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Obese Black Women as "Social Dead Weight": Reinventing the "Diseased Black Woman"

In 2011, the *New England Journal of Medicine* published an article titled "General and Abdominal Obesity and Risk of Death among Black Women" (Boggs et al. 2011). The study examined whether black women had a lower risk of death than white women with similar body mass indices (BMI). The authors concluded that "the risk of death from any cause among black women increased with an increasing BMI of 25.0 or higher, which is similar to the pattern observed among whites" (Boggs et al. 2011, 901).

The findings were a revelation. They were contrary to existing literature, which held that black women could be healthier at heavier weights than white women (Fontaine et al. 2003; Campos 2004). Because African American women have the highest rates of "obesity" (measured as a BMI of 30 or greater) of any subpopulation of the United States, their parallel death rates appeared to signal a population-wide health crisis.

The study in question is exemplary of the new wave of obesity research interrogating the health consequences of black women's "excess" weight. Integral to these studies is the apprehension that black women are eating too much and exercising too little and therefore are carrying "extra" pounds. The superfluous weight of obese black women ultimately leads, it is claimed, to chronic illness and an early death (Boggs et al. 2011; Masters, Powers, and Link 2013). Moreover, their high disease burden is said to serve as a threat to public health (Masters, Powers, and Link 2013).

Notably, these studies have proliferated alongside a growing body of empirical research that challenges the validity and reliability of current conceptions of obesity as a measure of health outcomes.[1] Researchers are now suggesting that the BMI cut-point of 30 is not routinely clinically meaningful; many persons who are technically obese are healthy, and therefore the standards should be revised (Ahima and Lazar 2013). Others suggest that it may be best to scrap the BMI altogether (Anderson 2012). Some have concluded that even if excess adiposity is correlated with negative health outcomes, fat is not the cause. Social, economic, and environmental determinants (e.g., living in a food desert or being unable to afford healthy

[1] See Flegal et al. (2005, 2013), Campos et al. (2006), Saguy and Almeling (2008), and Ahima and Lazar (2013).

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foods) are the fundamental causes of illness, driving both weight gain and poor health; these factors may be a particular millstone for low-income women and women of color (Williams 2002; Leung, Williams, and Villamor 2012; Jones-Smith et al. 2013).

Despite the contradictory nature of the research linking obesity to health outcomes, much of the mainstream medical and public health discourse continues to claim that obesity is unhealthy. Moreover, it derides the numerous "obese" African American women for their presumed overindulgence and inactivity. Obese black women, per this discourse, are making irrational decisions that place themselves, their families, and the broader society at risk.

In this article, I show that the discourse of obese black women engaging in behaviors that place themselves and others at risk is not solely, or principally, a matter of the (inconsistent) medical findings as they relate to weight and health. Instead, they are the latest innovation in the familiar medical trope of the unrestrained black woman as deadly. Within this trope, African American women lack control over their sensual appetites and are thus willing to engage in deviant, high-risk behaviors. Black women's sensualism is not only deemed responsible for their diminished health and well-being; it also makes them deadly agents of disease.

Ideologies of black female sensualism have historically revolved around black women's presumed sexual abandon during an era in which sexually transmitted diseases were major killers. However, the most recent iteration of the uninhibited and risk-prone black woman, manifest during an era of chronic diseases, employs the (equally old) stereotype of black women as gluttonous (Jordan 1968; Curran 2011; Forth 2012). I argue that this has resulted in a novel reconfiguration of the trope in which sensualized African American women are converted from "deadly" into "social dead weight." The *Oxford English Dictionary* defines *dead weight* as "a heavy weight or burden pressing with unrelieved force upon a person, institution, etc."[2] Obese black women are treated as if they are (unduly) carrying around heavy weight that is not only jeopardizing the health of themselves and their families but is also a long-term oppressive burden on public health.

In the sections that follow, I briefly review the literature on the deviance of that racialized, gendered other that budded during the colonial era, with an emphasis on arguments of black people as pathologically prone to sexual and oral indulgences (i.e., black sensualism). Next, I argue that black women's sensualism has been deemed a particular concern by med-

[2] *Oxford English Dictionary*, s.v. "dead weight." http://www.oed.com/view/Entry/47684?redirectedFrom=dead+weight#eid.

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ical and public health elites, given the (historically) greater legal regulations on black men's sensualism. Finally, I present three cases that are illustrative of this phenomenon, each of which reveals how medical arguments tag black women's sensualism as a threat to the public health.

The deviance of black people

Deviance is a term that describes behaviors and bodies (Stoler 1995; Terry and Urla 1995). That is, *deviance* specifies not only socially derided actions but also the denigrated actors who supposedly engage in such activity (Foucault 1980; Stoler 1995; Cohen 1997). If the body thus "manifests . . . the materiality" of a tendency to degeneracy (Terry and Urla 1995, 1), the body-behavior configurations marked deviant have often been those of women and people of color. Notions of normativity disseminated largely by white men (i.e., self) prized their purported physical embodiment, values, and practices. All women and people of color (i.e., other) were adjudged—to varying degrees—to be deviant or to represent deviations from the white, male norm.[3]

The notion that racial and sexual Others are always already deviant worked to marginalize and oppress a wide array of groups (Stoler 1995; Lowe 1996; Cohen 1997). Yet the practice of racial slavery codified this otherness in a particular fashion for black men and women. As several scholars of race and ethnicity have delineated, race science made stark differentiations between whites and blacks necessary as a justification for enslavement (Banton 1987; Fields 1990; Smedley 1993).

While the motivation behind much of the race science was the cordoning off of black from white to rationalize racial slavery, the mechanism by which this was achieved was to treat any recordable difference as *différance* (Derrida 1982, 1998). In other words, black people were viewed not only as unlike white people (which "difference" suggests) but also as underdeveloped and immature (or temporally behind) in their physical form and their cultural and intellectual sensibilities. This immaturity bespoke their inability to govern themselves; presumed to lack the capacity for rational self-management, black people were deemed culturally inclined to an uninhibited indulgence in their animal appetites (Gilman 1985a; Collins 2005).

Much of the work exploring how black people have been treated as *différant* has examined representations of their supposed propensity to indulgence in sexual appetites. This framing of black people as sexually

[3] See Said (1978), Stepan (1986), *Race, the Floating Signifier* (1997), and Butler (1999).

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insatiable has been critiqued by myriad scholars (Gilman 1985a; Sharpley-Whiting 1999; Collins 2005). An underexamined facet of the discourse of black insatiability was the notion of unfettered indulgence in oral appetites. Indeed, Winthrop Jordan reminds us that colonists and race scientists cataloguing racial traits routinely described with horror the gluttony of Africans (Jordan 1968). As historian Andrew Curran details in *The Anatomy of Blackness*, racial encyclopedias circulating throughout Western Europe in the eighteenth and nineteenth centuries described Africans as exhibiting a "penchant for pleasure . . . generally lazy . . . and very fond of gluttony" (Curran 2011, 157). Recent research also suggests that the construct of black oral insatiability often placed black women at the center of this discourse (Forth 2012; Strings 2012).

It seems, then, that race scientists codified *différance* through a discourse of black sensualism. This term expresses the dual, interrelated apprehension of the "primitive" sexual and oral appetites of black people. As articulated by Kyla Wazana Tompkins, eating has been "supercharged with an erotic intensity . . . a queer alimentary that serves as a form of sensuality unto itself . . . indulging in the senses at the expense of virtuous behaviors . . . is a mode of 'sensualism' that is described with the same language as forms of 'venereal' indulgence, and is linked as a practice, through highly racialized language, to the question of the nation's posterity" (Tompkins 2012, 69).[4] In this way, in examining representations of "deviant" black culture and bodies, it is useful to discuss the parallels between "base" sexuality and "base" alimentation.[5] Both have been treated as constitutive of black pathology in the (racial) scientific and medical literature.

The sensualism of black women: Deadly corporealities

Race science may have promulgated ideologies of black culture as deviant and claimed that the so-called animal appetites of black people were a manifestation of this deviance. But this is not to suggest that it framed black men and women in similar terms. The sensualization of black men alongside the juridical and social interdictions against interracial intercourse

[4] Scholars have shown that the discourse of black sensualism was evident as early as the seventeenth century (Forth 2012). But during the nineteenth century, states institutionalized understandings of black sensualism through what I am calling, building on the work of Michel Foucault, a form of racial biopolitics. That is, governmental institutions—including the medical establishment—promulgated the notion that racial others were the biologized "internal enemies" of the racially distinct bourgeoisie (Stoler 1995, 92).

[5] Parallels between indulgence in food and sex in the West have existed, and have been derided as base, since classical antiquity (Spelman 1982).

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functioned largely to prohibit black male–white female liaisons.[6] The sensualization of black women, by contrast, provided the rhetorical rationale for their sexual accessibility to white men during and after slavery. The discursive construction of black women as uninhibited in their sensuality made the black female body a seemingly logical place for white men to "sow their wild oats." In other words, this construction provided the tacit endorsement for the often violent and coercive "monstrous intimacies" between black women and white men that were "fully constituted by the discursive codes of slavery" (Sharpe 2010, 3).[7] This continued well into the post-slavery milieu.

The sensualizing of black women served not only to make the women accessible sexual targets but also made them "dangerous" in much of the nineteenth- and early twentieth-century medical literature (Gilman 1985a; Feder 2007). The marking of black women as dangerous entailed the specific fear that their untamed sexual activity was causing them to contract venereal diseases that they were subsequently spreading among the general (white) public (Gilman 1985a; Hunter 1997; Sharpley-Whiting 1999). Moreover, because black women were presumed to be saturated with venereal diseases (for which, in many instances, there was no known cure), they were regarded as deadly.

Indeed, myriad scholars have shown that the medical sciences, far from being objective, relied on constructions of racial/sexual *différance* that existed within the social order (Shah 2001; Duster 2003; Wald 2008). While much of this research has focused on cases prior to the mid-twentieth century, scholars have shown that the legacy of treating racial and gendered

[6] Miscegenation laws and general custom militated against fraternization between white women and black men. A color line was thus drawn around the demimonde of the late nineteenth-century United States. Increasingly feared to be veritable petri dishes of syphilis and tuberculosis, black-run brothels were denied any formal affiliation, regulation, or protection from city officials. This had the effect of discouraging white male patronage (see Wood 2005, 180–81).

[7] The period from the late nineteenth to the mid-twentieth century marked a critical moment in the reformulation of race scientific theories—and their embedded conceptions of blackness—in the United States. In earlier historical periods, continental European scholars dominated the field of race science with theories of black culture and aesthetics built on tales of difference arriving from the colonies. But the upheaval in US race relations—affected by the Civil War and the subsequent reconfiguration of the social order during the Reconstruction and first Great Migration—made "racecraft" a visible American preoccupation (Fields and Fields 2012). This is not to suggest that continental Europeans were not still creating theories of race. However, the literature does show that since at least the 1890s, American race scientists such as William Z. Ripley, Franz Boaz, and Madison Grant were at the forefront of racial debates (Painter 2010).

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others as diseased has not been eradicated in contemporary medicine (Roberts 2012).

Below I present three cases that illustrate the discourse of black female sensualism in medical literature: syphilis, tuberculosis, and obesity. Each suggests that black women engage in risky behavior (endorsed by a deviant culture) that makes them diseased. In the case of infectious diseases, it also made them deadly. However, I argue that the manifestation of black female sensualism within the context of a chronic disease has marked black women not just as deadly but as social dead weight.

Infectious diseases: Syphilis and tuberculosis

Syphilis

Syphilis is a sexually transmitted infection caused by the bacteria *Treponema pallidum*. The earliest recorded cases come from Naples near the tail end of the fifteenth century. Lore surrounding the disease at that time suggested that it was brought to Italy by invading French troops, earning it the moniker "the French disease" (Quétel 1990; Farhi and Dupin 2010).

Although by the nineteenth century syphilis had a footprint throughout much of Western Europe, its connection to the French was not so easily shaken. By this time, it was no longer believed to be carried by military men; the "diseased" French population of the nineteenth century was now thought to be women. The reason was simple: within the episteme of eighteenth- and nineteenth-century medicine, venereal diseases such as syphilis were thought to be contracted via a "urethral discharge" that could "poison" unsuspecting male partners (Spongberg 1997, 26).[8] If the diseased female body, then, was thought to be the source of syphilis in France—and much of Western Europe—prostitutes were considered a dangerous, syphilitic demographic. The "venereal tint" of prostitutes, it seems, had corrupted otherwise healthy citizens (read: white males; see Spongberg 1997, 20).

During the nineteenth century, the discourse of the syphilitic prostitute infecting unsuspecting men quickly became racialized. Following the outbreak narrative, which can stigmatize (always already) marginalized groups as agents of infection (Wald 2008), black women were feared to be a population with a particularly high disease burden. The discourse of the syphi-

[8] As Mary Spongberg informs us, the renowned Scottish anatomist and physiologist John Hunter wrote in *A Treatise on the Venereal Disease* (1810) that gonorrhea and syphilis were "venereal poisons" that came from the urethra, promulagating the idea of the diseased female body.

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litic black woman had little to do with any quantifiable reality of racial disparity in disease prevalence; surviving reports suggest that men had a higher rate of infection than women in Paris and other major Western European cities during the nineteenth and early twentieth centuries (Spongberg 1997; Jabbour 2000).

The image of the black woman as syphilitic, it seems, was born of an elision between the terms *black woman* and *prostitute*. The perception of many medical men—borrowing from racial scientific theories—depended upon notions of black female sensualism. Black women were thought to be more primitive physically and naturally more sexually licentious than white women. As documented by historian Sander Gilman, "In the nineteenth century, the black female was widely perceived as possessing not only a 'primitive' sexual appetite but also the external signs of this temperament—'primitive' genitalia" (1985a, 213). It was the conception of black women as embodying racial and gender *différance* that enabled the collapsing of the black woman into the image of the prostitute.

This remained the case despite the fact that black women were severely underrepresented among the population of sex workers in Paris and other major metropolitan cities in the nineteenth century. As T. Denean Sharpley-Whiting (1999, 72) explains, "out of the 12,707 registered prostitutes in France, only 11 were African." Sharpley-Whiting's due diligence in uncovering these records reveals how the image of black women as prostitutes pivoted around ideologies of black sensualism. Typified as engaging in risky sexual behavior, they were commonly framed as syphilitic prostitutes regardless of their low representation among the actual population of prostitutes or syphilitic persons. Historian Hans W. Debrunner intones, "In spite of the sayings as to the lewdness of African girls . . . African prostitutes seem to have been rare if there were any at all" (Debrunner 1979; Sharpley-Whiting 1999, 72).[9] This discourse made "the association of the black and syphilophobia . . . thus manifest. Black females [did] not merely represent the sexualized female, they also represent[ed] the female as the source of corruption and disease" (Gilman 1985b, 101).

In the United States near the turn of the twentieth century, claims that syphilis was "black" were just as vociferous. During this time period, many doctors believed that "nearly half of all [blacks]" had syphilis (Wood 2005, 180). These (seemingly unfounded) proclamations were fueled by the growing fear that freed slaves were going to head north, effecting "an invasion"

[9] It is also worth noting that prostitutes were routinely described as "peculiarly plump," with a implied link between sexual solicitation, laziness, and fondness of food (Gilman 1985b; Sharpeley-Whiting 1999).

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by "syphilitic black migrants" (Wood 2005, 180). Importantly, some of the turn-of-the-century literature suggested that black men too were feared as syphilitic agents. But black women (and especially black prostitutes) were believed to constitute more of a threat to polite (white) society, given their supposedly more routine sexual entanglements with white men (Wood 2005). By the early twentieth century, the idea that blacks comprised a "syphilis-soaked race" was gospel, and, as in Western Europe, black women were believed to be a clear and present danger (Washington 2006, 160; see also Hazen 1937).[10]

During that same period, medical scientists had a new tool in their arsenal: statistics of disease prevalence. Importantly, there were considerable vagaries in how and where the data were collected (Hazen 1928, 22–24). Many medical researchers gathered from their patients and extrapolated the results to the broader population (Hazen 1937). The result was a "wide divergence of results" in calculations of disease prevalence (Hazen 1937, 13). If the reliability of these analyses was questionable at best, many medical researchers nevertheless concluded that syphilis was more common among blacks than whites (Vedder 1918; Hazen 1937). Reflecting on data regarding disease prevalence, a physician from Virginia offered ideologies of black sensualism as an explanation: "Morality among these people is almost a joke and is only assumed as a matter of convenience, or when there is a lack of desire and opportunity for indulgence, and venereal diseases are well-nigh universal" (quoted in Vedder 1918, 86).

The statistical data on disease prevalence—interpreted through the lens of black sensualism—made black women "deadly" agents of contamination. In his article "A Leading Cause of Death among Negroes: Syphilis," Dr. H. H. Hazen issued the following statement: "From the standpoint of the Negro the most serious factor [in death rates] is the increased prevalence of syphilis among colored women" (Hazen 1937, 321). Black women were thus given the dubious distinction of being responsible for the high rate of infection and death due to venereal (and congenital) syphilis in their communities.[11]

The conception of black women as deadly syphilitics was imbued with the discourse of black sensualism. Their presumed sexual licentiousness—born of their racial and gendered *différance*—led to the presumption that

[10] As H. H. Hazen (1937) notes, these data were of questionable external validity. According to Hazen, there were at least nine different types of methodologies employed to study syphilis in the population, and a "wide divergence of results, varying from 12 to 74.1 per cent" in estimations of disease prevalence" (311).

[11] The connection between syphilis and blackness (especially black femininity) in the medical and popular imagination eventually came to supplant even historical narratives of its origin circulating in Europe and in the colonies. Indeed, by the turn of the twentieth century,

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they were then more susceptible to the contraction and transmission of venereal disease (Gilman 1985b).[12]

Tuberculosis

The reception and representation of tuberculosis (TB) during the nineteenth century was markedly different from that of syphilis. Whereas syphilis was thought to generate a "horrible grotesque countenance perceived as belonging to the world of the black, the [world] of the 'primitive,' the world of disease" (Gilman 1985b, 105), TB was aligned with purity, refinement, and spiritual ascension. The pale and spindly look the infection gave its sufferers—who included a number of artists, aristocrats, and well-to-do English ladies—was deemed graceful and angelic and was praised as consumptive chic. Famed British poet Lord Byron was a known contributor to the craze, being infamous for having exclaimed, "I should like, I think, to die of consumption" (Moore 1844, 113). This initial romantic embrace of TB led to its label, the "White Plague."[13]

In the United States, too, prior to the 1880s, TB was commonly embraced as a "white disease" (Hunter 1997, 193). Many elite Anglo-Saxon women were, in the words of medical historian Adele Clarke, "wasting in style" (1990, 19). Indeed, feminist historians have shown that women of the cultured classes viewed the thin, pallid frames engendered by TB as appropriate to cultivated white femininity (Banner 1983; Brumberg 1988; Strings 2012).

After the 1880s, the association between whiteness and TB slowly dissipated. This began in 1882, when German scientist Robert Koch identified TB as an infectious disease caused by tubercule bacillus, and not, as had been believed among American and European elites, a hereditary ill-

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the accepted medical lore suggested that syphilis "was a form of leprosy which had long been present in Africa and had spread into Europe in the Middle Ages" (Gilman 1985a, 231; see also Wood 2005). Further, alongside their ability to infect their partners through sexual activity, being capable of reproduction, black women were additionally feared as maternal vectors.

[12] This is not to deny the fact that discussions of the racialization and gendering of syphilis in the contemporary United States necessarily describe the medical abuses black men suffered under the Tuskegee experiment between 1932 and 1972. My argument in this article, however, is similar to the claim made by Harriet Washington (2006), that the horrors and publicized medical abuses of the Tuskegee syphilis study often obscure other significant (and relevant) racialized and gendered medical practices that have impacted the African American community. Per Washington, rather than "focusing on the single event of the Tuskegee Syphilis Study," we should "[examine] a centuries-old pattern" of medical abuses as they pertain to the black community (2006, 180–81).

[13] This term was derived from the pallid look that TB bestowed upon the infected.

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ness. The realization that it could be transmitted by anyone coming into contact with disease-containing sputum undermined its connection to gentility (Hunter 1997). Added to this was the fact that in the postbellum South, the number of TB cases in the black sections of society expanded. This growing prevalence of TB in black communities helped to medicalize the (always already present) fear of black sensualism within the context of the postbellum "Negro question."[14] That is, the growing presence of infectious disease among African Americans validated fears that black people typically knew no better than to engage in risky behaviors—as part of their traditional cultural practices—and this made them prone to disease.[15] Through a discourse of medicalized nativism, TB was "associated with dangerous practices and behaviors that allegedly mark[ed] intrinsic cultural difference" (Wald 2008, 8). Per historian Tera Hunter, "By the end of the nineteenth century, the 'Negro Problem' had become thoroughly medicalized, thanks to . . . new discoveries in epidemiology," and within a few decades, "tuberculosis metamorphosed from a 'white folks' disease' to a 'Negro disease'" (1997, 195).

If by the turn of the twentieth century TB was seen as a black disease, black women in particular were vilified as deadly agents of contagion. Physicians and public health professionals warned the (white) public that African Americans were carriers of this dangerous pathogen and that it was entering white homes through the bodies of black female domestic servants (Washington 2006). In 1903, a physician wrote in a subsection of the *Atlanta Journal* titled the "Record of Medicine" that "a vast majority of our epidemic diseases are brought into our families through our servants" (McHatton 1903; Hunter 1997, 196). Six years later, the governor of Georgia intoned, in an article titled "Tuberculosis in the Negro," that black domestic servants were not intending to do harm but that they inadvertently "sow the abundant seeds of disease and death" among white families (Northern 1909; Hunter 1997, 196). The hysteria was not limited to one state. In several states with large black populations, black laundresses and housekeepers were feared as agents of deadly contagion. At a health conference in Texas in 1915, physicians singled out black women as "responsible for infecting their employers" with this life-threatening disease (Hunter 1997, 187).

[14] The "Negro question," or alternatively the "Negro problem," posed questions surrounding if and how to integrate black people into white society.

[15] We find, then, a medical rationale for having "separate but equal" institutions: to prevent black people from infecting polite white society (Hunter 1997; Washington 2006).

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As with the dissemination of (mis)information that was used to make the case for syphilis being a black woman's disease (Gilman 1985a; Sharpley-Whiting 1999), medical and public health officials misrepresented almost every aspect of disease transmission in order to make the case. Physicians suggested that laundresses were taking their employers' clothes back to their homes in black areas, where the garments were contaminated with TB before being returned (Hunter 1997). They moreover claimed that visiting "unsanitary church buildings" and "spending money on fancy clothing"—apparently instead of health care or surgical masks—contributed to the problem (Hunter 1997, 190).

And, relying on the language of black female sensualism—which in many respects mirrored that deployed in the case of syphilis—the number-one cause of TB infection was believed to be black women's "risky" behaviors. Urban black women went to picnics and theaters. They frequented dance halls, and using terms that carry strong sexual connotations, it was argued that they stayed up late at night to "frolic" in the streets (Coleman 1903; Hunter 1997). This debauched and licentious behavior was treated as integral to "deviant" working-class black culture. But it was working-class black women who were commonly reproached for these "high-risk" behaviors and their seeming lack of interest in the preservation of health, no doubt due at least in part to the fear that black women were spreading TB to white families (Coleman 1903; Hunter 1997; Washington 2006).

In order to make the case that black women were spreading disease, physicians and public health professionals understated the seriousness of the TB epidemic in white communities. For while the prevalence of the disease was admittedly rising in black neighborhoods near the turn of the century, it was also increasing in white communities; there was little statistical evidence to suggest that black women were the disseminators in many mostly white areas (Hunter 1997). Indeed, historians have shown that TB was the number one cause of death throughout all urban areas of the United States from the late nineteenth to the early twentieth century, and there was no evidence to suggest that black people were infecting white people any more than white people were infecting black people. In terms of sheer numbers, far more white people had the disease in the United States than black.[16]

The cases of syphilis and TB demonstrate that notions of black female sensualism linked infectious diseases of the nineteenth and early twentieth

[16] "Tuberculosis in Europe and North America, 1800–1922," published by the Harvard University Library Open Collection Program, may be a good bibliographic source. See http://ocp.hul.harvard.edu/contagion/tuberculosis.html.

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centuries to African American women. The “licentious” behavior of black women made them dangerous sources of contagion and a “deadly” threat to the public health.

Below we find a slight modification in this claim for the sensualism of black women within the context of the obesity “epidemic.” Indulging not in sex but in food, black women are regarded as social dead weight. This is triply signified in that they are carrying unnecessary weight on their bodies (making them “diseased”), killing themselves through their “high-risk” practices, and serving as a burden on the public health.

Obesity

According to the Centers for Disease Control and Prevention (CDC), during the twentieth century, “the incidence of many . . . diseases had begun to decline” (CDC 1999, 622). This decline in rates of acute infection after 1950 shifted medical attention to focus on rates of chronic illness (McMichael 1999).

Obesity—a measure of “excess” adipose tissue—became a growing target of concern. It had been deemed a health risk since the early twentieth century.[17] But it wasn’t until after World War II, when cardiovascular diseases replaced infectious diseases as the main causes of mortality, that the medical establishment intensified its condemnation of fatness as a risk factor for illness (Maurer and Sobal 1995; Boero 2012).

While concerns about the health risks associated with obesity circulated throughout the twentieth century, the late 1990s saw a dramatic shift in obesity discourse and policy. Faced with rising rates of chronic illness in the industrialized world and with no clear standard of obesity—which was believed to be a key factor—in 1997 physicians with the World Health Organization (WHO) defined obesity as a body mass index (measure of weight divided by height) of 30 k/m^2. In 1998, this measure was adopted by the National Institutes of Health as an appropriate standard for obesity in the United States. Per an article in the *New York Times*, “U.S. to Widen Its Definition of Who Is Fat” (*New York Times* 1998), this effec-

[17] Obesity was not always thought to be a disease. It wasn’t until the tail end of the eighteenth century that slenderness was promoted as the appropriate form of embodiment for “civilized” white persons, who, unlike “barbaric” racial others, were not possessed by the exigencies of oral and sexual appetites (Forth 2012; Strings 2012). And if during the nineteenth century the pale, frail look (“consumption chic”) swept through Western Europe and the United States, it was during the early 1900s that excess adipose tissue was deemed a potential threat to health (Strings 2012). This in effect ushered in a new medicalization of obesity that reinforced the preexisting racial and cultural condemnation of fat bodies (Boero 2012; Strings 2012).

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tively lowered the threshold for overweight (from 27 kg/m^2 to 25 kg/m^2). It moreover created a watermark for obesity, which was previously a relative term, used to describe persons in the top 15 percent of weights for a given height (Brody 1992).

As articulated by sociologist Natalie Boero, the revised categories made more than 30 million additional Americans "overweight" and "obese" overnight (2012, 45). The following year, the newly inflated number of obese persons was reported with alarm in a now famous study by the CDC titled "The Spread of the Obesity Epidemic in the United States, 1991–1998" (Mokdad et al. 1999). The scientists concluded, without a hint of irony, that "obesity continues to increase rapidly in the United States" (1519).

If this study issued the clarion call to fight the fat scourge, its representation of obesity was not strongly racialized or gendered. That is, while differences in the prevalence of obesity across racial and ethnic groups were presented, there was very little in the way of ethnicized commentary. Rather, the authors concluded that "[these] data show that obesity increased in every state, in both sexes, and across all age groups, races, educational levels, and smoking statuses" (Mokdad et al. 1999, 1521).

This shifted dramatically in the CDC's follow-up report, in which the race-ing of obesity as black and its gendering as female were strongly apparent. Released a mere three years later, under the title "Prevalence and Trends in Obesity among U.S. Adults, 1999–2000" (Flegal et al. 2002), the report purported to examine trends in obesity. The focus of the analysis, however, was on disaggregating the data by key demographic markers. This time around, the CDC report provided a great deal of commentary on differences in rates of obesity by sex and race. The authors stated: "The prevalences of overweight and obesity among men varied little by racial/ethnic group and there were no significant differences. Among women, non-Hispanic black women had a higher prevalence of both overweight and obesity than did non-Hispanic white women" (2002, 1725). If the noted silence, in either report, of the issue of obesity having only recently been standardized—and only then being regarded as an epidemic—is worthy of note, so too is the researchers' unconscious decision to use the prevalence of obesity among white women as a reference point for black women.[18] Admittedly, in epidemiological studies one group is often treated

[18] The language of obesity being an epidemic among the general US population was rarely used prior to 1997. Two notable exceptions come from Stamler (1993) and Manson and VanItallie (1996). Each paper deploys a different standard of obesity in its calculations. The term "obesity epidemic" was not in widespread use prior to its standardization. In other words, the standardization of obesity, in part, was responsible for generating the impression that there was an epidemic.

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as the baseline or point of reference. However, such comparative measures are best deployed when there is compelling evidence that the groups should not differ. No such evidence had been presented. Indeed, medical reports had long shown that black women were, on average, heavier than white women *and that they tended to be healthier than white women at heavier weights.*[19] In other words, research routinely suggested at the time, and thereafter, that criteria for healthy BMI differ by race.[20]

The assemblage of literature on weight variability by race/ethnic group did not prevent medical researchers from continuing to churn out reports stating, with alarm, that black women had "dangerously" high BMIs. The obesity discourse prefigured certain weight statuses as undesirable, creating a body size norm (Greenhalgh 2012). Relying on the unabridged version of the WHO standards adopted by the National Institutes of Health, articles in the *Journal of the American Medical Association* regularly expressed anxiety over black women's "excess weight," a seemingly heavy burden.[21] With the premise that thousands of black female bodies were abnormal, the goal early on became to identify the root cause of the problem. Perhaps not surprisingly, arguments pegging black female sensualism as the culprit resurfaced.

In an article appearing in the *Annals of Behavioral Medicine* in the same year that the new standards were adopted, investigators at Northwestern Medical School declaimed: "The prevalence of obesity among Black women has reached epidemic proportions" (Flynn and Fitzgibbon 1998, 13). And, per the authors, multiple studies corroborated the finding that "Black women are more likely to be obese because they eat more high-calorie foods" (1998, 13). This black female overindulgence was apparently buttressed by deviant black cultural ideals, which "inhibit motivation for weight control" (13).

In an implicit endorsement of the thin ideal that white second-wave feminist scholars had deemed oppressive, the authors state: "Black women's cultural ideals for beauty may be another factor that places them at greater

[19] One explanation for this finding is that black women often have a higher muscle mass than white women. BMI cannot gauge muscle mass, or muscle-to-fat ratio (Campos 2004).

[20] See Kumanyika (1987), Stevens et al. (1992), Averett and Korenman (1999), Fontaine et al. (2003), Campos (2004), and Moreno et al. (2013).

[21] This is not to suggest that there was immediate or universal acceptance of these standards. William Strawbridge, Margaret Wallhagen, and Sarah Shema at the Public Health Institute in Berkeley published research in the *American Journal of Public Health* that cautioned against the uncritical adoption of the WHO guidelines. The investigators concluded that "Current interpretations of the revised guidelines stigmatize too many people as overweight; fail to account for sex, race/ethnicity, age, and other differences; and ignore the serious health risks associated with low weight and efforts to maintain an unrealistically lean body mass" (Strawbridge, Wallhagen, and Shema 2000, 340).

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risk for obesity. . . . Why is it that Black females, who are also exposed to mainstream American culture, do not seem to share the ultrathin ideals preferred by White females?" (Flynn and Fitzgibbon 1998, 13).[22] The road forward, per the authors, is through cultural reform to change cultural aberrations that have the untoward effect of authorizing black female sensualism: "Black men choose heavier female ideals than those chosen by white men. . . . To be truly effective, weight reduction and obesity prevention programs may need to educate boyfriends, husbands, and parents about the health risks related to obesity" (Flynn and Fitzgibbon 1998, 22).

The claim that the (aberrant) fat acceptance of the black community authorizes black female sensualism (a presumptive factor in black women's higher rates of obesity and chronic illness) was repeated in several sources. A 1999 article in the *International Journal of Obesity* titled "Black-White Differences in Social and Economic Consequences of Obesity" concludes that obesity has greater economic and cultural costs for whites. But, the authors argue, while overweight and obese black women have a culturally endorsed body positivity, the "lower stigma associated with obesity may be a mixed blessing for African American women. . . . Obesity is associated with a variety of medical problems . . . [therefore] stigma may serve to control obesity among white women. If so physical and emotional effects of the greater pressure to be thin must be weighed against reduced health risks associated with obesity" (Averett and Korenman 1999, 167). This apparent endorsement of fat stigma as health protective reifies the growing perception that African Americans' cultural acceptance of larger body sizes is deviant.[23]

[22] It is important to note here that the argument that "deviant" black cultural ideals buttress black women's "high-risk" eating and exercise patterns and "pathological" bodies represents a complete inversion of the second-wave feminist scholarship on fat female bodies that proliferated not ten years prior. Beginning in the mid-1980s, prominent feminist scholars and historians were railing against what they deemed the "tyranny of slenderness" or the "cult of thinness" that "oppressed women" (Chernin 1981; Orbach 1986; Seid 1989). Many used the more accepting feminine ideals among Africans and African Americans as a healthier, more positive "traditional" counterpoint to the modern exigency of feminine body taming, training, and sculpting (Bordo 1993). While much of this scholarship was crafted by social scientists—as opposed to medical researchers—it was often written in direct response to the growth of anorexia nervosa as a medical condition largely affecting white women and girls. To the extent that anorexia was treated as a disorder, the solution was not presented as a need to change "pathological" white culture. Rather, it was to interrogate the home life of specific girls afflicted, the "media" for reifying slenderness, and the multibillion-dollar weight loss industry (Orbach 1986; Wolf 1991; Bordo 1993).

[23] This is not to romanticize fat acceptance among African Americans. As studies have shown, while bigger bodies are generally treated with higher regard than in the mainstream, predominately white population, there is still, among many, an upper limit of sexually desirable or socially acceptable bodies.

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The notion that "deviant" black cultural ideals serve as an ill-conceived reinforcement of black female sensualism and their "unhealthy" bodies made regular appearances in the medical literature. In a study in the journal *Obesity* (Sánchez-Johnsen et al. 2004), researchers examined the relationship between body size, body image, and diet and exercise patterns among a cohort of black women and Latinas. Per the investigators, black women consumed more kilocalories, engaged in more sedentary activity, and had higher BMIs and greater body image satisfaction. The authors deemed the relationship between the "high-risk" eating and activity patterns and the positive self-conception among obese black women problematic.[24] They implied that it was the inverse of what should be witnessed and that it was apparently endorsed by a (backward) cultural predisposition. According to these medical researchers, the solution to the "obesity epidemic" among black women was an intervention at the cultural level to undo the validation of voluptuous bodies. They asserted that "future studies should explore cultural attitudes and beliefs related to weight" for the purpose of generating "culturally competent" obesity reduction initiatives (Sánchez-Johnsen et al. 2004, 652).

Studies decrying black female sensualism and cultural deviance in the medical literature sit uncomfortably with the many studies that continue to show that black women have fewer health consequences from obesity than white women (Fontaine et. al 2003; Campos 2004; Moreno et al. 2013). Nevertheless, obese black women's "excess" weight continues to be treated as a heavy burden, in a sense a form of dead weight.

Further, to the extent that obesity is not an acute disease, black female sensualism is less often perceived as deadly. Rather, the long-term consequences to self and society mark obese black women as social dead weight. In other words, they are endangering not only their own health with their high-risk practices but the health of their families and the public health. They are figured as a heavy burden on self, family, and society.

Indeed, as mothers, obese black women are regarded as imperiling the health of their families (Campos et al. 2006). Studies implicating obese mothers in their children's (poor) health and welfare abound, as researchers claim that maternal BMI is a significant predictor of a child's BMI, particularly among low-income children (Whitaker 2004; Klohe-Lehman

[24] I am not suggesting that fast food and sedentary activity should be universally embraced, only that the rhetoric deployed here makes these practices an artifact of a "deviant" culture. A great deal of literature suggests that structural factors such as living in food deserts and living in unsafe or unwalkable neighborhoods are among the fundamental causes of obesity and its comorbidities (Link and Phelan 1995; Braverman, Egerter, and Williams 2011).

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et al. 2007). Research has shown that arguments for negative maternal influences are more likely to be employed when describing black and Latina mothers; importantly, these studies are also more likely to be reported in the popular press (Campos et al. 2006; Saguy 2013).[25]

Obese black women are further said to constitute a conspicuous monetary burden on public health resources. Researchers claim that the cost of obesity to the American taxpayer is steep and rising. Frequently when the steep price tag is lamented, so too is the burden posed by black women's high rates of obesity (Finkelstein, Ruhm, and Kosa 2005; Wang et al. 2008). In an article titled "Will All Americans Become Overweight or Obese? Estimating the Progression and Cost of the US Obesity Epidemic," medical researchers claim that the costs of obesity are skyrocketing and that by 2030, "health-care costs attributable to obesity and overweight could range from $860 to $956 billion . . . or for 1 in every 6 dollars spent on health care," or worse, because of potential modeling error, "these figures are likely an underestimation of the true impact" (Wang et al. 2008, 2329).

Troublingly, per these projections, by 2030, 80 percent of all Americans would be overweight or obese, but "[at] the current rate of increase it will take < 30 years for *all* black women to become overweight or obese" (Wang et al. 2008, 2329; emphasis added). Youfa Wang and his coauthors (2008) suggest that not only is obesity a particular problem for African American women, but their high rates of obesity—with 100 percent prevalence forecast—is a noteworthy contribution to the financial burden that obesity constitutes.

Wang et al. (2008) is one of many studies to point to the disease burden among African American women while noting its financial costs, making fat black women appear to be a particular drag on the economy (Fin-

[25] First Lady Michelle Obama's public health campaign "Let's Move" also fingers black culture as somewhat wrong-headed, and its translational medium, black mothers, as enablers of disease. In a 2010 speech chronicled in the *Los Angeles Times*, the first lady articulated several of the key structural factors contributing to childhood obesity and related illnesses, including lack of parks or safe streets for outdoor activities or grocery stores for buying produce. But she arrived at the conclusion that black parents, especially mothers, were key contributors to obesity among young black boys and girls. Stating that "Ultimately, the most important decisions about what our kids eat, and how much they exercise, are made at home," the first lady chided black America for its indulgent food habits: "We all need to start making some changes to how our families eat. Now, everyone loves a good Sunday dinner . . . [the] problem is when we eat Sunday dinner Monday through Saturday." The first lady added that it was (apparently) regrettable that obesity "winds up taking a back burner to more pressing issues like crumbling schools, and neighborhoods that aren't safe, and families that can't pay the bills or even put food on the table" (Malcolm 2010).

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kelstein, Ruhm, and Kosa 2005; Wang et al. 2008). In other cases, the heavy burden posed by obese black women is stated unambiguously. In a *Kaiser Health News* report from 2011 titled "African American Women and the Obesity Epidemic," the author explains that "obese people cost nearly $1,500 more a year in medical expenses compared to healthy-weight people" (English 2011). Given that the article focuses only on obesity among black women, the oppressive burden they presumably constitute to the public health is made explicit.

Conclusion

Black female sensualism has routinely been cited as encouraging "high-risk" behaviors among black women that result in "disease." While this has historically made black women "deadly," the latest iteration has converted them into triply signified social dead weight. In this way, their "excess" weight entails negative consequences for the health and livelihood of themselves, their families, and the state of public health.

I have tried to illustrate herein that black women's sensualism is merely a discursive frame and that their diagnosis as diseased has always been made in the face of tremendous uncertainty and conflicting evidence. With syphilis, TB, and now obesity, there has been a great deal of contestation in the literature as to the validity of the claims being made about black women's health. As fat studies scholar Jenn Anderson reminds us, "The definition of disease is neither natural nor neutral, but is always a social construction" that "privileges some voices over others" (Anderson 2012, 195). The voices that have been marginalized are those that suggest that an individual can be healthy at any size (Wann 1998; Bacon 2013). Concomitantly, mainstream medicine remains vested in the politics of disgust that continues to demonize the always already stigmatized racialized and gendered other (Hancock 2004).

The stakes of the rhetoric of black female sensualism within the obesity "epidemic" are high. The federal government has recently cut unemployment benefits and the SNAP (formerly food stamp) program for low-income Americans. The notion that obese black women are killing themselves and effectively serving as a burden on the public is another justification for the divestment of services to the very populations that need them—as with the discourse of the black welfare queen (see Hancock 2004).

Significantly, for many obese persons food insecurity, or not having enough money for healthy food, is an issue (Eisenmann et al. 2011; Laraia 2013). The discourse of black sensualism within the obesity "epidemic" flees the reality that black women (and other low-income persons who

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have high rates of obesity) face structural inequalities that ultimately underlie their food and exercise choices and their health status. It shifts the onus of responsibility from society—or public health—and onto vulnerable populations.

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