

## Can The Subaltern Mourn?

### A Hysterectomy Narrative

By Nicole Wilson

There is something eerily humbling about having your uterus, fallopian tubes, and cervix extracted at the same hospital where your first child was born 17 years earlier. Even the nurse's wheeling my bleeding body to my car felt stranger the second time around, but much like my first discharge from Christus St. Joseph's Hospital, I sat upright in the wheelchair, clutched my stomach, and I closed my eyes trying to conjure memories of the event.

"I'm sorry, I did not hear your question," the nurse stated.

I managed to respond, "It hurts."

She replied, "Yes, your tummy will be sore for a few days. The good news is that your pain medicine is ready for pickup." Such an attentive nurse she was. But she misunderstood my pain: minutes before surgery, I discovered that my gynecologist would not only remove my uterus as she had previously explained, but she would also take my cervix due to family cancer history. As the nurse wheeled me over the threshold, I traced the discrepancy.

"Wilson," my gynecologist said, "Okay. You will have hysterectomy today. I will remove that uterus with many, many fibroids. That causes so much bleeding, right?"

He said, "Hi, I am the anesthesiologist and will minimize pain." Reading from my medical chart he continued, "Wilson. 38. Black female. Fibroids. Heavy Bleeding. Total Abdominal Hysterectomy. Removing uterus, fallopian tubes, and cervix."

"Cervix?" I questioned.

"Removing uterus, fallopian tubes, and cervix" he reiterated.

As we neared my car, I looked up at the nurse wondering if she too learned the function of the cervix in her tenth grade Biology class. The very knowledge I would have gained if only my class had not accepted Coach S's deal to skip the unit on female anatomy and remain quiet while he studied for his education administration exam. If she had attended schools with high turnover and teachers racing to leave the classroom for administrative promotions, I wondered what she would have done to learn what it means to lose your cervix. Would she also have cried in the wee hours of the morning upon learning the connection between the cervix and intense vaginal orgasm? And would her tears also reflect a deep confusion about all the "woman strong" conversations she'd shared over the years, and the presumed camaraderie, with a gynecologist who never explained that one thing. Yes, it hurts.

Two years since my total abdominal hysterectomy, I now understand that it is not simply the memory of having a total abdominal hysterectomy at age 38 that forces me, a writing instructor, to rely on the written word to soothe my pain. It is not simply the ritual singeing, ripping, and marking of my flesh that maps liminality onto my gendered, Black, Southern, and working-class body and makes me take cover in imagery and metaphor. It is also my ability to read those ways complex healthcare infrastructures and public health discourses dehumanize bodies like mine. Ironically, my body is sometimes located in political and historical rhetorics that invent people undeserving of quality healthcare. At times it appears in the revised Reaganomics grammar of welfare queens. And sometimes, other women of color use my body to determine the measure of their citizenship. “Get back fat black woman!”

Parsing the narrative of my total abdominal hysterectomy reminds me of why the subaltern mourns and how the subaltern survives the very moment our reproductive rights/rites are foreclosed. Though my hysterectomy narrative outs my peculiar body that presents without a uterus, fallopian tubes, and cervix, my body talks back. It mirrors conflated discourses of gendered working-class Blackness with rhetorics of contemporary healthcare policy and praxis. It reveals that my flesh remains captive; my body does not matter. My femininity is always-already nonexistent.

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**Nicole Wilson is a Texas A&M University PhD candidate. She studies how working-class Black women academics construct their online identities and conceptualize their work as a form of online activism.**

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