Marcus Mosley // At the last session of the Tuskegee Negro Conference in 1914, Booker T. Washington spoke out about distressing recent statistics that said "45 percent of all deaths among Negroes were preventable; there are 450,000 Negroes seriously ill all the time; the annual cost of the illness is 75 million dollars; that sickness and death cost Negroes annually 100 million dollars" (Patterson 13). Washington believed that the economic success of blacks was dependent upon their health, and in 1915 he launched National Improvement Week, aimed at teaching black people what they needed to do to improve their health (Quinn and Thomas 45). This week eventually became known as the National Negro Health Week (NNHW), managed by the Tuskegee Institute. The Institute published an annual *Health Week Bulletin* that contained important information such

as the objectives for the week, a list of organizations to collaborate with, and a suggestion of daily activities (Quinn and Thomas 45). Interestingly, in seeking wider involvement, the *Bulletin* turned at first not to health professionals, but to ministers.

One of the reasons the NNHW reached out to ministers first was simply because there were more black ministers than black health professionals, and religion and the church were already embedded in everyday black life. The *Christian Recorder*, the oldest existing periodical published by African-Americans, asked its ministers to attack the "fallacy about [how] people 'must die when their time comes'… putting the responsibility of all their deaths upon the Lord, saying 'the Lord giveth and the Lord taketh away'" ("Observe Health Week"). Instead of this fatalistic and pre-deterministic belief, the journal encouraged ministers to find scriptures that emphasized self-agency and the importance of a healthy lifestyle, such as, "Know ye not that your bodies are the temple of the Holy Ghost" ("Observe Health Week"). This scripture—"Or do you know that your body is a temple of the Holy Spirit within you, whom you have from God? You are not your own" (ESV, 1 Corinthians 6:19)—occurs in the context of Paul arguing to the church of Corinth that church members need to refrain from sin, specifically sexual immorality, because their bodies are temples where the Holy Spirit resides. Ministers were particularly interested in promoting self-discipline, a value Washington also imposed on those at his institute:

Washington's well-known iron-fisted control focused on the most minute details of the institute and its citizens' daily lives, down to his supervision of tooth brushing and his weekly exhortations at chapel about behaviors. Policing of his students' black bodies was critical to his effort to obtain what one critic calls the 'recuperation of dirt' and the maintenance of "self control," which led to 'politicizing the domestic to gain social control.' (Reverby 15-16)

This ministerial narrative of self-discipline in health, implied in the messaging that "your body is a temple," arose from religious leaders' assumed moral authority. But this moralizing extended beyond the ministry, as the medical establishment itself has historically cast bodily health as a moral issue. As Samantha Murray argues in *The 'Fat' Female Body*, "bodily maintenance" is a "visible signifier of morality" because health is linked to the illusion of choice (72): "[D]isciplinary medicine relies on the illusion of personal choice for all individuals, whereby each feels they freely choose to take up medical directives relating to 'healthy' lifestyles" (Murray 22). The phrase "Your body is a temple" has also been appropriated in modern medical contexts, bringing the personal choice discourse of medicine to bear on religious morality.

In this piece, I want to argue for a reframing of what I call the "your-body-is-a-temple imperative," as articulated by Washington and his followers in NNHW, from an individualistic endeavor to a collective one that acknowledges external factors such as politics, institutional racism, and lobbying groups. I argue for a reframing of the language instead of complete disregard for it, because Christianity still plays a pivotal role in the black community and thus can be empowering for individuals while also promoting social justice. Moreover, scripture itself does not refer to an

isolated and impermeable temple, but rather to a temple that is metaphorically collective in nature, and literally dependent on finances and the current politics of the day.

Under the imperative as it has been traditionally interpreted, not being "healthy" is construed as a sin, which would "grieve" the Holy Spirit (Eph. 4:30), but this is theologically problematic. It is not one's physicality that grieves the Holy Spirit; a person's status as a "temple" is not dependent on their physicality, since it is the state of the soul that counts. In addition, in its original context, the "body is a temple" metaphor does not refer exclusively to individual Christians, but simultaneously refers to Christians collectively — the Church. Meanwhile, if we consider the temple as a literal establishment rather than just a metaphor, it is impossible to separate from politics and finance. The First Temple was constructed under the reign of King Solomon using the "abundance" of materials his father, King David, left after his death (1 Ch 22:14; 29:4, KJV). In addition to those supplies, Solomon entered into a business contract with Hiram II, King of Tyre, for other supplies (e.g. timber from the Lebanon forest). In other words, intergenerational wealth and financial relationships were crucial in building the First Temple. Moreover, the impact of structural forces did not end with the building's construction. The First Temple was pillaged many times and eventually burned by Nebuchadnezzar, the King of Babylon, and the Second Temple was reconstructed in its place under Zerubbabel, the governor. It stood for about five hundred years, and due to "natural decay as well as from the assaults of hostile armies," needed to be rebuilt; the reconstruction was destroyed again by the Romans (Easton). The impingement of hostile armies on the sanctity of the temple can be compared to modern-day forces like institutionalized racism, that aim to destroy both the individual body-as-temple and the collective body and power of minority groups.

Despite the Scriptures providing a nuanced meaning to the your-body-is-a-temple imperative, Washington and his followers interpreted this imperative in a very literal and individualistic manner. The NNHW and the *Christian Recorder*'s interpretation did not address the intersectionality of socioeconomic status and the ways in which blacks were institutionally barred from certain jobs, in addition to not examining the practice of sharecropping, which continued until the 1950s and prevented blacks from accumulating wealth and passing it on to their children. Rather than recognizing that there are systemic and external forces contributing to health disparities, National Negro Health Week's establishment of a "separate public health movement focused on rural African-Americans" "singled out African-Americans and, to a certain extent, perpetuated mainstream racial stereotypes in its efforts to address and intervene on health disparities" (Constantellos 38). On top of not addressing any systemic problems like access to health services, the NNHW legitimized racial stereotypes by emphasizing cleanliness, personal hygiene, beautification projects, and other aspects that were superficial at best and irrelevant at worst, in order to refute the idea that blacks could not exercise self-control and self-discipline. This mode of self-surveillance and self-discipline was a way of appeasing white wealthy benefactors by showing them that, contrary to stereotype, blacks could take care of themselves, and that black communities were worthy of investment. Washington's philosophy in many ways allowed the status quo underlying these stereotypes to remain.

Furthermore, because the NNHW and its apparatus did not focus on systemic issues, this same apparatus that was well-devised to organize people and disseminate health information played a role in racial violence conducted by the U.S. government. The growth of the NNHW movement paralleled that of the United States Public Health Service (PHS), as PHS was establishing the Division of Venereal Disease in 1918 (Castellanos 24). Many of the physicians who worked in the Division of Venereal Disease were trained in medical school using a eugenics approach to explain health disparities and "disease manifestations." This group included Dr. Thomas Parran, the Surgeon General from 1936 to 1948, who supported the PHS campaign against syphilis:

Despite evidence supporting socioeconomic factors as explanations for the prevalence of disease in African-Americans, and despite his efforts to move away from the 1930s' moralized conception of these diseases in the broader population, Parran… held the view that the African-American race was inherently different when it came to infectious disease. (Castellanos 27)

Washington played into such beliefs by having blacks *prove* that there was not something inherent leading to their poor health, and that they could be self-disciplined and improve themselves. Thus, it seems very feasible that "the PHS, without much cognitive dissonance… [could] address African-American venereal disease through the public health and education efforts of the National Negro Health Week as well as through the notorious Tuskegee Syphilis Experiment" (Castellanos 26). That experiment, in fact, encapsulates the notion that disciplinary medicine relies on the illusion of choice and personal autonomy embedded in the NNHW's messaging. The men enrolled in the study were arguably treating their bodies as temples by getting treatment for what they called "bad blood." But the medical establishment's restrictive understanding of the your-body-is-a-temple imperative occluded systemic and external forces like economic pressure and institutional racism that put pressure on their choice to participate. Lured by the promise of free medical exams, meals, and burial insurance, the men in the study who struggled to afford these things otherwise were literally under an illusion, as they were not properly informed as to the true nature of the study.

So, where do we go from this limited body-as-temple framework, knowing how pernicious it has been historically? How can black people be empowered to lead healthy lives in our current social environment, where institutional racism persists and scientists are re-debating in major news publications if blacks and whites have different biology? Although Michel Foucault tells us that there is no escaping biopower, he does tell us that, "power is never monolithic. For a regime of power to persist, millions of what he [Foucault] calls 'capillary' relationships must persist unchanged—that is, they must repeat themselves—from day to day. And there is always the chance that they won't" (McWhorter 79). From racial segregation to redlining to white flight, the environments in which certain people live are not coincidental. It is not a coincidence that wastewater treatment plants are in predominantly low-income neighborhoods with black and brown people. The Flint water crisis is not a coincidence. It is not a coincidence that there are more liquor stores available in poor black areas. It is not a coincidence that there are more tobacco advertisements in low-income neighborhoods that are predominantly black. It is not a coincidence that many African-Americans mistrust those in the healthcare profession. It is not a coincidence

that certain neighborhoods are food deserts. To ignore these realities and tell an individual that their body is a temple is to place that individual in a precarious place, where they might believe something is wrong with them morally because they cannot lose weight or achieve a certain health goal. But if we acknowledge the systemic forces and the collective partnerships that underlie the true meaning of "your body is a temple" (as conceived in the original Scriptural context), perhaps individuals will be more motivated to collaborate with other people in their community. Starting a community garden or developing a farmer's market in the middle of a food desert, for intstance, are ways of ensuring that those capillary relationships between environment and bodily health do not remain unchallenged.

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Image source: NNHW historical images, courtesy of the University of Maryland's Center for Health Equity

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