Getting to the Root of US Healthcare Injustices through Morrison’s Root Workers

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Numerous scholars have explored the figure of the African diaspora ancestor/folk-healer—she who practices “roots” and provides cultural roots/routes to Africa in her community. I illuminate a few of these characters in Toni Morrison’s novels, considering how greater attention to them in the present moment generates significant insights into the two crises that currently plague our nation and much of the rest of the world: the COVID-19 pandemic and systemic, extrajudicial violence against Black people. Beginning with M’Dear, the formidable old woman who is fetched to cure Cholly’s Aunt Jimmy in Morrison’s first book, \textit{The Bluest Eye} (1970), I examine portraits of several Hoodoo practitioners, naturopaths, and midwives in the Nobel Laureate’s other work, most prominently Ajax’s mother in \textit{Sula} (1973)—initially labelled as “an evil conjure woman” (126)—and Pilate Dead in \textit{Song of Solomon} (1977), who guides Milkman’s adulthood journey and his passage into the living world by using ethnobotanical knowledge and pluralistic modalities—also known as “roots”—to enable his conception and birth. As many literary critics have asserted, Morrison crafts these characters to convey the strength and longevity of African folk traditions and the fortitude of women, to undermine patriarchal notions about gender and femininity and Western conceptions of conjure as inherently evil, and to communicate the power of the elderly. Just as the coronavirus crisis beginning in 2020 has revealed profound racial and socioeconomic gaps in the configuration of US healthcare, and the footage of George Floyd’s murder instigated yet another round of anti-racism protests against Black and brown people’s brutalization by those sworn “to serve and protect,” analysis of Morrison’s folk-healers also serves to expose many of the structural injustices that hinder African American success in areas all around the country: disparities in employment and income, education, housing, protection under the law, and, especially, medical care.

“Hoodoo” or “conjure” in the United States, much like Vodun, Santería, Obeah, and other spiritual systems throughout the Caribbean and Latin America that employ elements of West and Central African principles and cultural traditions, blends herbal remedies for pain and a variety of maladies, birth
control, midwifery, religious customs, funereal rituals, divination, solace and cures for the heartbroken, and judicial procedures for the wronged. These methods proliferated during slavery, when bondage prevented African peoples from accessing state-sanctioned healthcare and justice; they continued under Jim Crow, (neo)colonialism, and other forms of racial discrimination when the same held—and still holds—true. Contemporary Hoodoo scholar Katrina Hazzard-Donald identifies Hoodoo as the “indigenous, herbal, healing, and supernatural-controlling spiritual folk tradition of the African American in the United States” (4)—in essence, an embodied memory that ties communities back, through the ages, to their ancestors, a suppressed history, and African cultures. Although enslaved Africans were forced to adopt Christianity and brutally punished for continuing to engage in their ancestors’ beliefs, Hoodoo and its counterparts survive to the present day, among a wide range of what Bonnie Blair O’Connor terms “vernacular” healing techniques in the United States (xv).

In a rhetorically savvy move, Zora Neale Hurston aligns Hoodoo with Christianity but also American patriotism in *Mules and Men* (1935), her renowned study of African American folk cultures in the US South. Attempting to eliminate the stigma of inferiority, intellectual deficiency, and primitivism in Hoodoo’s adherents, she describes Hoodoo’s presence in the early twentieth century as “burning with a flame in America, with all the intensity of a suppressed religion.” Like Christianity, Hoodoo instills passion in its followers; both religions use altars and candles and expound on the sacred emblems of water and fire; both involve a conviction in God, who, after “[s]ix days of magic spells and mighty words,” created Earth and the elements and then rested on the seventh day (183). These similarities allowed some Hoodoo practitioners to mask their true faith and others to creolize philosophies, especially as time passed. Morrison provides many examples of this amalgamation in her novels. In particular, she integrates numerous references to herbal and naturopathic medicine—one of the eight signature elements of African religious components evident in African diaspora populations throughout the Americas.

In *The Bluest Eye*, Cholly Breedlove’s guardian, Aunt Jimmy, is portrayed as having “caught cold in [her] womb” (137); she dies soon after from eating peach cobbler. These idiosyncratic details are ripe with symbolic meaning, alluding to prevalent issues in African diasporic communities in the United States, such as higher risk of pregnancy complications, maternal mortality, and the catastrophic frequency of diabetes. While readers might initially fail to pay close attention to the character of Aunt Jimmy, her role in the novel is significant for several reasons. She allows readers to delve into the childhood experiences that contribute to Cholly’s adult failings: twice rejected by his father and nearly discarded by his mother in a garbage dump, Cholly is “rescued” by his great aunt and raised in a rural Georgia community before he migrates to the Ohio landscape in which most of the novel takes place. Additionally, the gathering after Jimmy’s funeral
is the event that precipitates Cholly’s symbolic rape by the two white men who interrupt his first sexual encounter, impacting his future relationships with Black women and tendencies toward intimate partner violence.

Even more critical to one’s understanding of African American health and healthcare are the passages outlining Aunt Jimmy’s adherence to a range of healing modalities. She embodies the syncretic beliefs of many people in the African diaspora—not just in the rural US South but throughout the Americas and Caribbean. Morrison paints Jimmy as a devout evangelical Christian—the damp benches of an outdoor “camp meeting,” held shortly after a rainstorm, are what her neighbors suspect as the cause of her illness (135)—and yet she wears an asafetida bag around her neck. These small sacks of mixed herbs, roots, and bark, sometimes called “[H]oodoo bags,” “mojo bags,” “gris-gris bags,” “devil’s dung,” or “conjure hands” (or simply “hands”), are typically used for protection from sickness but also from bad luck, harmful spells, and evil spirits.4 Furthermore, when Jimmy tells Cholly about his inauspicious beginnings, she alludes to the significance of the number nine in relation to birth and naming rituals (also important in death/burial rituals), a concept grounded in West African spirituality: “The nine days wasn’t up before she [your mother] throwed you on the junk heap. When I got you I named you myself on the ninth day” (133).5

As Hurston notes in her discussion of African American folk medicine in Mules and Men, the application of herbal remedies, conjure, and Hoodoo are not necessarily the same thing: “Nearly all of the conjure doctors practice ‘roots,’ but some of the root doctors are not [H]oodoo doctors” (281). One of the factors unifying practitioners is the socioeconomic class of the clientele: “[I]n the sawmill camps, the turpentine stills, mining camps and among the lowly generally, doctors are not generally called to prescribe for illnesses, certainly, nor for the social diseases [STDs]. . . . [Root doctors can] enjoy a huge patronage. They make medicine, . . . and white and colored swarm about them claiming cures” (281; emphasis added). Some readers might therefore attribute Hoodoo and root medicine to a lack of education and the associated superstitious or “backward” behaviors of the poor. The COVID-19 crisis, however, highlights that insufficient access to formal medical care is an integral part of the equation. In many parts of the Caribbean, where similar healing methods have survived since the slave era, limited supplies and inadequate infrastructure have meant the lack of enough hospital beds, ventilators, and sufficient stores of oxygen in the early months of the coronavirus pandemic—and uncertainties about access to vaccines more than a year later. In Haiti, residents turned to traditional pharmacopoeia such as ginger and galanga (frequently called “Little John” or “Low John” in US Hoodoo circles), aloe, and cloves to effectively treat some COVID-19 symptoms. One imagines that the same would be true in Barbados, where a 2007 survey revealed that ninety-three plant species were still being employed in herbal medicine in rural
Obstacles to access are just as much a reality in the current United States as they were in the early 1920s, making certain populations more vulnerable than others to the direst consequences of infection.

Data reveals that by early August 2020, the US Black population had incurred 80.4 COVID-19 casualties per 100,000 people, while the white population had sustained only 35.9 casualties per 100,000 residents. Income disparities are critical to these statistics, but so is systemic racism. Looking back to Hurston, it is easy to extrapolate questions and apply them to our current circumstance. The question, why were “doctors not generally called” for “lowly” laborers in the camps (Hurston 281), becomes, “Why, in January 2021, was an African American man suffering from chest pain repeatedly turned away from emergency room care, only to die in a hospital parking lot?” (KMOV Staff). Did the employees interviewed by Hurston trust West African folkways and place greater confidence in root workers, or were they not paid enough to be able to afford “official” state-sanctioned physicians? Did doctors certified in Western medicine live too far away to reach sick workers in time? Did employers who valued profit and hours of productivity more than their workers’ well-being forbid conventional medical practitioners from visiting workspaces and possibly prescribing rest and the reduction of labor for ailing workers?

Morrison illustrates the impact of race and socioeconomic status on the medical care of African Americans in Pauline’s section of The Bluest Eye. Deciding to birth Pecola in a hospital instead of at home, “So I could be easeful” (124), Pauline recalls the lack of privacy common to the “whole mess of women” in the birthing room. She also recounts the lack of compassion and insulting treatment she received as an African American patient:

A little old doctor come to examine me. . . . He gloved his hand and put some kind of jelly on it and rammed it up between my legs. When he left off, some more doctors come. One old one and some young ones. The old one was learning the young ones about babies. Showing them how to do. When he got to me he said now these here women you don’t have any trouble with. They deliver right away with no pain. Just like horses. The young ones smiled a little. They looked at my stomach and between my legs. They never said nothing to me. Only one looked at me. Looked at my face, I mean. (124–25)

“Only one” medical student drops his eyes in shame, but the rest are retaught a lesson they already know, and will continue to rehearse, despite their vows to do no harm: that Black people’s bodies are hardier, and more dispensable, than white ones. It is no wonder that African Americans in the present moment have developed a lack of conviction in the medical establishment. Most relevant for consideration here, these disparities in care and the resultant skepticism about institutions of health may have factored into the higher death rates of African Americans during the pandemic.
A University of Virginia study on racial bias in pain assessment and medical recommendations, for instance, documented troubling beliefs held by some white medical students and residents. Citing prior research findings that point to how Black patients’ pain—even pain reported by children—is often “underestimated and undertreated” when compared to white patients, Kelly M. Hoffman et al. suggest that this behavior is at least partially rooted in “false beliefs about biological differences between blacks and whites” (4296). Tellingly, a significant number of respondents reported believing that people of African descent have blood that coagulates more quickly than the blood of whites, have thicker skin than whites, age more slowly than whites, and have stronger immune systems than whites. Importantly, these biases did not necessarily correspond to explicit or implicit anti-Black attitudes. Whether the inequities surrounding pharmaceutical recommendations revolve around “concerns about noncompliance,” assumptions about Black patients’ poverty and lack of access to health care, or doctors’ inability or unwillingness “to recognize Black patients’ pain” (4298), the evidence presented in the study has disturbing implications for the overall standard of care for people of color in the United States, regardless of class, gender, or age.8

Morrison further addresses the relationship between limited income, insufficient access to healthcare, and psychological distress in the Black community when the child-narrator of The Bluest Eye describes her parents’ and neighbors’ responses to a variety of simple childhood afflictions. Claudia’s naïveté about the financial and racial stressors in her parents’ lives leads to significant misinterpretation. The adults around her are not unfeeling, apathetic caregivers, as she first suspects. When children in her Depression-era community catch colds, she sees the adults “shake their heads in disgust at our lack of consideration. How, they ask us, do you expect anybody to get anything done if you all are sick?” Similarly, when youngsters fall, “cut or bruise ourselves, [the adults] ask us are we crazy” (10). Claudia vomits, and her mother reprimands her for soiling the sheets, asking, “Don’t you have sense enough to hold your head out the bed? . . . You think I got time for nothing but washing up your puke?” (11). Claudia eventually comes to realize that her mother “is not talking to me. She is talking to the puke, but she is calling it my name, Claudia. . . . I do not know that she is not angry at me, but at my sickness” (11). Then, like now, in the days of the COVID-19 crisis, Black parents’ worry about not being able to afford the proper medical care for their families might express itself as rage or anxiety over the loss of income resulting from having to stay home with a sick child. Only twelve states in the United States and the District of Columbia currently require employers to provide sick leave to employees, and only 51% of workers earning $12.80 per hour or less have paid sick leave (Ramírez).9

The Bluest Eye exposes numerous issues facing African Americans in the South and in the North, in rural areas and in urban centers, in the early to mid-twentieth century and in the third decade of the twenty-first, such as insufficient funds to
pay for physicians and medicine, long distances from medical facilities, and demeaning treatment at the hands of white doctors. It seems we have not progressed far beyond the state of affairs in the colonial Americas, when medicines shipped from Europe were prohibitively expensive, creating a financial incentive “to investigate the efficacy of locally used medicinal species and to import those already used . . . elsewhere for cultivation” (Moret 222). Morrison elucidates this turn to the local when Aunt Jimmy’s friends come by her home after she has fallen ill. Their activities and advice reveal a reliance on what is at hand, alternatives to costly or inaccessible institutionalized medicine that include ethnobotanical wisdom and the pluralistic modalities of a hybrid African American culture. Some of the women provide chamomile tea, a conventional herbal remedy; “others rubbed her with liniment” (Bluest 136); one reads Bible verses to her, divulging the critical intersection between body and spirit for many members of the diaspora. The body, the mind, and the spirit are viewed as vital parts of a whole, not separate and distinct as in the European Enlightenment tradition of “cogito ergo sum,” where thinking, rationality, and activities of the mind dictate the measure of one’s existence.

Because the women’s counsel ends up being “prolific, if contradictory”—from “Don’t eat no whites of eggs” to “[d]rink new milk” and “[c]hew on this root”—and is without definitive results, they summon an elderly woman named M’Dear. She is “a quiet woman who lived in a shack near the woods. She was a competent midwife and decisive diagnostician. Few could remember when M’Dear was not around. In any illness that could not be handled by ordinary means—known cures, intuition, or endurance—the word was always, ‘Fetch M’Dear’” (136). As someone beckoned for healing abilities that are beyond the bounds of the “ordinary,” M’Dear is clearly identifiable as a root doctor, and possibly a Hoodoo woman. She is a member of the larger Black community, yet she stands apart: her residence on the edge of the woods symbolizes her position on the edge of society and its social norms. In this way, as Trudier Harris notes, M’Dear is comparable to Aun’ Peggy from Charles Chesnutt’s The Conjure Woman (1899). Most Hoodoo practitioners historically “lived apart from the communities upon which they exert[ed] their power. Rumors about them are an integral part of how they function within their communities, and such rumors are absolutely crucial to the power they wield” (Harris 51).

M’Dear’s walking stick supports notions of potentially supernatural power, as “she seemed to need her hickory stick not for support but for communication.” However, it is unclear whether this communication is with the living or with the spirits of the dead. Furthermore, the absence of an official name—either first or last—might suggest her familiarity and intimacy with the community but simultaneously marks her as outside of the establishment; she does not exist in the US system of records, certifications, and legitimacy of government institutions. M’Dear’s namelessness also contributes to a sense of mystery. Is M’Dear short
for My Dear or Mother Dear? Who are her people? The lack of a surname marks her as unconnected to a family line. One might imagine her springing into being, fully mature, a transcendent individual who “was [never] not around” (Morrison, *Bluest*136).

Morrison also implies the conjure woman’s authority through her physical stature. Over six feet in height with impeccable posture, M’Dear symbolically stands “taller than the preacher who accompanied her,” suggesting a superior position in the community. Christianity and Hoodoo are not represented as at odds but as parts of a cohesive web of care. M’Dear’s imposing presence is enhanced even further by the description of “[f]our big white knots of hair [that] gave power and authority to her soft black face” (136). The hair color marks her age, connoting wisdom; the style, with its two intersecting parts, insinuates an association with African beliefs in the weight of the number four. Adriana Decu identifies the image of a cross in a circle—so memorable from Morrison’s later narrative, *Beloved* (1987)—as the Yowa, or Kongo cross. Also called “the four moments of the sun” (referring to the sun’s position at dawn, midday, dusk, and midnight), the symbol signifies birth, reincarnation, renaissance, and the “mediation of spiritual power” (Decu 104). In other words, Morrison’s attention to detail in depicting M’Dear’s hairstyle can be read as channeling the spiritual power of the root woman and her position as a repository of African traditions.

M’Dear’s proficiency as a diagnostician might seem preternatural to those invested in the superiority of Western science and medicine, but the passage illustrating her investigation into Jimmy’s malady provides a compelling critique of state-sanctioned healthcare today, when doctors frequently rush patients through clinics, urgent care centers, and emergency rooms to meet the demands of schedules packed to (over)capacity. M’Dear performs an exhaustive physical examination of her patient: the length of her body; the temperature of her skin; the condition of her hair and the quality of her scalp detritus; the appearance of her fingernails, the backs of her hands and the flesh of her palms; the sounds coming from her chest and her stomach; the waste from her slop jar. She then pronounces: “Bury the slop jar and everything in it. . . . You done caught cold in your womb. Drink pot liquor and nothing else” (Morrison, *Bluest* 137). Deep knowledge of the human form and its natural processes, coupled with intensive scrutiny—a concentration of time and energy difficult to imagine being given to a poor Black woman by an early twenty-first-century physician, much less an early twentieth-century doctor—result in a diagnosis that nearly saves Aunt Jimmy’s life. However, when a neighbor disregards M’Dear’s advice and brings Jimmy some cobbler, the ailing woman eats a piece and dies the next morning. Is the fact that a sugary dessert leads to the character’s demise Morrison’s subtle warning about the prevalence of diabetes in African American communities? Perhaps, but also important is M’Dear’s verdict that Jimmy’s affliction is one of the uterus.
This diagnosis calls attention to the ways that inequities in medical care for Black women have not improved as much as one might expect, one hundred years later. Even before the pandemic, Black women in the United States—regardless of socioeconomic status—were three to four times more likely to die from pregnancy-related complications than white women.\textsuperscript{13}

*The Bluest Eye* might appear to be directing the reader’s attention to the social, economic, and medical inequities for all African Americans who live below the poverty line, but a close examination reveals that women and girls bear the brunt of the problem. Dr Beth Darnall, a contemporary specialist in pain medicine, observes that across the United States, “People with lower socioeconomic status have poorer health insurance. They have poorer access to healthcare. They work in poorer conditions. They’re forced to prioritize survival over wellness. They have less money to direct to quality food” (qtd. in Pratt). However, while men such as Cholly and his biological father have the ability to flee their circumstances and start again, the female characters often get locked in place by gender norms and domestic expectations. As Morrison exposes the links between poverty, higher mortality rates, and racism in the conversations held after Jimmy’s funeral service, the reader becomes aware that her brother’s geographical mobility seems to have enabled his economic mobility; he has enough to be able to offer to take the now “orphaned” Cholly into “a nice place. Inside toilet and everything” (*Bluest* 142). Contrarily, Jimmy’s home does not have running water.\textsuperscript{14} She possesses nothing to leave to her young charge:

“Not even a pocket handkerchief. The house belongs to some white folks in Clarksville.”

“Oh, yeah? I thought she owned it.”

“May have at one time. But not no more.” (142)

This passage clearly speaks to African American dispossession and disenfranchisement. The phrase “[n]ot even a pocket handkerchie” —a small square of fabric—may be hyperbole, but the house once belonging to Jimmy and now owned by white people alludes to financial distress, the individual loss of property, and the inability of the local Black community to retain wealth and home equity. Aunt Jimmy’s economic health suffers as much as her physical health, strikingly embodied in the fact that the only item of worth she leaves behind is “her four gold teeth” (132).

Obstacles to accessing formal preventative medicine can frequently be gleaned from poor dental health, and Morrison mentions the loss of teeth several times in *The Bluest Eye*. Jimmy seems to have only four of her original thirty-two teeth remaining, and Cholly gets a tooth pulled soon after the traumatic encounter with Darlene and the white hunters. He is supremely conscious of both “the space left” and “the rottenness that had once filled it” (150). Pauline loses a tooth while taking a bite of candy (123), “leaving [only] a ragged stump behind”: “[T]here
must have been a speck, a brown speck easily mistaken for food but which did not leave, which sat on the enamel for months, and grew, until it cut into the surface and then to the brown putty underneath, finally eating away to the root, but avoiding the nerves, so its presence was not noticeable or uncomfortable” (116). This extended metaphor most readily applies to the crumbling relationship between the newly married Cholly and Pauline, but it also encompasses the position in which socially and economically marginalized subjects find themselves when it comes to having no access or alternatives to the US healthcare system. All the factors contributing to health disparities in Black and brown communities must be addressed if social justice is to be achieved in the COVID moment.  

Morrison’s delineation of another Hoodoo practitioner in the novel that immediately follows The Bluest Eye demonstrates the significance of this non-establishment (and significantly female) healing figure in her mental landscape. In Sula (1973), the titular character’s lover, Ajax, is raised by a conjure woman who is introduced as “evil” (126). This nameless individual might appear to be irrelevant—Morrison spends just under three pages on her description—but she deserves much greater attention, especially when considering how Morrison’s writings can promote deeper comprehension of the healthcare crisis during the time of COVID. In an era when some African Americans, cautious about past indignities, unethical scientific methods, and the exploitation of their bodies by medical institutions, have refused to get vaccinated and have been subsequently demonized for this choice, it is productive to ask where lies the line between right and wrong, good and evil. The same can be said for Black subjects who flee the police when pulled over for a crime. Where is the line between criminal behavior and self-preservation? The characterization of Ajax’s mother as “evil” must be similarly interrogated given that Sula continually asks the reader to question simplistic binaries.

One of the key moments in the novel, for instance, occurs when Sula, condemned by her community for numerous perceived offenses, asks a question of her former best friend Nel, whose maiden name, Wright, homonymically symbolizes her role as the perfect embodiment of socially acceptable roles for women:

“How you know?” Sula asked. . . . About who was good. How you know it was you?”
“What you mean?”
“I mean maybe it wasn’t you. Maybe it was me.” (146)

Thus, when Morrison paints Ajax’s mother as a woman dedicated to “the occult” (127), contemporary US audiences might be tempted, but should resist, connecting her activities to Satanic worship, the conjuring of malevolent spirits, revenge, and other forms of violence. The rigid moral dichotomy between good and evil is a central tenet of Judeo-Christian beliefs but was not a part of the religious doctrines held by many (pre-contact) Africans captured during the slave trade.
Hoodoo and other African-based spiritual practices retained these cultural complexities, and Morrison frequently undermines the opposition of good versus evil in her fiction.

Indeed, Ajax notes that his mother “inspired thoughtfulness and generosity in all her sons” (126), and he sits “enchanted” as he listens to her speak. Morrison evokes images of magical spells with the word “enchanted” and then explicitly names mystical powers as Ajax “watch[es] his mother’s magic” (127), but she complicates notions of fantasy when she intimates that her character’s expertise is also rooted in wisdom gained after years of study in her field: “Had she any teeth or ever straightened her back, she would have been the most gorgeous thing alive, worthy of her sons’ worship for her beauty alone, if not for the absolute freedom she allowed them (known in some quarters as neglect) and the weight of her hoary knowledge” (126; emphasis added). Her knowledge encompasses divination and spells, along with medicine and meteorology: “She knew about the weather, omens, the living, the dead, dreams and all illnesses and made a modest living with her skills” (126). This is not just “magic”; Morrison’s use of the word “skills” grants legitimacy to root work.

Sula’s captivation with Ajax—“her real pleasure”—comes from “the fact that he talked to her. They had genuine conversations” (127), an act he learned and practiced at his mother’s knee. Ajax, in turn, thinks of Sula as “possibly brilliant, like his mother,” and his respect allows the protagonist to shine: “[H]e seemed to expect brilliance from [Sula], and she delivered” (128; emphasis added). Sula also reminds Ajax of his mother because the two women share a certain “indifference to established habits of behavior.” This resistance to the social norms of the 1930s United States, particularly heteronormative paradigms, leads Ajax to recognize Sula, like his mother, as “the only . . . woman he knew whose life was her own, who could deal with life efficiently” (127). As Harris notes, this individuality and independence enhances the power each woman wields in the community; however, it also means isolation and alienation. Neither Sula nor Ajax’s mother is fully embraced by the Black community, and outside the Bottom, neither possesses any influence that is recognized by the larger establishment.

While Ajax’s mother is supremely independent, she is not completely autonomous. Morrison’s detailed portrait of the ingredients she needs for her conjure work provides insights about her reliance on her children and store-bought items. Her boys take “joy” in bringing her “the plants, hair, underclothing, fingernail pairings, white hens, blood, camphor, pictures, kerosene and footstep dust she needed, as well as to order Van Van, High John the Conqueror, Little John to Chew, Devil’s Shoe String, Chinese Wash, Mustard Seed and Nine Herbs from Cincinnati” (126). In other words, some of the plants she needs will grow locally, but other herbs and oils must be procured from the big city. This distinction hints at African Americans’ inability to grow their own food and sustain themselves off the land after fleeing slavery and the rural landscapes in the South.15 It also
resonates deeply with the issue of food deserts in contemporary, low-income neighborhoods, a dearth linked to the alarming rates of obesity and diabetes in the Black community. Insufficient consumption of fresh produce has also been tied to weakened immune systems, a determining factor when calculating the risk of infection during the COVID-19 pandemic.

The passage quoted above further alludes to the ways that Hoodoo—a religion that had long been passed down through families and oral traditions in the US South—broke down into distinct, individualized practices in the wake of northern relocations. Ordering supplies from Cincinnati hints at the “snake-oil Hoodoo” that developed in the commercial arena during the Great Migration. Hazzard-Donald points to capitalist interests outside of Black communities that sought to monetize Hoodoo, establishing ways to profit from the knowledge that was once retained only by Hoodoo doctors. Advertising to the masses, this newly “marketeered” Hoodoo sold oils, candles, powders, and packets of herbs to everyone who sought them, diluting a complex religious tradition into “Gypsy palm reading” and spurious herbal remedies (119).

However, Morrison’s detailed list of ingredients indicates Ajax’s mother’s range of skills as a conjure woman. More than an evil witch casting spells or a charlatan selling false hopes, she represents a healer of everything from stomach ailments to gynecological concerns. Little John can be chewed for bad breath and stomach aches, High John consumed for constipation and used in sexual spells, ground camphor mixed with kerosene applied to kill lice, and the roots of the Middle John plant (also known as Devil’s Shoe String) for menstrual cramps. This character represents a type of officer of the law, paid to serve and protect; she is judge and jury, providing the means to penalize a cheating spouse, thief, or malicious neighbor. She is marriage counselor and sex therapist, consultant in times of economic need, and a psychic advisor. The inventory reinforces the notion of the conjure woman as accomplished in both quotidian and mystical matters, even though, because she is an African American subject, poor, and a woman, her knowledge of ethnobotany and human psychology would not have been recognized by the medical establishment of her day. At our present moment in history, however, when extrajudicial violence against BIPOC (Black, Indigenous, People of Color) subjects and uneven COVID death and infection rates have meant emotional trauma on top of corporeal suffering, Morrison’s attention to the intersecting treatment of physical, mental, and spiritual well-being are essential to recognize and apply to future discussions about good health.

The description of Ajax’s mother as a Hoodoo doctor is additionally significant amid these two pandemics because it reflects ongoing assertions of agency by members of the African diaspora and others who struggle within and against the systems that fail to meet their needs. Take, for example, Shawna Murray-Browne’s April 2015 ceremonial burning of sage at the corner of Pennsylvania and North Avenues in Baltimore, Maryland. Her ritual to purify the intersection
after the riots that followed Freddie Gray’s murder was not an isolated act. In the summer of 2016, an Indigenous woman named Josie Valadez Fraire was arrested for smudging sage outside of the Denver Convention Center, where she rallied against Donald Trump’s nomination as the Republican presidential candidate, and protesters burned sage at Baltimore’s City Hall during a June 2020 demonstration against racial violence. Morrison’s novel, published in the early 1970s, allows readers in the present day to witness elements of African cultural traditions unified with Indigenous spiritual customs and find inspiration in that practice. Both traditions have been potent enough to survive into the contemporary moment, providing hope for the ways they can aid in individual and collective recovery efforts despite the hundreds of thousands of COVID fatalities worldwide and the residual effects of infection for survivors. The blend of physical, emotional, and psychological healing also augurs relief for the countless people requiring treatment after the cognitive strain of being faced with the loss of loved ones; their own mortality; survivor’s guilt; lingering fears of contamination and vulnerability; and feelings of isolation, ennui, and depression.

A pivotal character who treats this range of ailments in a thoroughly holistic approach to individual and community health is Pilate Dead, from Morrison’s third novel, Song of Solomon (1977). She definitively meets the criteria for a Hoodoo specialist, although this term is not explicitly assigned to her in the narrative. The Southside community on the shores of Lake Superior believes her capable of wielding supernatural power: folks say she can “step out of her skin, set a bush afire from fifty yards, and turn a man into a ripe rutabaga—all on account of the fact that she had no navel” (94). Even more explicitly than Ajax’s mother, Pilate engages in vernacular healing techniques. As a naturopath, counselor, and protector, Pilate is consulted by Southside’s African American residents to help restore their bodies, hearts, and minds. Moreover, her fundamental role in the narrative shines an even brighter light on Morrison’s captivation with conjure traditions.

Readers of Song of Solomon might be tempted to focus on Circe as the major figure of Black female spirituality in the book—Karla F. C. Holloway and Stephanie Demetrakopoulos, for example, call her “the healer and revealer of truths that Milkman receives direction from” (164)—but Pilate more aptly holds the title of root woman according to several different levels of signification: she has strong ties to her roots (as in ancestors), not just because she carries the bones she believes are her father’s but in her cultural ties to Shalimar and the flying Africans through her retention of the “Sugarman” song. She steers her nephew Milkman’s journey (that is, she directs his routes), suggesting a role highlighted by her name’s homophonic connection to the word “pilot.” Additionally, she has been trained by a root doctor, who “taught [her] a lot” (Morrison, Song 142). This informal instruction enables Pilate to prescribe cherries for her sister-in-law, Ruth, so that she does not “have to wear them little
windows over [her] eyes” (134). She may be uneducated, not knowing the word for “glasses,” but she holds a wealth of ethnobotanical and anatomical knowledge and the capacity to communicate with both the living and the dead.\textsuperscript{21}

Pilate’s folk repository is significantly focused on assisting—and empowering—women in her community. She recommends, for instance, that Ruth eat cornstarch during her pregnancy with Milkman to quell nausea (131) and “to eat what the baby craves . . . ‘less it come in the world hongry for what you denied it” (132). Several months prior, she counsels Ruth on her sexless marriage to Macon: “‘Do you want him?’ ‘I want somebody,’ [Ruth] told her. ‘He’s as good as anybody,’ [Pilate] said. ‘Besides, you’ll get pregnant and your baby ought to be his. He ought to have a son. Otherwise this be the end of us’” (125). In this moment, she is a confidante; she is also a confident and competent seer.\textsuperscript{22} She gives Ruth “funny things to do. And some greenish-gray grassy-looking stuff to put in his food” (125).\textsuperscript{23} When Macon discovers his wife is pregnant, he orders her to abort the fetus. He later forces her to drink castor oil, sit on “a hot pot recently emptied of scalding water,” and endure “a soapy enema” and “a knitting needle” before punching her in the stomach (131). Like his sister, he possesses an abundance of vernacular wisdom, although he denigrates the folk and uses these practices for destructive purposes. Pilate helps Ruth to “stand him off,” thus embodying not only a healthcare provider and therapist but an officer of the law. She provides the spells (such as the doll with a chicken bone between its legs and red circle painted on its belly) and the strength Ruth does not believe she herself possesses. “I wouldn’t have been strong enough without her. She saved my life. And yours, Macon [Milkman]” (125–26). As a root worker, Pilate participates in actions that are life-affirming and promoting: fertility treatments, pre-natal care, counseling, “catchin’ babies,” and protecting women from domestic violence. Once again, Morrison’s writing urges readers to acknowledge the range of healing modalities needed for proper healthcare, nearly one hundred years after these scenes are set.

Significantly, Ruth has not been raised in the Hoodoo tradition and has been taught to idealize Eurocentric institutions of medicine, higher learning, and her father’s position as one trained in and fully embracing the dominant culture. Despite this mainstream influence, she comes to recognize her sister-in-law’s authority. She describes Pilate not as a “witch” or as a “conjure woman” but “like a doctor, like a chemist doing some big important scientific experiment” (125). Morrison’s word choice illuminates tactics for decolonizing ideologies that pit biomedicine, pluralistic health practices, non-Western belief systems, and folk modalities against Eurocentric “advances” in “science.” It is critical to note that although Ruth’s father was a prominent figure in the community during his lifetime, he was never granted hospital privileges, and even as members of the elite class, he and his daughter were prohibited from being treated there. Dr. Foster’s family (and Macon Dead’s family, up until the birth of Milkman)
thus bears a frightening resemblance to African American populations of today, in that race can play more of a role than class in access to healthcare. As Song of Solomon opens, readers learn that the segregationist practices of 1931 Michigan prevent Black patients—rich or poor—from admittance: Ruth becomes “the first colored expectant mother ... allowed to give birth inside [Mercy Hospital’s] wards and not on its steps” (4–5). Regardless of how stylish she is in her “neat gray coat with the traditional pregnant woman bow at her navel ... [and] four-button ladies’ galoshes” (5)—an outfit demonstrating that she has enough money for maternity clothes in the latest style and elegant boots to protect more fashionable shoes—racial discrimination prohibits her from accessing the same level of medical care as her white neighbors. In the United States today, Black patients might be able to gain entry to reputable hospitals for treatment, but this is no guarantee that they will be cared for by medical professionals who treat them with unbiased respect and dignity (much less look like them and understand their cultural references and practices). A 2020 study on race-adjusted diagnostic algorithms reveals as much: researchers detail how the race-based evaluative measures used in US hospitals and medical practices frequently lead to greater physician attentiveness to white patients with identical test results to Black patients and, subsequently, additional medical resources and procedures applied to white patients than people of other racial and ethnic groups (Vyas et al.).

At the turn of twenty-first century, the National Academy of Medicine pledged to work towards “increasing racial and ethnic diversity among health professionals ... [since such diversity] is associated with improved access to care for racial and ethnic minority patients” (Morris et al. 1661). However, while the number of women of African descent enrolled in US medical schools has increased (slightly) over the decades—from 3.6% of the national medical student body in 1978 to 4.4% in 2019—the 2019 figure still falls short of proportional population numbers in the national census. The statistics are starker for men of African descent, who comprised only 2.9% of the total medical student population in 2019, a decrease of 0.2% since 1978. 24

As Jenny Luke argues, little scholarship exists about the kinds of healthcare non-establishment practitioners such as Black midwives, Hoodoo doctors, and conjure women have provided, and how their roles have changed—and continue to evolve, particularly in the 2020s amid the pandemic—as local and federal healthcare structures adapt but still frequently fail certain communities. She pushes for the reincorporation of elements of discarded care models into “official” healthcare practices. Convincing many US residents of the value of these abandoned modalities will be difficult, however, as they do not meet ingrained notions of what “progress” and “science” look like. Contemporary cultural fixations on wealth and status also create certain hindrances. Medical experts are supposed to be affluent, and Morrison’s depictions of Hoodoo women suggest that material possessions are anathema. Ajax’s mother in Sula and M’Dear in
The Bluest Eye are both described as living in shacks, and Pilate resides in a “lean brown house”—only two rooms—on an unpaved road, without a phone or a number on the building (Morrison, Song 131). This apparent poverty seems significant given what seems to be a reasonably large clientele (M’Dear for midwifery, Ajax’s mother for Hoodoo, and Pilate for bootleg liquor). The housing arrangements imply that these women strive for a higher purpose; Morrison also posits, however, that their skills are not sufficiently valued, in a monetary sense. Readers must question whether these rundown, out-of-the-way residences are solely signs of dedication to and communion with working-class and impoverished communities or if they also signify the lack of status these women possess in mainstream society, even among their own people.

We cannot let the continued devaluation of Black people’s bodies, culture, and knowledge that has come to light so vividly during the COVID-19 crisis carry on into the future. Morrison’s fiction features powerful root-working women, midwives, and healers who not only help contemporary audiences see healthcare disparities as clearly linked to race, complexion, gender, socioeconomic status, and age but also envision practices connected to African traditions as valuable, viable acts of resistance and sustenance. M’Dear, Ajax’s mother, and Pilate Dead are joined by Fairy, Lone, and Consolata from Paradise (1998); Marie Thérèse from Tar Baby (1981); and the women of Lotus, Georgia, in Home (2012), who heal Ycidra Money after her abuse at the hands of a member of the white medical establishment. Looking at them together prompts an analysis of Morrison’s work beyond the “transformative” and “empowering,” allowing readers to understand the intricate web of medical injustices against marginalized members of US society. Morrison’s writing conjures the conjure woman, not as the essence of magical power, but as a very real, very human medical practitioner—one who can be celebrated and trusted but also doubted, feared, and alienated, and one who can cure with efficiency and effectiveness but also misdiagnose and fail to save every client, just as in any other healing tradition, including Western medicine. Looking to the past, and to fiction for its ability to humanize numbers and evoke emotions beyond those generated by statistics, can be crucial in the fight to rectify this set of interlocking oppressions that stigmatize Black women and their knowledge—including the syncretic, vernacular healing practices that could potentially ease the health crises facing contemporary society.

Notes

1. For example, Adriana Decu, La Vinia Delois Jennings, and K. Zauditu-Selassie each illuminate positive depictions of African beliefs and customs in Morrison’s work; Trudier Harris and Manuela López Ramírez investigate the author’s use of folklore and myth, arguing for the ways she rewrites conventions to communicate women’s strength and subvert constrictive ideals of the
feminine; Kameelah L. Martin illustrates how Morrison’s portrayals of spirit work and Hoodoo undermine Western binaries of virtuous Christians and evil practitioners of conjure; Karla F. C. Holloway and Stephanie A. Demetrakopoulos discuss Morrison’s emphasis on the authority of the aged.

2. Yvonne Chireau elaborates on this issue in Black Magic: Religion and the African American Conjuring Tradition (2003), arguing that although the spread of Christianity through African American communities, particularly the espousal of the doctrine of sin and concept of Christ as Savior, contributed to the decline of “pure” African practices in the United States, “[v]ariations in African rituals and belief . . . endure[d] among American blacks because they offered power to their practitioners, because they were meaningful, and because they came to meet essential needs” (54). I attribute the same process to the ascendency of government-certified institutions, physicians, and pharmaceuticals: these might have decreased Black communities’ reliance on African cures and treatments, but many survived, albeit in hybridized forms.

3. Katrina Hazzard-Donald identifies the elements of African religion as ancestor worship, spirit possession, a belief in spirits as a possible cause of disease, herbal and naturopathic remedies, divination, the principle of sacrifice, ceremonial immersions in water, and counterclockwise circle dancing as part of significant rituals. Susan McClure’s ethnobotanical research in the 1970s and 80s is also noteworthy for its articulation of African contributions to the healing systems throughout the Americas; she documents how practitioners of “various African-influenced religions, secret societies, and cults use plants for a combination of medicinal, ritual, ceremonial, culinary, poisonous, and other uses” (Moret 219).

4. One of the earliest references to such a bag of herbs in African American literature can be found in Narrative of the Life of Frederick Douglass: An American Slave (1845), when Douglass, the epitome of logic and reason, describes being impressed by friend and “old adviser” Sandy into carrying a “certain root . . . always on my right side” to avoid getting whipped (80). Douglass wears the root during the physical altercation with overseer Mr. Covey. (Christopher S. Lewis explores the significance of root work in slave narratives in greater depth.) In more recent literature, an Antigua Obeah woman in Jamaica Kincaid’s Annie John (1983) comes to light candles, burn incense, and pin “a little black sachet, filled with something that smelled abominable, to the inside of my nightie” during the protagonist’s serious illness near the end of the book (117). In the last chapter, although Annie is not given an actual gris-gris bag as protection for her voyage away from the Caribbean, her mother has sent her underclothes to the same Obeah woman, who conjures them to “help protect me from evil spirits and every kind of misfortune.” Annie notes their distinctive odor—“smelling funny” (134)—linking the second incident to the first.
5. It is believed that a newborn’s soul has nine days to decide if it will stay on earth, in the child’s body, or return to the spiritual realm. For this reason, parents do not name infants until the ninth day. Similarly, bodies are not buried until “Nine Night”: after an individual’s death, families, friends, and neighbors feast and toast to the deceased for nine nights, giving the spirit a proper send-off.

6. The “cooling teas” studied possessed measurable levels of “bioactive” properties, such as being “antioxidative, antihypertensive, anti-inflammatory, antiproliferative, and anti-thrombogenic” (Peter 286).

7. “Adjusted for age differences, . . . Indigenous, Black and Latino Americans [were] at least 2.7 times more likely to die than their White neighbors” (Egbert and Liao).

8. More studies assessing African American patients’ myriad relationships to the medical establishment are needed. Regardless of income, some avoid seeking care to avert racial microaggressions (and macroaggressions); others cite past medical/scientific abuses against African American subjects (for example, the gynecological research of Dr J. Marion Sims, the Tuskegee Syphilis Experiment, the US military’s clandestine testing of mustard gas on Black soldiers during World War II, and the Henrietta Lacks case). Najarian Peters employs the term “rational distrust” to describe this behavior.

9. Claudia’s initial miscomprehension notably parallels the unwitting but still painful judgments inflicted on low-income African American patients by healthcare workers who fail to understand the social determinants that can contribute to poor health, such as living in food deserts, crowded or deteriorating housing conditions, exposure to environmental hazards, the trauma of racism, and cultural relationships to food and body size.

10. Manuela López Ramírez similarly notes: “According to African beliefs, spirituality is linked to the wild” (112). Eddie S. Glaude, Jr. also links woodland residences with an ability to access transcendental realms.

11. Additionally, the preacher drives M’Dear to Aunt Jimmy’s house in his buggy, and then carries her home again when she is finished. His ownership of a vehicle represents greater economic status, but his role as a type of chauffeur intimates M’Dear’s formidable social status.

12. Morrison articulates an often unrecognized power in all of the elderly Black women in the community: “They were through with lust and lactation, beyond tears and terror. They alone could walk the roads of Mississippi, the lanes of Georgia, the fields of Alabama unmolested” (Bluest 139).

13. The Centers for Disease Control and Prevention (CDC) identify the rate as three times more likely on their webpage “Working Together to Reduce Black Maternal Mortality” (2021); however, a 2019 study by Emily E. Petersen et al. notes that the pregnancy-related mortality ratios for Black and Indigenous women aged thirty years and older was actually four to five times greater than
their white counterparts. Jenny Luke cites the Sheppard-Towner Maternity and Infancy Protection Act of 1921 as the first attempt by the US government to combat high maternal and infant mortality rates in the nation. She compellingly questions why, a century later, researchers and policy makers must repeatedly reassess—without finding adequate solutions—a medical system in which Black women suffer these unequal rates of maternal mortality.

14. This detail is significant for reading Morrison’s work during the coronavirus crisis, since a scarcity of water for handwashing heightens the risk of contracting diseases such as COVID-19. Purvis Lively argues that for Navajo communities, inadequate access to reliable running water and other infrastructure disparities have influenced the tragic outcomes for Indigenous patients during the pandemic.

15. The heart of *Sula* (1973) begins in 1919, a peak year in the Great Migration, but opening pages describe an earlier moment, when the Bottom’s founding father, an enslaved man, is tricked into taking “hilly land, where planting was backbreaking, the soil slid down and washed away the seeds” (5).

16. I am indebted to doctoral student Christopher Peace for teaching me about this history.

17. Researching the other items on the list reveals that Nine Herbs may be a reference to the “Nine Wort Charm”—a blend of mugwort, betony, plantain, chamomile, nettle, thyme, and fennel—recorded as early as the tenth century in the *Lacnunga* [Remedies] as protection against disease. Mustard Seed is promoted in contemporary naturopathic medicine as an anti-inflammatory, anti-fungal, and anti-bacterial agent. Both fortify the reading of Ajax’s mother’s skills as a provider of medical care (although Zora Neale Hurston distinguishes White Mustard Seed—a protective agent—from Black Mustard Seed—an ingredient “causing disturbance and strife”—in *Mules and Men* [1935] [278], alluding to the supernatural more than the physical).

18. In *Mules and Men*, Hurston lists candles washed with Van Van as part of a ritual “to make a man come home” (276), indicating the conjure woman’s role as healer of relationships. Hurston also identifies this blend of lemongrass oil and grain, mentholated, or wood alcohol as an effective generator of “luck and power of all kinds” (277), suggesting Hoodoo practitioners’ roles as life advisors and changers of fate.

19. Despite, or perhaps because of, all the services that Hoodoo doctors provided for their communities, they were targeted by forces in the dominant culture. In 1951 Memphis, Tennessee, for example, a Hoodoo woman named Bell Gillum was arrested when an undercover officer requested her services and then charged her with practicing medicine without a license (Kail). In the present day, root doctors are seldom endorsed, if even acknowledged, in Western medicine.

20. Bonnie Blair O’Connor notes that a growing segment of the US population participates in an assortment of “folk and popular healing modalities” (xv).
She cites a number of factors contributing to the shift to as many as “one in every three Americans” using supplemental and alternative practices:

[P]ublic demands for a broadening range of participatory rights in the clinical relationship; legal recognition of patients’ rights to self-determination in acceptance or rejection of medically recommended treatments; the changed profile of health problems in the population at large; rapid technological innovation and its attendant ethical dilemmas; the recent and burgeoning corporatization of health care; and the increasing ethnic diversity and multiculturalism in American society, to name but a few. (161–62)

O’Connor marks the 1980s and ’90s as a key moment in the rising tide of public disaffection with conventional Western medicine, but this range of modalities has existed in African American communities for centuries.

21. I have always been intrigued by Morrison’s account of her character’s desire to stay with the community of migrants to which her tutor belongs. She has sex with a teenage boy who is a relative of the root worker, but her initial impulse is to remain with the group because of this woman she “took to” (Song 142). Is the attraction that of a mother-figure, a teacher, or a lover? Lewis traces the nonnormative sexual expressions of conjure women and root men in his recent work on antebellum slave narratives, arguing that the writers of these texts “often disavow the gender and sexual queerness that white slave-holding society associated with Africana religions in order to frame themselves, in opposition, as examples of black gender, sexual, and religious propriety” (113).

22. Pilate’s abilities to visualize the future (or merely her exceptional skills as a midwife) are alluded to in the first pages of the novel, when she approaches a visibly pregnant Ruth on the steps of “No Mercy” Hospital and accurately predicts: “A little bird’ll be here with the morning,” not too soon, as calculated by conventionally trained doctors, but “Right on time” (Morrison, Song 9).

23. The “funny things” include mixing rainwater with the grey-green powder before adding it to Macon’s meals. The rainwater suggests Pilate’s faith in the elements and nonhuman natural world, as does the “grassy”-ness of the compound (Morrison, Song 125).

24. These statistics only represent the number of students matriculated in medical schools, not those who have completed their programs, passed the board exam, and been hired for practice. According to the Association of American Colleges, a mere 5% of active physicians in the United States in 2018 identified as Black (“Diversity”).

Works Cited

Centers for Disease Control and Prevention. “Working Together to Reduce Black Maternal Mortality.” Health Equity, 9 Apr. 2021, www.cdc.gov/healthequity/features/maternal-mortality/index.html.
Chesnutt, Charles. *The Conjure Woman*. 1899. U of Michigan P, 1969.

Chireau, Yvonne P. *Black Magic: Religion and the African American Conjuring Tradition*. U of California P, 2003.

Decu, Adriana. “African Beliefs and Christian Clichés in Toni Morrison’s Work.” *Revista Bibliotecii Nationale a României*, vol. 20, no. 2, 2014, pp. 104–08. ProQuest, www.proquest.com/scholarly-journals/african-beliefs-christian-clichés-toni-morrison/docs/docview/1892738967/se-2?accountid=14556.

“Diversity in Medicine: Facts and Figures 2019.” AAMC, 1 July 2019, www.aamc.org/data-reports/workforce/interactive-data/figure-18-percentage-all-active-physicians-race/ethnicity-2018.

Douglass, Frederick. *Narrative of the Life of Frederick Douglass: An American Slave*. 1845. Signet, 1968.

Egbert, Andi, and Kristine Liao. “The Color of Coronavirus: 2020 Year in Review.” *APM Research Lab*, 21 Dec. 2020, www.apmresearchlab.org/covid/deaths-2020-review.

Glaude, Eddie S., Jr. *Exodus!: Religion, Race, and Nation in Early Nineteenth-Century Black America*. U of Chicago P, 2000.

Harris, Trudier. *Fiction and Folklore: The Novels of Toni Morrison*. U of Tennessee P, 1993.

Hazzard-Donald, Katrina. *Mojo Workin’: The Old African American Hoodoo System*. U of Illinois P, 2013.

Hoffman, Kelly M., et al. “Racial Bias in Pain Assessment and Treatment Recommendations, and False Beliefs about Biological Differences between Blacks and Whites.” *PNAS: Proceedings of the National Academy of Sciences of the United States of America*, vol. 113, no. 16, 19 Apr. 2016, pp. 4296–301. PNAS, doi.org/10.1073/pnas.1516047113.

Holloway, Karla F. C., and Stephanie A. Demetrakopoulos. *New Dimensions of Spirituality: A Biracial and Bicultural Reading of the Novels of Toni Morrison*. Greenwood P, 1987.

Hurston, Zora Neale. *Mules and Men*. 1935. Harper Perennial, 1990.

Jennings, La Vinia Delois. *Toni Morrison and the Idea of Africa*. Cambridge UP, 2008.

Kail, Tony M. *Stories of Rootworkers and Hoodoo in the Mid-South*. The History P, 2019.

Kincaid, Jamaica. *Annie John*. Plume, 1986.

KMOV Staff. “Man Visited ER 3 Times Before Dying in Mo. Hospital Parking Lot, Family Says.” KMOV Black Hills FOX, 1 Feb. 2021, www.blackhillsfox.com/2021/02/01/man-visited-emergency-room-3-times-before-dying-in-mo-hospital-parking-lot-family-says/.

Lewis, Christopher S. “Conjure Women, Root Men, and Normative Visions of Freedom in Antebellum Slave Narratives.” *Arizona Quarterly: A Journal of American Literature, Culture, and Theory*, vol. 74, no. 2, Summer 2018, pp. 113–41. Project MUSE, doi:10.1353/arq.2018.0011.
López Ramírez, Manuela. “Ícaro y Dédalo en Song of Solomon de Toni Morrison.” *Journal of English Studies*, vol. 10, 2012, pp. 105–29. Semantic Scholar, doi: 10.18172/jes.183.

Luke, Jenny M. *Delivered by Midwives: African American Midwifery in the Twentieth-Century South*. UP of Mississippi, 2018.

Martin, Kameelah L. *Conjuring Moments in African American Literature: Women, Spirit Work, and Other Such Hoodoo*. Palgrave Macmillan, 2013.

Moret, Erica S. “Trans-Atlantic Diaspora Ethnobotany: Legacies of West African and Iberian Mediterranean Migration in Central Cuba.” *African Ethnobotany in the Americas*, edited by Robert Voeks and John Rashford, Springer, 2013, pp. 217–45. ProQuest Ebook Central, ebookcentral.proquest.com/lib/ku/detail.action?docID=994120.

Morris, Devin B., et al. “Diversity of the National Medical Student Body—Four Decades of Inequities.” *The New England Journal of Medicine*, vol. 384, no. 17, 29 Apr. 2021, pp. 1661–68. NEJM, doi:10.1056/NEJMsr2028487.

Morrison, Toni. *Beloved*. 1987. Plume, 1994.

—. *The Bluest Eye*. 1970. Plume, 1994.

—. *Song of Solomon*. 1977. Vintage International, 2004.

—. *Sula*. 1973. Plume, 1982.

O’Connor, Bonnie Blair. *Healing Traditions: Alternative Medicine and the Health Professions*. U of Pennsylvania P, 1994.

Peter, Sonia. “Medicinal and Cooling Teas of Barbados.” *African Ethnobotany in the Americas*, edited by Robert Voeks and John Rashford, Springer, 2013, pp. 285–308. ProQuest Ebook Central, ebookcentral.proquest.com/lib/ku/detail.action?docID=994120.

Peters, Najarian. “Privacy Law and Medical Ethics.” Honors 310: Marginalized Bodies and “Medicine” in Literature and Art, 13 Apr. 2021, University of Kansas, Lawrence.

Petersen, Emily E., et al. “Racial/Ethnic Disparities in Pregnancy-Related Deaths—United States, 2007-2016.” *Morbidity and Mortality Weekly Report* 68, Sept. 2019, pp. 762–65, doi.org/10.15585/mmwr.mm6835a3.

Pratt, Elizabeth. “Chronic Pain Striking Middle-Aged Americans with Less Education—Here’s Why.” *Healthline*, 23 Sept. 2020, www.healthline.com/health-news/chronic-pain-striking-middle-aged-americans-with-less-education-heres-why.

Purvis Lively, Cathy. “COVID-19 in the Navajo Nation without Access to Running Water: The Lasting Effects of Settler Colonialism.” *Voices in Bioethics*, vol. 7, Mar. 2021, doi.org/10.7916/vib.v7i.7889.

Ramírez, Mariana. “COVID’s Impact on Kansas City Area Minority Communities.” Confronting Health Challenges in the Americas, Waggoner Research Colloquium and KU Center for Latin American and Caribbean Studies, 13 Nov. 2020, University of Kansas, Lawrence.
Vyas, Darshali A., et al. “Hidden in Plain Sight—Reconsidering the Use of Race Correction in Clinical Algorithms.” The New England Journal of Medicine, vol. 383, no. 9, 27 Aug. 2020, pp. 874–82. NEJM, doi:10.1056/NEJMms2004740.

Zauditu-Selassie, K. African Spiritual Traditions in the Novels of Toni Morrison. UP of Florida, 2009.