

# Documenting Prejudice and Abjection: Racism in Anna Deavere Smith's *Let Me Down Easy*

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**Abstract**—Anna Deavere Smith's *Let Me Down Easy* (2008) is more than just a play; it is a social indicator or a documentation of how prejudice adheres to its establishing principles on systemic racism, economic inequality, and social injustice within the American healthcare system. In this vein, Smith recreates documentary theatre accounts to raise awareness of how minorities experience racism, and classism in their quest for decent healthcare. The play unravels the racial and class-based causes of healthcare injustice, and how injustice cycles repeat themselves in the lives of people of color. Smith depersonalizes the various forms of inequities that one may experience in the health sector and makes the readers demand change for the many cases of injustice in the system. This paper shows how the stories in *Let Me Down Easy* describe the lingering effects of racism on the health of people and offers a call for justice.

**Index Terms**—racism, healthcare inequity, documentary theatre, systemic prejudice, marginalized communities

## I. INTRODUCTION

*Let Me Down Easy* by Anna Deavere Smith is very persuasive in providing clear evidence of what it means to have documentary theatre to address structural racism in America within the framework of healthcare system. Smith effectively employs real-life sources in telling stories that speak out on racism, classism, and the persistent, alarming gap in healthcare's services and treatment. Smith shows not only the lives of sidelined people but also the systems and time that uphold these discriminatory systems. Thus, the play works as a challenge to the society's racism as well as the demand for the equality in medicine.

Embedded within *Let Me Down Easy*, there is a deep reflection on racism and how it continues to shape the American approach to healing. Here racism is not only in the form of individual prejudice against racial minorities but also racism that has discriminated minorities for years and put them in a disadvantaged position. Smith uses different voices of healthcare consumers, healthcare providers, patients, and cultural pundits, to make the theme of race and health inequalities complex. These narratives especially resonate in the United States where available literature demonstrates that blacks, Hispanics, and other people of color are less healthy than White Americans. For instance, black women are 2.5 times more likely than white women to die from pregnancy related causes which can be attributed to racism and poor treatment (US Department of Health and Human Services, 2020).

Smith has also located these differences within the history of Black Americans' subjugation in the United States. Despite having been proven legal, the medical practices of experimenting on slaves, or the Tuskegee Syphilis Study were some of the worst examples of racism that the medical fraternity has put into practice. These have been among the reasons that have induced a lot of mistrust in the health sector by many colored population groups (Freimuth et al., 2001).

Besides racism, Smith overlays the play with themes of race and class, which she discusses in regard to how the poor blacks suffer even more while trying to access healthcare. The play also demonstrates structural injustice; a condition in contemporary American healthcare system where quality service depends on availability of cash. This intersectional lens is important, because in communities that are economically and racially oppressed individuals are victimized in both manners. Smith's treatment of these concerns remains relevant to current debates on healthcare, race, and economic justice.

By developing multiple stories out of disabled bodies, *Let Me Down Easy* avoids the pitfalls of other disability critiques in that it particularizes systemic failures. Consequently, Smith uses documentary theatre in the style of the play where the writer interviews individuals and the verbatim accounts produce a message that is realistic and profoundly moving. In addition to illuminating structural prejudice within the system of healthcare, Smith gives voice to the marginalized and exposes questions to the audiences; She questions the idea of caring about having moral and ethical aspects through presenting injustice.

Coping with prejudice and abjection as products of systemic racism, this paper aims at exemplifying how *Let Me Down Easy* captures them in the context of healthcare. The play presents twenty characters of esteemed and ordinary

people whose narratives provide illuminating remarks on themes of death, diseases, and attack on the American healthcare system. Narratives voiced by Ann Richards, Kiersta Kurtz-Burke and Hazel Merritt are chosen in the present study as typical representatives of the realities of the financial burdens associated with advanced therapies, racism, classism and prejudice. They are going to be explored in this study with the aim of contributing to existing knowledge on how racism operates in institutions, continues to recycle inequity and erode the humanity of oppressed groups. Finally, *Let Me Down Easy* is a social commentary on the American healthcare system and calls for change within society and its institutions.

## II. METHODOLOGY

This paper builds on Julia Kristeva's theory of abjection in order to analyze how *Let Me Down Easy* represents the rejection and marginalization of racialized bodies. According to Kristeva's concept of abjection, some identities are cast out to keep society's veneer of purity. For Smith, abjection for racialized people is the result of systemic discrimination, healthcare disparities and social exclusion. The methodology analyzes abjection in the play's narratives, characters, and the play's structure. The textual analysis of the characters' depiction as "other" and the discourse analysis of their language and thematic choice support the abject status of the characters. In so doing, this study shows how *Let Me Down Easy* reframes Smith's representation of racism through Kristeva's theoretical framework, thus illuminating the lived realities of those whose race and class have forever marginalized them. By doing so, these findings make some contribution to a deeper understanding of racism as a mechanism of abjection within documentary theatre.

## III. DISCUSSION AND ANALYSIS

### A. Documentary Theatre: A Lens on Reality

Documentary theatre or verbatim theatre is a performative enactment of real-life narratives, recorded interviews or actual documents to stage a portrayal of a modern or historical event. This is a serious social commentary art style because it focuses on original sources derived directly from history. It has turned into an influential performance, which can raise urgent social themes, recreate historical events, and develop compassion (Paget, 1987).

Documentary theatre has its beginnings in the mid-1900s. It developed during the period of political and social revolutions that called for radical artistic practices. Documentary theatre, described as a type of theatre that incorporates real life materials, has traits of Brechtian Epic theatre. Epic Theatre was created by the German playwright, Bertolt Brecht to disengage the viewers from empathetic relation to characters and to stimulate the spectators' rationale response to sociopolitical transformations. Documentary theatre texts are based on real life situations and occurrences, which is an aspect that fosters viewers' reflection. It also addresses didacticism to pass information on issues to the viewers. Montage techniques, typical of Brecht's theatre are further applied into documentary theatre. The two types of theatre can be said to be political since they focalize on presenting stories that counter social norms, raise awareness about vices and offer to transform society (Willet, 1964). The early plays of documentary theatre include *The Political Cabaret* (1928) by Erwin Piscator where he started with coding and news reports.

During the 1960s and the middle of the 1970s, the Nazi trials based on records were popularized by plays such as *The Investigation* by Peter Weiss to idealistically represent the genre in bringing the history of genocide to the public and promote social memory and justice. In America, the Civil Rights Movement and the Vietnam War added more impetus to using the documentary theatre type to expose injustice and development of criticisms of power institutions (Weiss, 1965).

Documentary theatre is most easily characterized by the fact that it employs non-fiction materials as the basis for the story on stage. Such sources may comprise interviews, court depositions, journalist's narratives, and letters. Unlike conventional tragedies, this kind of theatre is based on documented accounts and includes actual depictions of real events and real people. Furthermore, it employs key quotations from documents in the text. One of the crucial strengths of the documentary theatre is that it gives voice to the oppressed. The specific anger employs an important tool of eliciting audiences' empathy since it breaks conventional histories and provokes individuals to fancy otherwise. In addition, performance in documentary theatre often addresses the audience to concentrate on the subject matter. This approach of using plain graphics enhances closeness and directness of communication bringing the spectators and the material presented as close as is technically possible (Paget, 1987).

Documentary theatre chronologically connects art and activism since it gives opportunities to narratives to be told which may otherwise not reach an audience. Inability to handle social issues, entailment to deal with historical vices and modern-day disasters are some of the reasons why it is crucial to apply documentary theatre as a tool for social commentary. For example, in her play *Fires in the Mirror* (1992), Anna Deavere Smith impersonates and performs several interviews with people involved in the Crown Heights riots in Brooklyn New York. Although many arguments depict Smith as an entertaining intellectual showman, she normalizes the general issues of society and encourages discourse.

Despite the accuracy in the portrayal of events in documentary theatre, this form of theatre has been criticized in terms of style and substance. Playwrights and directors cannot avoid influencing the narrative due to the process of choosing the materials, arranging them and making the audience concerned about bias (Forsyth & Megson, 2009). Also,

dear to any researcher is the practicality of the use of real-life stories in this theatre which stresses the issue of ethical consideration for the subjects with special regard to traumatized people. One difficulty encountered is the problem of realistic details versus the theatrical ones. Thus, though this acting is often ironically less real than that on stage, documentary theatre does not forget about entertainment. It can cause arguments on the creative freedom that compromises the work itself.

In the 21st century, documentary theatre remains a dramatic genre that reacts against vital concerns of the modern world such as the climate change, migration, political turbulence and the like of them. Plays such as *The Exonerated* (2002) by Erik Jensen and Jessica Blank, which deals with the theme of miscarriage from the perspective of justice in the US penal system, and *My Name is Rachel Corrie* (2005) by Rachel Corrie are examples of this genre. New technologies have given rise to opportunities for the development of documentary theatre. Multimedia aspects like video clips and what one sees on the screen are an addition to the performances and add more dramas. These innovations make it possible to expand the documentary theatre and relate it to modern trends.

Documentary theatre is an active and powerful means of art. Due to the focus on real-life experiences, it speaks for the sake of the oppressed, exposes discrimination, and keeps memory of events in the cultural background. Though it has challenges, some of which have to do with interpretation and ethics, it remains the best tool for creating empathy as well as creating a platform for discourse. Although society is still asking contemporary complex questions, it cannot be doubted that the documentary theatre will persistently stay as a critical mirror, voice, and protest.

### B. *Anna Deavere Smith's Let Me Down Easy*

Prejudice, discrimination and disparities have long been part of the American framework of delivering healthcare. So, minorities have suffered much negligence and prejudice when trying to access healthcare. These are elements of injustice that are neatly exposed by Julia Kristeva's theory of the abject representations which plays out in Anna Deavere Smith's *Let Me Down Easy*. This play aims at understanding the local analytic of racism, classism, as well as abjection in the US healthcare system and the effect of its lethal consequences.

Anna Deavere Smith, a playwright, an actress, and an educator, has made an exploration of the American healthcare system in *Let Me Down Easy*. Using primary data collected from more than 300 interviews, Smith tells about the structural nature of the system and cases of shocking outcomes. These experiences reveal systemic racism and poverty added to the unfair treatment of black patients and the insufficient access to insurers for the poor. Ways and recipes extend marginalized voices whose experience is systemically erased within discourses of healthcare expansionism; Smith is interested in exposing how racism and classism sustained institutionalisms within a medicalized culture. These skills of mimicking people's voices and their body language enhance the creation of compassion and tolerance among the audience (Ritchie, 2015). The play also deals with common culture perceptions of illness, death, and caregiving with specific concentration on how health and medical services are placed under the umbrella of commercialism where the absence of principle and ethical values is manifested by the capitalist system. Coming from Smith's work, public understanding of inequities in healthcare has been enhanced and the significance of narrative demand for social change has been expanded (Forsyth & Megson, 2009).

*Let Me Down Easy* can at best be described as being a documentary theatre in which the author looks at the inadequacies of the American healthcare system insofar as it affects the needy. In this paper, verbatim interviews given by Smith are rich and detailed. Throughout theatrical playwriting, she presents how race and class operate together to constitute the system of injustice (Boulton, 2013, p. 45). Such injustice leads to stereotyping the subsequent rejection of minorities and the denial of their human dignity, as is the case with Kristeva's theory of abjection. Smith exposes the racism locally embedded within the healthcare system and explores the classism agenda presented through Kristeva's theoretical framework.

Julia Kristeva's theory of abjection, articulated in *Powers of Horror: An Essay on Abjection* (1982), deals with the processes of Othering; that is, they are the processes through which certain people or groups are excluded from society. Abjection starts at a timely moment when a particular element or object transcends or violates a certain cultural, societal or symbolic borderline which in turn elicits a loathsome feeling or reprehensible rejection (Kristeva, 1982). While it denounces the discursive practices that contribute to the construction of a subject, the abject practices when realized outside society challenge the cohesiveness of a collective identity, which is then dismissed or erased to restore social order. In the healthcare system, this is conducive to the erasure of people whose identity is based on race, class or other intersectional factors (Hoffman et al., 2016). The downtrodden black, the people of color, and the low performances are made abject and reduced to 'lesser beings' in a system that serves and rewards the white and the rich. Such exclusion is not only a manifestation of personal prejudice but also structural behaviors that sustain hegemonic structure of valued and devalued subjecthood. In *Let Me Down Easy*, Smith addresses the abjection of the excluded via the issue of failures of healthcare. Therefore, focusing on the lives of real people and their stories, Smith points at the ways in which racism and classism reduce some people to the status of non-persons or even expendable beings.

A major message in this play is racism because Smith paints the picture of how black people still struggle against the disparities of the American healthcare system. These disparities are rather systematic and have been deliberately created due to historical practices of exploitation and negligence. The cases have ranged from the medical experimentation on slaves to Tuskegee syphilis experiment and the healthcare system has time and again expelled black bodies from the humane medical practice in which the subjects have rights to enjoy health, human dignity and worth. The play presents

multiple accounts of first-hand experiences of racism occurring within a healthcare context because of people's skin color.

In *Let Me Down Easy*, Smith portrays Ann Richards, a former governor of Texas who is shown as witty, humorous, and resilient. Richards' character is developed according to the real person interviewed and the comments she made about life and death. She suffered from esophageal cancer and her soliloquies served as testimonies regarding strength and weakness when the play itself became the testimony regarding people's frailness. She says, "But let's talk about something else, Anna. That I think is important to say to you. I have two choices every day when I get up. I can feel good or I can feel bad. And much of what I feel is in my brain" (Smith, 2008, p. 37). Richards' personal philosophy on emotional liberty means that her potential to decide on her feelings is important, especially when it comes to the American medical insurance system. For Richards, self-regulation as regards her emotional situation could assist her filter as to how she felt over bureaucracy, medical diagnoses, treatments, self-advocacy, as well as continuity with a healthy relationship with the healthcare providers. If she could maintain her emotional responses, then the same issues may prove beneficial in making her experience in healthcare better and stronger.

Richards describes her experience with esophageal cancer and subjugation to both proton therapy and chemotherapy as follows:

I have a surgeon! I have an oncologist! I have a radiologist! There's so much collaboration and, you know, everyone knows every- thing about your case ... Thank heaven. Thank heaven. Dr. Cox told me that I'm-the-first person-in-the-world with esophageal cancer to get both proton therapy and chemotherapy at the same time. I'm sure ... It's lots of money, I'm sure. If—I mean, do you think most of the people in this country? They couldn't—they couldn't do what I do. They don't have that level of coverage. I'm just so . . . lucky. (Smith, 2008, p. 37)

Through Richards' point of view, Smith brings into light healthcare access disparities, showing the financial burden of advanced treatments like proton therapy and chemotherapy, which can disproportionately affect marginalized communities. She also discusses healthcare inequality, concentrating on the uniqueness of receiving a particular combined therapy for esophageal cancer, suggesting that access to specialized care might not be universally available. Furthermore, she questions the affordability of healthcare, focusing on systemic barriers that limit access to necessary treatments. Smith acknowledges that the patients are lucky enough to have privilege similar to Richards' situation when accessing specialized care, highlighting the impact of that privilege on healthcare access and the ability to receive optimal care.

It is worth noting that Kristeva's theory of abjection becomes quite useful in trying to understand the dynamics of racism which are at work in the American healthcare system. To Kristeva (1982, pp. 2-3), the abject representations are referred to as being socially "polluted" or "unsanitary" and are therefore ejected from the society's usual framework. Within the professional medical practices in America, black and other non-white people are marked as being 'unclean' as they do not represent the 'clean and proper' (Kristeva, 1982, p. 72) middle aged white patient. This kind of abjection which results in their subsequent exclusion and differential treatment in the healthcare system is thusly justified. In a similar manner, Smith's *Let Me Down Easy* introduces Kiersta Kurtz-Burke, a physician who served in New Orleans during the Hurricane Katrina disaster. Kurtz-Burke shares her patients' stories about systems of race and class that came out on the surface during the calamity. She tells of poor and black patients who are particularly deserted in the streets, which is a situation that brings into light aspects of classism and racism practiced by the US healthcare systems and EMS. Through the narration she made, Kurtz-Burke questions the ethical standards of both the clinic level and the general social irresponsibility on the humanitarian level. Her character is important to unmask the bias, she witnessed, showed by her fellow physicians against African Americans:

Privileged students from all over, um, an' they come into train, at Charity Hospital. They come in with their own baggage about what Charity Hospital is, or what, the Charity "population" is. You know, "our population"... meaning the people that we take care of and our distancing ourselves from them. 'Cause, you know, people come in with their own racism and their own classism and then . . . This guy was fully intending to, you know, set up, I am sure, a very fancy, you know, he was constantly talking about, "Well, when I get out I'm not gonna have these kind of patients." You know, translation: poor, black, you know, no prenatal care—blah, blah, blah. (Smith, 2008, p. 28)

Obviously, racism, classism, and privilege in the American context are raised as is the issue with the healthcare system. It reveals much misconceptions and prejudices of some privileged students of Charity Hospital that they stay out of their touch with patients, and the racist and classist biases of the students tell much about possible biases of the medical professionals when they treat their patients. These biases contribute to healthcare disparities; some patients are offered poor quality health services or are discriminated because of their color or ethnicity. Kurtz-Burke's narration also explores how socio demographic factors such as poverty and racism influence the healthcare experiences.

Another face of social injustice in the American healthcare system is classism that is closely entwined with racism. The place where he / she gets treated is often determined by his / her economic level, and this makes those with little or no resources be treated poorly. In Kristeva's framework, the question of abjection is linked with the problem of class and the economic condition of a person. The lower classes are hereby socially constructed as contaminating the social fabric, bodies and experiences of their everyday lives and are categorized as a threat to cleanliness, productivity, and

self-reliance (Kristeva, 1982, pp. 65-70). This abjection then turns into systematic exclusion of the poor from healthcare unpredictable inasmuch as it is generic: it represents dismal of the poor and inadequate care, with horrific implications for the patients. The phrase draws attention to the systematic exclusion of those living in poverty from healthcare facilities, a practice that begins with emotions of distaste or disdain for those who are less fortunate. This negligence results in a deficiency of basic medical treatment culminating in a dismal state of the impoverished and insufficient care. The absence of adequate healthcare access exacerbates existing inequalities and results in adverse consequences for at-risk populations. The remark highlights the respective problem relating to how cultural perceptions of the impoverished can result in systemic inequities in healthcare leading to significant injustices and serious consequences.

The play introduces the audience to numerous characters who have tried to seek medical attention which they are not lucky enough to have because of their financial status showing the prevailing ideologies of society's discrimination. Concerning the sociopolitical and cultural aspects related to healthcare, Smith explores social injustice, targeting classism. She examines how the categories of classism interact with healthcare systems and propose a comprehensive view of people's actions and social relations. In this regard, it is significant to unfold the experiences of different people and the inequalities they usually experience as far as the provision of health products are concerned. Due to the privatized nature of healthcare in America, besides limited funding in the public health sector, it is possible to differentiate between the treatment quality offered to the wealthy and the treatment available to the poor: the latter are provided in overcrowded unfunded facilities. This structural failure is a typical feature of the abjection of the poor shown as disposable in a setting that is specifically designed to shut them out. This finds expression in Kiersta Kurtz-Burke's narration of her professional experiences as a physician who served in the aftermath of Hurricane Katrina. She describes the horrific conditions that impoverished evacuees faced in makeshift medical facilities:

And I think we were all so exhausted and I just remember sitting by his (a patient's) bed and he said, he said, "Doctor K, have all the patients in the private hospitals gotten out?" And I said, "Yeah, you know what, they have." And he said, "Do you think, do you think we're gonna get out today?".... And I said, "I really don't know." And he said, "Do you think that they are gonna eventually come for us?".... And it made me feel just so crappy, you know, like—ashamed a little bit? Like ashamed to be taking care of people and not to be able to do for them what I wanted to do, which is get them the hell out and get them to a, a safe place... (Smith, 2008, p. 29)

Kiersta Kurtz focuses on classism and the negligence of patients with reference to differential treatment and provision of resources for patient treatment in public hospitals. Besides, the poor supply and the lack of capacity of public hospitals due to the crises have so much contributed to prejudice. The healthcare providers' experience of frustration and ethical decisions jointly show the way how the organization's flaws influence the practice of healthcare. Therefore, there has become a growing awareness on the part of viewers of the presence of classism and prejudice in contemporary society which increases a persistent demand to call for a positive change in the healthcare system services. The observational nature of patients and the providers and the ethical implications of such an environment characterized by differential availability of healthcare resources and care-giving support are best revealed in the narration Kiersta Kurtz made.

Julia Kristeva's theory of abjection can be used here in an effort to provide an understanding of dehumanization that occurs in the medical system (Kristeva, 1982, pp. 3-4). This paper aligns with Kristeva's definition of the abject representations as to the challenges pervading through the existence of a clear split between the self and the other. So, in the field of healthcare, the patient's body and all of its maladies and weakness are considered abject, as they endanger the self-sufficiency and cohesiveness of the subjective self of the treating healthcare worker.

In terms of Kristeva's theory of abjection, *Let Me Down Easy* alludes to several ways in which patients are treated as abject people by the medical system, regardless of their position. Disease, according to some of the play's interviewees, strips people of their subjectivity and agency, turning them into manifestations of their own diseases. Smith herself recounts a disturbing interaction with a doctor who has failed to engage with her as a whole person, being an African American woman who is likely to be discarded by the doctor. She says, "And the doctor said to me, 'You know, you have this and this and this.' And I said, 'But I'm a person.' And the doctor said, 'I know. I know'" (Smith, 2008, p.36). This quotation shows how patients can be literally turned into lists of diseases, personalities, and symptoms erased from existence as abject people from the racial perspective.

Similarly, Hazel Merritt, a hematology technician is presented by Smith with a focus on her viewpoint as a black woman. She speaks of how black women are badly treated in the healthcare system. Though she is not a celebrity as is the case with many characters in *Let Me Down Easy*, her view on poverty and the way it contributes to the prejudice practiced by healthcare providers have been a subject of interest and authenticity for Smith. Smith depicts her as a 'tough' woman who condemns oppression within the walls of the healthcare system. Merritt's perspective is that of a retired Texan woman who voices opinions regarding her ordeal with illnesses and healthcare systems while alluding to the factors affecting lower class people. Through the narration Merritt made, Smith showcases the struggle to get medical attention against the feeling of being used in an unfair healthcare system. Included within her narration is Merritt's story which reveals the real-life aspects of turning to healthcare as a still class- and race-based privilege.

Hazel Merritt describes her sufferings at the prejudice and negligence practiced by the healthcare system against her daughter in a public hospital when the latter was having a dialysis:

I respected Dr. Rastegar. I did. He's a very good doctor, more or less, in the sense that he listens, ... I told him about my daughter that had passed away. (pause, listening) My daughter had a different problem.... She had more or less um, got out in the world and met the wrong kids . . . and she got tied up with some, the bad group and she got sick... and she—got the virus! It wasn't uh, intravenously, it was sexually. She had gotten very sick . . . And so I had some very bad experiences when my daughter went for her dialysis ... but it did happen at another hospital in New Haven .... They hooked her up to the machine, and the nurses went down the other end of the hallway and left her in a room on this machine and I sat there with her. And something happens. The thing came a loose and the blood went all over the whole room, all in my daughter's hair, all over her face, and I went running down the hall trying to find a nurse and I couldn't find the nurse. I looked in rooms. I was calling for help. And nobody came. (Smith, 2008, pp. 20-21)

Racism and unfairness affecting the American healthcare system are on the surface of Hazel Merritt's complaints. The neglect and heartless attitude of the healthcare providers are clear evidence in the situation where the narrator's daughter has been left alone during a dialysis procedure which results in a medical crisis. The narrator's daughter may well have been from a low social class, which confirms that people from low social status or those who are underestimated are very probably subject to prejudice. Her daughter's sickness has been sexually transmitted, which means more stigmatization and discriminated against by healthcare professionals. The absence of compassion and awareness from literal careers, even those we term very good, just reflects the general social prejudice against people diagnosed with certain diseases which render the latter unrecoverable. Problems related to these issues reveal prejudice, cultural superiority, inequity, insufficiently compassionate responses, and culturally incompetent care remain the key issues in the American healthcare system. The details the author provides illustrate the troublesome results of that system especially for the black and needy patients and their loved ones.

#### IV. CONCLUSION

In *Let Me Down Easy*, racism, classism and abjection represent dramatic themes which have terrible and ominous implications for the American minorities. People of color and particularly those of the lower income experience systemic obstacles and underestimation of their healthcare concerns. Furthermore, the spirit of turning the patient into an abject person within the medical framework contributes to the continually felt sense of alienation, helplessness and powerlessness which is a state that emphasizes the need for some drastic changes to be effected as to the structure of the American healthcare system.

Breaking the intended cycle of subordination of people of color and the poor will firstly require a slow and common struggle against racial and class bias in healthcare systems as well as a complete reform of the doctor-patient relationship. Finally, it is significant to note that the only remedy is the amelioration of the healthcare systems apart from racial discrimination, which makes the poor and black patients enjoy humane treatment and a high level of dignity. Thus, color and race should be excluded from the domain of human activities, which possibly points to a healthcare system that encompasses truly yet kind-hearted guardians of human beings regardless of race, color and ethnicity.

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4. A Jungle of Depression: An Explication of D. H Lawrence's Last Poems in the Light of Julia kristeva's Depressive Discourse (co-author Amjed Lateef), published in *Al Ustath*, No 204, Volume 2.

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3. A thesis entitled " Justified Crime: A Critical Analytic Reading in Nathaniel Hawthorne's *The Scarlet Letter* and Najeeb Mahfouz's *The Thief and the Dogs*" (2022 AD) by MA candidate, Najwa Dheaa Mahmoud.
4. A thesis entitled "Hybrid Identity in Monica Ali's *Brick Lane* and Manju Kapur's *The Immigrant: An Analytical Study* " (2023 AD) by MA candidate Jehan Abullkareem Ali.



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1. The Mythical View of Rebirth in Arab and American Poetry in *Journal of Diyala for Human Research*, 2021.
2. The Mythological Effect on Religion and Literature in Arab and American Cultures in *Journal of Diyala for Human Research*, 2021.
3. Toni Morison's *The Bluest Eye*: Black-On-Black Oppression in *Journal of Al-Ma'moon College*, 2023.
4. Alice Walker's *The Color Purple* From Being Silent to Having A Voice: Struggling to Achieve Self-Empowerment in *Tasnim International Journal For Humanities, Law and Social Science*, 2024.
5. Ideological Positivity in T. S. Eliot's Spirituality: A Critical Reading in "Ash Wednesday" and "Marina" in *Journal of Imam Al-Kadhum College*, 2024.