During my 2012–2013 fieldwork in Salvador-Bahia, Brazil, I had a near-total hysterectomy. Yes, you read correctly! Mid-fieldwork, I returned to my hometown in New York City to be near my family and Black lesbian ex-partner (partner at the time, herein “ex-partner”) and be evaluated for severe menstrual pain and heavy bleeding. I always thought that it was “just a bad period.”\textsuperscript{1} The pain and heavy bleeding had insidiously worsened over the last few years. By the time I began fieldwork, I was self-managing my symptoms with over-the-counter magnesium tablets. It was more effective (and safer for my stomach lining) than taking 800 mg of ibuprofen three to four times per day. Aside from the pain I endured monthly, these menstrual symptoms caused severe fatigue and bodily distortion with bloating.

My clinical intuition signaled that I had more than just a bad period. I was, at the time, a physician assistant with 15 years of clinical practice, but not in gynecology. Although my anthropological research was based upon the experiences of Black lesbians with their gynecologists in Brazil, the only clinical experience I had with gynecology was performing speculum examinations on HIV-positive patients in Houston in my part-time job as a PA while in graduate school. From Brazil, I scheduled an evaluation with a Black woman gynecological surgeon in New York City referred by a friend. It was important to me to be evaluated by a Black woman with notable surgical experience.

During my return to the US in November 2012 for the American Anthropological Association and National Women’s Studies Association meetings, I visited the new gynecologist for a consultation. She immediately suspected that my chronic pain was due to severe endometriosis. I was familiar with endometriosis only from studying for my medical board exams. I was in shock yet relieved to give a name to my pain. Endometriosis is difficult to diagnose; it is barely detectable on scans and other tests. The doctor shared her personal experiences with having endometriosis that resulted in a partial colon resection. Endometriosis travels and adheres to your reproductive organs, bladder, and colon. She was committed to alleviating my pain and preventing its ravaging effects. She rushed an MRI and presurgical tests to allow me to return to Brazil after Thanksgiving. I did not believe alternative medications such as Lupron would help.\textsuperscript{2} I wholeheartedly agreed with the doctor’s recommendation for a total hysterectomy if my ovaries could not be salvaged.

My ex-partner thought I was moving hastily with such a decision and urged me to pursue a second opinion. We both liked the Jamaican American woman doctor. She welcomed my
ex-partner at the consultations and agreed to communicate with her with my consent while I was in Brazil. She felt lesbian-friendly. I never felt uneasy with my outness and having my ex-partner at my side. We also had open discussions without pressure about potentially losing fertility and entering into early menopause at 45 years old. While I had no interest in pregnancy, I was concerned about the aftermath of sudden, early menopause. I was a healthy person, a non-smoker with an active exercise routine. I felt secure in my decision and ability to finish my fieldwork. The urgent matter was relief from the pain and fatigue. With this medical information, I was more concerned about advanced endometriosis given my symptoms that included mild urinary incontinence.

My final decision to stay with a Black female gynecological surgeon was sealed after my second opinion for this life-changing moment. One of my close Black lesbian friends’ masculine-centered female partner had had a hysterectomy for uterine fibroids six months prior. I arranged for a consultation with their surgeon, a White gay male at an upscale private research hospital in Manhattan. I grew up near this hospital and was familiar with its reputation. This surgeon’s credentials included being active with the trans community in both his medical practice and research. My ex-partner and I were eager to get his perspective. In retrospect, I may have been looking for a different queer-affirming experience, despite him being a White man. Consequently, my partner and I experienced an anti-lesbian, anti-Blackness reaction through his extreme rudeness and presumptuousness. He did not make space in our interaction to carefully listen to my concerns for my well-being and quality of life with the pain. I witnessed clearly the erasure of my personhood. My ex-partner and I also believed that he was threatened by my medical insight. He only showed concern about me being too young for a total hysterectomy. He performed a uterine biopsy out of what felt like a fishing escapade to appease me, which left me feeling more vulnerable. I became more outraged by his brash, curt attitude and behavior during and after the very painful biopsy. I regretted getting a second opinion.

After that unfortunate experience, I hurried back to the Jamaican American cisgender female gynecologist. She was the best fit for me and my partner. I never doubted that she was trustworthy and competent. I regret entertaining the idea that my surgical experience with her could be less profound than with a gay White man. Not only were her surgical expertise and insight sound, but she wrapped me in her humanizing, intuitive experience that was neither anti-Black nor anti-lesbian. I believe that she was honored that I returned to her as well, though she respected my wish for a second opinion. We did not tell her about our bad experiences. Best to move forward knowing that Black women care for Black women. Period.

In late December 2012, I exited fieldwork again for my surgery scheduled on January 12, 2013. The next day after surgery, after gaining full coherence, my ex-partner said to me,

> the doctor told me that you must have been in so much pain all these years. They had to remove your ovaries because your fallopian tubes were tied around them like curly French fries. They could not remove your cervix because of risk of nicking your lower intestines. The endometriosis was starting to adhere to your colon. The doctor said, “the surgery was more complex and necessary than we all anticipated.”

As my ex-partner shared her experience with talking with my surgeon, she began to cry. We recognized my decision to proceed with a total hysterectomy mid-fieldwork was huge. Though the decision was hurried through the uncertainty, it ultimately saved my life from further complications such as the partial colon resection my surgeon herself received. Today, I still thank the stars for that Black woman surgeon.
Invisible hands

When I returned to Brazil in February 2013 (five weeks post-surgery) to continue my research on Black lesbians’ experiences with gynecologists’ deep prejudice and their invisible well-being, my new subjective experiences as a gynecological patient reshaped my fieldwork. The immense care from my participants for my recovery bonded our relationships on these matters of choosing gynecologists, except they did not have the choices to choose either a Black woman or a gay man in Brazil as I did. My renewed insight generated deeper conversations about their own experiences with hysterectomies and examinations with brash, insensitive White male and female gynecologists. I became a different insider as a Black lesbian now with an acute point of view about aggressive, uncompassionate gynecology interactions. Black lesbian transnational knowledge production matters.

My personal story is a launchpad to explore what I term “invisible hands” in gynecological care. I felt invisible with the queer White male surgeon and not with the Black woman surgeon; and not with my ex-partner and Brazilian participants. Metaphorically, the notion of invisible hands registers the unseen intimate healing care with ties that bind among Black lesbians and with Black women physicians, particularly surgeons who experience invisibility of their hands by White peers and patients. Specifically, “invisible hands” point to the erasures of Black lesbians’ non-normative knowledge production about reproductive health and care. I address three areas to rethink an anthropology of reproduction about Black lesbians’ reproductive lives: 1) The utility of the history of Black lesbians’ gynecological health in public discourses, 2) the isolation and marginalization in gynecological health, which is not limited to maternal reproductive health, and 3) the entry points for intervening in dismantling invisibility and injustice. These three large issues are not necessarily sufficient for understanding all of the issues faced by Black lesbians and other Black LGBTQIA+ people in gynecology. Rather, I offer these as the ones that have informed me as a cultural anthropologist engaging in non-normative reproductive matters. While White LGBTQIA+ women often experience prejudice and discrimination with gynecologists (Carroll 1998), we need more robust intersectional studies and analysis about the experiences of all racialized, classed, and other marginal identities within queer communities facing injustices in reproductive care.

I start a much-needed longer discussion beyond this essay about why Black lesbians matter. My angst and rush for a hysterectomy became a queer race, or long charted path to resolving the corporeal painful parts of me buried in the shadows. My well-being was also hiding in the shadows of my career pursuit. What often carried me out of the shadows were metaphors, the philosophies of life. I was reminded that Black queer bodies are subject to systemic racism and anti-Blackness even when being queer is a shared identity. We must interrogate these social categories in tandem. We must first examine how social categories speak into how Black queer bodies are differently positioned in power relations such as with a White queer gynecologist.

Queer(ing) and race(ing) gynecology point to the social processes that surround the following questions in this paper: What is care of queer bodies, queer bodies of color, and Black queer bodies, particularly in gynecology? What do Black lesbians want in care and how do we learn from their perspectives and situatedness in the society? How can we change the literature in anthropology to tend to these sensibilities as anthropological interventions? Gynecology is the middle ground from which such power branches out into all reproductive matters for LGBTQIA+ communities. Reproductive issues stem beyond pregnancy, birthing, motherhood, fertility, and abortions. They also include reproductive cancers (including breast cancer), diseases (uterine fibroids, endometriosis, and other conditions within the reproductive system), management of menstrual cycles and related mental health, sexually transmitted diseases (STDs), menopause and its sequelae, and other bodily circumstances compelling the LGBTQIA+ communities to seek reproductive care. I point
to the distinctions between obstetrical care and gynecological care to emphasize the normativity of reproduction invisibilizing the LGBTQIA+ population’s well-being and unjust experiences within reproductive care. It is imperative to not ignore gynecological care as a site of corporeal, subjective, social, and biological experiences for Black lesbians and other BIPOC LGBTQIA+ people in the US. I envision more intentional room in the canon of the anthropology of reproduction with high regard that accounts for the issues of anti-Blackness, anti-queerness, and all interlocking systems of violence that plague Black queer reproductive lives; in this anti-structure anthropological trajectory is how the field ought to move forward. An anthropology of reproduction tending to the issues of Black queer bodies must also encompass symbolisms to unveil the hidden value of non-normative expressions of reproduction and its reproductivities. A robust interdisciplinary approach is urgent.

In the following sections, I draw attention to the non-normative reproductive lives of Black lesbians and their invisibility in scholarly and public discourses and suggest interventions in the form of metaphors and visual representations. Why do metaphors matter in anthropological thought? I argue that at the center of interpreting queer reproduction and systemic power are metaphorical opportunities that carry hidden yet loud messages about existence. Visual representations and images are the ways such communities draw attention to these issues. We should also use images more for anthropological analysis. I conclude with what I see as a making of a “self-think tank,” or allowing an intellectual synergy between my areas of expertise, in navigating both my clinical experiences and anthropological formation as a Black lesbian.

**Where are the Black lesbians?**

As an emerging scholar developing research in Black lesbian life and gynecological care, I struggled to draw upon the anthropology of reproduction canon for my intellectual development. Silently, I defined my interdisciplinary trajectory given the significant void of literature addressing both race and queer lives in reproductive health and social aspects of the gynecological well-being of the LGBTQIA+ community. I asked myself while in graduate school: *Who am I as a Black lesbian doing my research and in engaging and choosing the literature?* The pieces of me together charted an interdisciplinary anthropological query. Here, I offer a review of the different canons and interventions and voids for Black/queer (Allen 2013) feminist anthropology in reproduction.

During earlier decades, prominent feminists intervened to think through lesbians’ reproduction, rendering concepts such as “compulsory heteronormativity” critical for underscoring queer reproduction scholarship (Rich 1986). Since then, queer reproduction scholarship, including within anthropology (Levine 2008), paved the way for recognizing the challenges and invisibility of queer reproductive matters such as kinship and family formation (Wekker 2006; Lewin 1993; Weston 1992); assisted reproduction (Mamo 2007; Luce 2010); adoption (Eng 2013; Gibson 2014; Park 2013); and surrogacy (Perez Navarro 2020; Sudenkaarne 2018). (See also Twine and Smietana in this volume.) In particular, trans health studies have straddled the areas of queer, medical, and reproductive anthropology through topics such as sex change and gender transformation (Valentine 2007; Plemons 2017). Queer anthropological analysis has been instrumental for situating transgender as a category of lived experiences and identity that does not separate gender and sexuality (Valentine 2007). Changing sex and sex reassignment require anthropologists to analyze the social and medical in tandem (Plemons 2010); however, such surgeries have not usually been folded into reproductive health in anthropology. These issues indeed intersect with the anthropology of reproduction by how anthropologists and other scholars mapped the connections between sex and gender ideology and domination in repro-
Invisible hands

duction (Martin 2010; Fausto-Sterling 2000). An anthropology of reproduction must follow up with these critical matters.

In fact, we are reminded that the anthropological consideration of reproduction and of the body overlap in the studies of queer life and health. While medical anthropologists continually investigate the broader scope of “health, suffering, death, culture, specialized bodies of knowledge, practitioners, therapeutics and institutions” (Good et al. 2010: 1), the theoretical interventions of queering reproduction have focused upon centering lesbian bodies “to draw attention to processes by which lesbian reproductive practices simultaneously alter and maintain dominant assumptions and institutions” (Mamo 2007: 5). This trajectory is deeply influenced by feminist and women’s studies’ centering of women’s bodies in reproduction in order to highlight the intersection of queer or nonnormative identities (Luce 2010; Mamo 2007; Craven 2019; Lewin 1993). It is critical to acknowledge how queering anthropology, too, rests upon the foundation of examining women’s bodies under the microscope and grip of gynecological power (Kapsalis 1997; Klein 2010).

The early robust literature of the anthropology of reproduction led the way toward rupturing dominant discourses. Feminist anthropologists forged new discourses that centered on experiences of kinship, motherhood, and childbearing and prenatal care, and more recently assisted reproduction (Ginsburg and Rapp 1995; Morgan and Michael 1999). Feminist research in the anthropology of reproduction interrogated the institutional power and global forces impacting and controlling women’s bodies and reproductive rights (Rapp 2000; Martin 1987). These early interventions sought “to transform traditional anthropological analyses of reproduction and to clarify the importance of making reproduction central to social theory” (Ginsburg and Rapp 1995: 1). However, from this literature, a foundation was established that reproduced the normative binaries of gender and sexuality.

Where do Black bodies with LGBTQIA+ identities, experiences, practices, and corporeal expressions fall within the anthropological canon on reproductive issues? This has been a difficult question for me given my research of Black lesbians, intersecting prejudice, and gynecology in Brazil (Falu 2019, 2020). I recognize some White women scholars’ efforts to expand their analysis of reproduction with Black women’s gynecology history (McGregor 1998; Kapsalis 1997) even when an analysis of race is relegated to a chapter (Martin 1987). Black women scholars have been at the forefront of examining corporeal and subjective matters impacting Black women and reproduction (Washington 2008; Cooper Owens 2017; Davis 2019; Mullings 2005; see also Mullings in this volume). While Black women scholars are the leading voices for building a discussion on Black female bodies and gynecology, however, the study of Black lesbians and nonbinary female bodies remains an underexplored turf. This under-charted terrain is not a direct correlation to the scarcity of Black queer scholars. Instead, it is a missed opportunity to engage within queer of color critiques (Ferguson 2004), Black queer studies (Johnson and Henderson 2005), and what Jafari Sinclair Allen (2012) referred to as a “Black/queer/diaspora” to understand the precarity as well as the just freedom sought by Black queer populations in their reproductive rights, needs, and experiences. Black queer scholars must be cited and engaged in the wider work of anthropology of reproduction.

Black queer bodies need to be seen through the analytic lens of anti-Blackness, race relations, and racism. The scholarship on race, women, and sexuality/queerness grounded me and my thinking about the social processes of queer(ing) and race(ing) gynecology. When we think about queer(ing) as not a stagnant and fixed mode of being, but a process of becoming in transness, we give room for the intersectional analysis of Black/queer communities in reproduction. It also ruptures reproductive medicine as a site of gender and sexuality domination. Natali Valdez and Daisy Deomampo (2019), in “Centering Race and
Racism in Reproduction,” their introduction to a special issue of *Medical Anthropology*, remind us that “race is a salient yet problematic category of everyday life that plays a key role in understanding social and biological reproduction. Yet too rarely is race centered as analytics to explore reproduction” (551). Published in 2019, this special issue of 11 papers (including my first publication) is the first collection by anthropologists of reproduction to explore race and race relations at the center of reproduction. In it, Rayna Rapp’s (2019) commentary reminds us that “the co-production of medical arrogance, bias against lesbians, and racial prejudice create a potent power structure in gynecological encounters” (728). By remembering that race and scientific racism sit at the center of domination of bodies in reproduction, we then understand that queerness is the otherness complicating the ways Black LGBTQIA+ bodies can and do resist the anti-Blackness in gynecology.

C. Riley Snorton (2017) reminds us that the rise of gynecology histories as a medical and surgical field helps us “discuss sex and gender as the trans-oriented effects of flesh, arranged in time, place and meaning” (20). Snorton, a Black queer scholar, provides a framework by which to interpret the “collateral genealogies of Blackness and transness in which captive and divided flesh functions as malleable matter for mediating and remarking sex and gender as matters of human categorization and personal definition” (20). For anthropologists, Snorton’s analytical views situate Black LGBTQIA+ bodies in processes of becoming, allowing the tracing of such bodies in and out of spaces of power and producing knowledge and praxis toward liberatory existence in ways that matter. Anthropologists of reproduction cannot solely rely upon reproductive scholarship to forge data and analysis about the reproductive lives and experiences of Black LGBTQIA+ communities.

**Black Lesbians Matter**

In 2010, the Zuna Institute published “Black Lesbians Matter,” a comprehensive national survey addressing family, health, disclosure and invisibility, identity, and aging. These five categories highlighted aspects of Black lesbians’ lives in need of recognition and attention in the US. For example, this assessment pointed out that domestic violence experienced by Black lesbians is rarely reported to authorities but has occurred in the lives of 41.9% of the respondents (Zuna Institute 2010: 6). Given these alarming statistics on the experiences of Black lesbian communities, family construction and well-being remain central to interrogating reproduction at the intersections of race, sexuality, gender, and other social categories. We are reminded also that Black lesbians’ sexuality and emotional well-being have always been tied to their same-sex family formations and intimate relationships (Moore 2011). Today, Black lesbian visibility continues to be a call on different registers such as “for safety and protection, save lives with health, and recognition of rights” (Zuna Institute 2010: 2).

I participated in the ZUNA survey in 2009 while in graduate school. Both the results and my experiences working in the HIV clinic confirmed for me the need to query into the invisibility of Black lesbians within clinical and hospital contexts. Hence, my scholarly inquiry into Black lesbians’ gynecological encounters centers what it means to share space and time and be in relation to social power and medical authority (Falu 2019, 2020); it is a continuation of the justice work of “Black Lesbians Matter.”

Political scientist Cathy Cohen, during a 2014 public speech at the CUNY Graduate Center’s Center for LGBTQIA+ Studies (CLAGS), urged that our public dialogues “render more visible queer black bodies as socially and politically evolving human vesicles forging recognition of indispensable human value” (Cohen 2014). Let’s ponder on this point: The visibility of Black queer human conditions requires that their non-normative representations, identities, and states
of being are valued anywhere, including gynecology. A Black lesbian anthropological commitment is a call for valuing a fuller scope of Black reproductive life. It is publicly and communally inclusively of people continually relegated to the margins: Queer, trans, and disabled Black folks. The social justice work of organizations such as ZUNA Institute also paved the way to address what Cohen (1999) argued about the political behavior of marginal groups and needed “recognition that strategies of marginalization are not static but evolve over time, responding in part dialectically to the resistance of marginal group members” (25).

At the 2014 CLAGS lecture, Cohen left us with the following questions: “What is the relationship between LGBTQIA+ politics and a consolidating radical politics in black communities rooted in the response to death? Does silence (still) = death in LGBTQIA+ politics? If so, whose death matters?” Alongside Cohen, I also reflect upon Judith Butler’s statement in her New York Times interview with George Yancy in January 2015: “Claiming that ‘all lives matter’ does not immediately mark or enable [B]lack lives only because they have not been fully recognized as having lives that matter.” I follow Cohen and Butler’s public commentary to emphasize that social well-being is overshadowed by the public’s expectation of Black communities’ “social death” (Cacho 2012). Here, I am thinking with Lisa Marie Cacho (2012) about various forms of social death and “how human value is made intelligible through racialized, sexualized, spatialized, and state-sanctioned violences” (4). For a discussion on human value in reproduction where Black reproductive lives are rarely valued (Davis 2018), Black queer social death is insidiously reproduced in reproductive care and discourses.

The anthropology of reproduction must engage the hidden public discourses as integral platforms for reimagining a social well-being far more powerful than social death, social violence, and social abandonment. This is the anthropological commitment to reproductive justice and visibility. Alicia Garza (2014), one of the #BlackLivesMatter movement founders, has spoken out against the invisibility and marginalization of Black queer women as another symptom of racist, gender, and queer social violence. My anthropological questions about why Black queer lives matter hinge upon Garza’s concern about the public erasure of the “work rooted in the labor and love of queer Black women.” Since then, I have honored the labor and love in my work to resist and abolish social death.

Metaphors are the anchors to this endeavor of bringing social well-being to the front and center. Audre Lorde’s life illustrates and enlightens this purpose.

**Invisible hands: Our reproductivities**

Metaphor: n. a figure of speech in which a word or phrase is applied to an object or action to which it is not literally applicable; a thing regarded as representative or symbolic of something else, especially something abstract.5

What does a reflection about a metaphor, in this case, invisible hands, offer for developing our conceptual frameworks and thought for the anthropology of reproduction? In this section, I meditate upon the notion of invisible hands to reimagine an anthropology of reproduction that interrogates the queer(ing) (deployment of sexuality and nonconforming gender) and race(ing) (making race or racial difference) within the gynecological systemic care of Black lesbians as well as other BIPOC queer bodies. “Invisible hands” is a metaphor for that which is unseen, erased, and discarded into the shadows of unequal power and structure. Here, it is also a metaphor for the materialized mechanisms of agency, liberatory practices, survival, resistance, and communal power caring for our reproductive and non-reproductive lives.
For me, Audre Lorde is the guiding voice for such a metaphoric anthropological vision. Lorde’s personal account about breast cancer in her 1980 book, *The Cancer Journals*, reminds us of the invisibility of Black lesbians on different registers:

I am a post-mastectomy woman who believes our feelings need voice in order to be recognized, respected, and of use. I do not wish my anger and pain and fear about cancer to fossilize into yet another silence, nor rob me of whatever strength can lie at the core of this experience, openly acknowledged and examined. For other women of all ages, colors, and sexual identities who recognize that imposed silence about any area of our lives is a tool for separation and powerless, and for myself, I have tried to voice some of my feelings and thoughts about the travesty of prosthesis, the pain of amputation, the function of cancer in a profit economy, my confrontation with mortality, the strength of women loving, the power and rewards of self-conscious living.

(1980: 3–4)

After Lorde’s breast cancer advanced with metastasis, she imagined it festering in her body much like silence and invisibility festers within her. Lorde’s reflections about the power of silence (for better or worse) and living with breast cancer moves us beyond a biomedical approach to understanding self-care while receiving treatment and navigating health care. Lorde believes that silence is transformative if you connect to your feelings, thoughts, and orientations to your body; otherwise, she says, “silence has never brought us anything of worth” (1980: 4). Her attention to feelings and thoughts about her breast cancer compels us to recognize that justice work must include caring for our well-being and of others with breast cancer. As Lorde, post-mastectomy, said, “our feelings need voice in order to be recognized, respected, and of use” (Lorde 1980: 7).

Living with breast cancer is not a resignation to live in the shadows of silence. Neither should it deny the discomfort, uncertainty, fear, and melancholy that thoughts about living with breast cancer generate about both life and death. Lorde acknowledges that women manage living in the shadows of their breast cancer, yet courage will manifest differently. For Lorde, not living in silence about the challenges faced, from bodily changes to isolation to socioeconomic concerns, will look different, too. Lorde gave us a road map to contest invisibility and social death, even with living with breast cancer, by navigating silence with transformative, powerful inner healing.

Lorde’s emphasis on silence acknowledges its active state of being. It is not passive living; it is knowledge production toward action. As a Black lesbian mother, poet, feminist, Lorde turns to her subjective experiences with breast cancer and breast prosthesis to resist an invisibilization of herself in health care, others around her, and the world. For Lorde, healing the body also requires mind and spirit strength and community support. Reading Lorde, one must hear themselves, be in touch with their feelings and thoughts about what is being experienced in the body and within a medical system that, despite often good intentions, contributes to invisibility.

I read Lorde’s poetic and justice-driven accounts about her breast cancer to contemplate the metaphorical and material presence of Black lesbians’ invisible hands in gynecological care.

Lorde loses her breasts to cancer and recognizes that much more can be invisibly lost, including erotic pleasure, agency, and well-being. Gynecologists focus on the female reproductive system and its body parts (breasts, uterus, pelvis, and vagina) and excise the hands. Yet, the hands are body parts that communicate many parts of the self in reproductive and gynecological care: Sexual pleasure, desire, practices, labor, care of self and others, authorization of healthcare provision and consumerism, and connection in interaction from handshakes to gestures.

Invisible hands embody Dána-Ain Davis’ urging to consider what she called the “reproductivities” of Black women, which she described as “going beyond biological and repro-
Invisible hands

Productive capacities. We might want also want to consider a more complex scope of actions centered on reproduction in material, symbolic, and ideological terms.” For Davis, reproductivities encompass the expression of various states or conditions, from gynecological exams and loss of pregnancy to policy and activism. At the same roundtable where Davis spoke, I raised these comments and questions:

Black queer bodies are symbolically cast as non-reproductive. Can reproductivity be framed as practice? Or as embodied resistance? Or a combination of the two, which under my work falls under ethical practices. If reproductivity or reproductivities refer to the things, ideas or states of being linked to biological reproduction, then we can rethink particular praxis or practices linked to reproduction as modes of reproduc-

I reflect upon these comments and questions to return to my understanding since then of the non-normative ways of thinking about reproductive care of Black queer women and non-conforming bodies with reproductive organs.

As a cultural anthropologist, one of the main ways I have explored my conceptual thinking of Black queer female and non-conforming bodies in gynecology is through symbolism, both discursive and material. Two decades ago, the first time I picked up Black Erotica (1992), the most moving piece in the book was Sdiane Bogus’ poem, “Dyke Hands.” In it, the poet tells the story of getting a manicure with their partner (using non-binary pronouns for the poet). As they look at the manicurist handling their partner’s hands, the poet imagines with utter jealousy their lover’s sex organs—the hands—massaged by someone else. What was most poignant about the poem was the observation of how hands are handled, manipulated, invaded, and often captive to others in labor. Because of this poem, I have held on to the idea of invisible hands much like the invisible power that keeps Black queer bodies captive in social reproduction in many ways, with no regard and honor of what they contribute to themselves, others, and society. Hence, my work centers Brazilian Black lesbians, prejudice, gynecology, and the impact upon well-being inside and beyond medical spaces (Falu 2019, 2020).

Freeing our Black queer images

Photographs and visual images are also critical symbolic representational tools for an anthropology of reproduction. By definition, they are things regarded as representative and can be conceptualized analytically as metaphors. Visual representations are one of the most salient social metaphors informing my work. For example, I engaged Black/brown queer images about reproduction and reproductive matters to disrupt pathological perceptions and to instead bring to life what images speak.

One significant example is the 2011 well-being and health guide, Freeing Ourselves: A Guide to Health and Self Love for Brown Bois, produced by the Brown Boi Project, an organization in
Nessette Falu

Oakland, California providing collective community and services for well-being and justice to BIPOC masculine of center (MoC) people. From it, I learned to talk about sexual health as a human condition and social well-being to re-visualize human value as one that matters holistically, beyond the purview of heteronormative reproductive in reproduction and sexual health. I received my first copy while working with the collective, bklyn boihood (bbh), in New York City. The guide is an in-depth, diverse, and inspirational educational tool about multiple ways of self-care including dietary, exercise, mental health, general health screening, and in particular, reproductive health issues such as reproductive cancers and sexually transmitted infections. It also disrupts both internal (among MoC people) and external (societal) images considered body taboos such as masculine-identified pregnant bodies and caring for infants, sexual practices between two masculine-identified bodies, and even vaginal penetration, either by speculum exams or sexual penetration.

Including such provocative images calls attention to the impacts faced by the community of MoC queer bodies, as B. Cole, the founder of the Boi Project collective, noted at the National Women’s Studies Association’s 2012 meeting in Oakland. The handbook’s intentionally crafted and situated visuals signal different messages that penetrate more than stigmas, prohibitions, and self-acclamations. This heavily illustrative guide suggests that the work of labor and love for healing and social well-being cannot be done by just words on the page. Thus, the Black body as a site of intimacy necessitates the public’s viewing, especially when intended for its own community, in order to claim its place in the world. The images in the guide represent embodiments of masculinity in the forms of self-care and affirmation to contest social dominance and alienation. Intimacy toward the self, with the body and other bodies, and through the visuals proclaim love, sex, healing, and the work of self-acclamation.

Freeing Ourselves conjures an anthropological imagination about social possibilities that are only narrated through non-normative conceptions of sexual and reproductive wellness. I used the guide as a visual tool to elicit reflections and encourage photography about sexual health and well-being with my research participants in Brazil. The visual guide forged a transnational connection with my participants about a comprehensive, freeing approach to well-being, particularly for queer female Black and brown bodies who resist heteronormative social norms in order to self-care. (In Figures 18.1 and 18.2, two partners orchestrate representations of sexual health and acceptance of erotic play with condoms.) Their hands ought to push our anthropological imagination to re-image sexual health and self-care as not reducible to sexually transmitted diseases, but instead reinterpreted as the intimate aftermaths of scattered social consequences that over time reproduces accumulative knowledge production about “the work of labor and love” by Black queer women and MoC female bodies.

Visual representations are part of my Black/queer feminist anthropological toolkit and must be valued by the academy and the hierarchies that evaluate our work for publication and tenure in defining an anthropology of reproduction. We, Black/queer scholars, matter. In early 2020, a colleague who identifies as queer, masculine, and Black, after delivering their baby, shared publicly on social media their obstetrician told them that they were too old to produce breastmilk and should consider milk formula. This colleague shared their experience along with a photo of several milk bottles filled with their breastmilk. They were still producing breastmilk and even traveling with breastmilk bottles for their infant for a few months after the posting. When my colleague confirmed to me the physician was White and male, I raised my eyebrows at the thought of such patriarchal, masculinist, ageist, sexist advice and care. I also wondered whether my colleague, who presents as MoC, was targeted by a very repressive heteronormative system in obstetrical care. In fact, it was not necessary for me to confirm their appalling experience to be rooted in heterosexism and homophobia. Research shows that cross-culturally older women,
Figure 18.1  Hands of Black lesbian partners in Brazil portraying erotic pleasure and sexual health. Source: Photo by Nessette Falu.

Figure 18.2  Hands of Black lesbian partners in Brazil portraying erotic pleasure and sexual health. Source: Photo by Nessette Falu.
including grandmothers, routinely breastfeed infants (Hewlett and Winn 2014; also see Block and Herlosky and Crittenden in this volume).

Our hands are invisible. How might non-normative queer images provoke us to rethink about marginal politics of representations signaling an evolving change in the intimate aftermaths of “evolving marginalization” (Cohen 1999) and social change? How might social well-being be an indicator for measuring the accumulation of quality of life as intimate aftermaths about care of the self? This is the work to be done.

**Clinician/anthropologist’s ethnographic think tank**

Think tank: n. a body of experts providing advice and ideas on specific political or economic problems.8

As a Black queer woman, I slowly accepted that my career choices together charted agency, power, and insight. In my journey, the HIV clinic became my think tank. My writing spaces and field notes became a think tank. I progressed to understand that different professional parts of ourselves, when conjoined, enable a powerful and mobile self-think tank. I no longer sever my different professional expertise for justice work and scholarship.

Where do we go from here? It was June 2009 when the Lesbian AIDS Project (LAP) at Gay Men’s Health Crisis (GMHC) organization in New York City released the rarest research document, titled, “HIV Risk for Lesbians, Bisexuals & Other Women Who Have Sex with Women.” As a Black lesbian, born and raised in New York City, and a physician assistant, I was very intrigued by the findings in this document. The first paragraph read as follows:

> The vulnerability of lesbians and women who have sex with women (WSW) to HIV infection is a complicated public health issue that is perplexing to some and ignored by many. In fact, female-to-female sexual contact is a much less efficient route of HIV transmission when compared to male/male or male/female sexual contact. According to the CDC, there are no confirmed cases of HIV from female-to-female transmission.  
> (Deol and Heath-Toby 2009)

This information led the way for a rethinking of WSW health and brought into question the risks of HIV transmission and other STDs and what constituted safe sexual practices. This document also guided and legitimized me at the time to pursue questions that felt both personal and professional. Who would listen to this research group? Were lesbians subjected to the same sexual stigma as men by society, including by other lesbians?

In 2015, I was thrilled to attend the Black Lesbian Conference held at Barnard College, celebrating 30 years since the first one in New York City in 1985, organized by Soul Sisters, a group of Black lesbian feminists who gained alliance with lesbian Latinas and Afro-Latinas, including Sonia Sanchez, renown Afro-Latina poet, scholar, and activist. In addition to hearing from some of the founders of Soul Sisters, one of the highlights of the conference was attending a sex workshop. Talks about sexual practices, pleasure, and desire in all of its complexities and across all generations in that room was a rebirth. It was a think tank merging past, present, and future. I was reborn in purpose with faith and hope in our Black/queer futures.

I conclude this essay with affirmation about what it means to bring all of our parts into the research, especially our invisible hands. My own reproductivities were illuminated with my hysterectomy and sharing these parts of myself with my participants. I have created my own think
Invisible hands

tank of varied scholars, documents, images, and metaphors to make what these invisible (Black lesbian) hands do best: Love, care, work, play, create, and revolutionize the world.

I have offered a powerful metaphor, invisible hands, to foreground the lives, labor, and contributions of Black queer folks and the urgent stakes of valuing their reproductive lives: From pregnancy and motherhood to sexual health to reproductive cancer and diseases. The anthropology of reproduction will be transformed by urgently responding to issues of anti-Blackness, anti-queerness, and all interlocking systems of violence that impinge upon the well-being of Black queer reproductive lives.

Notes

1 I thank Selina Hays for her insights in her 2019 University of Central Florida undergraduate thesis on endometriosis titled, “Just a Bad Period.”
2 Lupron is commonly used for the management of endometriosis.
3 LGBTQIA+ stands for lesbian, gay, bisexual, transgender, queer, intersex, asexual.
5 Definition from Apple dictionary application.
6 The Race and Reproductivities working group was spearheaded by Dâna-Ain Davis and included Christa Craven, Daisy Deomampo, Natali Valdez, Lisa Croman, and me.
7 From Dâna-Ain Davis’ presentation at the 2016 American Anthropological Association meeting.
8 Definition from Google dictionary/Oxford Languages.

References


