COMMODIFYING BODIES AND REGULATING WOMBS: LEGACIES OF BLACK REPRODUCTIVE COERCION IN AMERICA

Serena Habib

Utilizing an abolition feminist lens, I present an analysis of approaches to Black fertility in the United States, demonstrating a parallel between immediate racial disparities and historical oppression. Throughout American history, the fertility of the Black woman has been manipulated for the economic profit of the White upper class in a process referred to as racial capitalism (Leong, 2013). From forced reproduction during slavery to coercive sterilizations of Black women after emancipation, the Black woman's womb has been reduced to a commodity subject to American governance (Twine, 2015). Defamatory assumptions of Black motherhood and images of the Black "welfare queen" (Davis et al., 2022, p. 52) have perpetuated racial discrimination in fertility care such that it is pervasive today. With the development of reproductive technologies that primarily benefit White families, fertility assistance has become yet another manifestation of racial stratification. Through oppressive ideologies, racial capitalism, structural oppression, and direct coercion, Black women are systemically robbed of their right to choose whether to have a child.

I approach this paper from the positionality of a woman of colour in Canada who has not experienced reproductive coercion but has encountered injustices and inequities involving women's reproductive health. I will begin by providing a background of abolition feminism as the theoretical basis for this paper. I will then describe the foundational aspects of reproductive coercion which developed during slavery. Next, I will illustrate the post-emancipation legacies of coercion through population control, structural oppression, medical discrimination, and technologies to treat infertility. I will conclude by suggesting changes that may be implemented at the micro and structural levels of society to address coercive practices.

Theoretical Background

As a "politically informed practice" (Davis et al., 2022, p. 20) that stems from feminists of colour, abolition feminism recognizes the relationality of structural oppression, state violence, and gender violence, considering how racism and class bias make Black women targets of the state. This practice is oriented toward addressing the structural causes of racism and violence, exploring their institutional manifestations, and challenging racial capitalism, while also addressing immediate injustices. Abolition feminists work toward creating cultural and sustainable changes through collective action (Davis et al., 2022).

Abolition feminist theory provides an approach to reproductive politics that is cognizant of the intersectional relationship between reproductive rights, race, and class (Solinger, 2019).

This framework acknowledges the connection between gender violence, reproductive justice, and the prison industrial complex. The prison industrial complex is one that encompasses "the overlapping interests of government and industry that use surveillance, policing, and imprisonment as solutions to economic, social and political problems" (Davis et al., 2022, p. 54). The processes of punishment and privatization in the United States have been established by the White dominant upper class, with a racial hierarchy that targets the fertility and freedom of Black women (Ross, 2020). The fertility of Black women has been governed by the state in response to social, political, and economic forces, degrading Black bodies into commodities that are designated particular economic values (Leong, 2013; Ross, 2020). Racial capitalism is a "systemic phenomenon" (Leong, 2013, p. 2152) that drives the structural oppression of Black women, through which "public policies, institutional practices, cultural representations, and other norms work [. . .] to perpetuate racial group inequity" (Gillispie-Bell, 2021, p. 221). These racially targeted policies, practices, and representations have created inequities which have materialized in fertility governance and treatment.

Slave Breeding: Foundations of Black Reproductive Coercion

Following the 1808 international slave trade prohibition, American slave-holders developed breeding schemes (Solinger, 2019, p. 8) to increase their labour force and capital investment. To maximize slave reproduction, slave-holders raped their Black female slaves to impregnate them.. Enslaved people were required to have numerous sexual partners to increase slave births and were disallowed from living in monogamy (Solinger, 2019). Bearing children increased a slave's economic value, decreasing her likelihood of being sold; barren female slaves were punished by abuse or death (Roberts, 1997). Thus, Black women's bodies were viewed as machines for slave production, and slaves had no legal claim to their children, who were recorded in the slaveholder's business ledger as products. Moreover, enslaved mothers were deprived of the opportunity to nurture their children. Mandated to toil in the fields soon after giving birth, mothers would carry their children while they worked or leave them behind. A child's status of enslavement depended on that of their mother; a mulatto, or mixed race child, was born a slave (Roberts, 1997). Slave masters had economic incentive to govern the reproductive lives of Black women and their children (Solinger, 2019). The practice of breeding schemes created a precedent for the White governance of Black reproduction. As stated by Dorothy Roberts (1997) in Killing the Black Body: Race, Reproduction, and the Meaning of Liberty, "the brutal domination of slave women's procreation laid the foundation for centuries of reproductive regulation that continues today" (p. 27).

Legacies of Coercion

To preface the following section, it is imperative to distinguish access to birth control, which provides individuals control over their childbearing, from forced birth control, which undermines a woman's right to choose whether she wants to have a child (Petchesky, 1990; Roberts, 1997). In my portrayal of imposed birth control below, I neither

neglect nor oppose the contraceptive practices and voluntary sterilizations of Black women (Roberts, 1997; Schoen, 2005), but rather advocate for the autonomy and agency of Black women over their reproductive lives.

Population Control

The practice of sterilization is rooted in the criminal justice system, originating from the castration of Black men as a punishment for crime (Roberts, 1997). In 1942, the US Supreme Court acknowledged procreation as "one of the basic civil rights" (Skinner v. Oklahoma, 1942), rendering it illegal for the state to require the sterilization of criminals convicted of certain crimes. This implies that birthing children was a crime committed by Black women who were denied this right at various junctures throughout the 20th century.

To begin, with the rise of the American eugenics movement in the early 1900s, eugenicists believed the unfit should be prevented from reproduction to ensure a stronger American generation (Weisbord, 1975). This categorization was inherently linked to race, with Applied Eugenics co-authors declaring that the "Negro race is germinally lacking in the higher developments of intelligence" (Weisbord, 1975, p. 33). In North Carolina, 5,000 of the 8,000 people who were sterilized for being "mentally deficient" were Black (Davis, 1981). Many sterilizations in the latter half of the century would also be attributed to Black women being inadequately intelligent to practice birth control (Roberts, 1997). Furthermore, manipulating the reproductive abilities of poor Black women was positioned as the solution to urban poverty (Ross, 2020). Black women were labeled by the state as "reproductively unnatural" (Solinger, 2019, p. 154), alleged to be lacking the maternal desire to raise children and of intentionally having children to receive welfare. According to the state, a Black child was "worthless" (Solinger, 2019, p. 154) to society – a future criminal – while their mother, a "welfare queen" (Davis et al., 2022, p. 52), would misuse taxpayer's money through welfare funds. In accordance with abolition theory, assumptions surrounding criminality and class allowed for violence against Black female bodies. During World War II, local welfare agencies provided benefits to White women so they could stay home and raise their children, while Black women were denied support and forced to work (Solinger, 2019). This was comparable to the limitations to mothering faced by those in bondage.

With the emergence of the birth control pill, the desire to limit Black reproduction was also linked to a fear of "race suicide" (Weisbord, 1975, p. 53). Eugenicists, supported by President Theodore Roosevelt, feared the White population would become outnumbered by the Black population. Margaret Sanger, who spearheaded the birth control movement, utilized eugenicist goals to her advantage (Roberts, 1997). In a letter to a colleague calling for Black Ministers to propagandize birth control to Black communities, Sanger wrote, "we do not want word to get out that we want to exterminate the Negro population" (Gordon, 2002, p. 235). This was implemented in 1939, when the Birth Control Federation of America established the Negro Project, declaring, "the increase among Negroes, even more than among Whites, is from that portion of the population least intelligent and fit, and least able to rear children properly" (Gordon, 2002, p. 235). This

deemed the Black population inferior and communicated they were unwanted. The state justified this project by displaying it as a solution to Southern poverty (Gordon, 2002). Family planning initiatives encouraged Black women to use contraceptives and undergo sterilization whilst denying equivalent services to White women who desired them (Ross, 2020). Black women on welfare were forced to accept sterilization if they wanted to continue receiving benefits, and others were sterilized without knowledge or consent (Ross, 2020). As stated by Davis (1981), "what was demanded as a 'right' for the privileged came to be interpreted as a 'duty' for the poor" (p. 113). White women had the right to choose if they wanted children; Black women's choices were made for them.

Minimizing Black fertility remained a political goal in future decades. When President Nixon expanded family planning policies in 1969, he presented statistics of increases in Black American children who were soon to become teenagers and "create social turbulence" (Ross, 2020, p. 60). During the 1970s, sterilization was the fastest growing form of birth control in the United States and were incentivized by government payments to doctors who performed them. 200,000 women were sterilized in 1970, and cases increased to 700,000 in 1980 often without medical reason or informed consent. The particular contraceptive, Depo-Provera, was itself harmful, as an experimental drug that was later found to cause cancer in animals (Davis, 1981; Roberts, 1997). Teaching hospitals performed unnecessary hysterectomies on poor Black women as practice for medical residents (Roberts, 1997). In Mississippi, involuntary sterilizations of Black women were so widespread that the practice gained the name "Mississippi Appendectomy" (Roberts, 2000, p. 93). In 1973, two sisters in Montgomery, Alabama, were sterilized at ages 12 and 14 after their illiterate mother was told to provide consent on a document she presumed was for their routine birth control injections. In 1991, legislation was introduced to provide $500 to women who agreed to receive Norplant, an injection that ensured five years of protection from pregnancy. The New Republic described Norplant as the "only practical option" to treating inner city poverty (Roberts, 1997, p. 113), illustrating that restricting Black fertility remained the response to dire economic conditions for which Black people were deemed responsible (Kuumba, 1993).

Sterilization practice continues in the U.S., particularly on Black prisoners (Ross, 2020). Between 1997 and 2010, over 100 women were coercively sterilized in Californian penitentiaries. In 2017, incarcerated individuals in Tennessee were offered lower sentences in exchange for receiving permanent or long lasting contraception (Kathawa & Arora, 2020). Ross (2020) argues that population control ideologies remain implicit in carceral practices, encouraging sterilization and contraceptive abuse in people of colour, who comprise the majority of the incarcerated population. Like slaves, incarcerated women are raped by prison guards and are pressured to seek abortions because their children provide no economic benefit to the White man (Ross, 2020).

Structural Oppression

Birth control policies have presented fertility and Black births births as the

cause of poverty and racial inequality, assuming that poverty is a consequence of reprobate behaviour (Ross, 2020). These assumptions are inextricably linked to the carceral system, as demonstrated by former Secretary of Education William Bennett in 2005, who stated, "you could abort every Black baby in this country, and your crime rate would go down" (Ross, 2020, p. 57). In actuality, the fertility of Black women declined by one-third after emancipation due to poor nutrition (Roberts, 1997). In the 1940s, half of the Black population was undernourished, with an infant mortality rate of 60% (Gordon, 2002). Their poor health, which was environmental, was positioned as a genetic flaw by eugenicists (Gordon, 2002).

These distorted images of the Black mother and her child obscure the reality of Black poverty that stems from a history of social and economic oppression that serves to protect the hegemony of the White class. While Black mothers are disproportionately dependent on welfare (Roberts, 1997), the archetype of the Black "welfare queen" (Davis et al., 2022, p. 52) paints this grim reality as a choice instead of an imposed destiny. Black women are five times more likely to live in poverty and three times more likely to be unemployed than White women. Correspondingly, 50% of Black children in America live in poverty (Roberts, 1997).

As explained by Gillispie-Bell (2021) in her examination of racial health disparities in the United States, structural racism has generationally been "perpetuated through racial residential segregation, economic suppression, and health care inequality" (p. 220). After segregation ended, anti-Black racism prevented many Black people in rural areas from owning homes, while those in cities made low wages and suffered job insecurity (Franklin & Wilson, 2020). Between 1934 and 1938, 98% of home loans were given to White applicants. In a process called "redlining" (Sutton et al., 2021), structural racism in the housing system forced Black people into specific neighbourhoods, leading to increased racial disparity in access to schools, services, and community resources (Baker & O'Connell, 2022; Sutton et al., 2021). Currently, White families have a median wealth that is 41 times higher than that of Black families (Gillispie-Bell, 2021). Black individuals are more likely to face discrimination in all areas of the labour market (Baker & O'Connell, 2022). Baker and O'Connell's (2022) study on poverty among single mother and married parent households challenges the idea of the Black single mother as the cause for racial inequality. Married Black couples showed no economic advantage compared to their single-parent counterparts due to the discrimination faced by Black people in the labour market and the increased likelihood of Black spouses becoming incarcerated. Baker and O'Connell (2022) argue that the legacy of slavery is reproduced through racial inequality, discrimination, and profiling in the criminal legal system. Lack of access to employment and economic stability increases negative health outcomes; health, economic stability, and educational access show positive correlations to fertility (Gillipsie-Bell, 2011; Tamura et al., 2016). Despite these blatant correlations, Black populations are faulted for their poverty and then given the "duty" (Davis, 1981, p. 113) of

absolving economic disparities by limiting their population.

Medical Discrimination

Approaches to fertility continue to discriminate against Black women in the medical system, illustrating the structural racism that underpins healthcare access and physician attitudes. Roberts (1997) explicates an example of medical abuse by American medical authorities through the faulty conflation of the sickle-cell trait, carried by one in 10 Black Americans, with sickle-cell anemia, which is found in 1 in 500,000 Black Americans. With over 250 screening programs that tested Black Americans, those with the trait were often misguided to believe they had the disease and advised not to have children (Roberts, 1997). Diagnoses for endometriosis have also been misrepresented as doctors view it as a "white, career woman's disease" (Roberts, 1997, p. 271). In 1976, a medical practice misdiagnosed 20% of Black patients with pelvic inflammatory disease, which stems from sexually transmitted infections (McCormack, 1994) when they actually had endometriosis (Roberts, 1997). This reflects assumptions described in the Negro Project, which states that Blacks breed "carelessly" (Gordon, 2002, p. 235). In 2016, many medical students and residents were found to hold false conceptions of racial biological differences, such as the belief that Black people feel less pain. Residents provided inadequate treatment recommendations based on these conceptions, dehumanizing their patients by diminishing their pain and suffering (Hoffman et al., 2016).

Within healthcare interactions, the lack of racial diversity among physicians decreases the quality of care provided to Black patients (Gillispie-Bell, 2021). Additionally, algorithms used by health care systems and insurance providers often categorize Black patients as low risk when their illnesses are more severe than those of their White counterparts. This results in treatment delays, inadequate resource provisions, and premature patient discharges (Gillispie-Bell, 2021). In fertility care specifically, interviews conducted with 50 Black women of varying socioeconomic backgrounds illustrated that no status level provided an advantage in medical settings (Ceballo et al., 2015). 26% of participants described discriminatory encounters with medical professionals, including assumptions about sexual promiscuity and the inability to support a child. Highly educated Black women with professional careers felt "a loss of control and an absence of agency when interacting with doctors" (Ceballo et al., 2015, p. 506).

Healthcare and legal systems continue to devalue Black women and punish them for systemic failures. This is apparent in Bhattacharjee's (2001) account of a teenage mother who did not receive medical treatment for her newborn due to processing delays and mistakes by the hospital and insurance provider. The woman was convicted of criminally negligent homicide after the death of her baby and presumed to be responsible for the circumstances imposed upon her and the institutional devaluation of her child's life.

Assisted Reproductive Technologies

Analogous to practices that once prevented fertility, technologies that assist with fertility, such as in vitro fertilization (IVF) and surrogacy, manifest in relation to race (Roberts,

1997). Medical responses to infertility correspond to notions of what makes a "good mother" (Kathawa & Arora, 2022, p. 327), which often excludes welfare recipients, who are predominantly Black (Roberts, 1997). Fertility clinics generally steer Black people way from infertility treatment (Roberts, 1997). The historical treatment of Black women also disincentivizes them from seeking support for infertility due to institutional mistrust and negative perceptions of the healthcare system (Gillispie-Bell, 2021; Roberts, 1997).

IVF involves collecting mature eggs from a mother's ovaries, fertilizing them with sperm in a lab, and then transferring the fertilized eggs to the uterus (In Vitro Fertilization (IVF), 2021). With an average cost of $25,000 (Gurevich, 2022), IVF is financially inaccessible to those of lower socioeconomic classes (Roberts, 1997). Although the highest rates of infertility in the United States are found in poor, Black women, IVF serves the opposite demographic, sustaining the "panic over White infertility" (Roberts, 1997, p. 286) while dismissing Black infertility. White families are the centre of advertisements for IVF, and blunders that have caused the insemination of White women with Black sperm are portrayed as tragedies, sustaining the inferiority ascribed to mulatto children.

The practice of surrogacy creates significant concerns for increased racial stratification and a "surrogate class" of marginalized poor women (Twine, 2015, p. 18). Gestational surrogacy allows a hired surrogate to be implanted with an embryo and to carry it until delivery, while traditional surrogacy utilizes the surrogate's eggs. White couples will typically employ White women as traditional surrogates and Black women as gestational surrogates to ensure the production of a White child (Bridges, 2014). Surrogacy imposes a risk of poor women commodifying and renting their wombs for reparations from White middle class couples who may dictate their everyday behaviours and actions (Bridges, 2014; Roberts, 1997). In court cases where a surrogate wants to keep her child, White traditional surrogates have been awarded the rights to their children while Black gestational surrogates have been denied these rights (Bridges, 2014). The practice of Black women producing children for White families over whom the women have no legal claim appears to continue the legacy of slave breeding, this time utilizing Black women to produce White children as it benefits the White population.

Conclusion: Addressing Coercive Legacies

Given the pressing methods of medical discrimination and imposed infertility that are entrenched in structural racism, the abolition feminist framework calls for both immediate and systemic action (Davis et al., 2022). Since current inequities are rooted in societal structures, I turn to Flynn et al.'s (2017) recommendations in The Hidden Rules of Race: Barriers to an Inclusive Economy, which describes the importance of targeted policies to address the current paucities in economic rights for Black Americans. Correspondingly, to prevent further perpetuating legacies of coercion, I suggest the revision of all institutional policies, medical education, and hiring practices. Public education on the history of structural oppression and

reproductive coercion should also be provided (Sutton et al., 2021). Furthermore, it is imperative that diversity in the healthcare system is intentionally increased (Ross, 2020) and that medical institutions are audited to ensure and enforce just practices. These regulations and changes must be guided by those who experience racial discrimination and not the White dominant upper class. As an individual who is removed from the lived experience of anti-Black racism, I cannot presume to know how to ameliorate these inequities; however, I can be an advocate and an ally who supports suggestions from Black communities and who works to amplify Black voices.

For change to truly occur, the current system, which is grounded in racism and White dominance, needs to be abolished. The prison industrial complex and its effects on wealth and opportunity currently inhibit immediate changes towards meaningful transformation. Black communities must be at the forefront of a systemic restructure, having the opportunity to collectively organize and envision a change that has seemed unimaginable since the advent of slavery (Davis et al., 2022). Collectiveness is integral in conceptualizing a change of such magnitude (Davis et al., 2022) and ensuring that the array of oppressions facing intersectional identities are addressed. It is only through the dissolution of the current societal structure, in which racism is deeply embedded, and the emergence of a new society that dismantles White hegemony and views every body as equally human and worthy, that Black women will have the genuine right and respect to choose the trajectories of their bodies and their wombs.

References

Baker, R. S., & O'Connell, H. A. (2022). Structural racism, family structure, and Black–White inequality: The differential impact of the legacy of slavery on poverty among single mother and married parent households. *Journal of Marriage and Family, 84*(5), 1341–1365. https://doi.org/10.1111/jomf.12837

Bhattacharjee, A. (2001). Whose Safety?: *Women of Color and the Violence of Law Enforcement*. American Friends Service Committee.

Bridges, K. M. (2014). Windsor, surrogacy, and race. *Washington Law Review*, 89(4), 1125–1154.

Ceballo, R., Graham, E. T., & Hart, J. (2015). Silent and Infertile: An Intersectional Analysis of the Experiences of Socioeconomically Diverse African American Women With Infertility. *Psychology of Women Quarterly*, 39(4), 497–511. https://doi.org/10.1177/0361684315581169

Davis, A. Y. (1981). Racism, Birth Control, and Reproductive Rights. In *Women, race & class* (1st ed., pp. 117–127). Random House.

Davis, A. Y., Dent, G., Meiners, E. R., & Richie, B. E. (2022). Abolition. Feminism. Now. Haymarket Books. http://ebookcentral.proquest.com/lib/mcmu/detail.action?docID=6184191

Flynn, A., Warren, D. T., Wong, F. J., & Holmberg, S. R. (2017). *The Hidden Rules of Race: Barriers to an Inclusive Economy.* Cambridge University Press. https://doi.org/10.1017/9781108277846

Gillispie-Bell, V. (2021). The Contrast of Color: Why the Black Community Continues to Suffer Health Disparities. *Obstetrics and Gynecology* (New York. 1953), 137(2), 220–224. https://doi.org/10.1097/AOG.0000000000004226

Gordon, L. (2002). *The moral property of women a history of birth control politics in America* (3rd ed.). University of Illinois Press.

Gurevich, R. (2022). *How Much Does One Cycle of In Vitro Fertilization Really Cost?* Verywell Family. https://www.verywellfamily.com/how-much-does-ivf-cost-1960212

Hoffman, K. M., Trawalter, S., Axt, J. R., & Oliver, M. N. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proceedings of the National Academy of Sciences, 113*(16), 4296–4301. https://doi.org/10.1073/pnas.1516047113

In vitro fertilization (IVF). (2021). The Mayo Clinic. https://www.mayoclinic.org/tests-procedures/in-vitro-fertilization/about/pac-20384716

Kathawa, C. A., & Arora, K. S. (2020). Implicit Bias in Counseling for Permanent Contraception: Historical Context and Recommendations for Counseling. *Health Equity, 4*(1), 326–329. https://doi.org/10.1089/heq.2020.0025

Kuumba, M. B. (1993). Perpetuating neo-colonialism through population control: South Africa and the United States. *Africa Today, 40*(3), 79+.

Leong, N. (2013). Racial Capitalism. Harvard Law Review, 126(8), 2151–2226.

McCormack, W. M. (1994). Pelvic Inflammatory Disease. *New England Journal of Medicine*, 330(2), 115–119. https://doi.org/10.1056/NEJM199401133300207

Roberts, D. (1997). *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*. Vintage Books.

Ross, L. J. (2020). The Color of Choice: White Supremacy and Reproductive Justice. In *Color of Violence* (pp. 53–65). Duke University Press. https://doi.org/10.1515/9780822373445-007

Skinner v. Oklahoma, 316 U.S. 535 (U.S. Supreme Court 1942). https://supreme.justia.com/cases/federal/us/316/535/

Solinger, R. (2019). Pregnancy and Power, Revised Edition: A History of Reproductive Politics in the United States. In *Pregnancy and Power*, Revised Edition. New York University Press. https://www.degruyter.com/document/doi/10.18574/nyu/9781479861705.001.0001/html

Sutton, M. Y., Anachebe, N. F., Lee, R., & Skanes, H. (2021). Racial and Ethnic Disparities in Reproductive Health Services and Outcomes, 2020. *Obstetrics & Gynecology*, 137(2), 225–233. https://doi.org/10.1097/AOG.0000000000004224

Tamura, R., Simon, C., & Murphy, K. M. (2016). Black and White Fertility, Differential Baby Booms: The Value of Equal Education Opportunity. Journal of Demographic Economics, 82(1), 27–109. https://doi.org/10.1017/dem.2015.17

Twine, F. W. (2015). *Outsourcing the Womb: Race, Class and Gestational Surrogacy in a Global Market* (2nd ed.). Routledge. https://doi.org/10.4324/9781315720128

Weisbord, R. G. (1975). *Genocide? Birth Control and the Black American.* Greenwood Press.