up the hierarchies of race. It has been crucial to the operations of white supremacy that the juridical lines between the categories of “white” and “black” appear impermeable” (xvi). The physiology representing the black body spoke in a language that interpreted race as a natural consequence. Up until now the determination of SCA seemed to be conclusively racialized, functioning as a harbinger of hierarchical language; however SCA at home in a white host assuredly blurred the boundaries and called into questions the meaning of race.

In 1943 Dr. M.A. Ogden presented in the *Archives of Internal Medicine* two instances of SCA found in white bodies. The patients were a white schoolgirl, born of Spanish parentage in New Orleans and Johnny M., an 8-year-old white schoolboy of German extraction and mixed Indian and Scotch extraction. Each case study was thoroughly examined and written about, in similar fashion to the previous scientific journal articles that made claims for the racialization of SCA. Ogden’s report differed with his contemporaries in that he provided visual images of the patients and their families, a family tree chart that locates the family members who are active carriers of SCA, images of blood sample smears and a table that identifies: Cases of Sickle Cell Anemia in the White Race. The visuals added another rhetorical element to his claims. With pictorial arguments, our attention was shifted from words to images. Ogden described the images that structure our way of viewing

while insisting on a more accurate, tangible judgment. Again we note the performance of racecraft in the presentation of symbols to support the racialization of SCA. Images of white patients put race as a natural occurrence, or what Fields and Fields identify as “a neutral term for an empirical fact. Race appears to be a neutral description of reality because of the race-racism evasion, through which immoral acts of discrimination disappear, and then reappear camouflaged as the victim’s alleged difference” (95). Ogden’s research capitalizes on what was done previously to identify SCA as a black disease but disrupts the notion of it solely as a determinant of race. Blood still is offered as a rationale for SCA however the argument against miscegenation is stronger as concerns now abound that contamination of black blood should be avoided at all cost. At work here is what Moten considers as a “fugitive movement” a resistance to the normative discourse of black blood as a source of defilement.

Conclusion

In the text, *Identity Politics and the New Genetics: Recreating Categories of Difference and Belonging*, Schramm, Skinner and Rottenburg write, “In the politics of identification, biological knowledge is both resisted and taken up, accepted and not accepted. However, such acceptance or rejection does not happen in a vacuum but needs to be authorized to stick” (10). This chapter has chronicled the narrative that has brought together: technology and graphs, culture and race, medicine and science to compose the construction of SCA. I have considered the disparate strands that tie into the formation of SCA discourse in the inception of this disease and how it’s represented in various cultural and social platforms. In this chapter I have

examined rhetorics that contribute to the making of a black disease: the language of SCA, the diagnostic tools of discovery and the discourse amongst scientist. Dr. James Herrick's seminal article about SCA was placed in a leading medical journal, further complementing what Alan Gross sees as the "public status for scientific claims that ultimately lead toward the transformation of these claims into scientific knowledge" (Gross 129). Thus the public is acquainted with SCA through a legitimizing and authorizing agent. In other words, the validity of the claims is matched or corroborated by the placement of its claims. Herrick's arguments are situated in a rhetorical space that permits others to rely on his ethos and authority to legitimize SCA as a black disease. Whereas previous medical research articulated stigmatization and employed language that reified difference as a product of disease, now new borders have emerged as sites of contention. Systems of white supremacy thought have arranged different ways of determining identity. The preoccupation with SCA in medical discourse is for protective measures, to warn against pollutants and impurities that would taint whiteness. Ogden concludes,

The problem of whether this condition is confined to the Negro race or may occur in members of white and yellow races without admixture of Negro blood is not yet satisfactorily solved. However, it appears to me that I have a right to my strong conviction that the sickling trait is a condition found in the Negro race only and that in all cases in which members of white families have such a trait (in the active or inactive form) an admixture of Negro blood in the immediate, or occasionally even in the remote ancestry has taken place (177).

Ogden's research findings are representative of racecraft at work, as we witness the continued practice of utilizing scientific results as natural occurrences that are reported and not contrived. Science then becomes this immutable fact that is inherently just, empty of cultural bias and thus social consequences. This deflective

performance ultimately draws our attention to the ascribed deficiencies in black bodies instead of the persistent and discursive uses of whiteness ensconced in scientific practices. I borrow Tappers assessment of the floating margins of identity, the protective custody of whiteness and the ultimate emergence of the two. “What we see (once again) is a rearrangement of the floating lines of demarcation of the white body rather than an acceptance of the occurrence of sickling in whites. New criteria are being added to an already extensive list used to exclude certain bodies from the status of whiteness” (27). In the next chapter SCA becomes a cause for social justice and political means for contestation between the state and its subjects. I consider Richard Nixon, the Black Panthers and the rhetorical discourse of SCA, examining the competing narratives of SCA as a site of rhetorical struggle to legitimize white supremacy and promote black solidarity.

At the nexus of SCA is our understanding of the utilization of power in the implementation of knowledge. The sources of these knowledge producers are not just medical experts but material rhetorics: medical test and results, charts and tables, history and culture. These, seemingly amorphous and benign things, in the coiffers of white supremacist ideology work to solicit believers in the construction of black bodies as less than and always deformed. It is the performance of racism, the work of knowledge to capture an identity fraught and riddled with inadequacies and insufficiencies. Proving that it is right to conclude that race is an essentialized piece of the puzzle that positions blackness as subservient to whiteness. At work is the insidious nature of racism.

CHAPTER FOUR. HEALTH ACTIVISM AND THE BLACK PANTHER PARTY

On October 26, 1970 Dr. Robert Scott penned a seminal article in the Journal of the American Medical Association. At the heart of Scott's intent is to bring the country's attention to Sickle Cell Anemia. He deemed this genetic disease as a "health care priority" for the nation. Scott penned this critique while he was a researcher at the Medical College of Virginia Health Services Center in Richmond Virginia, even there calling for greater attention to this genetic disease. The neglect of research funds, the lack of public interest in comparison to similar kinds of diseases, reiterates the woeful consideration of SCA as a matter of concern or consequence. These convey a bleak and dire situation with rhetorical implications as it gives form to the image of SCA as a marginalizing disease afflicting debilitated and discarded bodies. Scott's message is a call to action, a stern rebuke to a society that presumes the equality of all citizens. He pointedly lays out the exigencies faced:

Health care priority for sickle cell anemia (SCA) should be based on its prevalence, severity, and on a standard of support set for similar conditions. Sickle cell anemia occurs in about one in 500 Negro births and median survival is still only 20 years of age. In 1967 there were an estimated 1,155 new cases of SCA, 1,206 of cystic fibrosis, 813 of muscular dystrophy, and 350 of phenylketonuria. Yet volunteer organizations raised \$1.9 million for cystic fibrosis, \$7.9 million for muscular dystrophy, but less than \$100,000 for SCA...Health professionals have generally failed to recognize sickle cell anemia as a major community health concern, and consequently the public has been poorly informed. A recent survey revealed that only three out of ten adult Negroes had ever heard of the illness (Scott 731).

The constraints he faces are the attitudes about the disposability of black bodies, the construction of blackness as a diseased marker of difference, along with SCA as a natural product of race and biological essentialism. Scott's audience is broad and

diverse as he seeks to persuade many about the moral responsibility and social cause of devoting research time and dollars to SCA. He seeks to disrupt a health care discourse that facilitates racialization and advocates marginalization.

Given the fact that sickle cell anemia is a serious, incurable disease, which occurs frequently; one then may ask what efforts are being made to remedy the problem? Specifically, what is being done in basic research to seek a cure of the disease, what is being done in clinical investigation to find a more effective management for the illness, and what steps are being taken to prevent the illness? An even more pertinent question would be, what priority does this problem deserve and what priority does it presently receive in the distribution of health care resources? Priority must be determined by the prevalence and severity of an illness. It can be gauged by existing standards of support given to similar disease whose importance is better understood (Scott 731).

The significance of Scott's article cannot be overstated as it provoked a national response by President Richard M. Nixon, while also bringing attention to the health activism of the Black Panther Party for Self Defense in establishing their SCA initiative. He cast a wide and broad ideological net that captures disparate voices, embracing varying perspectives, illuminating the intersection of white supremacy and black resistance. Scott brings to our attention the value of the black body and the quality of care it deserves as he directs research interest and discourse towards SCA. Penning his critique in a nation scientific journal heightens the importance of the matter. In the text *Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination* Alondra Nelson attributes sustained national attention to SCA and the allocation of funds to Scott's critique of the maltreatment of the disease and its carriers. Scott's stern rebuke to the nation and other health organization for lack of interest in SCA was a matter of rendering a disease and its sufferers invisible. The racial framing of SCA served to maintain the cultural understanding of it as a

black disease. Scott's writing disclosed the consequences to this portrayal. Nelson also reveals how the Panthers appropriate Scott's argument to reiterate the malicious neglect by the country toward sicklers.

Echoes of Scott's argument reverberated in the pages of the *Black Panther Intercommunal News Service*. These Party news items magnified the racial bias that was merely insinuated by Scott. For example, one article complained that sickle cell anemia "has not received the attention or consideration from public agencies" despite the fact that it "is as crippling, as painful and as deadly' as diseases that primarily affect white people" (Nelson 125).

The racial framing of the disease also served to legitimize the BPP in the black community as social activist interested in the well being of the black body and not just his position in society. Admittedly, the BPP seized on this opportunity of rhetorical construction by their own means instead of through a biased media. To this point Nelson writes, "The Party found in Scott's revelation of the state's disparate dedication to its citizens' health needs the building blocks of a powerful critique that it hoped would resonate with black communities and simultaneously mobilize them around its sickle cell anemia initiative and its political philosophy" (125).

This chapter examines the rhetorical treatment of sickle cell anemia as synecdoche, representing a preoccupation with racialized discourses of disease and the affective registers manifested in public life. From its inception SCA has taken on cultural meanings to satisfy ideological arguments about the nature of black bodies. SCA was associated with the mobilization of disease discourse to sustain white supremacy and also to identify acts of resistance. Black Panther rhetoric asserts community uplift in terms of power and agency that is essential for survival in

America. This represents the rhetorical malleability of Sickle Cell Anemia and the prevailing discourses that shroud this disease from its inception to the present. In their activism through community programs, health initiatives and media the Black Panthers asserted their rhetorical agency as a resistance to the prevailing discourse of SCA as a “black disease” that produces inferior bodies. I examine the ways in which the Black Panthers made their voices heard and their attempt to assert a “biological citizenship” which functioned to resist the normative claim of whiteness at a time that assumed black bodies to be risky, vulnerable, and deviant. I borrow from Johnson, Happe and Levina’s definition of bio-citizenship in centering the Panthers health activism, as it “holds that the material body and its health, vitality, and natural and social environments not only create and discipline the citizenship-subject but also provide the conditions necessary for its recognition and political agency within biopolitical modes of governance, broadly construed” (1).

The Black Panthers appropriated the malleability of SCA to establish its “legitimacy in black communities and among the broader public” (Nelson 119). They privileged the African American voice that was often rendered silent by

systemic racism; they sought to make visible the African American citizen whose identity had been subject to dehumanization. The implementation of the Ten Point Program was a form of social protest. The Ten Point Program functioned as a symbol, a vernacular rhetoric, that not only iterated the demands of the BPP for justice, but also a method of articulating to the black community confrontational performances of social activism. It served as a how-to manual, a guide to resist any notion of erasure or invisibility enacted by white supremacist operatives. Promoting practices, organized by and for the black community such as sickle cell screening, home testing and health education for sickle cell patients reiterated the ability of the African American to fight, be self-sufficient and served as interruptions to the narrative of the same as victims. Consequently then, the BPP magazine, their community programs and other writings at the time strategically claimed civil rights and health care rights as synonymous and as sites for political resistance against any forms of injustice--even as seemingly extreme as genocide. Before examining the implementation of the Ten Point Program and its rhetorical currency, let's consider first the meaning of synecdoche and then how the BPP utilizes it in SCA discourse.

SCA as Synecdoche

This chapter considers the rhetorical dimensions of SCA in the discourses of the Black Panthers, as they offer knowledge claims about the disease that are ideologically grounded in a social identity. SCA serves as synecdoche in three essential ways. First, it is a platform for engaging discourses of social justice and the criminalization of black bodies. Through its militant rhetoric the BPP challenges institutionalized racial practices that result in rendering the black body as

historically evil, vile and impure. This production reiterates deflection of ontological racecraft, as the very existence of a people is delegitimized while whiteness is normalized and representative of that which is good and pure. Secondly, the BPP appropriates SCA discourse to challenge the very notion of what it means to be human and how bio citizenship is practiced. In *The Black Panther Intercommunal News Service* a Ten-Point plan is enumerated to demand equality for black citizens and the maintenance of their well-being. The BPP argue SCA as a tool of white supremacy with genocidal intent. The language used by the Panthers draws our attention to the assumed deliberate attempt of society at the time, to render invisible sicklers and if possible erase their existence. Lastly, SCA affords the BPP space to redefine their image as not just revolutionaries with guns but also innovators, creating avenues for community engagement, community empowerment, and community health care. Teaching SCA patients how to care for themselves, equipping them with knowledge to understand this disease and testing kits to facilitate their knowledge altered the image of the sickler from a victim to an activist.

The multiple discourses that result from the BPP and their appropriation of SCA again remind us of the malleability of SCA to utilize language and material rhetorics to challenge health care practices, to confront historical racial habits, and to create identities that transform our understanding of what it means to be black in America with supposedly health challenges. The rhetorical use of SCA as synecdoche becomes a strategy of the Panthers that proves viable as the nation's attention is drawn to finding ways to allay its suffering. Before examining further

SCA as synecdoche let's consider what were some of the external factors that gave rise to the BPP.

What's Going On?

For the BPP, recognition of Black Power was central to the formulation of an identity that empowered one's understanding of value and agency. Embracing black power constituted a way of being in the world and determined how we would see ourselves. It was a resistance to historical oppression and an acknowledgement of agency to chart our own course. At the nexus of their platform was Black Power and Black Love. This power was in response to the legislative advances of the Johnson and Nixon administration that did little to structurally erase the widening chasm between black and white existences. Black love was the tangible expression of pride and ownership that the Panthers refigured in the African American community; a fidelity that called for a responsibility and care for each other in social areas that would improve their existence. Huey P. Newton explains the context and conscious of the BPP,

The Black Panther Party was born in a period of stress when black people were moving away from the philosophy of non-violence toward sterner actions. We dared to believe that we could offer the community a permanent political vehicle, which serves their needs and advocates their interest. We have been slandered, kidnapped, gagged, jailed, and murdered. We know now, more than ever before, that the will of the people is greater than the technology and repression of those who are against the interest of the people. Therefore we know that we can and will continue and educate the people (BPIM xxiv).

Black power symbolized not only resistance to white power but also represented a vernacular discourse to "challenge the dominant white discourse on blacks in American society" (Boyd 100). Black power was a tool of empowerment that

heightened the consciousness of the African American to be more aware of his significance in the world. It brought about an assertiveness that would be subversive to a lens of history seeking to render invisible anyone outside what was considered as the normative culture. Black power fought against marginalization through criminalization. Through the notion of black power, the BPP created tension, as they demanded equality and fought against erasure. Speaking about this cultural strife Eldridge Cleaver said,

The contradictions between the people who are moving and struggling for change, and the pigs and the power structure, for the purpose of maintaining the present decadent social order, has reached a point of crisis which is unlike any through which we have gone before. This is a period of condemnation. This a period when past efforts, past activities, past struggle is yielding fruit and that fruit must be consolidated into a victory or the pigs will rob the people of their victory and turn the hands of the clock backwards whereas all of our struggles will end up in an inglorious defeat. The basic factor that needs to be understood clearly is what we are dealing with a piggish power structure that has a reputation for never having been turned around (BPIN 5).

For the BPP justice was not only a legislative matter but also a human cause that entailed health care. Health activism was essential to the core beliefs of the BPP.

“Black Panther health politics represented a continuation of civil rights struggles...Actors and organizations involved in Party health politics bridged civil rights and health rights endeavors” (Nelson 9). As mentioned earlier the Panthers engaged in activism against the political ideology practiced by the Nixon administration. Bad health was the result of social and communal neglect. It was consequential to historical neglect and malicious disregard of the black body. More specifically the BPP and President Nixon engaged in their alternative interpretations of SCA. This concurrent discourse demonstrates how SCA functions as a disciplinary

tool in the legislative practices of the Nixon administration and a social justice platform in the health activism of the BPP; consequently reiterating how SCA operates as synecdoche. Furthermore what is evident is the representation of broader diverse discourses symbolizing what it means for blackness to be aligned with diseases. Nixon's political discourse offered a glimpse into the times. Specifically his "law and order" stance coupled with his silent majority discourse demonstrated Nixon's dexterity in masking racial animus but maintaining allegiance with his white base. He capitalized on the nation's instability after the death of Dr. King and the riots by sanctioning the surveillance tactics of the FBI against Black Power groups (Perlstein). This aggressive posture against black activist informs the animus the Panthers had against Nixon. The political discourse of President Nixon in juxtaposition to the social activist discourse of the Black Panthers traces the malleability of SCA as representative of a broader meaning of blackness as a diseased site. These competing narratives provide a backdrop of how SCA was interpreted and how it functions as a site of rhetorical struggle to legitimize white supremacy and promote black solidarity.

President Nixon's policies provide for us context as to the societal norms and resistances the BPP encountered. On February 18, 1971 President Richard Nixon, in a message to Congress proposes a "national health strategy" that includes allocating funding for disease categories, improving health maintenance and evaluating whether America is achieving maximum results from its investment in health care. Nixon admits that the return on the investment has been paltry at best. His plan consist of addressing the following: "Building a national health strategy,

Reorganizing the delivery of service, Meeting the special needs of scarcity areas and Meeting the personnel needs of our growing medical system” (Perlstein).

Sandwiched in between a call for cancer research funding and a greater focus on health education is the Presidents initiative for SCA. He acknowledges the nations inept treatment of the disease and promises to do better. He then recognizes its racialized component and commits to changing its outcome.

A second targeted disease for concentrated research should be sickle cell anemia--a most serious childhood disease which almost always occurs in the black population. It is estimated that one out of every 500 black babies actually develops sickle cell disease. It is a sad and shameful fact that the causes of this disease have been largely neglected throughout our history. We cannot rewrite this record of neglect, but we can reverse it. To this end, this administration is increasing its budget for research and treatment of sickle cell disease fivefold, to a new total of \$6 million. (<http://www.presidency.ucsb.edu/ws/?pid=3311>) (180)

Shortly a year after President Nixon’s message to Congress, he gave a speech on May 16, 1972, informing the nation of the National Sickle Cell Anemia Control Act.

Nixon’s statement is significant for a number of reasons. It frames SCA as an exclusively black disease, it admonishes states and other entities to institute screening, testing and other health care related test that attempt to determine who has sickle cell or not and it commits money and resources to researching the cause and care of the disease. Nixon’s misstep in labeling SCA as exclusively a black disease is significant as it participates in the racialization of the disease and perpetuates the notion of certain bodies as fraught with inherent disabilities. It also contributes to the paternalistic image of a white savior and blackness as a signifier of helplessness. Richard Dyer explains the rhetorical performance of a white savior in reducing black bodies to subjects of inquiry, subjects in need of saving and

rescuing. "White discourse implacably reduces the non-white subject to being a function of the white subject, not allowing her/him space or autonomy, permitting neither the recognition of similarities nor the acceptance of differences except as a means for knowing the white self" (Dyer 13). Nixon's language is particularly condescending as he sought to localize SCA in black bodies. Nixon says,

This disease is especially pernicious because it strikes only blacks and no one else. An estimated 25,000 to 50,000 black individuals are currently afflicted with the disease. Some 1,000 infants are born yearly with sickle cell anemia, and an estimated 2 million black Americans are carriers of the sickle cell trait. Many sickle cell anemia victims are crippled long before death and some die from it prematurely (155).

Nixon's essentialist language reveals deflective ontological racecraft at work in the production of SCA discourse. It unveils the concealment and performativity of white supremacy language in determining what SCA is, who gets it and how it's lived with.

This brief historical trace of the situations that gave birth to the BPP provides a compass, guiding us toward understanding the urgency encompassing the social and political strategies that lead to their health activism. Nelson's work offers insight into the Nixon administrations admission to the years of neglect in its treatment of SCA and the Panthers need to control of the disease.

The political value of sickle cell crisis was not lost on the administration of President Richard Nixon... President Nixon's newfound concern for the disease amounted to a calculated political strategy to demonstrate his administrations attention to the needs of black communities while maintaining manufacture fiscal scarcity. Nixon offered narrow biological citizenship instead of economic access or equality (Nelson 148).

Realizing that the genocidal argument that the Panthers had promulgated before was losing its veracity the Panthers were skeptical of Nixon's generosity. The BPP responded to Nixon's actions in the periodical the Black Panther,

[Nixon] recently signed a bill that allocated millions of dollars toward the “eradication” of Sickle Cell Anemia. We are not fooled by “Nixon’s Sickle Cell Bill,” for we know that what we will see is the phony Sickle Cell organizations getting even more money (if in fact it is given), with little change in the peoples condition in regard to Sickle Cell Anemia (qtd. in Nelson 149).

Admittedly the Panthers activism offers a rebuke for lack of resources allocated to SCA, offers a critique of how this maltreatment functions as a potential precursor to an erasure of black bodies with genocidal implications. However, we also witness with the Panthers a push towards activism and education, intent on the allocation of funding to conduct SCA research and to empower sicklers with the resources to chart their health care future. What we also witness is the framing of the BPP as more than a radical group in the interest of curbing police violence and calling for civil rights. The Panthers expand our understanding of civil rights and activism. Before examining the actual work of health activism by the BPP it is important to consider the platform through which their activism was made possible. The BPP needed a space to advertise and announce their strategies for resistance, an unfiltered voice to incentivize the community to come together and to critically articulate their position on the performance of whiteness in the objectivity of blackness. The Black Panther Intercommunal News Service was this agent

The Black Panther Intercommunal News Service

The BPP utilized their newspaper as a means of transmitting information and images. The Black Panther Intercommunal News Service was the go to resource for how the organization felt about social issues, how they characterized American’s acts of racism and how they mobilized others to fight back. It proved essential in organizing claims and stating arguments pertaining to political matters such as the

presidency of Richard Nixon and as seemingly insignificant as informing the community of where lunches will be dispersed. It was a platform for social activist to articulate individual political postures while demonstrating their unity of dissent, as each sought to draw attention to inequalities and injustices. This was the primary site of agency at work as various members and associates of the BPP had space to write and draw their dissent. More germane to this writing is how the BPIN was utilized to inform African Americans of the social programs at their disposal and where they could find them. These “Survival Programs” served various needs as intimated in the Ten Point Program

Starting with the Party’s celebrated Free Breakfast for Children Program, the BPINS informed readers of the existence, meaning, and availability of these programs, operating under the slogan “Survival Pending Revolution.” Thus there is the record that thousands upon thousands of people without medical care could and did benefit from the Party’s Free Clinics, as the hungry benefited from the Party’s Free Food Programs, as still others were assisted by the Party’s Free Shoe, free Legal Aid, Free Busing to Prisons, Free Pest Control Programs, and the more than 30 other Survival Programs the Party proffered the people over the years, including its model elementary school, the Oakland Community Learning (BPINS ix).

The BPIN was a community activist organizer as it suggested ways to prepare for the daily battle of life in America. Here we learn about the health clinics that focused on educating the populous about SCA, incentivizing testing and encouraging hope in the midst of a seemingly hopeless situation. It was a rhetorical stance or what Hartman considers as “the organization of dominant space...to contest the ideological codification and containment of the bounds of the political...the creation of a social space in which the assertion of needs, desires, and counterclaims could be

collectively aired” (Hartman 69). In the BPIN we witness responses to exigencies, taking the form of social protest.

The *Black Panther Intercommunal News Service 1967-1980* was a site for the Black Panther voice, or what Lisa Corrigan terms the black power vernacular or “the use of rhetorical forms that invented new forms of black identification and encouraged support for black liberation” (Corrigan 6). As a rhetorical piece, the BPP magazine provided a platform to articulate the genesis for their activism, the resistance that often belied democratic ideals and the cultural norms that resigned the black man to an existence void of power and choice. The use of this rhetorical form is essential then to collective action and activism. Corrigan gives reason for the value of vernacular rhetoric, particularly as it pertains to marginalized publics.

As the vernacular translates subaltern existence in to a series of symbols that build a landscape of political resistance, it creates accessible narratives for the oppressed to use in pushing back against racist, classist, nationalist narratives. And in creating an idiom to oppose structural inequality, the black vernacular historically emerged in nontraditional rhetorical arenas” (Corrigan 7).

The BPP magazine was essential to the emergence and maintenance of black power as it gave space to address the violence that occurred to black people in the halls of congress through legislative acts and that occurred in the community. Through the magazine the BPP utilizes language to create a revolutionary strategy of resistance that allowed black folk to fight back with knowledge and power. It rendered their suffering visible and present. The magazine was representative of voices of discontent, as synecdoche it united claims of social injustices, health politics and other vernacular discourse in a singular space. Ultimately it represented critique and community activism.

The BPP framed SCA as synecdoche, representative of a broader discourse on health activism and agency. About this sense of communal bond and identity Nelson writes:

A genetic disease primarily affecting persons of African descent, sickle cell anemia also proved a particularly effective vehicle for Party political ideology. As a condition of the blood, sickle cell anemia evoked consanguinity and racial kinship. This kinship entitled the Party to speak to and for the experiences of black suffering and to ground these experiential claims in the history of the African diaspora. The Panthers' attention to the needs of sickle cell trait carriers and disease sufferers was thus an especially powerful symbol of its affiliation with and service to African American communities (116).

The BPP rhetorically enveloped their discourse on independence and self worth into SCA discourse and thus it becomes their way of promoting activism for the people. By providing health clinics for testing and practical care along with providing knowledge and education about SCA the Panthers utilized a language that promoted unity. BPP health politics formed a shared audience, leading towards a common goal of a good quality life with SCA. An example of this is found in an article critiquing the manipulation of "phony foundations" supposed interest in SCA.

"As was mentioned, these types of organizations and individuals have been springing up as fast as you can say "Sickle Cell Anemia." To them, the disease is "money-maker" and that is all. They reason that Sickle Cell Anemia and Black people's concern about it is just a fad, a passing fancy that has nothing or little to do with our collective need to survive. It is something for them to exploit to the maximum, before the "opportunity" slips away (BPINS 76)

The BPP marginalized other groups with false intentions while endearing their work with sicklers as authentic and genuine. Survival is a common thread that is used in BPP health politics, which becomes a symbol that draws attention to the disparity in health care but also the need to unify and be resilient. To this point Nathan Crick reminds us of the importance of rhetoric in creating a singular focus to achieve a

common end. “The common *telos* of rhetoric, in other words, is to constitute in an audience a common interest and a common identification that extends beyond the immediate qualitative moment and results in action toward a specialized end” (141). Black unity, which leads to black power, is the goal. Survival is the vehicle to achieve this end and therefore SCA as synecdoche helps to bring this about. More succinctly put Ralph Waldo Emerson, writes, “Put the argument into a concrete shape, into an image, -some hard phrase, round and solid as a ball, which they see and handle and carry home with them,-and the cause is half won” (qtd in Crick 133-134). Another example of a rhetorical argument couched in a SCA discourse that represents activism and agency is found in the BPP Survival Programs. In these we have the ways in which black power is performed and weaponized. The material strategies that involved feeding the hungry, providing medical assistance for the ailing, breakfast for school children, protection for the criminalized were innovative in bolstering community engagement as well as empowering the people.

In “To Die for the People” Huey Newton articulates the genesis of the Black Panther Party Survival Programs. These community outreach extensions were opportunities for the Party to care for citizens who were marginalized and discriminated against. They were weapons against the war waged upon African Americans that denied them equality in healthcare, social welfare and human rights. The survival programs included: childcare development, free breakfast for school children, banking services, free clothing and shoes, sickle cell anemia research and clinics, along with many others social interventions. Implemented to alleviate the injustices suffered by African Americans these programs were not only a method of

social activism but also expressions of political ideology during a time when civil rights were being fought for and often denied. I liken them to first aid kits, that bandaged and cared for apparent wounds, doing triage until more stable and consistent care would come. Newton summarizes the purpose of the programs in his text:

All these programs satisfy the deep needs of the community but they are not solutions to our problems. That is why we call them survival programs, meaning survival pending revolution. We say that the survival program of the Black Panther Party is like the survival kit of a sailor stranded on a raft. It helps him to sustain himself until he can get completely out of that situation. So the survival programs are not answers or solutions, but they will help us to organize the community around a true analysis and understanding of their situation (Newton 4).

In the April 1, 1972 edition of the BPINS the BPP advertised for the Black Community Survival Conference.

Thousands of people will be screened for Sickle Cell Anemia, with one of the finest mass screening methods used. People will be tested with the Dithionite Tube Test, in which, after a person's finger is simply pricked to extract a small amount of blood, the blood is funneled into a small test tube. In the test tube is a chemical solution. When this combination is shaken and allowed to rest for approximately five minutes, it can be determined whether the person needs further testing. Not only does this simple screening test alert you to the possibility of Sickle Cell Disease or trait, but also to Sickle Cell Hemoglobin C disease and trait (a variation of Sickle Cell Anemia). If this test shows positive results, the person will be contacted for further testing with Electrophoresis, where it will be determined exactly what the person has. With this method, thousands will be tested easily at the Black Community Survival Conference (BPINS).

The Black Community Survival Conference was a generative site that allowed African Americans to be in control of their physical well being but also demonstrated their competence in administering quality health care. They resisted the disciplinary acts of power of the nation that rendered black bodies invisible and disposable and instead devised a system that affirmed these same bodies and

worthy of health maintenance and intervention. Here we witness the rhetorical treatment of SCA as synecdoche as these performances of activism are not simply for health purpose but also indication of a social movement of agitation and aggression. What becomes evident is the modes of resistance that are employed to redefine the stigmatization of SCA as a black disease. The Panthers operationalize performative acts through community engagement to expose and disrupt societal norms of neglect. Through clinics that offered screenings and health fairs that provided education, the work of the BPP was formative in prioritizing African American health care and highlighting the negligence suffered for generations. Newton described the lack of attention given to sickle cell anemia as emblematic of historical alienation of black bodies an apparent attempt to render invisible their suffering. He writes, “Most recently we have begun a testing and research program on sickle cell anemia; and we know that 98 percent of the victims of this disease are Black. To fail to combat this disease is to submit to genocide; to battle it is survival” (Newton 3). Extermination wasn’t an option for the Panthers, and thus their appropriation of sickle cell anemia serves more than a cause for health activism, it was also an embrace and resistance of blackness as a disease category. With the Panthers we witness acts of transgressions, dissenting against the characterization of black bodies as debilitated while simultaneously welcoming the opportunity to repurpose that narrative to argue for the resilience of the same. SCA is operationalized as a signifier of a social movement, situated as a cultural commodity to activist, willing to take on a historical racial narrative. Rhetorically the BPP takes

on the exigencies of SCA and foster a clearly distinct identity for blackness that resists hegemonic attitudes and instead valorizes performances of resilience.

The dire needs within the black community called for health activism, protest that addressed the nexus between poor health, poor income, and poor education. These were inextricably woven, with each matter as a consequence of the other. For this cause the BPP created the Ten Point Program, their social and political constitution that enumerated the rights of African Americans, the entitlements that came along with being a citizen. The Ten Point Program included the following:

WE WANT FREEDOM; WE WANT POWER TO DETERMINE THE DESTINY OF OUR BLACK AND OPPRESSED COMMUNITIES.

WE WANT FULL EMPLOYMENT FOR OUR PEOPLE, WE WANT DECENT HOUSING, FIT FOR THE SHELTER OF HUMAN BEINGS.

WE WANT AN END TO THE ROBBERY BY THE CAPITALIST OF OUR BLACK AND OPPRESSED COMMUNITIES.

WE WANT EDUCATION FOR OUR PEOPLE THAT EXPOSES THE TRUE NATURE OF THIS DECADENT AMERICAN SOCIETY. WE WANT EDUCATION THAT TEACHES US OUR TRUE HISTORY AND OUR ROLE IN THE PRESENT-DAY SOCIETY.

In conjunction with these and other demands, the BPP also asserted the need for competent healthcare that was commensurate to what other Americans were receiving. Point Six of Ten calls for the following:

WE WANT COMPLETELY FREE HEALTH CARE FOR ALL BLACK OPPRESSED PEOPLE.

This is further explained:

We believe that the government must provide, free of charge, for the people, health facilities which will not only treat our illnesses, most of which have come about as a result of our oppression, but which will also develop preventative medical programs to guarantee our future survival. We believe that mass health education and research programs must be developed to give all Black and oppressed people access to advanced scientific and medical information, so we may provide ourselves with proper medical attention and care (BPIN 96).

The Panthers make claims through their Ten Point Program not just for adequate health care but also accessibility to research to improve the quality of medical treatment. This program was an act of resistance inasmuch as the BPP articulate protest through a document that seeks to dissolve hierarchical medical choices. Its rhetorical function is found in the strategic way health is understood as a means to survival. The Ten Point Program communicated more than the demands of the BPP for the African American community. It represented social arrangements, civil ethics, and moral codes, which communicated, "I too am America" (Poets.org). It critiqued white supremacy, while constituting an identity, resonating with black pride that reflected a self-sufficient people, demanding power, but also exerting it, "by any means necessary." Again we see how SCA represents intersections of cultural identity, racialized discourse and rhetorical resilience through community engagement. As synecdoche it creates an environment that discloses ideologies fashioned with language that constitutes a diseased identity and maintains the supremacy and normativity of white bodies. I consider in the next section how the genocidal claims of the BPP represented neglect of black life by the state. Following that, I examine how the health activism of the BPP constituted

sicklers as informed and thus empowered individuals instead of helpless victims at the mercy of the government.

SCA as Genocide

The BPP considered the indifference and lack of recognition by the country towards SCA as a form of “Black Genocide.” This claim of extinction was conveyed in the Black Panther in their description of “genocidal hospitals”:

Most hospitals do not have clinic facilities for automatic screening of patients for sickle cell anemia or its traits. Such a test must usually be requested by a doctor before it is given. Because of the lack of public information on this subject, and because of the general lack of care or concern shown for Black people in racist, genocidal hospitals, the majority of Black people have remained unaware of the existence of sickle cell anemia and its deadly effects (Black Panther 1972).

What the BPP brings to our attention is how the hospital was seen then, and continues to be, a contested space in the maintenance of black bodies, a restricted place that allows only a certain kind of flesh and an organizing locus that determines who gets treated and who suffers. Elijah Anderson reminds us that although white spaces can be problematic, “black people are required to navigate the white space as a condition of their existence” (2). What sicklers encounter now during emergency room visits are reflective of what sufferers endured during the ascendancy of the BPP. The word “genocidal” began to take on a more comprehensive meaning as the BPP appropriated its seemingly negative connotation as an impetus for acts of resistance. In other words, whereas the BPP acknowledged the insidious work of white supremacy in allocating funding to other diseases instead of SCA, they also saw this as an opportunity, a rationale for mobilization and action, to create their own clinics and coordinate their own health care. I frame my understanding of

genocide through the lens of Bryan McCann's work on the subject in relation to its appropriation by the Nation of Islam. Says McCann, "By genocide, I refer to those narratives of existential crisis in which a people come to imagine themselves under imminent threat of destruction by an external, often sovereign, enemy" (398). SCA figured prominently in genocidal discourse constructed by the BPP, as it symbolized national indifference and neglect to disease carriers and also it embodied an essentialist notion of blackness as a facilitator of disease. For the BPP SCA was the disease that identified and stood in place for a broader historical discourse of the intersection of genotype and phenotype as markers of racial difference, consequently reiterating to the observer its occupancy as synecdoche, its utility as a visual image of many smaller snap shots. In the BPINS the BPP articulate claims of genocide to reiterate, "How the threat of erasure is not only a grim reality for members of marginalized populations, but a central rhetorical tool in the constitution of a people" (McCann 398). As well, we observe how genocidal claims also were useful as they gave credence to resistant rhetoric as uttered by Huey Newton, "A people who have suffered so much for so long at the hands of a racial society, must draw the line somewhere. We believe that the Black communities of America must rise up as one man to halt the progression of a trend that leads inevitability to their destruction" (13). Genocidal discourse guides our understanding of how the BPP interprets violence on the black body. Ultimately it is perceived as an unfolding of the terror of whiteness on black bodies, occurring incrementally or precipitously. In the article titled, "Genocide: The Killing or

Extermination of a Whole People,” the BPP enumerates different avenues whiteness terrorizes and seeks to exterminate black bodies.

We know that we Black People, particularly, are faced with the violence murder and brutality, of the fascist storm troopers in the streets; we are under-fed and die at disgracefully high rates from malnutrition and starvation; we suffer death, on a daily basis, from our very living conditions—rat bites, frequent fires and numerous accidents caused by dilapidated, condemned housing (death traps). Our people, Black People, are being eliminated in such great numbers that the only conclusion that can be drawn by our growing death toll, in both obvious and subtle ways, is that a concentrated, malicious plan of genocide (Black Panther 1972).

As this article indicates the everyday existence of African Americans were under assault, while their living conditions were spaces of terror and subjection. This article further expands on the practices of whiteness that considered SCA as evidence of a black body that has an “indistinguishable, threatening, evil presence, the so-called black bugaboo” (Yancy xx). This further justifies the rationale for the black body to be extinguished.

The United States, which is so highly developed....that it can not only cure practically every disease once considered incurable, and if not, has discovered a process of preserving the human body until such time as a cure for a specific fatal disease is discovered as part of that plan, the United States has refused to research or disclose that cure for a disease, a blood disease, practically all of whose victim’s are Black People. Is it likely that in the closing decades of the 20th Century no cure has been discovered for sickle cell anemia. It is unlikely. As a people, we must begin to recognize, become conscious and aware of this genocidal plan and its many faces so that we can fight in every manner, by every and all means. For, to fight the hard, long struggle, we must survive. If we do not become aware of as much the situation as possible, we shall be fooled we will be duped into the death of our entire people (Black Panther 1972).

The BPP rhetorically framed SCA as a symbol for protest, they recuperated the meaning to call out “health politics” and affirm blackness as a site of fugitivity

(Moten 1). Thus, in the article titled: “The People’s Fight Against Sickle Cell Anemia” the BPP establish their argument of resistance.

Although virtually nothing seems to be known about sickle cell anemia, very little has been done to find its cause or its cure, it is clear that this racist government has no intention of ceasing this genocide. Research on sickle cell anemia would hinder their plan of Genocide upon Black people, the Black Panther Party has implemented this program to test people for sickle cell anemia, as well as put out as much information and literature as possible to educate the people to this, in addition, the Black Panther party has also started a People’s Sickle Cell Anemia Foundation in order to begin research that is truly in the interest of the people, for a cure of this deadly disease. Join in the fight against this form of Black Genocide—Sickle Cell Anemia (Black Panther 1972).

In this article the BPP employs a number of rhetorical tools to perform resistance.

The seemingly simple act of putting words to paper was an indication of the presence of black bodies and the resistance of their erasure. In other words, the existence of words, the attendance to language about SCA communicates its presence and meaning. “Presence communicates...identity to those who see it, regardless of absence in the room and the absence of work performed on it.” (Barnett and Boyle 87) The act of writing was needed to tell their story, to frame the situation to value black bodies as necessary and worthy of research funding. Writing would make a permanent mark in the annals of time to document how discrimination had become a common practice. The placement of emotion, the act of shaming rhetorically conjures a need to remember SCA and attend to its sufferers.

“Black Genocide” was a bold assertion by the BPP. While it seemed like an apparent capitulation to structures of power, intent on exterminating the black race, I interpreted it as a characterization of a rhetorical performance, to frame the target and more importantly as a point of antagonism. This phrase required the BPP to

speak back and gave their bodies visibility. Neglect was unacceptable. Black genocide was a symbol of meaning that spoke to the urgency of the time and the BPP seized on a seemingly negative act of extermination to instill energy, activism, and a readiness for a fight. We see this implemented in a number of articles in the Black Panther: "You Can Help Destroy One Of The Attempts To Commit Black Genocide- Fight Sickle Cell Anemia." This call to action informed its readers of the necessity for research and that the BPP was implementing a program to fill in the gaps intentionally created by a white supremacist nation in its negligence towards SCA. "The racist U.S. power structure has no intention of ceasing this form of genocide, since it is this racist power structure that perpetuates this disease. Therefore the Black Panther Party is initiating a program to help research really begin that can eventually discover the cure and prevention of Sickle Cell Anemia" (Panther).

The argument supporting genocide is a carry over, a discourse with a historical trace that serves as a reminder of the pernicious, yet subtle overtures of racecraft. For white supremacist logic, the genetic inscription is clear and biologically determined; genocide is the likely recourse as the physiology of the black body is self-evident. In other words, historically black "bodies were recruited to testify against themselves to support systems of subordination that viewed racially marked bodies as evidence for their own marginalization" (Chinn 7). Blood, genes, skin and other physiological materials serve rhetorical purposes, through the utterances of white supremacist they give credence to genocide. The conjured meaning of these material rhetorics- impure blood, defective genes, pathological organs, support historical claims that black bodies are less than, have been

otherized and are presumed to have inherent deficiencies that are beyond the reach of social programs, outside of the scope of judicial intervention.

The BPP utilized its newspaper to communicate its genocidal claims and create a community of affiliation among people suffering with SCA and in need of care and information. It was a space where patients were empowered and given permission to speak, as well as tacitly giving proof to their genocidal claims. This letter from Elizabeth Short, a SCA patient's mother bears this out.

I am interested in a sickle cell anemia foundation, if there is one. My son was a victim of this tormenting disease. He graduated from Wilberforce University, April 17, 1967. He died November 23. My oldest son married last month. Due to our loss, I have read all I could concerning sickle cell. During his lifetime my son had a blood test, yes but he had to ask for one to see if he had a trait of sickle cell. Sure enough he did. But how many know to ask for one" (Panther 1971)

In *The Black Panther* the Party makes a gesture towards history in linking the occurrence of SCA with the slave trade and the pernicious acts of white supremacy. This gives a node to their argument of SCA as indicative of Black Genocide. They also reveal the complicated and contentious nature of SCA as a cure and a curse. We wrestle with its dual meaning on a number of levels from its inception to the present, being utilized as symbol of resistance as well as resignation. In the article "Fight Sickle Cell Anemia" the BPP provides this history.

In Western and Central Africa where there is a high incidence of Malaria—particularly the most severe type of Malaria...a natural immunity against this dreaded disease was built up in some of the People. Since the Malaria germ attacks the red blood cells, some Western and Central Africans began to develop immunity to the germ. When the Euro-American slave traders invaded the African continent and forcibly removed the people from their homeland to the U.S., the people naturally began to be affected by this new environment. That is what was once an advantage in their homeland became a disadvantage in this foreign environment. Those who had the sickled

red blood cells, no longer needing them to fight off the Malaria germ, began to suffer terrible consequences of their transportation from one continent to another (The Black Panther)

The pervasive genocidal arguments coincided with the violence exacted upon the black body through lynching and beatings, raping and torture. Consequently bolstering the claims of criminalization and objectification. These would signify the diminished worth and value that society inscribed upon the physiology of black bodies and the physical environment or material ways that race would often lead towards marginalization and therefore present a need for community health programs and engagement.

Black Panther Party Health Activism

Understanding the lineage of suffering, the lack of government attention, and the longing for relief and remediation, the BPP established the People's Free Medical Clinic in 1971. It was the fulfillment of one of the Ten Point's. The clinics were an act of protest, a form of social resistance, and activism against the state. I argue that the clinics also act as a reservoir of expertise, demonstrating the proficiency of the BPP to care for their community without the assistance of the state. They draw our attention to what Hartelius inquires in her text, "The Rhetoric of Expertise." "What is expertise? Who is an expert?" (Hartelius 3) If expertise is a rhetorical construct as she suggest, then places or people have the ability to assemble the materials to design an ethos that presents proficiency and skillfulness. To this point Hartelius writes, "For experts an exigency is an implicit warrant that makes expertise both worthwhile and important—a much-needed response to a critical situation. It benefits experts to persuade the public that an exigency exists because when it does,

expertise is fitting and necessary” (26). In the article, “People’s Free Medical Clinic Model in Community Health Care” the BPP utilized language that demonstrates that expertise and promotes their forward and progressive plan to render black bodies as worthy of health care. Strategically they draw on metaphors that elevate themselves on a level higher than government officials in how SCA is attended to and who is capable and qualified to do the work.

A pioneer in Sickle Cell Anemia research, screening, and education, the People’s free Medical Clinic’s Sickle Cell Anemia Research Foundation has recently launched another innovative program in its efforts to find a cure for the deadly blood disease—a blood bank for Sickle Cell Anemia patients (The Black Panther)

They tout their expertise in comprehensive care, not simply as responsive to the ills and ravages of SCA but also with the intent of staving off the possibility of it being a host in black bodies

Throughout the Health Week March 8 to 13, the Foundation will conduct screening for Sickle Cell Anemia and General Anemia from 12 noon to 7:00 p.m., Monday through Friday.... The Sickle Cell Anemia Research Foundation was the first organization formed nationwide to concern itself with testing and research of the blood disease which primarily affects Black Americans. The Foundation is highly respected in medical circles throughout the country and its programs have been used as a model by similar groups who have begun operation since the Foundation’s inception.

Finally, we see in this article acts of resilience, as The Peoples Free Medical Clinic is a site of meaning, a model of how medical care is suppose to look like. Again, this rhetorical act allows the Panthers to function as experts in the field of health care while empowering sicklers to manage their own health. This sense of empowerment establishes a paradigm for how SCA care would be implemented in the future.

In addition to the screening, volunteers provide those who come to be tested with a history of Sickle Cell Anemia and the facts that known about the disease so far. The Foundation closely monitors the results of its screening in conjunction with Children's Hospital and anyone who is found to have the Sickle Cell trait or the disease is quickly informed and referred to an appropriate physician.

The BPP's response to SCA was articulated to serve a dual response: to help their community and render a stern rebuke to America for not living up to its democratic creed. These were modes of transgressions accompanied with acts of shaming all to draw attention to how the entitled rights of citizenship were neglected, how black bodies were erased and how their suffering was rendered invisible. There was a conscious act of social protest, inventive ways of "humanizing blackness." I borrow from Philosopher Tommy Curry's understanding of blackness to bring an apt synopsis to the rhetorical acts of care demonstrated by the BPP for the black body and their critique of white supremacy. Curry conceptualizes the nuanced approach to blackness that SCA invites and chastises those who peer through a perpetual prism of pain and struggle. The length of the quote is necessary to accurately understand the dichotomy representing blackness welcomes.

Most people think of Blackness and how we study Blackness as a negative endeavor. It's always associated with oppression, pathology, suffering. There's another way that we could look at Blackness as an alternate version of the human being. Like a human being that's made within history, that really stands within the courage and enduring of slavery, suffering, and poverty—an evolved kind of humanity that's of the world and not something that stands outside of it. With Blackness you get that quality of the human that is found within triumph, struggle, and resistance. Resistance is a human quality that Black people possess because they're human, but there is something else about Black humanity that is unique, that comes about because of slavery, Jim Crow, rape castration. These types of things are peculiar to Black people, and because of that, their humanity, as it interacts with the world, has created this unique thing that we now think of in terms of Blackness (Utey 263).

The BPP resuscitated SCA and its identity as a black disease from the resignation of death to a resurgence of resistance and resiliency. All of which accompanied their understanding of blackness and how it should be visualized and performed in society. In the call and explanation for free health care for all black oppressed people, the Panthers demonstrate the pervasive dialectic in the fight against racial inequality and the willingness to fight for health care. Although there was an acknowledgement of injustice, the BPP crafted a strategic readiness to adapt and attend to measures of freedom from oppression. The BPP illustrate the material practices that are needed to fulfill the Ten Point Program and ultimately lay a foundation for establishing SCA clinics and empowering patients with the ability to test them for the disease. BPP health clinics and corresponding actions were social movement residuals, assemblages of protest against maltreatment, pronouncements for equality and political posturing to awaken a public debate about SCA. Their advocacy was engagement with social structures and long held ideologies that cast judgments against sickled cell bodies. Their struggle was not solely against present angst and antagonism during the 60's and 70's but instead long held beliefs that SCA was normative, an expected end to bodies that were suitable host and fertile ground for all kinds of maladies. This activism was seen in the everyday occurrences of life. Health activism provided daily encounters to interact with publics arrayed against blackness as more than a disease site. SCA afforded the BPP space to redefine their image creating avenues for community engagement, community empowerment, and community health care. Teaching SCA patients how to care for themselves, equipping them with knowledge to understand this disease and testing kits to

facilitate their knowledge altered the image of the sickler from a victim to an activist. In the concluding section we examine the genocidal claim made by the BPP ensconced in SCA discourse. The BPP argue that SCA is used as a tool of white supremacy with genocidal intent. The language used by the Panthers draws our attention to the assumed deliberate attempt of society at the time, to render invisible sicklers and if possible erase their existence.

Conclusion

SCA was a generative space to embrace blackness and explicate how it represented a broader discourse, a critique on the injustices of America. As synecdoche, SCA discourse was representative of the lived experiences of being black in America at the time. The criminalization of black bodies led to marginalization and the denial of certain rights, a confrontation with “disciplinary social institutions” (Bennett 3). This, in turn required a response, a revolutionary action that would be pernicious and paternalistic, to systems of white power and the black community respectively. Violence deserved a reciprocal response, a definitive act that demanded the end of oppression. In *Revolutionary Suicide*, Huey Newton articulates the kind of wrestling black folk live with, an abiding hope, coupled with fearful anxiety; the “common attitude” of oppression and optimism. Newton reflects on the inner tension manifest in the strivings of human existence as an African American.

The common attitude has long been: What’s the use? If a man rises up against a power as great as the United States, he will not survive. Believing this, many Blacks have been driven to a death of the spirit rather than of the flesh, lapsing into lives of quiet desperation. Yet all the while, in the heart of every Black, there is the hope that life will somehow change in the future. I do not think that life will change for the better without an assault on the

Establishment, which goes on exploiting the wretched of the earth. This belief lies at the heart of the concept of revolutionary suicide. Thus it is better to oppose the forces that would drive me to self-murder than to endure them. Although I risk the likelihood of death, there is at least the possibility, if not the probability, of changing intolerable conditions. This possibility is important, because much in human existence is based upon hope without any real understanding of the odds (Hillard 130-131).

Newton paints for us a portrait of an existence Cornel West coins as “tragicomic”, one that entails suffering in the hope of a better existence. According to West the “tragicomic is the ability to preserve hope even while staring in the face of hate and hypocrisy—as against falling into the nihilism of paralyzing despair” (West 16). Newton’s thoughts represents a people faced with the resignation and capitulation of a forlorn will and the resistance and creativity of a consciousness prepared to pounce like a panther. His summarization sets the stage for the next chapter as we explore agency from a collective community, to individual rhetorical acts of defiance. What the Panthers present to us are the representation of a diseased state and its corresponding language in relation to race. Their social activism enlightens us to health care inequalities, the politics of bio-power and bio-citizenship while also awakening us to the verdant possibilities within SCA discourse to embolden activist to embrace their marginalization. Racecraft is turned on it head as the BPP encouraged the alignment of SCA with race and genocide. This claim spurs on their seemingly radical ideology that seeks to “arouse indignation and action among a people” (McCann 412).

CHAPTER FIVE. WE ARE NO LONGER INVISIBLE

I begin this chapter with their voices, those who have been told that SCA is their death sentence, those who suffer with perpetual pain, those who have been marginalized, those who are rendered invisible and maltreated because they are considered and called a problem.

“I wish people in the medical field would take the disease more seriously. I’ve had experiences where they’ve called me ‘drug seeker.’ It’s as if we’re going to the emergency room once a month or once a week for our drug fix. They treat us atrociously, and I’m just tired of the whole situation” Andre

“I did not choose this disease, but it has chosen me. I’m a survivor like many other survivors. We will keep battling this disease for our own lives and for the lives of people in the future. Sickle cell is screaming loud but no one is listening. This disease is terrifying and it grabs the souls of the young, helpless and defenseless. Sickle cell anemia disease is overlooked, a forgotten hell that a lot of people need to be rescued from.” Noah

“Every time, it’s a battle.” Mason said about the ER, where the staff suspected her of faking her condition in order to score opiates and viewed her as a non-emergency because she “only” had pain. “Nobody cares about people with sickle cell.” Mason

The chorus of sufferers, also known as sickle cell warriors, harmonizes along with Ralph Ellison’s protagonist in *The Invisible Man*.

I am invisible, understand, simply because people refuse to see me. Like the bodiless heads you see sometimes in circus sideshows, it is as though I have been surrounded by mirrors of hard, distorting glass. When they approach me they see only my surroundings, themselves or figments of their imagination, indeed, everything and anything except me (3).

Often time sicklers’ public personas presume that they are a problem. Sicklers find themselves addressing and answering Du Bois’ poignant query “How does it feel to be a problem? And yet, being a problem is a strange experience,--peculiar even for one who has never been anything else” (Du Bois 363). Their identity has been subsumed into the material existence of SCA. The sickled cells and pain crises, the

blood transfusions and organ damage are the physiological consequences; loneliness and isolation, marginalization and stigmatization are the social consequences. Doctors that appear indifferent, researchers that funnel resources on other more attractive diseases, pharmacist that prescribe at their discretion; these are an assemblages of practices that articulate and categorize a particular identity unique to SCA. It is what we know, what has been historically told, and a narrative that continues to be perpetuated. How do we come to know ourselves? How is our story told? These queries are central to our understanding of the identity of a sickle cell patient and how their sense of belonging takes shape. Sickle cell discourses are not merely descriptions of medical matters but contentious sites that manifest as corporeal circumstances to invoke rhetorical arguments to support racialized medical borders, human difference, and ontological essentialism.

What I examine in this chapter is the ways that those stricken by SCA appropriate the disease to advocate for their voice and visibility. I disclose how the construction of SCA as a black disease becomes a contested terrain often a “cultural centering on identity and dignity” (Kelly 3). Although medical science has disproven SCA as a black disease, culturally the currency of perpetuating this falsehood serves to engage the incongruity of thought in determining the duality or cultural contrast of blackness, or, as Du Bois opines, the “double consciousness” of blackness. Du Bois’ description of the dual existence of being an American and a Negro is ideal for understanding the constructed identity of someone with SCA.

It is a peculiar sensation, this double-consciousness, this sense of always looking at one’s self through the eyes of others, of measuring one’s soul by the tape of a world that looks on in amused contempt and pity. One ever feels his two-ness, an American, a Negro; two souls, two thoughts, two

unreconciled strivings; two warring ideals in one dark body, whose dogged strength alone keeps it from being torn asunder. The history of the American Negro is the history of this strife- this longing to attain self-conscious manhood, to merge his double self into a better and truer self (Du Bois 1986).

At odds is how the body is inscribed with a set of meanings in its association with blackness, the woeful ignorance that's pervasive in the medical community of those who treat sickle cell patients and the indomitable will of the "warrior" to survive regardless. In this chapter we consider the "warring ideals in one dark body" and the "longing to attain self-conscious manhood." More specifically I examine these as performances of resistance, acts of resilience, ways of asserting agency to maintain a semblance of humanity in the midst of situations that seek to define anything but. My primary focus will be on websites that function as a "network of relationships" (Asen 298) to reappropriate how we talk about SCA, to confront stereotypes, negotiate agency and provide tools for surviving and thriving with this disease. I examine the following websites: sickcells.org, sc101.org and onescdvoice.com. Of the numerous sickle cell community advocacy sites, these are significant because of the national attention they garner, the creative and concise ways that knowledge is dispensed, the thoroughness of each, not only to provide means for advocacy in the public square but also a place for warriors to be informed, empowered and have candid discussions on how to live with SCA. In these we find what Kent Ono and John Sloop call vernacular discourse, rhetorical enactments that represent "discourse that resonates within and from historically oppressed communities; that does not exist only as counter-hegemonic, but also as affirmative, articulating a sense of community that does not function solely as oppositional to dominant ideologies" (140). The rhetorical enactments I speak of are seemingly as pedestrian

as sicklers informing each other how to travel with SCA, and as significant as which emergency room offers the most expeditious and efficient service during a pain crises. These communicative acts not only display agency but also speak to a common bond of affiliation.

These websites function as a gathering place where the marginalized assert their voice, assume agency, create a common language, develop strategies for survival, and establish a community of affiliation. Relationships then become symbolic gestures that serve rhetorical purposes, to re-constitute identities and formulate publics to contribute to quality care for sickle cell patients. The commonality that these websites demonstrate in establishing relationships among fellow warriors is significant. Whether through blogs, events, correspondence etc. there are opportunities that invite and welcome others to voice their sentiments about SCA. I want to draw attention to relationships, “the connection, the in-between”; what Robert Asen considers as essential to the construction and maintenance of a public (298). Michael Warner observes that publics are created through shared relationships and discourses; they are assembled in the moment and traverse throughout exigencies. Because of this rhetorical situations are verdant pastures for publics to graze, grow and make arguments that are disruptive to normative thought. Thus, “a public is a relation among strangers” and therefore these strangers are “placed by means of these affiliations are on a path to commonality” (56-57). By means of discourse and transgressive acts, publics produce the world in which they inhabit. Again, Warner identifies the use of discourse as essential in the formulation of the publics’ world. He also considers the

formulation of the identity of publics. “People do not commonly recognize themselves as virtual projects. They recognize themselves only as already being the persons they are addressed as being, and as already belonging to the world that is condensed in their discourse” (82). Relationships are valued in the SCD community, as each member understands the necessity of being present for one another and the harm of isolation and detachment. This attention to relationships strengthens their potential of public effectiveness. To this point Robert Asen argues, “At one level, relationship serves as an organizing principle...Yet, more fundamentally...relationships give publics their energy, dynamism, productive force. Public makes and transforms through its relationships” (298). These become transformative gatherings that symbolize people coming together as vital publics and ways to understand how the larger populace misinterprets SCD.

We find a range of emotions that trace the frustrations and fears, hope and resilience that guide the strategic battles of the warriors. We also find a re-articulation of what it means to live with SCA and how its acquaintance with blackness shapes the necessity and importance of such groups. Sickle cell warriors resist renaming and assuming their identification as victims by deliberately encouraging each other through blog post and pointing out transgressive acts from the medical community. Zuleika says,

I haven't had that very good experience because [Hospital] is the center for sickle cell. Those doctors, they have no bedside manner. Some of the nurses, they don't have beside manners either. They talk about us. They don't even walk away. They talk about us like we're not there. We get the name-calling. They stereotype us. They either say we're here just for the drugs or we're just drug addicts (Sickcells.org).

Warriors use the very bodies that have maligned to talk back to those seeking to imprison them. Corin exhibits this, “Always smile. Always smile, no matter what’s going on. Show your smile because when you smile, you’re happy” (Sickcells.org) Kelvin gives strategies to other warriors on how to avoid being silenced by the disease and the pain that it renders, “Always make your decisions on life on good days. One thing for sure, there is more good than bad days” (SickCells.org). These rhetorical acts disrupt societal norms that stereotype SCA patients, interrupt machinations of power, while interfering with the invisibility of those with the disease. The participation of ordinary people, under similar circumstances, sharing common bonds articulate the rhetorical aspect of publics to recognize narratives that label and circumscribe with detrimental consequences. As I explore further in this chapter, each testimony reveals that the SCA patient maintains a keen awareness of their body and how it should be cared for and managed. They have to adopt the posture of an expert, because of the dearth and paucity of information on how to care for a SCA patient. This rhetorical performance of expertise often brings about a negative connotation in places of hospital care, as they are labeled as “difficult patients.” What often occurs is that the SCA patient appropriates the “difficult patient” ethos and disrupts its conventional meaning for their good. Sickle warriors learn through various websites how to perform for pain relief, where to find the most comprehensive care, and who will believe their narrative. These online spaces are constructed with their survival in mind. And the circulation of their words, to help their own kind, locates strategies that were dismissive of disciplinary powers of whiteness. Their creative articulations refigure ways of

establishing community and resisting the sense of isolation that SCA is oftentimes associated with.

With attention to the testimony of sicklers I focus on the materiality of blackness in the everyday lives of SCA patients. Their humanity is contested in the emergency room, which becomes a place of judgment and criticism. Their bodies are read as racialized subjects. Their blackness precedes them historically and thus, “The lived experience of blackness is among other things a constant demand for an ontology of disorder”, writes Fred Moten (187). Whereas the social understanding of the disease and the violence of the emergency room constitute them as difficult patients, this chapter critiques their methods of resisting this moniker. I consider how they create their own meaning of life with SCA by exploring the nature of their resistance and how they find “new ways to rebel” in the formulation of becoming a public and counterpublic. Resistance is fluid for the SCA patient. Their ways of fighting back are chameleon like, as they learn how and when to exercise agency. Robin D.G. Kelly’s work guides our inquiry into the “new ways to rebel” the creative measures that SCA patients employ to recover their identity and reclaim their humanity in the cauldron of a racialized disease lived out in the emergency room. Although a public place, an emergency room, for a SCA patient, functions as a site of counterpublicity, a place to engage tangible exigencies, material rhetorics that spawn from cultural discourses supporting black bodies as diseased. Fields and Fields write, “Everyone has skin color but not everyone’s skin color counts as race, let alone as evidence of criminal conduct” (27). I begin with consideration of the difficult patient, then I examine how sickle cell warriors build a community that

exhibits rhetorical resilience, I then proceed to the rhetorical choices in how they inform each other about their experiences in living with SCA and finally consider the rhetorical agency in the emergency room for competent care.

The Difficult Patient in the Emergency Room

The emergency room for a sickle cell patient stands at the intersection of deflective ontological racecraft, blackness as a historical albatross and a liberating freedom. It is a site of contention, where racism is ensconced in practices that are designed to make and discipline subjects, where language is predicated upon the notion of difference and essentialism. The emergency room is a place of assumptions, judgments, and conclusion. Largely these come from a historical reading of the black body. Rhetorically then, the black body becomes a reflection of racial gaze, an inscription of institutional human difference. This material consequence of the body is essential as it reminds us of “the ways in which rhetoric marks, represents, or constitutes bodies in socially consequential ways” (McCann 11). Living through these consequences of being in a black body, stigmatized with a racialized disease often proves deleterious for sufferers, as they come to the emergency room for help and instead experience less than competent care. Patients are faced with the harsh reality “that the body is socially understood and treated as a discursive text that is read by interactants” (Jackson 2). Consequently then, “There are various racial meanings attached to bodily texts that can inspire individuals to behave differently toward foreign or unfamiliar bodies when encountering them in public and private spaces” (Jackson 2). Reconstituting the black body is the nature of the fight that takes place in the emergency room. Although sickle cell patients are

frequently labeled by health care workers as “problem” or “difficult” according to Samir Ballas, they seek to redefine their ethos into a sickle cell “warrior.” The moniker “difficult patient” derives from the often, unfortunate exchanges that are held between caregiver and patient. Although this characterization is intended to harken back to a history when African Americans were resistant and recalcitrant to the ways of the slave masters, the phrase “difficult patient” misrepresents intentionally the shrewd genius that is evident in the ways sicklers adapt and resist. To this point Bergman and Diamond report “sickle cell patients tend to be knowledgeable about their pain medication, including previously effective dosage levels” (5).

At the source of the “difficult patient” trope is the SCA pain crises or episodes of pain felt in various parts of the body. Pain crises result when red blood cells become sickled, clump together in blood vessels, and thus prevent oxygenated blood from reaching body tissues. Patients have described the pain crises as: “gnawing agony that goes to the bone; similar to acute arthritis, but instead of just my joints hurting, the whole bone itself hurts; pulsating pain, hard in intensity, that usually occurs in that same spots” (Leary). In order to assuage the pain, often strong and addictive analgesics are needed. Requesting drugs as a sickle cell patient in the emergency room is problematic inasmuch as now the individual has to convince the medical staff that there is a need for the meds. Administering analgesics is a subjective decision for there is no test or diagnostic test that a sickle cell patient has to undertake to assess the level of pain and its frequency. In other words emergency room staff have to take the word of the individual in pain. This too is

problematic, as the medical staff has to take the word of the patient, that he or she is in pain. Not only does the patient have to communicate a seemingly amorphous subjective biological feeling, but also the sickler is aware of the historical representation that the black body in pain has and the neglect it has suffered. Thus, the evaluation of pain is subject to varying interpretations through particular prisms of understanding.

The centrality of pain in sickle cell care magnifies issues of trust between patient and medical professionals. Because pain is largely a subjective experience, there are only surrogate measures, such as the patient's blood pressure, to determine whether, and to what extent, a patient is in pain. Moreover, although sickle cell sufferers complain of severe pain, they regularly engage in activities such as watching television and talking on the telephone, which are inconsistent with the traditional picture of patients in severe pain. Similarly, physicians often note perceived discrepancies between patient behavior, such as the lack of visible responses to reportedly severe pain, and their self-diagnosed "pain score," which further compounds issues of trust (Bergman and Diamond 2013 4).

The response of medical attendants, the interactions between patient and physician in having to prove or legitimize pain is part of a larger narrative where African Americans have been considered inured to pain. Regarding the historical lineage of black bodies in pain, Debra Walker King writes,

Black bodies have a history of being the most "visible" objects for pains public consumption. In fact, the popular and recurring image of black bodies in pain as a normalized representation of suffering in photos, film, and other cultural products has come to position those bodies as material representations of pain. This misrepresentation of the black body ultimately assists in building the mythology of who is and who is not American (15).

In other words, SCA is used to shape and produce a body that is designed to withstand pain. Because it then supports and justifies the reality of treatment that often dehumanizes SCA patients.

What becomes evident in the treatment of SCA patients for pain related

matters are “the diseased connotations of race” as bodies are assumed to be natural evidence of deficiencies (Danielle Wu 1). As previously stated, black bodies are inscribed and read as inherently inept and thus disease susceptible. However, history reveals that these same bodies were deemed suitable for slavery and resistant to pain. Racist ideas were ensconced in arguments of human nature and biological difference, thus conveniently dismissing practices of racism. To be clear, rhetorical claims that black skin is thicker and thus resilient to pain, blacks’ nerve endings are less sensitive than whites and that the black body is stronger serve as the basis for arguing against competent health care (Hoffman, Trawalter, Axt, Oliver). When “race becomes hereditary” it then employs racecraft to deflect from whiteness to deficiencies in the body (Fields and Fields 120). Keith Wailoo references the University of Virginia study by Hoffman, Trawalter, Axt and Oliver, in pointing out disparities in pain treatment.

The study highlights how a confluence of mistaken attitudes—about race, about biology, and about pain—can flourish in one of the worst possible places: medical schools where the future gatekeepers of relief are trained. And it illuminates what I’ve called the divided state of analgesia in America: overtreatment of millions of people that feeds painkiller abuse at the same time that, with far less public attention, millions of others are systematically undertreated. Think of it as a pain gap between the haves and the have-nots, along lines of class and race (thedailybeast.com).

What Wailoo and others point out is that the rhetorical currency of pain is central to constituting medical practices and health policies that affect the care of SCD patients. Those suffering with pain often have to engage in a performance experience that entails having the correct attire, knowing the appropriate jargon and knowing the correct amount of medicine and so forth, in order to receive respectable treatment. “Knowing the attitudes they’ll encounter, patients therefore prepare for the ER as

for a job interview. “I always dress professionally,” said Wanda Williams, 67, a retired school administrator in the Bay Area: nice shoes, ‘interesting earrings,’ every hair in place, and Vogue-worthy makeup. “It’s crazy that you, as an African-American, have to do this so you aren’t treated like a drug addict” (statnews.com)

The ability to navigate through dominant discourses of subjugation and assert agency is an embrace of the material consequences of blackness. For some, the acts of survival, the rhetorical practices to constitute a different identity could be considered a matter of code switching, capitulating at the behest of whiteness. To this point the sicklers would likely retort that any form of disruption to the normative ways of life suffused with pain and dehumanization is a welcomed response. In other words, Hartman best expresses the attitude of the sickler, as she describes commonplaces that served as generative sites for slaves to articulate agency.

How does one enact resistance within the space of the permissible or exploit the ‘concessions’ of slave owners without merely reproducing the mechanisms of dominance? What shape does resistance or rebellion acquire when the force of repression is virtually without limit, when terror resided within the limits of socially tolerable, when the innocuous and the insurgent meet an equal force of punishment, or when the clandestine and the surreptitious mark an infinite array of dangers (63)?

The association of blackness to SCA adds on a rhetorical history of how it is that race becomes a signifier for indifference, and the immobilization of subjects. The social and cultural context of SCA explains the role of rhetoric in appropriating symbols with persuasive intent to structure a racialized meaning of the disease. Scientific research, health care, pharmaceutical sites and so forth function as rhetorical modalities that involve discourse and practices that often marginalize sickle cell

patients. Furthermore, transactions occur to perpetuate the rhetorical constructions of sickle cell patients as drug addicts and racialized sycophants. Again, these metanarrative, fits into a larger context of the African American in need of a perpetual fix from maladies they are susceptible to because of their debilitated bodies. This contributes to the notion of deflective ontological racecraft as it shines light on an already diseased body for the purpose of highlighting a pristine body. Whiteness then, becomes a desirable quality, an enviable self that presents a narrative far more innocent and inviting and less depraved and vile. SCA is the vile inscription and the black body is the default domicile for such stigma. Exploring the notion of “white as explicit ideal” Richard Dyer says, “Though the power value of whiteness resides above all in its instabilities and apparent neutrality, the colour does carry the more explicit symbolic sense of moral and also aesthetic superiority” (70). Even the juxtaposition of SCA to other similar genetic diseases in the medical community, allocation of research dollars and attention to social needs demonstrates how the black body is positioned as unwanted and discarded. Dyer notes, “The presence of the dark within the white man also enables him to assume the position as the universal signifier for humanity” (28). As SCA warriors reveal, this marginalization and presentation of a disease as racialized contributes to the lack of quality care overall. To this point, Zempsky argues, “The lack of justice that typifies the care of some patients with sickle cell disease may put them at risk not only for inadequate care but also long-term deleterious effects” (Zempsky 2009, 2479). And thus, the corollary of constitutive rhetoric, in constructing SCA as a black disease, in configuring patients affects clinical practice and quality of life.

Within these communities of “difficult patients” there are embodied acts, language choices and other rhetorical acts that are designed to disrupt how sickle cell patients are known, determine how they want to be perceived. These sites are generative rhetorical spaces that illustrate the kind of ways these warriors fight back. This community engages in what bell hooks calls “talking back.” These rhetorical acts...”are for those who stand and struggle side by side, a gesture of defiance that heals, that makes new life and new growth possible” (hooks 9). Sickle cell warriors appropriate what Foucault calls: “technologies of the self”, as these websites facilitate practices “to permit individuals to effect by their own means or with the help of others, a certain number of operations on their own bodies and souls, thoughts, conducts and ways of being” (Rabinow and Rose 146). Through this means of rhetorical negotiation, a community is created, an identity sustained and marginalized voices are heard. We must consider how this notion of a SCA community expands on the larger theme of blackness as a site of fugitivity, a place of antagonism and resistance that allows for warriors to reclaim what SCA means. It is significant to note how sickle cell patients are identified, as they talk amongst themselves in their online communities (Moten 1). Often referred to as sicklers amongst the medical community and other cultural venues, sickle cell patients refer to themselves as warriors. This identity establishes a rhetorical persona that belies the representation of sickle cell patients as suffering beyond the ability to fight back. It offers options for how to communicate agency through language choices.

When considering the medical community of sicklers it is also noteworthy to observe how the emergency room is a place of public of memory, where certain acts

are required for survival and subsequently passed on to others as rhetorical rituals of hope. Integrating Sara Ahmed's cultural economy of affect as that which sticks with public memory scholarship, Blair, Dickinson and Ott note, "Ahmed's point of course, is to understand how objects, signs, and bodies 'become saturated with affect'" (11). Ours is to understand how particular memories capture the imagination and produce attachment, and how memories achieve durability over time or compelling force in a particular context. In Ahmed's terms, how do memories 'stick?' How do they come to matter" (15)? The emergency room garners attention as command post in SCA discourse in that it bellows out orders, it organized hierarchy, it structures behaviors, all of which remain relevant in how sicklers orient their lives. It is representative of how bodies are disciplined and demeaned, the memory of which is communicated to the SCA community. As a result it is a "memory place" operating as a signifier of immense importance (25). Blair, Dickinson and Ott explain, "The signifier—the place—is itself an object of attention...It is an object of attention because of its status as a place, recognizable and set apart from undifferentiated space. This signifier commands attention, because it announces itself as a marker of collective identity" (25). Throughout the websites we examine for this chapter it is clearly evident that the emergency room is a memory place that constitutes identity, coordinate actions and cultivates, "habits of experience" that "do not simply arise from the accumulation of experience but rather are wagers concerning the world" (Barnett and Boyle 18).

A Community of Warriors

Sickle cell patients call themselves warriors. In the emergency room they are often referred to drug seekers, difficult patients, repeaters, less than favorable titles and identities. The rhetorical functions of these names in the emergency room create diseased subjects and challenge the notion of their humanity, very likely contributing to the quality of care. As well, they also mark bodies and marginalize identities for the purpose of maintaining the normalization of whiteness. Racially marking bodies, courtesy of whiteness, is a process that finds its fruition in the emergency room. All of this and more highlights the need and value for online communities and reiterates the attention given to how warriors identify themselves and why they have chosen that posture. Their acts of naming facilitate a community of SCD soldiers, providing also the context for understanding how resilience informs the creation of their identity. In the online communities we find acts of rhetorical resilience that begin as individual expressions of courage that coalesce into community engagement responsive to various exigencies. Flynn et al., write rhetorical resilience is about “recognizing and seizing opportunities even in the most oppressive situations” (8). It is an agency that “continually recreates possibility” (8). Consequently what is evident in the lives of SCA patients are transgressive acts cloaked as seemingly mundane, pedestrian acts like dressing a particular kind of way before going to the E.R., like going to the E.R. on a particular day, making sure you don’t visit the E.R. alone and drinking plenty of water prior to the visit, just to name a few.

Their model of resilience fits into the paradigm that Flynn et al., construct as they broaden our understanding of this useful trope.

We see resilience not as a quality of the heroic individual but as always relational, not only because individuals learn moral qualities and derive social and material support through “a web of relationships” but because resilience is in itself a form of relationality...Finally, resilience is transformative not necessarily through affecting a change in circumstances—which may remain bleak or oppressive—but in changing the way a life is lived. Resilient living can involve determination, perseverance, hope, and imagination (7).

Evidence of their rhetorical resilience can be located on the home screen of sickcells.org: “Sick Cells seek to elevate the voices of the sickle cell disease (SCD) community and our stories of resilience” (sickcells.org). Under the column stating FACES of SCD there are 35 black sicklers, and 2 brown sicklers, with their own defiant story, asserting the identity as a warrior, intentionally welcoming other warriors into the community. This public space, created by sicklers recalls Catherine Squires’s assertion that, “not every group or individual enjoys the same access to public spaces, media resources, or other tools to participate in discursive activities” (Squires 449). And consequently we observe online members of Sick Cells seizing space, telling their story, and announcing their agency. Chantelle writes, “Hello I’m Chantelle Rodgers and today I AM TAKING OVER” (sickcells.org)!!! Sharon explains the value of voice in the refuting the politics of identity that SCA often invites. “I am 55. If you do have sickle cell, don’t shy away from why you have. Don’t seclude yourself; talk about it. Talk about it with people, talk about it with your doctors” (sickcells.org). Kamia articulates that silence contributes to isolation and the perpetuation of a marginalized public and thus reiterates the value of voice, embodied with power and agency; thus demonstrating how “the ‘voice’ announces

the body's presence; it utters the body's sensory experience of its environment and of others" (Watts 180). Kamia writes,

It's already a silent disease and a lot of people don't talk about it. My husband was in the military, and we were in Georgia and the doctor asked him, "What is this, what is sickle cell?" And it blew my mind. I was like; "You're a physician, and you're asking me what sickle cell is." So don't give up, even if this is not the cure for you—continue to talk about it, continue to tell people, speak about it all the time, just keep the conversation going. Because if you don't talk about it people tend to forget, push it off to the back (sickcells.org).

The resistance of the online community contributes to the formulation of an emerging black public, fighting against the "erasure of black resistance" demonstrating the existence of what Squires sees as the Black public, "an emergent collective composed of people who engage in common discourses and negotiations of what it means to be Black" with SCA (Squires 454). To this point Tristan writes about her advocacy activism from youth,

Since I was 11, I've tried to spread awareness and advocate for sickle cell. I was the poster child for the local chapter of our Red Cross blood drives. I have hosted numerous spoken word events for the cause, spoke about in the newspaper, radios, and have been featured in different publications talking about sickle cell disease. I think what the sickle cell community needs is for us to have way more of a public presence. We need to come out of the shadows of the past and step into the spotlight (sickcells.org)

Resilience distinguishes this community as Monique reminds us in her rallying call to fellow sicklers, "Keep fighting. We're a rare breed. Keep fighting" (sickcells.org).

On the home page of the website oneSCDvoice.com there is an obvious call towards community with an immediate invitation to "join the conversation." The opportunity to participate in the featured poll as well as go back to previous polls gives warriors a place to identify with each other and find a community of affiliation. The heading "community gallery" provides a listing of members names, their role as

a patient, advocate, health care provider, health communicator, caregiver, etc., join date, profile and opportunity to send message to members. If a warrior wants to maintain a more private community, “SCD Teams allow you to create a small group with whom you can share and communicate exclusively, rather than with the entire community” (onescdvoice.com) A host of opportunities are provided, particularly on this site to encourage community involvement. These acts of engagement function rhetorically as they coordinate ways of being human, ways of being present for each other, ways of giving voice and representation. It seeks to strip away the racialization of SCA and reveal the humanity of these while also seizing upon opportunities to reclaim how a sickle cell patient identifies and what modes of agency he or she employs.

Whether identified as patients, sufferers, or warriors, cultural meanings often stifle the ability to resist public judgments brought on by rhetorical characterizations and assumptions that black bodies are inclined to sickness, because of inherent defective qualities. For this reason the creation of counterpublics and the implementation of vernacular discourse within the SCA communities is noteworthy and instructive as a method of protest. Nancy Fraser considers counterpublics as “parallel discursive arenas where members of subordinated social groups invent and circulate counter discourses to formulate oppositional interpretations of their identities, interests, and needs” (67). These groups of warriors often find resilience in creating ways to enable each other in managing SCA. Their language is familiar and necessary as it affords them opportunities to chart ways of survival when their cries and pleas for help are often

ignored. The community of affiliation in online communities infuses them with modes of resistance and resilience. As these sites reveal, community is essential in how warriors resist societal and cultural discourses regarding the inferiority of black bodies. These online platforms coordinate actions of survival as members become dispensers of knowledge and take control of their future. Their assumption of agency, to gather together is furthered as they converse amongst various platforms, in different forms to help the other survive. Communities of sickle cell warriors replace feelings of isolation and marginalization in society and more particularly in the emergency room. They compensate for the paucity of knowledge received from health care facilities on SCA and assert creative methods to live. As previously mentioned, physicians are often culpable in not understanding how to treat sickle cell patients, not realizing that SCA is genetic, not fully understanding the biological process of pain crises and unfortunately still embracing the supposition of biological difference. Thus the ways in which warriors communicate and inform each other is essential to understanding their ability to reappropriate a health system designed to marginalized them and ultimately erase their suffering. Resilience, says Flynn et al., is “creative, animating the potential of whatever comes to hand as a suitable rhetorical resource...Thus resilience realizes possibilities and resources by shaping and enacting relationships among selves and others, speakers and audiences, things and dreams, bodies and needs, and so on” (7). Each site offers ways of communicating the management of SCA through language that is common to warriors. Sc101.org is very helpful in the creative, but concise ways to dispense knowledge to community members. In their twitter feed SC101 provide posters

with messages that correspond with images to offer “education + awareness” tips that clearly communicate salient facts about SCA.

The need to survive, the strategies to inform sicklers how to live and how to fight is a part of the tips that warriors pass on to each other. Hydration is essential not just in the consumption of beverage but also in the kinds of food consumed. Not only are the tips directed toward the physiology of the patient but also the mental and social well-being as is evident by the following admonition and encouragement. On any given day, a sickler would be reminded of the following:

You are not burden.
You have a burden,
Which by definition is too heavy.
I fight for my health
Every day in ways
Most people don't understand.
I'm not lazy, I'm a warrior. (sc101.org)

On the site oneSCDvoice.com there is the “SMART Social Wall” where each warrior is invited to “voice your thoughts, feelings, add photo and add video.” The rhetorical practices demonstrate agency by informing other warriors and intervening as activist. Amanda echoes these sentiments, “oneSCDvoice is a positively-charged space where you can find support from others who get and trusted resources (like this one on tips for advocating in the ER.) Check out this guide on how to live well with sickle cell...Find good medical care, get regular check ups, prevent infections, learn healthy habits, look for clinical studies, get support” (oneSCDvoice.com) Embodied acts of helping by testifying and assuming a measure of expertise disrupt the notion of sickle cell patients as indolent and ignorant of their body and its disease process. Their subject position conceived and created by the racialization of

SCA and health care agencies is resisted through the implementation of knowledge. From the perspective of whiteness, the Black body is diseased and thus a product of natural consequences. Inevitably this thought process feeds into how sickle cell patients are treated in the emergency room, how much research dollars are allocated and how the disease functions with a measure of stigmatization. The SMART Social Wall takes on these rhetorical processes by offering advice and giving guidance for fellow sicklers. It operates as a trusted space, a safe refuge to receive fact and help. It is evident of how sicklers demonstrate rhetorical resilience by recognizing and seizing opportunities even in the most oppressive situations. Banissim historicizes SCA, "The treatment of SCA patients in the U.S. is a function of the history of the nation and the present environment. The lens through which it is seen is as a Black disease." Whereas the tips and pointers are seemingly pedestrian and mundane, I agree with Robin D G Kelley that even the common occurrences can become ways of critique and opportunities to express resistance. Kelley identifies, "the daily confrontations, evasive actions and stifled thoughts that often inform organized political movements as infrapolitics" (8). Although seemingly inconsequential these acts are inextricably woven to the "political history of oppressed people"(8). Deanna demonstrates her frustrations with systemic health care injustices: "I feel like we're judged when we say we need something for pain. Stop judging us. You can't tell me how much pain I'm in. Just because I'm not crying, you can't tell me I'm not in pain" (sickcells.org). Kelley gives credence to the various ways that sicklers resist, "while the meaning and effectiveness of various acts differ

according to the particular circumstances, they do make a difference, whether intended or not” (8).

In the previous examples we find not only an exertion of being, but also an extension of community. They demonstrate that “resilience is not only an individual matter. It is the outward and visible sign of a web of relationships and experiences that teach people mastery, doggedness, love, moral courage and hope” (qtd. in Flynn et al 26). These and other warriors engage in material practices that function to resist social narratives of sickle cell patients that are less than complementary. Their negotiations of the SCA world are done so in a common vernacular that facilitates an even stronger bond amongst each other, while also excluding a larger community of critics. What these rhetorical choices exhibit are creative ways of survival. Resilience and agency, writing and talking, reading and walking are means of resistance to a racialized subject position.

Survival Tactics

So far we have examined the formulation of community and how these have informed and established relationships as a means of negotiating competing discourses. We will now continue to examine how, for sickle cell patients, the emergency room is a contested space, where competing narratives occur. It functions as a topos for understanding the rhetorical processes that undergird the arguments of deflective ontological racecraft. Often African American patients are required to navigate a “white space” under a “white gaze” with their seemingly black disease. Judgments are rendered in the ER under a white gaze through practices of looking. As these testimonies reveal whiteness can structure the practice of

medicine, dispensing kinds of medicine, the quality of care and the wait time to be seen. It can alter how black bodies respond to this care. Whereas the emergency room is a public place, accessible to all the experiences SCA patients encounter recalls how certain spaces are racialized and function as contested sites that invite transgressions and resistance. Therefore, they are symbolic of habits and norms that guide our understanding of each other. George Yancy interprets the generative aspect of social spaces that determine who belongs and who doesn't. "Within such social spaces as these, the sheer cumulative impact of such racist actions can result in a form of self-alienation, where the integrity of one's Black body is shaken, though not shattered" (Yancy 2). As sicklers relive in their testimonies of ER encounters their bodies are read as diseased as the historical violent traces of blackness precedes them. "The corporeal integrity of my Black body undergoes an onslaught as the white imaginary, which centuries of white hegemony have structured and shaped, ruminates over my dark flesh and vomits me out in a form not in accordance with how I see myself" (2). What becomes evident as sicklers navigate the E.R. and the competing discourses of the fungibility and fugitivity of blackness; the resistance of a historical narrative that assumes the black body is diseased and a threat along with the malleability of blackness to adjust to varying circumstances for the good (Moten 1). Their experiences, often dehumanizing reveal that the ER that is often a rhetorical space where sickle cell patients have to negotiate cultural and historical claims of a racialized disease I contend that it could represent a "white space." Or, what Elijah Anderson posits as a place where a "black person enters and others there immediately try to make sense of him or her—to figure out 'who that

is,' or to gain a sense of the nature of the person's business and whether they need to be concerned" (Anderson 13). Consequently then, we have competing narratives of how this space is navigated. What these online communities reveal is how warriors engage in training for battle in the ER.

Sicklecellwarriors.com has compiled a list: Tips for Going to the Emergency Room with Sickle Cell from suggestions of warriors:

1. Hydrate as much as you can before you go in, and while you are in the waiting room. Drinking water will help those tiny little veins make an appearance. The quicker they can start an IV on you, the quicker you can get treated.
2. Take some pain medication BEFORE you leave the house. Going to the ED in full crisis might be too overwhelming if you have to wait for a long time. Have some pain meds to tide you over, so that you are bone dry in excruciating pain before you are seen.
3. Go with a friend or family member. Everyone should have an advocate ESPECIALLY in the Emergency Room. Your advocate will be the one to assert your needs, and pressure the nurses and doctors to take care of you better (if they haven't).
4. Try to use the same ED every single time. Hospital hopping leaves you with a choppy medical history, and oftentimes, not having a comprehensive record in one location can lead to multiple unnecessary tests, and delays in treatment.
5. Have a regular doctor/hematologist. Most people use the ER for routine doctors' appointments, and this annoys the nurses and doctors to no end. Make sure you have a primary doctor that covers you regularly for non-emergent issues. If possible, he should be affiliated with the hospital system you are visiting, so that all your records are in one place.
6. Know your history. You should know what your normal blood counts are, when you last period was, the last time you were hospitalized, and all medications you are taking. You should know your doctors phone number by heart so you can call him if things get dicey. If possible, have a copy of your last laboratory work/discharge summary.
7. Take your pain meds with you. One of the warriors suggested that you should take all your pill bottles, even your empty prescriptions with you. This way, the nurse/doctor can see that, "Yes, you really are on that Dose of pain medicine" and

that you get your prescriptions filled for that high dose. This will help cut down on under-medication.

8. Don't be THAT patient. Carry yourself with dignity at all times. Even if you are frustrated and upset, try to use reason and logic instead of tears and shouting. It is true that the squeaky wheel gets the oil, but you can be assertive without being aggressive. Be polite, but firm. Keep asking for the doctor/nurse until you get one. Ask for the supervisor/charge nurse if you feel you are being treated unfairly. Speak up, but don't be an ass*le (you'll create a stereotype that another sickle cell patient has to fight against).

9. Find your spiritual center. Sometimes, the pain can be so overwhelming that you just want to curl up in a ball and die. Recite your favorite quote, Bible verse or say a prayer. You have to find a way to calm your inner soul, to relax yourself amidst the chaos and to believe that, 'Yes, you will survive, it does get better and you can make it through.'

I know that it can be hard, it can be scary, and it can be difficult. But armed with these tips (and hopefully God lighting your path), you will have less horrendous ER visits and more positive ones. Blessings and be well. (sickclecellwarriors.com)

These tips provide a strategy with deliberate attempt to resist stereotypes, such as: "THAT patient", yet be ready to assert a different identity which constitutes a patient that is knowledgeable of meds and not addicted to them. Such articulations are circulated to assert control in a contentious space, to confront discourses of difference. At odds is a relationship between warriors and a place that signifies a historical narrative that persist in allowing whiteness to determine the rules of engagement. Notice that preparatory work is essential before the visit, which resembles being in a constant state of readiness, a constant state of defense. Again, I reference Du Bois', double consciousness, an ontological place of wrestling with what's felt and what's asserted, ones historical being and present state. One ever feels his two-ness, an American, a Negro; two souls, two thoughts, two unreconciled strivings; two warring ideals in one dark body, whose dogged strength alone keeps it from being torn asunder. These tips assume the need to validate ones

existence and authenticate transgressions against the body. They are a methodical plan of resistance that “create a space in the ritual site that excludes them, simultaneously forging relational bonds with others...and resisting the discursive images of disease constructed on their bodies” (Bennett 122). The policies and procedures often implemented in the ER are targeted to resist and discipline bodies afflicted with SCD. The tips included here along with those found on other sites are constructed to confront a rhetorical space that has historically been hostile and culturally restrictive to the humanity of sickle cell patients, inhibiting quality health care and occasionally consigning one to a death sentence.

Emerging from these tips are transformative ways to counter inscriptions of white supremacy on the black body and instead display fugitive ways of blackness to instill self-awareness and maintain a sense of dignity in the midst of a debilitating disease. These methods of resistance are everyday practices that build community and establish relationships in response to exigencies evolving from living with SCA. The resilience of warriors is in their willingness to reappropriate SCA and take ownership of their narratives, to tell their story in their vernacular to other fighters as they engage not only a health care system often aligned against them but a culture that persistently labels them as sufferers of a black disease.

This chapter weaves into the larger narrative of the practice of deflective ontological racecraft in SCA discourse as it demonstrates the rhetorical potency of identity and nature. Through various online communities and in public spaces such as emergency rooms, SCA patients wrestle with a prescribed historical narrative of this disease as a byproduct of blackness. They contend with ideologies that have

become normalized and consequently alter their way of being in society and their sense of identity. It is a perpetual fight for visibility and fight against erasure. The labels that are ascribed to SCA patients have historical adhesiveness; they are fixtures, not easily removed. Strategically this draws attention away from racial inequalities in health care as well as deflects from the pernicious practices of racism in inscribing bodies deformed and debilitated because of race. Again we see how SCA functions as a rhetorical trope and its use as synecdoche in the racialization of a people in medical and health discourse.

CHAPTER SIX. SICKLE CELL ANEMIA: A “RACIAL PROJECT”

In “Behold the Corpse: Violent Images and the Case of Emmett Till”, Harold and DeLuca disclose the generative malleability of an image to speak symbolically as an object of white supremacy and black resistance. They communicate how Emmett Till’s body spoke and the effectiveness of its language. Mamie Till was convinced that her son’s youthful body, mangled and disfigured beyond recognition, should be witnessed by all who dared to look. Instead of putting Till away quietly, Ms. Till articulated the horrors of white supremacy in an open casket through the terrorized and tortured black body. Harold and Deluca write, “The image, like the open casket in Chicago, became a gathering place, a temporary nexus around which people could link themselves to each other in a new network, thus reconfiguring their agency in powerful ways” (266). Emmett’s body was also the catalyst for a movement, “The image of Till’s body became a rallying point for a nascent civil rights movement; in effect, it lynched lynching. It made explicit that what ‘polite society’ no longer acknowledged was still occurring. It once again made public spectacle of the abused black body, but transformed its meaning by doing so” (269). Harold and Deluca recall the value of the visual image and its performance in disrupting and redistributing power through the body,

The pictures of Emmett Till’s body foregrounded the body at risk; they configured the abjection of white-black race relations by giving it a new visual vocabulary. The abject, black body at risk was transformed, from the dialectical “other” defining and bolstering white power to the grotesque product of that power (270).

My point is this. Emmitt Till’s body didn’t solely do what his killers intended.

“Although his body became, in the hands of Milam and Bryant, a rhetorical text, one

more installment in the brutal, yet thoroughly American, story of racial violence”, a mirror of a terrorized people, it resisted white hegemonic discourse for oppositional liberation. Ms. Till’s heroic actions and rhetorical overtures situate my examination of SCA. Harold and Deluca attend to the black body as a discursive site for resistance and discipline. Furthermore this dual message posits an alternative reading of the body as a strategic offering to support the construction of an identity in concert with an ideological bent.

I examine how SCA is gathered by rhetors to serve varying ideological purposes and cultural communities. It is utilized to invite different readings that conceptualize the black body as an object of scientific experimentation, as an agent for resistance, as a narrative of injustice. This assembly of rhetors: doctors, activist and sicklers occupy differing venues. Whether in the medical office or science lab, in the neighborhood or the street, in an online community or corner of an emergency room “craft an ideologically infused message and identity” (Ono 98). They work towards constructing and framing, building a disease and assembling a people, while coordinating an argument, a way of thinking about them and it. And thus inform us how sickle cell became a diseased black body. What we learn is a methodical approach to how SCA was named as a black disease, how its recipients were sought out as exclusive host and the consequences of these choices. We also glean how this exclusivity gives credence to ideologies purporting the erasure and extinction of a people. Genocidal claims are given a footing and undergirded as the Black Panther Party resist the notion that “darkness is a signifier of negative values grounded within a racist social and historical matrix that predates my existential

emergence” (Yancy 3). Instead they embrace blackness as a community organizer, a symbol of resilience and determination. For them, blackness was not a liability. This dualistic approach that SCA invites is best described as a “manifest dualism to blackness” (Mbembe 6). Further describing the malleability of blackness Yancy writes, “The meaning of my Blackness is not intrinsic to my natural pigment, but has become a value-laden ‘given,’ an object presumed untouched and unmediated by various contingent discursive practices, history, time, and context” (3). SCA embodies these dialectic tensions of blackness, describing “bodies of color as ontological sites of sorrow” and ontological sites of resilience (Ortega 124).

Sickle cells are material sites of history that contextualize diseased bodies as black bodies. In other words, the creation of SCA is not done in a vacuum, but rooted in a history that entails genocidal claims, scientific ideologies ensconced in race and arguments normalizing whiteness. The historical trace orients our understanding to the legacy of SCA as a black disease and points to the longevity of this discourse. Sarah Chinn reminds us of early historical accounts of racialized scientific discourse in determining the value and usefulness of the black body. That is to say, black “bodies were recruited to testify against themselves to support systems of subordination that viewed racially marked bodies as evidence for their own marginalization” (Chinn 7). The conjured meaning of these material rhetoric’s- impure blood, defective genes, pathological organs, supported racist claims that black bodies were less than, and presumed to have inherent deficiencies beyond the reach of social programs, outside of the scope of judicial intervention. This pervasive argument gave rise to the violence exacted upon the black body through

lynching and beatings, raping and torture. It also bolstered the claims of criminalization and gave credibility to the disposability of black bodies. Jim Downs reminds us of the lived violence experienced by emancipated black bodies. In the text *Sick from Freedom* we grasp how Reconstruction, for freed black slaves, was a fight to remain visible, a fight to resist not only the political erasures of white supremacy but also the physical erasures, the denial of health care, the scarcity of necessities, all contributing to an existence of terror with the potential of what could be considered as genocidal consequences.

Freed people suffered from sickness and poverty, and struggled to have their voices heard by contemporary officials, who were hell-bent on portraying the South as rebuilt, and later by historians, who were in search of heroic icons to shatter racist stereotypes. The destruction of slavery left little rhetorical room for freed people to articulate how emancipation was a glorious achievement but one that brought new struggles that threatened their survival (Downs 6).

In addition to the rampant and destructive nature of diseases such as small pox afflicting freed slaves, the sheer volume of bodies required that suitable medical help be provided to manage health. Downs gives us a glimpse into the role of the federal government in providing adequate health care. The small pox epidemic was evidence of this from 1862 to 1868, as thousands of people became victims to this disease.

The epidemic resulted in large part from the inefficiencies of Freedmen's Hospitals to establish effective quarantines and conduct vaccinations as well as the federal government's neglect of freedpeople's health. Although medical and municipal authorities understood how to contain outbreaks of smallpox since the late eighteenth century, when the epidemic first appeared among emancipated slaves in 1862, federal officials, Southern planters, and both the Northern and Southern press began to interpret the high mortality rates among freed people as signs of the extinction of the black race. By turning a biological crisis into a discourse about racial survival, the federal

government consequently did very little to address the explosion of the virus throughout the South (15).

Disease discourse and the medicalization of blackness seemed to function interchangeably. Black bodies seemed to be disposable and useful for discipline and disease; the Tuskegee Syphilis experimentation, the use of Henrietta Lacks' cells without permission, Dr. Marion Simms' experimentation with female bodies for gynecological procedures were either an example of medical exploitation or neglect. It is an age, old narrative, a resounding argument that the BPP attached their health activism too. One that Harriet Washington describes as "medical apartheid." She further summarizes the history of disposability, erasure, and genocide,

The slave appropriated by physicians for experimental surgeries, the impoverished clinic patient operated upon to devise or demonstrate a surgical technique, the sharecropper whose body is spirited from the morgue for dissection, the young girl whose fertility is stolen via an untested contraceptive technique or a "Mississippi appendectomy" (involuntary sterilization), the soldiers, prisoners, and children who find themselves without options when government physicians foist novel medications and techniques upon those with little legal protections—all these African Americans, and many more, have found themselves voiceless as medical lions have chosen to present this research in a bowdlerized manner (9).

SCA is the residual of "medical apartheid." It is positioned at the intersection of black pained bodies, racialized technology and social and health activism. For this reason, I argue SCA functions as synecdoche as it represents relationships that have historically appropriated scientific and medical discourse to create meaning and constitute bodies. Furthermore it epitomizes the dialectical tension between the fugitivity and fungibility of blackness, demonstrating the violence done to black bodies and the agency asserted by the same. Utilizing synecdoche as a rhetorical strategy materializes a historical legacy while pointing to present realities that

perpetuate “durable preoccupations with difference” in health and medical discourse (Pollock 15). SCA as synecdoche is the material substance that renders the shadows of inequality visible. It is the link that creates a bond between the strategies of whiteness and the notion that “one’s Blackness is a congenital defect” (Yancy 5).

This dissertation reveals the racialized frame that SCA is situated in. I draw on rhetorical strategies to interpret the work of these three representations as each defines SCA to do their ideological bidding. First, medical doctors and scientist employ deflected ontological racecraft as they identify sickle cells and label them as precursors to a black disease while normalizing whiteness. Through the development, manipulation and repetition of experiments and lab results, scientific discourse becomes politicized and racialized to sustain different circuitries of power manifesting as white supremacy. This theoretical lens reveals the naturalization of blackness as a diseased product, simply the result of inherent and defective biology. The naturalization of race and consequently SCA allows for boundaries and borders to draw lines that keep some in and others out, (DeChaine 1). As a result, attitudes are formulated about SCA, subsequently leading to its identity as a black disease. To this point DeChaine argues, “border symbolism constitutes a powerful form of social sense-making—a public doxa, or structure of belief, that informs cultural values, shapes public attitudes, and prescribes individual and collective actions” (DeChaine 2). Whereas its association with blackness structures SCA under the white medical gaze, the BPP disrupts the violence and stigmatization upon bodies to present blackness as a resource for “resistant possibilities” (Ortega 124). Appropriating

SCA as a catalyst for health and social activism allows the BPP to challenge the notion of bio citizenship, disrupt state violence and foster community affiliation and pride. The BPP legitimizes blackness and valorizes its vernacular rhetoric. Their health activism provided daily encounters to interact with publics arrayed against blackness. SCA is operationalized as a signifier of a social movement, situated as a cultural commodity to activist, willing to take on a historical racial narrative. Rhetorically the BPP takes on the exigencies of SCA and foster a clearly distinct identity for blackness that resists hegemonic attitudes and instead promotes performances of resilience. The last representation operationalizes publics to “talk back” with their bodies and experience. The emergence of a black public becomes necessary for survival. Squires informs this work on the rhetorical potency of the black public, “an emergent collective composed of people who engage in common discourses and negotiations of what it means to be Black” with SCA (Squires 454). Through the testimonies of sicklers we find a constant wrestling with what Moten describes as “an ontology of disorder.” More specifically SCA brings to our attention how space, whether online or in the emergency room feeds into the notion of becoming and belonging. Consequently one comes to grips with the tangible demands that SCA as racialized has on their existence. The material consequences of the body are essential as it reminds us of historical readings of race.

What each chapter reveals is the culmination of claims and arguments asserting the blackness of SCA and embracing the dissonance that it brings. In other words, the characterization of SCA as a black disease serves to create different identities. SCA functions as a site of rhetorical invention. It works as synecdoche,

bringing to the surface relationships and bonds that extend beyond the scope of the disease. Surely it represents a rhetorical history that has identified and labeled black bodies as deficient and serves as a reminder of debilities yet to come, because of a “durable preoccupation with difference.” And thus we become familiar with the historical process that contributed to SCA as a black disease.

I posit that we should reconsider the negative consequences of SCA as black disease. In other words consider what happens when we embrace the racialization of SCA? Possibly, we are then compelled to address the intersection of disease and difference, thereby shedding light on a history that has demonstrated racecraft in medical and scientific ways. We then consider how “bodily signs have shifted meaning over time, such as skin color and blood, which have both, at different times, been imagined as the ground in which identity is rooted, and an empty signifier for race” (Chinn, xiii). A rhetorical examination of SCA is useful because it points out the malleability of disease in formulating ideologies, disrupting social systems and advocating for justice. SCA serves as template for how we come to understand the human condition and variants that determine the affective registers of race. I argue then that SCA not only operates as synecdoche but its discourse serves as a “racial project.” That is to say, “it is simultaneously an interpretation, representation, or explanation of racial identities and meanings, and an effort to organize and distribute resources (economic, political cultural) along particular racial lines” (Omi and Winant 125). Foregrounding SCA materializes the language of racialized medical technology, actualizes the convergence of disease identity and social disruption and visualizes the articulation and ontology of a pained black body. It

then represents more than a genetic mutation producing a sickled cell, but also how we come to understand diseases that are centralized in particular bodies.

Finally, SCA is much more than the replacement of thymine for guanine, the stymied travel of a red blood cell through the maze of human physiology and the deprivation of oxygen for organs in potential pain and debilitation. SCA discourse is verdant with ways to interpret the persistence of race in society. SCA discourse is ripe with opportunities to uncover how racism is disclosed in “verbal props” that undergird biological determinism and rationalize genetic causation (Fields and Fields 27). SCA discourse requires us to dig deeper and ferret out the pernicious postulates that argue for the resistance of black bodies to pain and thus deny necessary pharmaceuticals to maintain a normative quality of life. It necessitates a restructuring of historical prisms about race and disease, understanding that neither defines the other. Further inquiry into SCA affords the opportunity to examine the rhetorical production of activists, pulling together an assemblage of experiences and expressions, drawing from places of suffering and spaces of discontent to choreograph a different story that emboldens the activist while humanizing their journey. As the first molecular disease, further study of SCA explores the potential of genetic research in providing relief for the inflicted. And thus, has revealed that the racialization of SCA continues to serve a variation of purposes; thus generating interest in its place in medical research as well as its posture in critiquing cultural practices and disrupting societal norms.

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