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Unfit for Motherhood:
The Involuntary Sterilization and Systemic Reproductive Coercion of Black Women in the
United States from 1920 to 1980

An Honors Thesis
Presented to
The Faculty of the Department of History
Bates College

In partial fulfillment of the requirements for the
Degree of Bachelor of Arts

By
Ariel Freedman
Lewiston, Maine
April 3, 2023

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Abstract

Throughout the twentieth century, medical practices contradicted the supposition that Black bodies were liberated from intervention and ownership in the United States with the Emancipation Proclamation of 1865. During this century, there remained an institutional claim staked on Black bodies, specifically Black women's bodies, and their ability to reproduce. Medical, political, and social reform institutions – which ranged from governmental programs to ostensibly grassroots healthcare clinics – would modify their justifications of interventions on Black female bodies to fit changing politics and social norms as the century progressed. The fundamental rationale, however, remained the same – that Black Americans should not have control over their own reproductive abilities. Black women in particular were the cornerstone of Black bodily autonomy, and therefore needed to be controlled. In this project, I investigate the means by which American institutions were able to not only justify but codify the control of Black women's bodies, and normalize a coercive medical establishment bent on denying Black women informed and empowered reproductive healthcare. Through this work, my study explores the use of eugenics and birth control as mechanisms of social and racial control, which ultimately culminated in the sterilization of Black women, and pinpoints how the public characterization of Black women and their perceived threat to the status quo allowed for the government sponsored denial of reproductive autonomy.

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Introduction

“When the welfare case worker found out I was pregnant, she told my mother that if we wanted to keep getting welfare, I’d have to have my tubes tied – temporarily.”¹ Born in North Carolina, eighteen-year-old Nial Ruth Cox gave birth to a child out of wedlock on November 24, 1964. Shortly after, a North Carolina welfare worker threatened to discontinue her family’s welfare payments unless she consented to sterilization. Cox described how the social worker said that the surgery was reversible. What’s more, Cox was living in a home without electricity, running water, or a stove, and could not risk losing her welfare through noncompliance.² She agreed to the surgery. Similarly, in 1973, Marietta Williams, a twenty-year-old from South Carolina who gave birth to her third child, had her fallopian tubes snipped and tied by the only doctor in town who delivered babies for women on welfare. The doctor agreed to deliver babies under one condition – that mothers on welfare with three children agreed to be sterilized. Cox and Williams were not singular stories; they were both poor, young, and Black and therefore most likely to be victimized by a system that is still institutionally prone to racism and misogyny and punishes Black women through reproductive control.

During the late twentieth century, thousands of Black women were coerced into involuntary sterilizations and their reproductive lives were impacted by multiple social conditions. In North Carolina alone, 7,600 Black women were sterilized between 1929 and 1974.³ Although hidden from public knowledge, government and medical officials relied on racial and socioeconomic status to influence recommendations for use of intrauterine

¹ Rebecca M. Kluchin, *Fit to Be Tied: Sterilization and Reproductive Rights in America, 1950-1980* (New Brunswick: Rutgers University Press, 2011), 92.

² Ibid.

³ Sarah Brightman, Emily Lenning, and Karen McElrath, “State-Directed Sterilizations in North Carolina: Victim-Centredness and Reparations,” *British Journal of Criminology* 55, no. 3 (2014), 474.

contraception in ways that may reflect racial and social class stereotypes. The true reasoning behind the forcible sterilization of Black women is still debated. It appears, however, then and now, that the American healthcare system and the government it serves are held together and supported by the perpetuation of racist stereotypes and caricatures of Black women; this systemic discrimination sustained racial, class, and gender oppression, making way for sterilization policies of the twentieth century. The central question this thesis answers is as follows: what specifically made Black women the disproportionate target for forced sterilization? Delving into this government sponsored denial of reproductive autonomy reveals that there was a specific “type” of citizen that was targeted: the non-White, the female, and the financially dispossessed, with those who fit all three criteria being the primary focus of these policies of bodily coercion.

The story of the systemic control of Black reproduction begins with the experiences of Black enslaved women in America. Dorothy Roberts’ *Killing the Black Body* argues that Black procreation helped to sustain the institution of slavery – codifying Black bodies and their offspring as property and investments gave White enslavers an economic incentive to govern the reproduction of the enslaved.⁴ Enslaved women’s childbearing replenished the enslaved labor force as children who were procreated and born on plantations automatically belonged to the enslaver.⁵ According to Roberts, this aspect of enslavement made control of reproduction a central aspect of White supremacy over African people in the United States.⁶ From the beginning of the Atlantic Slave Trade, Black women were considered objects whose enslavement hinged on the brutal denial of their reproductive autonomy. When enslaved women avoided pregnancy or

⁴ Dorothy Roberts, *Killing the Black Body* (New York: Vintage Books, 2000), 23.

⁵ Ibid.

⁶ Ibid.

did not produce children, they were often sold off, or suffered an even worse fate: Enslavers, angered at the loss of capital, inflicted physical and psychological punishments on their infertile female slaves. A report presented to the General Anti-Slavery Convention in 1840 revealed that “Where fruitless is the greatest of virtues, barrenness will be regarded as worse than a misfortune, as a crime and the subjects of it will be exposed to every form of privation and affliction. Thus, deficiency wholly beyond the slave’s power becomes the occasion of inconceivable suffering.”⁷ As this illustrates, Black enslaved women’s utility hinged on their ability to produce future enslaved workers with no disregard to their, or their potential children’s, humanity.

This disregard for Black female bodily autonomy extended beyond the financial into the medical; starting in the nineteenth century, physicians would experiment on enslaved women before practicing new medical techniques or equipment on White women. Marion Sims, notably known as the founder of modern gynecology, pioneered and revolutionized the field of gynecology during the nineteenth century; to make those advances, however, Sims performed experimental surgeries on enslaved women, using them as medical guinea pigs without their consent. Throughout the doctor’s own descriptions of his work, the emphasis was put on the potential devaluation of the women as property, with no regard for the very real danger these experiments posed to their health and lives; it should be noted, for instance, that these experiments were conducted before the invention of anesthesia. As Sims explained in his 1885 autobiography regarding the surgeries performed on two enslaved women, Anarcha and Betsey, he made a “proposition to owners of negroes: If you will give me Anarcha and Betsey for experiment, I agree to perform no experiment or operation on either of them to endanger their

⁷ Ibid., 26.

lives and will not charge a cent for keeping them....”⁸ However, his promise was not kept as most of the enslaved women that Sims experimented on did not survive the series of experiments that he performed.⁹ As described by Sims when discussing one of his unsuccessful procedures, “she was the last one I had, and the case was a very bad one. The whole base of the bladder was gone and destroyed... That was before the days of anaesthetics [sic], and the poor girl, on her knees, bore the operation with great heroism and bravery.”¹⁰ Sims took advantage of the American social order and legal system that upheld and protected slavery as a foundational U.S. institution. The women that Sims experimented on were unable to refuse treatment or withhold consent and were powerless to protect themselves from medical exploitation – a dynamic that would be horrifically replayed later with the rise of coercive sterilization. The legacy of the antebellum White control over Black women’s bodies would therefore continue in the form of the reproductive injustices of the twentieth century, as would the approach of viewing Black women’s bodies as necessary cannon fodder for the advancement of science and the social order.

Through the years, scholars have grappled with the complicated relationship between White supremacy and Black bodies and have had differing explanations as to why Black women in particular were targeted. A certain subset of scholars argue that slavery was the institutional foundation of stereotyping Black women and, as a result, Black women’s health was and continues to be undervalued in American society, with Black women targeted even beyond Abolition to manage Black populations through reproductive means. Scholar Welch De Neice explored the historical roots of slavery and discussed how an enslaved woman’s womb was

⁸ Marion Sims, “The Story of my life,” (1888), 236.

⁹ Roberts, *Killing the Black Body*, 157.

¹⁰ Sims, *The Story of my life*, 236-237.

“treated as a procreative vessel.”¹¹ Further, he examined how the negative stereotype of the Black female body gave permission for subsequent abuse.

Thomas Volscho agreed with De Neice that the negative, stereotypical image of Black women justified the use of their bodies for both personal and capitalistic gain.¹² Specifically, describing the Black woman as a Jezebel – “a sexually aggressive ‘Black’ woman promoted by media to explain the high birth rates of bonded women and numerous allegations of sexual assault claimed by enslaved women.”¹³ These prevalent images of Black women popularized the trope of Black female degeneracy, a stereotype that was used to explain that sterilization was a justifiable act to quell the oversexed Black female. Conversely, author Gregory Dorr has advanced the idea that Black women were targeted as population control. Dorr explained that White Americans saw sterilization as a possible means of improving humanity through directed breeding and eliminating the Black race;¹⁴ White Americans therefore “sought refuge in eugenic racial purity – the improvement of the White race through controlled procreation.”¹⁵

The type of Black woman that scholars choose to highlight in their work varies, but their main argument remains consistent: legislators and medical officials used coded language to categorize Black women into those who should and should not have children. For instance, Volscho argued in his article that sterilization efforts primarily targeted women on welfare. With the emergence of the “Welfare Queen” stereotype in the 1960s, healthcare providers justified sterilization as a means to limit the number of women who would have babies “simply to enrich

¹¹ Welch De Neice, “An Ethical Analysis of Reproductive Justice in the Context of the Eugenics Movement in the United States,” (PhD diss. Duquesne University, 2019), 26.

¹² Thomas W. Volscho, “Sterilization Racism and Pan-Ethnic Disparities of the Past Decade: The Continued Encroachment on Reproductive Rights,” *Wicazo Sa Review* 25, no.1 (2010), 21.

¹³ *Ibid.*, 20.

¹⁴ Gregory Michael Dorr, “Defective or Disabled?: Race, Medicine, and Eugenics in Progressive Era Virginia and Alabama,” *The Journal of the Gilded Age and Progressive Era* 5, no.4 (2006), 376.

¹⁵ *Ibid.*, 379.

themselves with ‘welfare money’.’¹⁶ De Neice agreed with Volscho about the importance of the persona of the “Welfare Queen”, stating that at the heart of the anti-welfare for Black women movement was “the misconception that African American women were paid to breed through the system.”¹⁷ De Neice further pointed out that while White women also received welfare benefits, the need for and meaning behind said benefits were framed along racial lines: White women were receiving benefits given to citizens who were in distressed situations, while Black women possessed a negative or deficient moral character that necessitated benefits. The thought was that sterilizing non-White women on welfare would stop Black women from having babies as a means of receiving more money in aid. The previously mentioned injustices suffered by Cox and Williams were therefore a direct result of this ideology that sought to promote the sterilization of poor, Black women to seemingly help reduce the welfare rolls.

Scholars have long considered how state-sanctioned sterilization programs were pioneered to free society of the “unfit”, and throughout their examinations eugenics emerges as the primary justification for sterilization. According to most eugenicists, the bulk of the “unfit” were to be found within the Black community, “where social charity was greatly expanded, and where poverty and large families go hand in hand.”¹⁸ Disparaging images of Black mothers that permeated the media and medical literature of the time fed into the pseudoscientific idea that sterilizing Black mothers was for the betterment of the Black race. In the words of De Neice, forced sterilization was a “continuation of negative eugenic ideals that continue to pepper the American psyche with racist beliefs about women of color and their reproductive habits.”¹⁹

Eugenic enthusiasts believed that sterilization was a constitutionally valid means of purging and

¹⁶ Volscho, “Sterilization Racism and Pan-Ethnic Disparities of the Past Decade,” 20.

¹⁷ De Neice, “An Ethical Analysis of Reproductive Justice,” 62.

¹⁸ Dorr, “Defective or Disabled?,” 376.

¹⁹ De Neice, “An Ethical Analysis of Reproductive Justice,” 3.

eliminating the Black population. Dorr's fundamental argument agreed with that of De Neice in that he discussed that public health demanded that Southern physicians "uphold racial apartheid with surgical castration or surgical sterilization of aberrant African Americans rather than with lynching."²⁰ There is no disagreement among scholars regarding the presence of eugenics in American thought. However, there is a dispute on its relevance. Volscho took stock of the eugenics history of the United States but extended his focus on how sterilization was a result of the placement of pan-ethnic groups in a hierarchy, "the racist hierarchy of 'Whites' on the top and the people of the color on the bottom maps on to an ordering of reproductive rights."²¹ The sterilization of Black women was therefore a consequence of their place and role in society. In order to conduct the potential genocide of the Black population as a whole, eugenicists had to attack the Black female body in particular. Most scholars agree that stereotypes and caricatures sustained racial and gender oppression, which in turn acted as a solution to White fears.

When discussing the role of Black women as tied to gender and racial oppression, it is crucial to provide context into the history of eugenics and how it was fully integrated into the social order of the United States. Originating in Europe towards the end of the nineteenth century, eugenics – the science of better breeding to improve the human race – was a widely accepted theory and practice. At its core, eugenic theory was designed to combat social problems, such as crime and poverty, and attain human perfection.²² This pseudoscientific discipline was conceived during the late 1800s by Francis Galton, the cousin of Charles Darwin, and its name comes from the Greek word "well-born."²³ Galton defined eugenics broadly as "the

²⁰ Dorr, "Defective or Disabled?," 372.

²¹ Volscho, "Sterilization Racism and Pan-Ethnic Disparities of the Past Decade," 19.

²² Chloe Burke, "The Public and Private History of Eugenics: An Introduction," *The Public Historian* 29, no. 3 (2007), 6.

²³ Harriet Washington, *Medical Apartheid* (New York: Random House, 2019), 191.

science which deals with all influences that improve the inborn qualities of a race.”²⁴ The versatility of its definition allowed for it to gain traction in Europe and abroad, specifically the United States, and attract a wide and diverse following, inspiring the eugenic projects of the late nineteenth century.

One notable application of eugenic-like theory in the United States was during slavery when its hierarchical approach to humanity was widely used as a rationale to perpetuate the suppression of enslaved people. For instance, James Hammond, a senator from South Carolina, stated in 1858 that Black people were created solely to be enslaved: “Our slaves are Black, of another and inferior race. The status in which we have placed them is an elevation. They are elevated from the condition in which God first created them, by being our slaves... They are happy, content, unambitious, and utterly incapable, from intellectual weakness.”²⁵ Enslavers like Hammond and their supporters had many pseudoscientific explanations for a system that kept enslaved people subordinate, and these ideas did not end with Emancipation, but rather changed to fit new eras and social norms. This thesis will examine pseudoscientific explanations of Black inferiority, and how they justified the practice of coercive sterilization centuries after the formal end of the eugenics movement.

While we will begin our journey in the early-twentieth century with the genesis of the Birth Control Movement, this thesis focuses on post-War and later mid-century America, with particular focus on the link between forced sterilization and the United States’ political and social transformation during the height of the Civil Rights Movement. Medicaid and Medicare were established in the 1960s, providing health insurance coverage for low-income individuals and families, and the Civil Rights’ Act was passed soon after, outlawing discrimination in social,

²⁴ Ibid.

²⁵ Ibid.

economic, and political spaces.²⁶ Ironically, this expanding access to medical care also increased the risk of being subject to forced sterilization, buoyed by the stereotype of the “Welfare Queen.” The Civil Rights’ Act also pushed Southern hospitals to desegregate, which incentivized medical officials to subject their new Black patients to harmful alternative treatments that included reproductive surgeries.

Most sources range on the rationales and motivations of the pro-sterilization campaign, which complicates our understanding of the slippery intersections between the imposition of reproductive control and the desire for reproductive freedom. While following the discourse put forward by other scholars, I argue that the historical narrative of racial classification exacerbated discriminatory healthcare practices, which in turn negatively affected the access and quality of healthcare provided to Black women. Personal experiences are imperative when discussing history, especially one of personal autonomy. Many scholars have failed to highlight and incorporate Black women’s voices in particular into their writing. Historically, Black women’s voices have been erased from academia to make the content palatable for the White audience. When Black women are present in the primary sources available, we need to be sensitive to the reality that many presented their experiences for White audiences. With this in mind, my primary sources include publications written for Black audiences, such as *Essence* and *Opportunity* magazine, which allow me to incorporate women’s direct experiences into the scholarly conversation, while minimizing the self-censorship that can make finding authentic insights difficult.

In chapter one, I examine the Progressive Era and its influence on the Birth Control Movement of the 1920s, spearheaded by Margaret Sanger. By employing primary sources from

²⁶ Molly Ladd-Taylor, “Contraception or Eugenics? Sterilization and ‘Mental Retardation’ in the 1970s and 1980s,” *Canadian Bulletin of Medical History* 31, no. 1 (2014), 200.

Progressive reformers and eugenicists, I will discuss the use of eugenics and birth control as mechanisms of social and racial control directed towards Black women. In chapter two, I examine the Negro Project, a continuation of the Birth Control Movement created solely for controlling Black women's reproductive liberty. In the same chapter, I consider how the Nazis took inspiration from and idolized the United States' eugenics movement, and the latter's plans for racial homogeneity. In chapter three, I consider what determines someone as being "unfit", using the context of Black, female stereotypes, specifically the "Jezebel", "Sapphire", and the "Welfare Queen," and how these terms were used to generally categorize Black women without appearing overtly racist. Finally, in chapter four and the conclusion, I bring this discussion into the present day, using direct experiences to analyze how Black women's reproductive autonomy and safety is not respected to the same degree that their White counterparts enjoy. This thesis stresses that this topic is not anchored to one particular moment in time; rather, there has always been – and remains – inequity in the quality and access to healthcare and treatment that is accessible to Black women in the United States.

Black women continue to suffer from this legacy of medical neglect and cruelty, and are now at the center of a public health emergency – the maternal mortality rates for Black women are three to four times higher than the maternal mortality rates of White women in the United States.²⁷ A recent study found that nearly half of first and second year medical students believed that Black people have "thicker skin" than White people, which allows Black people to experience less pain than White people.²⁸ The field of medicine is historically complicit in racial

²⁷ Juanita J. Chinn, Iman K. Martin, and Nicole Redmond, "Health Equity among Black Women in the United States," *Journal of Women's Health* 30, no. 2 (2021), 213.

²⁸ Kelly M. Hoffman et al., "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, no. 16 (2016), 4298.

categorization and biological concepts of race, and the eugenicist belief that Black people were simultaneously hypersexual and less intelligent than White people continues to impact the care that Black women receive. There is a lingering assumption that Black women are not sufficiently educated to know or understand their own bodies. The experiences of Nial Ruth Cox and Marietta Williams are important because the horrors they were subjected to is mirrored in the disparities in access to healthcare and treatment that continue to plague Black women to this day.

Chapter 1: Margaret Sanger and the Birth Control Movement

Throughout the 1920s, Progressive reformers focused on solving the societal issues facing the United States with the influx of immigrants and Black Americans in public spheres. Further, the Progressive Era ushered a new generation of middle-class women that challenged the existing social order and the conventional standards of womanhood – detaching sexuality from motherhood. This separation between female sexual desire and reproduction combined with the growing presence of perceived virility of Black Americans and immigrants threatened White middle-class male authority. Thus, the Birth Control Movement of the 1920s, spearheaded by female activist Margaret Sanger, offered a solution to restraining female promiscuity and, primarily, racial betterment by controlling the fertility of the “unfit” – the feeble-minded, immigrants, and Black Americans.

The movement quickly became linked with eugenics, and Black Americans were urged to control their fertility with racism looming over their community. As Sanger argued, “Birth control itself, often denounced as a violation of natural law, is nothing more or less than the facilitation of the process of weeding out the unfit, of preventing the birth of defectives or of those who will become defectives.”²⁹ Seemingly, Sanger saw promise in birth control as a means of controlling the population of those deemed “unfit.” At the root of her intent, however, was the advancement of eugenic arguments for birth control in order to prevent the purported overpopulation of the underclass and unqualified – in short, Black women. Sanger’s intention to wield birth control as means of population control reflected a widespread, growing, and quintessentially American approach to White anxiety surrounding the country’s changing demographic profile. While this impetus towards demographic manipulation through

²⁹ Margaret Sanger (1879–1966), “Woman and the New Race” (1920).

reproductive science was highly gendered and racially based, it cannot be ignored that the defining and subsequent culling of genetic undesirables in the eyes of these eugenicists was focused on America's most vulnerable populations.

At the start of the twentieth century, the White upper and middle classes had growing fears about a changing America, spurred on by the rising influx of immigrants into the United States. By 1900, the middle-class economy had been disrupted and increasingly corporatized and bureaucratized as agriculture was gradually being replaced by industry.³⁰ The United States was expanding its economic interests and many of the workers who were employed by the nation's expanding industrial base were immigrants; this new labor landscape was therefore a breeding ground for desperate work competition. While the White middle-class seemed to be fading away due to external economic pressure, the strength and numbers of both Black Americans and immigrants seemed to rise. Black individuals began to migrate from the agricultural South to the industrial North in a journey known as the Great Migration and were met in their new homes with hostility from their White counterparts.³¹ The increasing numbers of Black Americans in Northern cities frequently led to backlash among the White population and growing efforts among White Americans to isolate the Black population socially, economically, and residentially. Using a variety of methods, including redlining, violence, and White flight, the White population successfully isolated the growing Black population within inner cities.³² Black women during the Great Migration were met with great retaliation and repression as they made up the majority of this burgeoning population.³³ Wherever they came from, virtually all Black

³⁰ Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom*, (Oakland: University of California Press, 2001), 9.

³¹ *Ibid.*

³² Christine Leibbrand, "The Great Migration and Residential Segregation in American Cities during the Twentieth Century," *Social Science History* 44, no 1 (2020), 30.

³³ Tera Hunter, *To Joy My Freedom: Southern Black Women's Lives and Labors after the Civil War*, (Cambridge: Harvard University Press, 1998), 21.

women were compelled to find work as household workers and their White employers showed their determination to construct a subservient Black female work force as a result. Ultimately, Northern metropolitan areas grew more racially segregated as the Great Migration ran its course. However, segregating urban areas proved to be ineffective in curbing the White fear of the record numbers of immigration coupled with the Great Migration. Thus, many White and upper-class men and women seized upon eugenics as a strategy to exert their “racial and economic authority and protect their privileged positions in American society.”³⁴

The internal symptoms of White male fragility coincided with the end of the Victorian Era and the rise of the “new woman” – a working class woman who challenged the existing social order by living and working independently outside the domestic sphere.³⁵ In 1900, one in five urban working women lived on her own as a result of the new economic opportunities in retail and industry, which drew young women into cities.³⁶ Not surprisingly, this change in gender roles generated a great deal of concern and, in particular, their sexuality became the focus of public anxiety. Between 1890 and 1910, the number of women attending college tripled, and by 1920 women comprised nearly fifty percent of university populations.³⁷ As they challenged the conventional standards of womanhood, public spheres began to believe that women were becoming masculine and were attacked as “unsexed” or “mannish.”³⁸ For centuries before, family and the home were cornerstones of society, whereas the “new woman” was abdicating her domestic duties, destroying the moral order. Proponents of racial progress targeted the “new

³⁴ Kluchin, *Fit to be Tied*, 12.

³⁵ Kline, *Building a Better Race*, 10.

³⁶ *Ibid.*

³⁷ *Ibid.*

³⁸ *Ibid.*

woman” as another factor in the decline of White middle-class manhood in both power and numbers and began to use eugenics to control their sexual promiscuity.

Eugenics became popular in the United States as the country underwent fundamental changes that threatened to upset established racial, gender, and economic hierarchies. Many eugenicists at the turn of the century promoted the reproduction of “fit” citizens – White native-born middle-and upper-class women whose falling birth rates caused eugenicists great anxiety.³⁹ The influence of eugenics in American culture between 1905 and 1914 expanded concurrently with the increase of immigrants in the population and the disappearance of Victorian ideals.⁴⁰ Concerned with the falling birth rates of native-born White Americans as the “new woman” managed to curtail conception and the continued immigration of Eastern Europeans and migration of Black Americans, eugenicists like Edward Ross began to preach of *race suicide* – the extinction of a racial group through the unwillingness of White women to have children.⁴¹ Edward Ross coined the term race suicide during his address “The Causes of Race Superiority” in 1901, in which he discussed the self-elimination of the White race. Ross stated, “for a case like this I can find no words so apt as ‘race suicide’...The higher race quietly and unobtrusively eliminates itself rather than endure individually the bitter competition it has failed to ward off from itself by collective action.”⁴² The idea of “race suicide” arose out of a wide array of concepts and concerns that had long been developing. For one thing, it was viewed against the broad background of racial thought during the Progressive Era, which in turn involved relatively new Darwinian theories of racial competition.

³⁹ Kluchin, *Fit to be Tied*, 13.

⁴⁰ Kline, *Building a Better Race*, 9.

⁴¹ Kluchin, *Fit to be Tied*, 13.

⁴² American Academy of Political and Social, *America's Race Problems. Addresses at the Fifth Annual Meeting of the American Academy of Political and Social Science*, (Charleston: Nabu Press, 1901), 82.

In practice, Ross' characterization of the falling birth rate as "race suicide" was so aptly suited to the American thought that, once publicized by President Theodore Roosevelt, the concept of race suicide was almost always used by those wishing to raise fears amongst members of the dominant race about their declining members and the influx of foreigners. During a speech in 1905, President Roosevelt stressed the opinion that the problem of race suicide was the fundamental challenge of the survival of the nation. Ultimately, his thought was that White women needed to bear enough children "so that the race shall increase and not decrease."⁴³ In the opinion of "Teddy" Roosevelt, White middle-class womanhood had willfully abandoned its fertility and the blame was put onto the "new woman" for neglecting her responsibilities. The eugenics movement thus had fertile ground as it offered a solution to the anxiety of the "unfit" producing and competing with White womanhood.

Legislators enacted marriage and segregation laws to prevent those deemed hereditarily unworthy from marrying and intermingling with the "fit" population. In 1895, the first marriage law, The Act Concerning Crimes and Punishments, was passed in Connecticut, banning "epileptics, imbeciles, and the feeble-minded" from getting married.⁴⁴ Additionally, the law also promoted segregation by placing these groups in state institutions during their reproductive years. Marriage laws, however, proved to be too weak as eugenicists feared the "unfit" would reproduce out of wedlock. Segregation thus became the main method of controlling the reproduction of the "unfit" population – the feeble-minded. Feeble-mindedness was a term that

⁴³ Theodore Roosevelt, "As for the mother, her very name stands for loving unselfishness and self-abnegation," (1905).

⁴⁴ Lawrence Goodheart, "Rethinking Mental Retardation: Education and Eugenics in Connecticut, 1818-1917," *Journal of the History of Medicine and Allied Sciences* 59, no. 90-111 (2004), 107.

first emerged in the mid-nineteenth century in the United States to describe individuals exhibiting a lack of productivity or other behaviors deemed as “unfit.”⁴⁵

One American eugenicist played a powerful role in popularizing the term during the early twentieth century: Henry Goddard, a prominent American psychologist, created a diagnostic procedure, the IQ test, to cement the legitimacy of psychology as serious science. This tool was quickly used to link race suicide with the “girl problem,” the name given to the emergence of new working-class culture that encouraged a more expressive female sexuality.⁴⁶ Institutions provided a solution to feeble-mindedness. He argued that his role was to “help the general public to understand that they are a special group and require special treatment – in institutions, when possible, in special classes in public schools, when institutions are out of reach.”⁴⁷

Feeble-mindedness, however, transformed from a slight mental impairment to an outward sign of a fundamental genetic flaw. It was easily manipulated into a catchall term for any type of behavior considered threatening.⁴⁸ Further, mental disability became associated with the standards of sexual and social behavior, and anyone who strayed from either was a threat to society. Segregation, however, was expensive and there were not enough institutions to house everyone that eugenicists wanted to prevent from having children. Seeking a more effective method of resisting women’s transgressions, eugenicists turned to sterilization.

Following this logic, eugenicists and other moral reformers advocated for the incarceration of sexually promiscuous working-class women during the height of the Progressive Era. In 1907, the first legislation was established authorizing the forced sterilization of people

⁴⁵ Kluchin, *Fit to be Tied*, 13.

⁴⁶ Kline, *Building a Better Race*, 25.

⁴⁷ Goddard, "Four Hundred Feeble-Minded Children Classified by the Binet Method," (1910): 395.

⁴⁸ Adam Cohen, *Imbeciles: The Supreme Court, American Eugenics, and the Sterilization of Carrie Buck*, (New York: Penguin Books, 2016), 6.

judged to have hereditary defects – its greatest target being the “feeble-minded.” The Sonoma State Home for the Feeble-minded in California, for instance, performed more sterilizations on “mental defectives” than in any other institution in the world.⁴⁹ Before 1910, Sonoma provided care for “naturally timid, easily alarmed children who could not, because of their deficiencies, be properly cared for at home.”⁵⁰ However, as the institution entered the mid-century, its therapeutic focus shifted from the protection of patients to the protection of normative society. They adopted a new policy that segregated the feeble-minded from the Home’s “normal” population.

Eugenicists thought that it was the State’s duty to sterilize the feeble-minded to relieve the problem of female sexual delinquency, stating “there are throughout the State many feeble-minded women of child-bearing age, unmarried, who are giving birth to children who in all probability will be feeble-minded and become State charges.”⁵¹ The implication of this statement was that something needed to be done to stop undesirable women from breeding. Compared to segregation, sterilization was also more cost effective, could reach more people, and appeared to reduce promiscuity. An influential eugenic researcher, Paul Popenoe, observed in 1927 regarding the new policy at Sonoma that “It appears that something like 25 percent of the girls who have been sterilized were sent up here solely, or primarily, for that purpose. They are kept only a few months – long enough to operate and instill a little discipline in them; and then returned home.”⁵² Sonoma’s policy was deemed as protecting society from these women’s atavistic qualities and preserving female sexual morality within the White race. Women accounted for 42 percent of sterilizations between 1907 and 1920, but 58 percent of all sterilizations between 1920 and

⁴⁹ Ibid.

⁵⁰ Ibid.

⁵¹ California State Board of Charities, “Biennial Report of the State Board of Charities and Corrections of the State of California,” (Sacramento: California State Printing Office, 1908), 73.

⁵² Paul Popenoe, “Sterilization for human betterment: a summary of results of 6,000 operations in California,” (1909-1929).

1940.⁵³ The shift to sterilization quickly mended with the eruption of the Birth Control Movement during the 1920s as sex became legitimate and popular discourse. Both Black and White Americans began to demand contraceptives, but the Black community was particularly targeted to further the eugenic goal of racial purity.

By the 1920s, female sexual pleasure was becoming an accepted and commodified aspect of modern identity as women began to enter the public sphere. Reproduction thus became a public health issue and, in this context, motherhood became political. Eugenicists also became preoccupied with fighting a new working-class culture that erupted with this changing mindset. The scientific community – or at least those that believed in racial purity – came to fear the “girl problem,” a working-class culture that encouraged a more expressive female sexuality and celebrated women’s independence in public spheres.⁵⁴ As motherhood was becoming voluntary with this gendered shift, birth control was being used as a tool to convince the public that it was desirable to control their own reproduction, thus solving the societal issues that plagued the nation. For many thinkers, especially those who were concerned with falling birth rates, race suicide was synonymous with birth control. On the other hand, some thinkers welcomed the regulated reproduction for the urban nation that the United States was fast becoming.

During the thick of the Progressive Era, positive eugenics, the movement to persuade the fit to procreate, had proved ineffective in the early twentieth century. Eugenicists claimed that women’s reproductive duty could not compete with the sexual culture of the 1920s.⁵⁵ Thus, the problem of race suicide needed to be reconstructed and simplified to appeal to the Progressive-Era audience. While an earlier generation of middle-class reformers mourned the growing

⁵³ Kluchin, *Fit to be Tied*, 17.

⁵⁴ Kline, *Building a Better Race*, 25.

⁵⁵ *Ibid.*, 26.

weakness of White manhood, a new group of reformers, led by Goddard, addressed the problem of racial decline with a new tool: birth control. Progressive reformers, especially women, across the country responded to Goddard's reinvention of race suicide and provided lobbying power, one woman in particular being Margaret Sanger. One of the most influential women of the twentieth century, Sanger made great strides in the crusade for opening access to birth control for women. The Birth Control Movement, launched by Sanger in 1914, appealed to the White upper and middle class by blaming the working class for the ills of society. Sanger argued that "birth control would eradicate poverty and its consequences. If the individual family and the nation achieved abundance by restricting their numbers... all manners of social evils--insanity, crime, unemployment, slums, and prostitution--would disappear."⁵⁶ By fear-mongering poverty to the White middle and upper class, Sanger was able to gain support and advance the doctrine of eugenics in a brand-new setting. She recognized that there were underlying similarities in the eugenics and Birth Control Movement, and quickly capitalized upon this likeness to utilize the movement as an enforcement mechanism. Her efforts, however, were met with criticism from eugenicists as birth control was still considered radical and many believed that it worked against the White population as they faced falling birth rates.

Among eugenicists and female progressives, there was no consensus on how to approach the issue of birth control. For instance in the year 1918, the League of Women Voters refused to support birth control because it "clashed with their conceptions of femininity, maternity, and progress."⁵⁷ The League "voted to study sterilization of the unfit as a strategy to reduce degeneracy but refused to include birth control as part of the study because of its controversial

⁵⁶ Margaret Sanger Speech to Fabian Society Meeting, July 5, 1915, Margaret Sanger Papers, Library of Congress, 109-110.

⁵⁷ Kline, *Building a Better Race*, 64.

nature.”⁵⁸ Some reformers were opposed to birth control, pointing out that it was responsible for the low birth rate. Others, like Sanger, believed that it could indeed improve the White race. As stated by Sanger in 1919 in the *Birth Control Review*:

Before eugenists and others who are laboring for racial betterment can succeed, they must first clear the way for Birth Control. Like advocates of Birth Control, the eugenists, for instance, are seeking to assist the race towards the elimination of the unfit. Both are seeking a single end, but they lay emphasis upon different methods.⁵⁹

Sanger skillfully crafted her language in a way that would attract supporters who championed for protecting society from the reproduction of the “unfit,” but remained wary of the radicalism of birth control. The positive relationship established between birth control and eugenics aided in dissociating birth control from sexual controversy. Placed in a eugenic framework, birth control became a key component of racial progress. Fundamentally, Sanger’s movement anticipated that limiting the reproduction of the poor would provide a scientific solution to poverty and poor health, aligning well with the powerful eugenics movement. Thus, reformers began to constitute birth control as a usable eugenic force that would ultimately become socially essential in controlling the fertility of Black women.

As contraceptives became widely available, health and welfare professionals began to integrate birth control instruction into maternal and infant health programs catered towards Southern, poor women. These professionals, however, assumed that poor women lacked both the intelligence and the motivation to properly use contraceptives. The director of the American Birth Control League (ABCL), Doris Davidson, pointed out that in order to reach the poor and “unfit,” easier-to-use contraceptives needed to be distributed through public health channels, “We all know the ever-present need for a simpler method for unintelligent, illiterate, lazy, and

⁵⁸ Ibid.

⁵⁹ Margaret Sanger, “Birth Control and Racial Betterment,” *Birth Control Review* 3, no.2 (Feb. 1919).

poverty-stricken patients... If we are going to help this low-grade patient, do we not have to meet them on their own level? – give them something which is easy for them to apply, and which they can readily understand?”⁶⁰ Contraceptive foam powders and jellies met these conditions as they were cheaper and deemed easier for poor women to use. However, the main priority of birth control advocates was to reach many women rather than to provide reliable contraceptives. Davidson continued, “There is the important problem of reaching more patients in a given time... If the jelly method or the sponge-foam method does not insure a high degree of protection per se, the scales would be balanced, and more than balanced on the other hand because greater numbers of patients would be reached and protected.”⁶¹ While these new contraceptives proved to be a success for the Birth Control Movement as it reached a greater number of women, the issues of the Black community remained a key point of concern to Sanger in which she saw a desperate need for contraception distribution and education.

Most of the women who took advantage of the state-sanctioned birth control programs lacked access to basic health services. Thus, Black and poor White women welcomed these birth control services, participated in them, and even helped shape the contraceptive programs.⁶² Within the Black community, high rates of infant and maternal mortality alerted health professionals to the need to improve infant and maternal health. As a result, Black health and social work professionals demanded better health and contraceptive services for Black women. Between 1900 and 1930, around 20 percent of infants of color died before the age of one, and approximately ten non-White women died for every thousand live births.⁶³ Health professionals,

⁶⁰ Doris Davidson to Mrs. Barclay 5 March 1937 Box. 190, file 2993 CJG-CML.

⁶¹ Ibid.

⁶² Johanna Schoen, *Choice and coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare*, (Chapel Hill: University of North Carolina Press, 2005), 24.

⁶³ Ibid., 25.

however, began to place the blame for high mortality on the presumed ignorance of poor, Black women. One physician argued that “their homes and labor beds are unbelievably unsterile. There are no screens and usually no lights. In other words, these pregnant women make little or no preparation for their delivery – by engaging a doctor, keeping their bodies in health, or preparing their delivery rooms.”⁶⁴ Black women began to flock towards birth control both in order to have control over their own health and as a reaction to criticism pointed towards them from the medical establishment. The high mortality rates looming over the Black community led many Black women to take control over their own fertility by means of birth control.

Many Black Americans saw birth control as one way to attain improved health, and, having secured that, equal rights, and social justice. W.E.B. Du Bois, one of the most influential Black activists during the twentieth century, was one of the first Black leaders to publicly endorse birth control for Black Americans. He argued that Black families should rely on birth control as means of remedying their subordinate status and reducing the high Black infant mortality rate. In 1922, Du Bois stated:

No woman can bear seven children in ten years and preserve her own health and theirs... Birth control is science and sense applied to the bringing of children into the world, and of all who need it we Negroes are first. We in America are becoming sharply divided into the mass who have endless children and the class who through long postponement of marriage have few or none. The first result is a terrible infant mortality: of every 10,000 colored children born 1,356 die in the first year, while only 821 die among Whites.⁶⁵

Du Bois conveniently merged his support for birth control with the painful statistics that Black women were facing. Du Bois, however, was not immune from the elitist thinking of his time and his arguments for birth control were painfully similar to eugenic rhetoric. Within the Black

⁶⁴ Ibid., 26.

⁶⁵ W. E. B. Du Bois, "Opinion," (October 1922), 251.

community, the push for birth control was paternalistic and Du Bois, as a classist, was primarily concerned with the Black elite. Therefore, his positions on Black women's rights were removed from the reality of the kind of women that would actually benefit from birth control – poor, Black women. Racism, sexual exploitation, and impoverishment were enduring facets of Black women's lives which encouraged them to control their fertility. However, there is some irony that the same paternalistic urge to control poor and working-class women can be found in both the work of eugenicists and Black critics, like Du Bois. Ultimately, birth control within the Black community was understood as a tool for racial betterment. Birth control addressed problems such as high infant and maternal mortality that resulted from economic and social barriers. However, into the 1930s, Black nationalists began to caution against racial extinction by rationalizing against the use of birth control.

Marcus Garvey, a founder of early Black Power ideology, was concerned about the possible tragedy of racial extinction. In 1934, he gave a speech where he argued that "... any attempt to interfere with the natural function of life is a rebellion against the conceived purpose of Divinity in making man a part of His Spiritual Self: hence this Convention advises the Negro peoples of the world not to accept or practice the theory of birth control."⁶⁶ Garvey believed in the "power of numbers" strategy and thought that the use of birth control was a form of race suicide. However, while opposition against birth control was pervasive amongst Black thinkers, it remained a critical resource for Black health: by the onset of the Great Depression, most poor and minority women lacked the financial resources to seek medical care even during pregnancy and delivery, and birth control was the only means by which said women could remain employed and financially and physically healthy. As such, Black Americans' advocacy of birth control

⁶⁶ Marcus Garvey, "The Marcus Garvey and Universal Negro Improvement Association Papers," 603.

sharply differed from the eugenic agenda – while White eugenicists promoted birth control as a way of preserving the social structure, Black Americans promoted birth control as a way of toppling it. Although Black women were now using birth control at increasing rates, they still experienced a rise in their birth rates but continued poor quality of life – further threatening White racial purity. In 1939, Sanger officially launched a new program that offered a solution to the overpopulation of the Black community that appealed to both eugenicists and Progressive thinkers alike – The Negro Project.

Chapter 2: The Rise and Fall of the Negro Project

The Great Depression of the 1930s worsened the already bleak economic situation of Black Americans. Black Americans were disproportionately affected by dire economic situations, legal segregation, and the burden of others' racist beliefs, making their access to healthcare a pressing national issue, particularly in the South where a large majority of Black Americans lived in extreme poverty. Margaret Sanger established the Negro Project in 1939, and, mindful of these disparities in access, focused her initiatives on Southern Black women, arguing that, "Birth Control can reduce the attendant loss of life, health, and happiness that spring from these conditions in the form of excessive infant and maternal mortality among negro mothers, high morbidity rates... ignorance and despair."⁶⁷ Though presented as a program to offer marginalized Black communities access to reproductive information and care, the Negro Project actually served as means to persuade Black women to curb their own reproduction and "volunteer" for surgical sterilization.⁶⁸ This project marked a change in focus from the previous decade – this initiative retained the feminist narratives of previous family planning offerings, purporting to give women the opportunity to control their reproduction; however, it was very much a eugenic project as Sanger redirected her focus from White urban women to Black women, with the goal being racially focused population control. Additionally, the program's institutional support was reflective of the societal and academic power that eugenicists had both domestically and abroad, eventually becoming a fundamental blueprint for Hitler's genocide.

By the onset of the Great Depression in the 1930s, the United States found itself with an overabundance of labor and little to no labor demand. These changes in the national economy

⁶⁷ Mary Lasker Papers, 1940-1993, (Columbia University: Rare Book and Manuscript Library).

⁶⁸ Schoen, *Choice and coercion*, 45.

resulted in an end of the previously high demand for Black labor.⁶⁹ In this changing labor landscape, the control of Black women's reproduction subsequently became a national concern. Fears of unplanned reproduction among working-class Black Americans inspired many of the supporters of birth control. For the Black community, the use of birth control was framed as a means towards self-improvement and self-help, which fueled its increased popularity in the late twenties. Most supporters of birth control stressed the need for the establishment of clinics and the spread of information, but their arguments were often based on the prejudice that poor Black individuals needed to control their reproduction due to their inferiority and ignorance. According to the editor of a Black-owned magazine, *Opportunity*, Elmer Carter argued that "if one is willing to accept the almost universal testimony of Negro physicians, that since the economic collapse birth control of a sort is being attempted on a wide scale among the lower classes of Negroes, who find themselves facing a future of almost certain insecurity and want."⁷⁰ Such class bias was evident in the practices of Black male intellectuals and physicians. For instance, a Black-run Maternal Health Center opened in Baltimore and its Black founders emphasized the need to organize clinics for Black Americans from the "top of the leadership pyramid down."⁷¹ The salience of the male-dominated Black intelligentsia's arguments in favor of birth control use during the twenties – as a counter to poverty, abortion abuse, and racism – intensified under Depression conditions. Thinkers such as Du Bois had argued that Black women should limit their fertility for economic reasons: now, as the poverty of the Depression hit America, their position seemed even more justified.

⁶⁹ Ibid.

⁷⁰ Elmer A. Carter, "Eugenics for the Negro," *Birth Control Review* 16, no. 4 (June 1932), 170.

⁷¹ E.S. Lewis, "Baltimore's Negro Health Center: How It Was Organized," *Birth Control Review* 22 (May 1938), 94.

Professional and upper-class Black Americans in favor of birth control argued for more Black healthcare workers and better methods of contraception. In 1932, Dr. Charles Gavin questioned why the only two Black medical colleges were hesitant to offer contraceptive teaching.⁷² Despite the absence of discussion in Black medical schools, birth control was beginning to be seen as a desirable part of healthcare in order to “fix the problems” of the Black population. As stated by a Black physician, Dorothy Ferebee, “The Negro is saddled with problems of disease, poverty, and discrimination which menace not only his welfare, but the welfare of America. The existing medical and socio-economic problems of the Negro race are, therefore, problems of the nation.”⁷³ Low-paying jobs, bad housing, and inferior medical care seemed to hit Black Americans especially hard. Therefore, to the families caught in this continuous spiral of penury, contraception was promoted as their only measure of control. As corroborated by a Black surgeon, “It is not merely incidental that the upper classes have risen from the Negro slums... it is because they have not allowed indiscriminate childbearing to fetter them.”⁷⁴ As it became common thought within the Black community that birth control should be used within the Black working class, White eugenicists seized on this vulnerability. A doctor visiting a clinic in Harlem noted that “most physicians and ministers are not only sold to the idea and to the need of the work, but are anxious to advance it.”⁷⁵ Although birth control was widely accepted as a solution to the social problems Black Americans faced, few clinics operated where Black women could obtain safe healthcare. Sanger’s clinics were therefore crucial points of access for Black populations.

⁷² Charles Gavin, “The Negro Doctor’s Task,” 270.

⁷³ Carter, “Eugenics for the Negro,” 170.

⁷⁴ Gavin, “The Negro Doctor’s Task,” 270.

⁷⁵ M.O. Bousfield, “The Negro Public Health Work Need Birth Control,” *Birth Control Review* 16 (June 1932), 170.

Sanger's projects and organizations were purported as family planning. However, Sanger's fundamental intent was to cull Black populations, thus, her focus on Black population centers. Sangerists endeavored to maintain a delicate balance between winning over the support of the medical profession and championing their own contraceptive agenda. The Birth Control Movement therefore depended on the language of eugenics to legitimize contraception and to define birth control as a necessary component of national efforts to promote racial betterment. Sanger began her efforts in the North, opening her first clinic in Harlem in 1930 where Black women were sterilized through similar initiatives that would be employed in the South.⁷⁶

Although the Harlem clinic was one of the first facilities in New York where Black women could receive safe birth control, it was still met with ambivalence by the Black community. Due to the clinic being primarily run by White doctors, many potential patients suspected that the clinic was intended to promote race suicide rather than racial betterment. Many patients feared that they would be used as guinea pigs in medical experiments, and "The placard identifying the clinic as the Clinical Research Bureau and its exclusively White staff only helped to fan suspicions."⁷⁷ As a result, Sanger and the Harlem clinic began to respond to residents' fear of experimentation by printing pamphlets that described sterilization as "harmless" and attempted to include Black Americans in the clinic's operation.⁷⁸

The incorporation of Black Americans in the clinic, however, was met with opposition. Council member Mabel Staupers stated, "If the Birth Control Association wishes the cooperation of Negroes... I feel that we should be treated with the proper courtesy that is due us and not with the usual childish procedures that are maintained with any work that is being done for

⁷⁶ Nicole Rousseau, *Black Woman's Burden: Commodifying Black Reproduction*, (New York: Palgrave Macmillan, 2010), 111.

⁷⁷ Roberts, *Killing the Black Body*, 87.

⁷⁸ *Ibid.*

Negroes.”⁷⁹ In 1936, six years later, Dorothy Ferebee sounded a similar lament, advising White activists that “the Negro at his present advanced state of development is increasingly interested more in programs that worked out with and by him, than in those worked out for him.”⁸⁰

However, another Black physician, Dr. Midian Bousfield, concluded that the Black involvement was fundamentally superficial and was simply a strategic tactic employed by Sanger, “again and again White people, competent in every other particular way, get confused in the face of interracial endeavor. Lack of deep-seated interest usually accounts for this.”⁸¹ The combination of the need for birth control yet a disregard for the welfare of Black patients resulted in what a Black social worker of the project recalled, “The expectation that Black people were not able to take care of themselves. They were all illiterate, retarded.”⁸² Although Sanger attempted to publicize that Black individuals were involved, the Harlem clinic could not survive against the scrutiny and the clinic closed in 1936.

Black Northern newspapers led to Sanger’s failure in Harlem, causing her project to become more geographically specific as the kind of individual to work in her clinic would be less likely to collaborate in the North than in the South. The clinic’s failure was a precedent for the phenomenon of the educated Black Northerner. Many, including Sanger, believed that Black populations in the North were more educated than those in the South, a belief that was itself a result of the Great Migration. As explained in chapter one, Black people who moved North were more likely to move to urban areas and take jobs that were in the service industry, and Black domestics worked in close contact with their White employers; this interaction led many

⁷⁹ Mabel Staupers to Margaret Sanger, Washington, D.C.: Library of Congress, (1944).

⁸⁰ Dorothy Ferebee, “Planned Parenthood as a Public Health Measure,” (1942), 9.

⁸¹ Midian Othello Bousfield to Michael Marks Davis, Margaret Sanger Papers - Library of Congress, 31:199, (Chicago: University of Illinois Press, 2010), 119.

⁸² Quoted in Simone M. Caron, “Birth Control and the Black Community in the 1960’s: Genocide or Power Politics?” *Journal of Social History* 31, no. 3 (Spring 1998), 554.

Northern Whites to believe that this familiarity was “Whitening” their Black employees, therefore making them more intelligent. At the same time, this close contact probably made these same White employers think of the Black individuals that worked for them more highly than those who lived far away in the Southern United States. On a more practical level, Black urban Northerners had more access to services such as education compared to the Black populations in the South. As a result, literacy rates were significantly higher in the North, furthering the impression of a more intelligent Black population.

Northern Black newspapers provided news about what life was for Black Americans living in the North.⁸³ These newspapers “became advocates of using the movement [Black flight to Northern cities] as a tool of race advancement, highlighting the migration’s political significance as an expression of discontent.”⁸⁴ As a result of these conversations, the North was less receptive to Sanger’s efforts as the communities she was targeting were more likely to have conversations about her motives. In a series of articles in *The Crisis*, Black journalist Elaine Ellis addressed the dangers of sterilization by eugenicists in the North. She wrote, “Sterilization, one of the tenets of Fascism, makes women its chief victim... One can readily visualize its vicious application as means of controlling the labor supply.”⁸⁵ Her discussion of sterilization is an example of the Black discourse which viewed birth control as a type of population control imposed by Whites. Similarly, in *The New York Amsterdam News*, the practice of birth control was exclaimed as race suicide, “It is a move away from the full development of the race and lays the foundation for a weaker minority group in a so-called Nordic civilization... It is conceivable that a program demanding more Black... babies would so increase the population of Negroes

⁸³ Hunter, *To Joy My Freedom*, 235.

⁸⁴ *Ibid.*, 235.

⁸⁵ Elaine Ellis, “Women of the Cotton Fields,” *The Crisis* 45 (October 1938), 333.

that the White race would in time, become a small majority race.”⁸⁶ Further, Black women in the South needed Sanger’s services more, especially family planning. Therefore, the combination of Southern Black women’s desperation for access to birth control and the lower likelihood of conversations about her racist intent allowed for the South to become perfect ground for her to focus on what she thought was reproductively controlling the less intelligent Black population.

Although the clinic was not successful in the North, Sanger learned two important lessons from her experience in Harlem. The first was that having Black collaboration, specifically Black faces at the front of her clinic, was essential to fostering trust if she were to infiltrate Black communities. The second was that she needed to target Black population areas that she believed were less educated and fundamentally less intelligent – the South. With these two factors in mind, she executed a similar initiative in the South, the Negro Project, which proved to be successful in meeting her eugenic goals.⁸⁷ Though presented as a program to offer marginalized Black communities access to reproductive healthcare, the Negro Project was geared towards women in the South as eugenicists considered Southern Black individuals to be especially unfit to breed based on a theory of “selective migration.” Proponents of selective migration argued that more intelligent Black people tended to migrate North, leaving less intelligent individuals behind. This theory was corroborated by a finding that showed that Black people from Northern cities scored significantly higher on an army intelligence test.⁸⁸ However, this idea was not universally accepted as some began to refute the selective migration thesis. In 1935, Psychologist Otto Klineberg argued that “The superiority of the northern over the southern Negroes, and the tendency of northern Negroes to approximate the scores of Whites, are due to factors in the

⁸⁶ Birth Control and the Negro, *New York Amsterdam News* (May 1938).

⁸⁷ Roberts, *Killing the Black Body*, 73.

⁸⁸ Ibid.

environment, and not to selective migration.”⁸⁹ Nevertheless, his research did not hinder Sanger’s and eugenicists’ plans to reduce Southern Black women’s birth rate. In 1939, the American Birth Control League and the Clinical Research Bureau joined forces to become the Birth Control Federation of America, with Sanger being the chairman of the Federation.⁹⁰ The Birth Control Federation of America stated: “The mass of Negroes, particularly in the South, still breed carelessly and disastrously, with the result that the increase among Negroes, even more than among Whites, is from that portion of the population least fit, and least able to rear children properly.”⁹¹ The Federation’s proposal suggested that Black women should be rendered as vulnerable as possible to their birth control propaganda. One of the first projects formed by the newly founded Federation was the Division of Negro Service, which established pilot clinics in Tennessee and South Carolina under the direction of Black doctors and nurses.⁹²

Through her experience in the Harlem clinic, Sanger knew it was critical to gain the support and involvement of the Black community and establish a foundation of trust. She insisted that Black Americans were best suited to do the groundwork, which would involve dispelling fears of genocidal intent and misconceptions that confused birth control for abortion. As she saw it, Black spokespeople stood the best chance of the grassroots approach and convincing local leaders, especially ministers, to accept the benefits of contraception rather than denouncing them. In 1939, Sanger wrote a letter to physician Clarence J. Gamble, a prominent eugenicist and birth control advocate. Gamble worked for decades in Sanger’s national organizations and, as a personal friend, Sanger recruited and involved him in many decisions.

⁸⁹ Otto Klineberg, *Negro Intelligence and Selective Migration* (New York: Columbia Press, 1935), 59.

⁹⁰ Roberts, *Killing the Black Body*, 76.

⁹¹ Kluchin, *Fit to be Tied*, 42.

⁹² Jessie Rodrique, “The Afro-American community and the Birth Control Movement, 1918-1942,” (PhD diss. University of Massachusetts Amherst, 1991), 84.

Gamble was actively involved in a eugenic sterilization group, and opened more than twenty eugenic sterilization clinics in the Midwest and the South.⁹³ The conversation between Gamble and Sanger outlined the importance of Black collaboration:

It seems to me from my experience... in North Carolina, Georgia, Tennessee and Texas, that while the colored Negroes have great respect for White doctors, they can get closer to their own members and more or less lay their cards on the table, which means their ignorance, superstitions and doubts... They do not do this with the White people, and if we can train the Negro doctor at the clinic, he can go among them with enthusiasm and knowledge, which, I believe, will have far-reaching results among the colored people.⁹⁴

Although Black Americans were hired to work in local birth control clinics and sit on committees, they were not invited to participate in planning nor manage the clinics that served Black patients – this gave the clinics the appearance of legitimacy, while simultaneously allowing the White founders to carry out their eugenic agenda.

In the South, Sanger understood the concerns of some within the Black community about having Northern Whites intervene in the most intimate aspect of their lives. Sanger, like other White Americans in the Birth Control Movement, saw Black leaders and healthcare professionals as a means of facilitating their organizations' efforts among the Black community. They encouraged Black Americans to participate in the movement in order to raise funds and to give legitimacy to their projects by having Black individuals at the forefront. Sanger argued that, "I do not believe... that this project should be directed or run by White medical men. The Federation should direct it with the guidance and assistance of the colored group, the project; perhaps, particularly and specifically formed for the purpose."⁹⁵ With this perspective, the project even gained support from portions of the Black community as seen by the letter written

⁹³ Kluchin, *Fit to be Tied*, 42.

⁹⁴ Margaret Sanger to C.J. Gamble, December 10, 1939, Margaret Sanger Papers, Library of Congress, 51.

⁹⁵ *Ibid.*

by John Mitchell, a Black Farm Security Administration worker in North Carolina. Mitchell wrote to Sanger that “None of us want ‘Race Suicide’ but ‘Planned Parent-Hood’ I think is the logical thing to do. I appreciate you sending me a list of Negro physicians in North Carolina.”⁹⁶ As a result of the support that she was receiving from the Black community, Sanger specifically called for the recruitment of Black ministers and healthcare workers to lead local birth control committees, “The minister’s work is also important, and also he should be trained, perhaps by the Federation, as to our deals and the goal that we hope to reach. We do not want word to get out”, Sanger wrote to her colleague, “that we want to exterminate the Negro population and the minister is the man who can straighten out that idea if it ever occurs to any of their more rebellious members.”⁹⁷ The strategic use of Black individuals in the operation of the Negro Project allowed Sanger and her colleagues to control Black fertility without stirring up direct opposition from the Black community. By the end of the decade, there were nearly 800 clinics located throughout the country, and they were staffed and supported by Black Americans.⁹⁸

Through the use of field projects, Sanger’s promotion of eugenics and her overtly racist ideologies made her a leading force in the systemic and abusive sterilization of Black women during and after World War II. The Negro Project facilitated compulsory and coercive sterilization programs that targeted Black women and continued well after the program’s end in 1942. The program “asserted their purpose for sterilizing Black girls as young as ten years old... North Carolina continues to perform sterilizations at the same alarming rate, of 65 percent Black compared to 35 percent White, for the next twenty years.”⁹⁹ Between 1929 and 1941, more than

⁹⁶ John W. Mitchell to Margaret Sanger, July 18, 1941, Margaret Sanger Papers, Library of Congress, 51.

⁹⁷ Ibid.

⁹⁸ Rodrique, *The Afro-American community and the Birth Control Movement*, 89.

⁹⁹ Rousseau, *Black Woman's Burden*, 110.

2,000 eugenic sterilizations were performed each year in the United States.¹⁰⁰ To that end, White America succeeded in reframing motherhood from a universal right to an exclusive privilege and, by the start of World War II, eugenicists' way of thinking about reproduction and social inequality had left a lasting imprint on American society that would eventually lead to a new era of sterilization abuse.

By the end of the 1930s, contraceptives had gained wide acceptance in both White and Black communities due, in part, to the economic dislocations of the Depression and the removal of legislation barring its use. By this time, contraception had made significant inroads and birth control commerce was legitimized among the medical profession. As a result, birth control was officially recognized as part of a doctor's medical practice. However, there remained a contradiction between the sense of agency that birth control gave Black Americans and the eugenics vision of population control. Margaret Sanger allied herself with the burgeoning eugenics movement as birth control veered away from its feminist origins to include programs that controlled the poor and working-class. As discussed in the previous chapter, the main solution for eugenicists was the rapid expansion of forced segregation and sterilization, as well as marriage restrictions. In 1933 alone, at least 1,278 coercive sterilizations were performed, 700 of these were performed on women. In 1927, the Supreme Court upheld Virginia's policy of sterilizing "feebleminded" individuals.¹⁰¹ With the blessing of this ruling state governments were authorizing involuntary sterilization of vulnerable individuals they deemed as "unfit" and during the economic crisis of the 1930s, public officials expanded that category to include women who were poor. One particular victim of this program, Mabel Scott, had been sterilized without being informed. After she attempted to sue the North Carolina Eugenics Board and lost, she explained

¹⁰⁰ Roberts, *Killing the Black Body*, 89.

¹⁰¹ *Ibid.*

“I wanted to do something about it... I felt like, you know, it was wrong. What they are doing was inhuman... I was powerless... I was powerless over everything and I still am powerless.”¹⁰²

The Negro Project, imbued as it was with the presumptions of White superiority, was the perfect program for controlling the size and composition of the American population by means of racial culling. Even with the suspicion and debate within the Black community of the legitimacy of the Negro Project as discussed in the previous chapter, eugenic-based projects continued to flourish in inter-War America. This proliferation even took an international dimension, with its application spreading abroad; however, this same broadened popularity would lead to its downfall as a legitimate science, at least from its overt 1930s form.

Only after eugenics became entrenched in the United States through campaigns like the Negro Project was the operation transplanted into Germany through the efforts of American eugenicists. These eugenicists published booklets idealizing sterilization and circulated amongst German officials and scientists. Dr. Popenoe, a leader in compulsory sterilization in California, and his colleagues regularly informed German racial hygienists before and after 1933 about new developments in reproductive control programs in California and in the South. A representative of the American Committee on Maternal Health visiting Nazi Germany stated:

The leaders in the German sterilization movement state repeatedly that their legislation was formulated only after careful study of the California experiment as reported by Mr. Gosney and Dr. Popenoe. It would have been impossible, they say, to undertake such a venture involving some 1 million people without drawing heavily upon previous experience elsewhere.¹⁰³

Hitler “studied with interest the laws of several American states concerning prevention of reproduction by people whose progeny would, in all probability, be of no value or be injurious to

¹⁰² Ellen Black Winston Papers, “North Carolina Public Health Department Family Planning Program: Historical Background,” University of North Carolina of Greensboro (1968), 68.

¹⁰³ Kuhl, *The Nazi Connection*, 55.

the racial stock.”¹⁰⁴ During the Reich’s early years, eugenicists across the United States welcomed Hitler’s plans to implement American sterilization into Nazi propaganda, even republishing Nazi propaganda for American consumption.¹⁰⁵ However, when the massive German sterilization apparatus was created, its potential abuses were reported on by the world’s media, causing American eugenicists to change their practices to avoid similar scrutiny.

During the start of the War, the American Eugenic Record Office in Cold Spring Harbor, New York, was used as inspiration to Nazi Germany. The office was where histories of “degenerate” families were compiled in order to calculate the incidence of feeble-mindedness in the United States and estimate subsequent the social costs in court fees, institutionalization, and incarcerations.¹⁰⁶ After the War, however, in an effort to distance themselves from the Nazi regime’s similar practices, the office decided to dispose of its records and avoided the term “eugenics”, using the term “genetics” in its place.¹⁰⁷ Specifically, an American geneticist, L.C. Dunn cautioned Americans against endorsing eugenic policies and called attention to eugenicists’ less than rigorous practices, “The genealogical record offices have become powerful agencies of the [German] state, and medical judgments even when possible, appear to be subservient to political purposes... Scientific progress in general seems to have a very dark future.”¹⁰⁸ Americans listened and agreed that the relationship between the United States and the Nazi regime was one that should not be promoted; their past association with Hitler and the now public horrors of the Holocaust forced these American doctors to change their own tactics, as did the inevitable effects of the War effort.

¹⁰⁴ Edwin Black, *War against the Weak: Eugenics and America's Campaign to Create a Master Race* (New York: Thunder's Mouth Press, 2004), 770.

¹⁰⁵ Ibid.

¹⁰⁶ Adam Cohen, *Imbeciles: The Supreme Court, (New York: Penguin Press, 2016), 35.*

¹⁰⁷ Ibid.

¹⁰⁸ Ibid., 1056.

The number of sterilizations performed during the War in the United States fell far below their pre-War levels. The decline was in part a response to denunciations of the “science” of eugenics by geneticists and social scientists. The decrease was also largely caused by the War, specifically, the lack of medical staff available to perform the surgery, as many surgeons left to fight in World War II.¹⁰⁹ Sterilization ceased to be a top priority for most medical professionals during the War; therefore, neo-eugenic physicians and social workers adopted new methods of coercion in the 1950, 60s, and 70s.¹¹⁰ Nevertheless, the Black community reacted immediately to the racist implications of Nazism. Adam Clayton Powell, Jr, the first Black congressman to be elected in 1944, denounced Hitler, calling for Jewish-Black unity and immediate action, “The time is growing short for us to do anything to stop Fascism. Anti-Semitism, is a deadly virus of the American bloodstream... apathy spells our own doom.”¹¹¹ Alongside the Black denunciation of the Nazi regime, the highly publicized release of the camps and the Nuremberg trials, stigmatized the classic eugenics of the 1920s and 30s.

By the end of World War II, Sanger had retreated from public life, and the remaining American eugenicists were forced to change their tactics as they became associated with the Hitler regime. This end of classic eugenics resulted in a transition into the use of dog whistles and racial stereotyping instead of the use of the outward idea that Black Americans were scientifically inferior. With the global exposure of the Nazi camps and the systemic nature of their genocide programs, American eugenicists found their brand tainted. It must be emphasized that the global denunciation of Hitler’s actions did not cause forced sterilization to cease to exist but caused it to be reframed to distance its promoters from the horrors of the Holocaust.

¹⁰⁹ Kluchin, *Fit to be Tied*, 19.

¹¹⁰ *Ibid.*

¹¹¹ Adam Clayton Powell, Jr., "Soap-Box," *The Amsterdam News* (18 Mar. 1938).

American eugenicists transitioned their programs in ways that kept them fundamentally the same but rebranded to make them more socially acceptable. As the century moved on, the justification for reproductive control was no longer that the wrong people were polluting the gene pool, but that the wrong people were consuming resources, specifically economic ones – this scapegoating allowed for the rise of the racist stereotypes and caricatures of the 1950s.

Chapter 3: Jezebels and Sapphires

After the Second World War, eugenicists used negative imagery and stereotypes of Black women as means of refashioning their theoretical foundation of eugenic sterilization, which gave rise to sterilization programs across the country. Images of Black womanhood and domesticity had been a point of interest since the time of slavery, but the tropes used in the twentieth century reflected a new discomfort with their place in American society. As the country was finally pulled out of the Great Depression, eugenic theory had been undermined and interest in eugenic sterilization dwindled. Further, the stigma that became attached to eugenic science as a result of the Nazi regime led to the practice of forced sterilization becoming discredited by the 1940s. As a result, eugenicists needed to reframe their policies in a manner that would not only justify but also legitimize eugenic sterilization in America's changing culture. By the mid-century, Black women were still being positioned as unworthy of reproductive autonomy, but the cause was now their seemingly irresponsible overuse of the welfare system and their economic burden on post-war America. Historically, Black women have been subjected to "gendered racism," under which they experience negative and sexualized stereotypes. Caricatures of Black women have been around for centuries, and these portrayals tended (and still tend) to depict them as oversexed and promiscuous to ultimately legitimize their abuse and dismissal.

By the mid-twentieth century, one of the most prevalent images of Black women was based on a biblical character – the "Jezebel." Positioned as seductive, alluring, and tempting, the Jezebel stereotype justified White men to sexually abuse Black women without consequence.¹¹² The Jezebel trope was particularly popular during slavery as it helped White men justify the exploitation of Black women, "if Black women are always ready for sex and seeking it out,

¹¹² De Neice, "An Ethical Analysis of Reproductive Justice," 41.

White men are not taking advantage of them, harassing them, or raping them, but rather responding to their solicitations.”¹¹³ The Black female body, through the lens of this stereotype, was inherently hypersexual and promiscuous. Even though the Jezebel trope was particularly popular during the nineteenth century, its legacy continued and proliferated during the Civil Rights Movement of the 1960s.

When President John F. Kennedy was assassinated in 1963, his Vice President Lyndon B. Johnson took over and was in office during the height of the Civil Rights Movement. During his campaign for reelection, harmful depictions of Black women were used in an effort to disparage his eligibility as President. Specifically, the hypersexualized Jezebel stereotype was employed to create a spinoff of his campaign slogan “All the Way with LBJ.”



A metal license plate from 1964 marked with “I went all de way wif LBJ” alongside a racist caricature of a Black pregnant woman.¹¹⁴

Depicted in the image above of a license plate, a pregnant Black woman is shown next to the caption “I went all de way wif LBJ.”¹¹⁵ The use of the language “de” and “wif” was a strategic employment of Ebonics – African American English. From the use of a pregnant Black woman in association with the caption, it can be inferred that the campaign was trying to push the idea that the woman was “impregnated” by Lyndon B. Johnson. Further, from the lines of emphasis

¹¹³ Sharon Lamb, Roberts, *Girls of Color, Sexuality, and Sex Education*, (London: Palgrave Macmillan, 2016), 21.

¹¹⁴ Chris Preitauer, “1964 LBJ Metal License Tag,” *The Preitauer Black History Collection*, (2014).

¹¹⁵ Ibid.

exaggerating her backside to her wearing a nightgown and slippers, every part of this image is intended to demean and sexualize Black women. During the mid-twentieth century, the Jezebel trope was used as an “othering” tactic, and it coexisted with another stereotype that was aimed at fulfilling the same role – The Sapphire.

The Sapphire trope earned its name during the 1950s in a television show called “Amos ‘n’ Andy.” The show is often referenced as the first Black TV show as it was set in Black Harlem and featured Black actors (though based on a long-running radio show of the same name written and performed by White actors). In the show, actress Ernestine Wade played Sapphire, a domineering and shrewish wife that takes control of her household, especially her husband – an early depiction of the Angry Black Woman.¹¹⁶ Years following the show’s ending, the Sapphire appeared in and was popularized by the “Blaxploitation” movies of the 1970s. These movies depicted realistic modern experiences of Black people living in poor conditions – however, these films were solely produced and directed by White men.¹¹⁷ As a result, these films portrayed Black life as deviant, where Black women were framed as sex workers, sexually available to anyone and everyone, and domineering both inside and outside their home. The prolific use of the Sapphire and Jezebel stereotype in popular culture helped bolster the credibility of the pseudoscience that would lead to mass post-War forced sterilizations. In essence, these negative portrayals of the Black female were crucial in order to justify and legitimize Black genocide. As described by scholar Welch De Neice,

[The Black woman] cannot be portrayed as a human being; she must be portrayed as a bad mother, incapable of producing citizens of value and worth. The lack of moral fortitude possessed by Black females was never scientifically proven; but

¹¹⁶ D. H Foster, “From Minstrel Shows To Radio Shows: Racism and Representation in Blackface and Blackvoice,,” *The Journal of American Drama and Theatre* 17, no. 2 (2005), 86.

¹¹⁷ Ibid.

instead was a dimorphic attitude that assisted in producing programs that affected the reproductive activities of Black women.¹¹⁸

Fundamentally, the popular image of Black women as over-sexed further disallowed them as eligible mothers. As the century progressed, the matriarchal structure of the Black family unit was thought to be the reason as to why the Black race failed to succeed. The Sapphire stereotype and her moral degeneracy was used to justify the demonization of the Black family unit as a whole and its propagation in particular.

The Matriarch, the single female head of household and her weakness, became a symbol of the degeneration of the Black community in the 1960s. News outlets began to join the denigration of the Black mother and Black family, amplifying the voice of local and national politicians in singling out the Black family as the “single most destructive social pathology in modern American society.”¹¹⁹ Along similar lines, reports and other publications of the ‘Negro Problem’ specifically demeaned Black motherhood. In 1965, ex-Senator of New York Daniel Moynihan wrote a report titled *The Negro Family: The Case for National Action*, in which he summarized what was thought to be the fundamental issue of the Black community – the missing Black father and the lack of family structure resembling that of their White counterparts.¹²⁰ The Moynihan Report emphasized the need for Black Americans to adopt White middle-class family values. As Moynihan described, “the Negro community has been forced into a matriarchal structure which, because it is out of line with the rest of the American society, seriously retards the progress of the group as a whole, and imposes a crushing burden on the Negro male and, in consequence, on a great many Negro women as well.”¹²¹ Many interpreted Moynihan’s

¹¹⁸ Ibid., 40.

¹¹⁹ Ibid., 117.

¹²⁰ Daniel Moynihan, “The Negro Family: The Case For National Action Office of Policy Planning” (March 1965).

¹²¹ Ibid.

paper as an argument for government policies that would advance racial liberalism, specifically raising the Black standard of living by finding jobs for unemployed Black men so that they could support their families.¹²²

Clifford Geertz, an American anthropologist during the mid-twentieth century, concurred with Moynihan's report that "it is income that flows through the occupational system that will change the status of the family... In the long run, unless the Negro male's position in the occupational system changes, nothing much is going to change."¹²³ However, one challenge that rose from this policy for income equality was that the number of welfare cases continued to rise despite a drop in the unemployment of Black men. Moynihan interpreted this statistic as an indicator of dissolved marriages, leading to the single Black mother and her dependence on welfare. Moynihan's analysis of matriarchy asserted that Black women emasculated Black men, a position that was probably informed by long-standing stereotypes of Black women, such as the promiscuous "Jezebel" and domineering "Sapphire." These characters in particular are sexually confident, even voracious, and in behavior were defying the normative social hierarchy, a hierarchy which sought to place Black women submissively at the bottom of the pecking order. These offensive but fundamentally subversive images of Black womanhood inspired Moynihan and his government peers to find real-world ways to control Black women in hopes of maintaining the patriarchal social structure. In his report, Moynihan cited a program that hired Black men at his own agency, the Department of Labor, that Moynihan worried "rebounded to the benefit of Negro women and may have even accentuated the comparative disadvantage of Negro men." Moynihan offered explanations for the superiority of the male-headed family

¹²² Daniel Geary, *Beyond Civil Rights: The Moynihan Report and Its Legacy*, (Philadelphia: University of Pennsylvania Press, 2017), 70.

¹²³ *Ibid.*

model, and often argued that men were biologically best suited to lead families. In a memorandum written to Lyndon B. Johnson, Moynihan summarized the report's findings: "We must not rest until every able-bodied Negro male is working. Even if we have to displace some females."¹²⁴ *The Negro Family Report* maintained that matriarchal families were poorly adapted for Black advancement, an argument that many Americans agreed with on the local and federal level.

This demonization of Black female-led households would soon play out in the legal arena. In 1968, the United States Supreme Court heard the first case surrounding the legality of single Black mothers receiving government aid. In *King vs. Smith* (1968), Mrs. Smith's welfare benefits were terminated because she was cohabitating with an able-bodied man that happened to not be the father of her children. As a result, "The AFDC aid which appellee Mrs. Smith and her four children, who reside in Alabama, for several years had received was terminated in October, 1966, solely because of the substitute father regulation on the ground that a Mr. Williams came to her home on weekends and had sexual relations with her."¹²⁵ Expectedly, the same rules did not apply to White recipients of welfare benefits and the Supreme Court overturned this application of family law. Surprisingly, the lower court found the regulation in violation of the Equal Protection Clause as denying otherwise eligible children welfare benefits on the basis of their mother's immorality was "[A] reason... wholly unrelated to any purpose of the Aid to Dependent statutes."¹²⁶ In the Court's opinion, however, there is some indication of the majority's feelings as to whether morality or "worthiness" can be attached to welfare aid: the majority opinion discussed the evolution of public welfare in "regard to needy families deprived

¹²⁴ Ibid.

¹²⁵ *King v. Smith* (April 23, 1968).

¹²⁶ *Smith v. King*, 277 F. Supp. 31, 38 (D.C. Ala. 1967)

of a male breadwinner.”¹²⁷ It was also pointed out by the Court that the AFDC of the 1930s determined mothers’ worthiness on their sexual behavior. As the Court stated, “In this social context it is not surprising that both the House and Senate Committee Reports on the Social Security Act of 1935 indicate that States participating in AFDC were free to impose eligibility requirements relating to the ‘moral character’ of applicants.”¹²⁸ The Court may have been indicating the encouraging position that unorthodox sexual relationships or illegitimate births were not subject to total governmental regulation; however, the sheer fact that this case went through Court proceedings due to a Black women’s “sexual impropriety” further proved that American culture devalued the role of the unwed, working, Black mother. The Court may have been taking a more liberal position on American sexual privacy but expanding privacy laws were not protecting Black women to the fullest extent of the intended law, nor were they shielding them from racially targeted governmental intervention.

The unwed Black mother image was fully developed by the end of the 1960s and became the target of blame for the lack of Black achievement within American society. The common thought was that the absence of the Black father within the home led to the matriarch transmitting their degeneracy to their children. The lack of a father figure in the home, ironically, was a direct byproduct of the federal prison system that removed Black men from their communities. Beginning in the 1960s, a “law and order” rhetoric with racial undertones emerged in politics, which ultimately ushered in the era of mass incarceration. Further, with the Civil Rights Movement, Black Americans achieved some political and social freedom which politicians took steps to curb. Specifically, in 1965 President Lyndon B. Johnson declared the “War on Crime” – a punitive transformation of urban social programs that included saturating

¹²⁷ William P. Croke, *Poverty Law: King v. Smith and "Man-In-The-Home"* (1969).

¹²⁸ *Ibid.*

targeted areas with surveillance equipment and police officers to restore order.¹²⁹ However, this strategy criminalized generations of low-income Black Americans as these urban areas were largely populated by Black people. President Johnson described the “War on Crime” as “fighting a war within our own boundaries...” he continued, “We are trying to build for greatness in America. But it is pretty difficult with a society which lives in fear of robbers and murderers and racketeers to be great or even respectable.”¹³⁰ The “robbers and murderers” in question were soon labeled as Black men as a result of the perpetuation of negative images by popular culture. This association quickly led to the mass incarceration of those who were getting in the way of “greatness in America.” As a result, 41 percent of the inmates in federal and state correctional facilities were Black. The number of Black inmates, when taking in account population, outweighed their White counterparts by almost four times.¹³¹ Due to the disproportionate numbers of Black men involved in the criminal justice system, child rearing and providing financially for a family fell disproportionately on Black mothers, and many found themselves in need of government assistance, as “the percentage of single Black women receiving Aid For Dependent Children (AFDC) was higher in comparison to the Black population in America.”¹³² As reframed by popular culture, however, this rise in the number of Black families on welfare was the fault of the promiscuous and costly Black woman – and thus, the stereotype of the “Welfare Queen” was born.

When Aid for Dependent Children (AFDC) was first provided through the Social Security Act of 1935, racialized work rules in the South allowed only poor, White, and abandoned mothers to stay home and collect benefits. However, as a new decade approached

¹²⁹ Walter Bromberg, “The Effects of the War on Crime,” *American Sociological Review* 8, no. 6 (1963), 689.

¹³⁰ “Remarks to the Delegates to the Conference of State Committees on Criminal Administration” (1966).

¹³¹ Reasons, Charles. “Racism, Prisons, and Prisoners’ Rights.” *Issues in Criminology* (1974), 5.

¹³² An Ethical Analysis of Reproductive Justice, 64.

after World War II, the Federal Bureau of Public Assistance worked to increase non-White recipients' access. In the post-World-War II political economy, one of every three Black families had been officially classified as poor. Nationwide, the percentage of welfare recipients who were Black rose from 31 percent in 1950 to 48 percent in 1961.¹³³ With such high levels of Black poverty, welfare state policies supporting poor Black mothers and children had become increasingly expensive. Therefore, creating a controlling image of the welfare mother, soon to be the “Welfare Queen”, and stigmatizing her as the cause of her own poverty and that of Black communities shifted the focus away from the structural sources of poverty and blamed the victims instead. Contemporary images of the “Welfare Queen” had been supplemented by narratives about immoral, neglectful, and domineering Black mothers, adding layers to the specter of the lazy Black mother on public assistance who deliberately breeds children at the expense of taxpayers.

President Ronald Reagan first used the term “Welfare Queen” during his race for presidency in 1976. Basing his position on the case of a real woman, Linda Taylor, Reagan invoked a nameless woman numerous times, conjuring a racist stereotype of the single, Black woman living large on taxpayers' money by collecting government checks. Reagan branded her as a woman who “used 80 names, 30 addresses, 15 telephone numbers to collect food stamps, Social Security, veterans benefits for four nonexistent deceased veteran husbands, as well as welfare,” he continued, “Her tax-free cash income alone has been running \$150,000 a year.”¹³⁴ Reagan's clear resentment for Black single mothers for the presumed burden they placed on the state was a single factor in the expansion and approval of legislative proposals aimed at controlling the reproduction of welfare recipients. The descent of the value of the Black

¹³³ Roberts, *Killing the Black Body*, 109.

¹³⁴ Ronald Reagan, “Citizen's Press Conference” (1976).

woman's body became the social problem of the United States to be solved through the mechanism of forced sterilization. The "Welfare Queen" went on to become a political staple of the 1980s and a justification for massive gutting of the American welfare system, as well as the demonization of the poor as lacking in moral fiber rather than resources. It is notable that Linda Taylor, a serial con-artist, never identified as a Black woman (and in fact lived most of her life as a White woman) but still became a poster woman for the excesses of Black womanhood, and the political need to control it. Throughout the century the voices defining and speaking of Black bodies were often White, and almost always male – the people directly affected, women of color, were most unlikely to be heard or published. However, without their voices we cannot understand the true human impact of these policies, and the horror of these racial theories made law.

Chapter 4: “They Cut Me Open”

In 1968, Elaine Riddick was thirteen years old when she was raped by her neighbor in Winfall, North Carolina. Nine months later, she was sterilized by the state without her knowledge after delivering her first and only child: “They cut me open like I was a hog...” she later recalled, “I got to the hospital and they put me in a room and that’s all I remember, that’s all I remember... When I woke up, I woke up with bandages on my stomach.”¹³⁵ North Carolina had labeled Riddick “feeble-minded” and “promiscuous”, arguing that her schoolwork was poor and that she “does not get along with others”¹³⁶ – a perfect candidate for sterilization. She was not aware of the operation until five years later, at the age of nineteen, after she had married and hoped to have more children. Riddick was one of many victims of the systemic medical abuse that ran rampant in the twentieth century American medical establishment, which inflicted unspeakable trauma and loss on trusting female patients of color and denied many of them the right of minimal consent.

The threat posed by these women was economic, but primarily ideological – many of them were poor, but they were above all Black women at a time where greater social freedoms seemed potentially attainable, and the power of segregation was waning. Therefore, the proposals designed to reduce the number of children born to poor parents were an attempt to fend off the threat to White people’s welfare – a threat that was specifically Black. To understand this phenomenon of forced sterilization, we must acknowledge and highlight the voices of those who suffered this reproductive trauma. Though most of the victims were socioeconomically disadvantaged, and therefore had limited venues in which to tell their stories, we can still piece

¹³⁵ Meena Venkataramanan “She survived a forced sterilization. Activists fear more could occur post-Roe,” *The Washington Post* (July 2022).

¹³⁶ Michelle Kessel, “Victims speak out about North Carolina sterilization program,” *Black Women For Wellness* (May 2016).

together some first-hand accounts of their experiences of this injustice. At the end of the day, people like Elaine Riddick who were traumatized both physically and psychologically were vulnerable women with limited ability to advocate for themselves before and after they were mutilated by the very professionals they were supposed to trust. By integrating their experiences into any discussion of reproductive coercion, we are acknowledging the true human impact of medical malpractice and the racist ideology that it served.

The Civil Rights Movement of the mid-twentieth century had successfully advocated for legal reforms that gave Black Americans greater access to housing, jobs, political participation, and welfare benefits. The White backlash to Black Americans gaining rights, however, led to mandatory sterilization laws at the hands of government-paid doctors. In a controversial cover story in *Ebony* magazine entitled “My Answer to Genocide,” Black author Dick Gregory advocated for large families to decline sterilization:

For years [the White majority] told us where to sit, where to eat, and where to live. Now they want to dictate our bedroom habits. First the White man tells me to sit in the back of the bus. Now it looks like he wants me to sleep under the bed. Back in the days of slavery, Black folks couldn't grow kids fast enough for White folks to harvest. Now that we've got a little taste of power, White folks want us to call a moratorium on having children.¹³⁷

Gregory – and thinkers sympathetic to his position – felt that the systemic push towards Black family planning was just a continuation of pre-existing racist policies, amplified in scope by White fears of greater Black autonomy and political power. As he points out, the previous impetus of control from the White majority was to objectify Black reproduction, namely, to position it as a means of creating more product since Black people were considered resources rather than people. Now, in the twentieth century, he argued that the goal remained the same, but the tactics had shifted towards preventing population growth since the population itself could no

¹³⁷ Dick Gregory, “My Answer to Genocide,” *Ebony Magazine* (October 1971).

longer be commodified. Therefore, argued Gregory, the White majority saw Black reproduction as something that needed to be controlled, and coerced and controlled sterilization was the means to achieve that goal.

The fight against poverty in the United States ultimately led to the rapid growth of coerced birth control. An embodiment of this This fundamental idea was Ellen Winston, North Carolina's commissioner of public welfare, who recommended in 1951 that the state "expand its use of the eugenic sterilization program by following up on ADC families in which one family member had been sterilized to determine if other members might benefit from the surgery."¹³⁸ As a result of this practice, the proportion of state-sterilized patients in North Carolina who were Black rose from 23 percent in the 1930s and 40s to 59 percent between 1958 and 1960, and finally to 64 percent between 1964 and 1966.¹³⁹ Primarily, sterilization was an application of the war on poverty, echoing the Depression era programs of the earlier part of the century. Ironically, much like those, it became more about punishing the dispossessed rather than empowering them economically. Going into the 1970s, sterilization became the most rapidly growing form of birth control in the United States, rising from 200,000 cases in 1970 to over 700,000 in 1980.¹⁴⁰ With the rise of state-sanctioned sterilizations, it became common belief within the Black community that Black women were routinely sterilized without their informed consent and for no valid medical reason. This assumption was validated, however, as it became public that teaching hospitals performed unnecessary hysterectomies, the procedure of removing the entirety of the uterus, on poor Black women as practice for new medical residents.

¹³⁸ Roberts, *Killing the Black Body*, 109.

¹³⁹ Schoen, *Choice & Coercion*, 108.

¹⁴⁰ Roberts, *Killing the Black Body*, 90.

During this era of forced sterilization, legislators felt no qualms about asserting the racial motivation behind their proposals to limit the fertility of women on welfare. In 1958, Mississippi state representative David Glass introduced a bill mandating sterilization for any unmarried mother who gave birth to another illegitimate child,

During the calendar year 1957, there were born out-of-wedlock in Mississippi more than 7,000 negro children, and about 200 White children. The negro woman, because of child welfare assistance, [is] making it a business, in some cases of giving birth to illegitimate children... The purpose of my bill was to try to slow, or slow down, such traffic at its source.¹⁴¹

As discussed in the previous chapter, the establishment of negative stereotypes allowed for a connection to be made between Black women and their dependence on welfare. This decision was a result of the state of Mississippi determining that Black women were no longer a useful source of cheap labor and were instead an unwanted welfare burden. Glass' bill quickly gained traction and the abuse of unwanted sterilizations became known as "Mississippi appendectomies" – a procedure in which Black women were being admitted into hospitals for appendectomies, but instead were undergoing hysterectomies without their consent. During the 1970s, a hysterectomy cost \$800 compared to \$250 for a tubal ligation, thus giving surgeons a financial incentive to perform the more expensive procedure, with or without the patient's knowledge.

It is imperative that we understand that this policy of patient non-disclosure was not confined to the South. In April 1972, for instance, *The Boston Globe* reported that a group of medical students at Boston City Hospital was performing medically unnecessary hysterectomies on Black patients. As the article noted:

Too often when alternatives are possible, the more radical and dangerous treatment is used not to benefit the patients, but to benefit interns and residents... Patients have been pressured to sign consent forms without explanation of what is

¹⁴¹ Ibid., 214.

to be done to them... The medical students also expressed concern in their report [to this newspaper] over the possibility that Black and Spanish-speaking women may more often be sterilized by hysterectomy, while White women are more likely to be sterilized by the less radical procedure of having their tubes tied.¹⁴²

As this article exposed, patients across the board were allegedly not being informed properly or even at all about these invasive and permanent procedures. The medical students interviewed by the *Globe* expressed that the most invasive procedures – and the ones that carry the highest level of complications and irreversibility – were being reserved for women of color, or those who were struggling with a language barrier. The Northern medical establishment of the 1970s may not have been using the explicitly racial language of that of the American South, but nevertheless exhibited the same misuse of patients' bodies without informed consent. It seems that the impetus behind this medical malpractice was less the ideological push to cull the Black population, but rather patient neglect in the service of greater ease for medical staff; the same gross violation of Black, female patient bodies was apparently widespread and systemic in Northern facilities.

Furthermore, the situation exposed in the *Globe* article was not an isolated incident. In one specific case, a teenage girl who was twelve weeks pregnant came to the Boston hospital for an abortion. She was told it was too late for an abortion and was given a hysterectomy instead. The doctor “wanted a hysterectomy done for the experience.”¹⁴³ Another woman in Boston was given a tubal ligation without her knowledge following a Cesarean section (C-section). When confronted publicly by a medical student, Boston University Medical School replied that “one should not condemn the entire service ‘because of one bad apple’.”¹⁴⁴ The director of Obstetrics and Gynecology at New York Municipal Hospital in New York City confirmed the widespread nature of these practices, stating that “In most major teaching hospitals in New York City, it is

¹⁴² “Students charge BCH obstetrics unit with excessive surgery,” *The Boston Globe* (April 1972), 1.

¹⁴³ *Ibid.*, 7.

¹⁴⁴ *Ibid.*, 6.

the unwritten policy to do elective hysterectomies on poor Black and Puerto Rican women, with minimal indications to train residents.” This medical malpractice was not confined to the East Coast: a 1973 study conducted in Los Angeles confirmed that “doctors in some cities are cavalierly subjecting women, most of them poor and Black, to surgical sterilization without explaining either potential hazards or alternate methods of birth control.”¹⁴⁵ All of these surgeries were done without informed consent, and some were even approved under false pretenses. As Naomi Gray of Black Women Organized for Action explained, “The majority of these women signed a medical consent form, not to be sterilized but rather placing their faith in the doctor to discover and rectify the so-called trouble.”¹⁴⁶ Ultimately, doctors believed that sterilization, whether informed or not, was the best way to reduce the undesirable population growth of the poor. While poverty is not race-specific, the majority of women who ended up being sterilized were Black, a consequence of the racist rhetoric that framed Black women specifically as being disproportionately dependent on welfare.

The notion of requiring women on welfare to use birth control had been circulating for decades. In his 1973 novel *Who Should Have Children*, psychologist Dwight Ingle advocated selective population control as an alternative to the growing welfare state, “millions of people are unqualified for parenthood and should remain childless.”¹⁴⁷ Alongside Ingle, doctors in the 70s believed that sterilization was the best way to reduce the undesirable population growth of the poor. Although many believe that they perceive poverty as relatively race-neutral, Americans of the twentieth century were quick to associate the qualities of greed and overreach to non-White races, as well as a specific way of being poor. This association of moral depravity with Black

¹⁴⁵ “Sterilization, Experimentation, and Imperialism”, 41.

¹⁴⁶ Roberts, *Killing the Black Body*, 91.

¹⁴⁷ Dwight Ingle, “Who Should Have Children,” *The Quarterly Review of Biology* 49, no. 4 (1973).

poverty left many young Black girls with no avenues to defend themselves against a system that saw their ability to have children as a societal threat and used their youth and trust to violate their bodies. One such girl was seventeen-year-old Nial Ruth Cox; the language used to justify her forcible sterilization supports this view of her existence as disposable and threatening.

Nial Ruth Cox became pregnant in 1964 at seventeen years old in North Carolina while living with her eight brothers and sisters and her mother, who were all supported by welfare. When she sought out medical assistance for her pregnancy, she was told that she would be sterilized temporarily and that the effect of the procedure “would wear off.”¹⁴⁸ Cox’s mother consented to her daughter’s sterilization under a North Carolina law that allowed sterilization of mental defectives under the age of twenty-one if their parents consented. Cox underwent the operation, which left her permanently infertile. There was no evidence that she was mentally defective.¹⁴⁹

Marietta Williams was a pregnant twenty-year-old Black woman on welfare. The only doctor in her hometown of Atken, South Carolina, who accepted Medicaid patients, demanded a specific payment from indigent Black women who came to him to deliver their babies – sterilization. Dr. Pierce, a White male doctor, refused to deliver Ms. Williams’ baby unless she allowed him to sterilize her. He warned her “this is my tax money paying for this baby and I’m tired of paying for illegitimate children. If you don’t want this sterilization, find another doctor.”¹⁵⁰ Dr. Pierce routinely coerced Black women into sterilization as he had sterilized eighteen mothers on welfare at Aiken County Hospital in 1972, of whom sixteen were Black.¹⁵¹

¹⁴⁸ Roberts, *Killing the Black Body*, 93.

¹⁴⁹ *Ibid.*

¹⁵⁰ Kimberly C. Harper, *The Ethos of Black Motherhood in America: Only White Women Get Pregnant* (Lanham: Lexington Books, 2021), 37.

¹⁵¹ Roberts, *Killing the Black Body*, 92.

In a *New York Times* article, Williams recounted how being sterilized had made her feel unwanted. “I wouldn’t marry again. Who would want me, knowing I cannot have any children.”¹⁵²

The case of the Relf sisters was the first time Black women who had been sterilized had received national exposure for the abuse they had undergone. Fourteen-year-old Minnie Lee Relf and her twelve-year-old sister Mary Alice Relf were the youngest of six children of a Black couple living in Alabama. In June of 1973, nurses from the federally funded Montgomery Community Action Agency asked the Relfs for permission to admit the youngest Relf sisters to a hospital for injections of the long-acting experimental contraceptive DepoProvera. Mrs. Relf, unable to read or write, signed the consent form with an “X.” The Relf family later learned that both of their daughters had been sterilized. In July 1973, the Relfs filed a class action lawsuit demanding a ban on the use of federal funds for sterilizations. The lawsuit quickly uncovered the shocking magnitude of the abuse, finding that an estimated 100,000 to 150,000 poor women like the Relf sisters had been sterilized annually under federally funded programs.¹⁵³ The judge of the *Relf v. Weinberger* case prohibited the use of federal dollars for involuntary sterilizations and outlawed the practice of threatening women on welfare with the loss of welfare benefits. The lawsuit’s media exposure also led to the requirement that doctors obtain “informed consent” before performing sterilization procedures.¹⁵⁴ The Relf case signaled the end of overt government sanctioned sterilizations but did not stop sterilizations from happening – they just happened covertly.

¹⁵² Nancy Hicks, “Sterilization of Black Mother of 3 Stirs Aiken, S.C.,” *The New York Times* (August 1973).

¹⁵³ *Ibid.* 93.

¹⁵⁴ Donna Franklin, “Beyond The Tuskegee Apology,” *The Washington Post* (May 1997).

With legal avenues now closed, pro-sterilization healthcare providers pivoted to using a variety of tactics to trick and pressure women into consenting to the surgery. Like Cox, these women were coerced into agreeing to sterilization under the threat that their welfare benefits would be withdrawn. Women like Williams were forced by doctors to submit to the operation before said professionals would deliver their babies or perform an abortion. However, one similarity emerges amongst all three of these women's experiences: they were all on welfare, suggesting that patients on public assistance were the primary targets of this coercive campaign. Additionally, analysis shows that women of color on welfare were more likely to be targeted than White women on government assistance.¹⁵⁵ Public response to the facts uncovered in the *Relf v. Weinberger* hearings led to the adoption in September 1973 of new United States Department of Health, Education, and Welfare (HEW) regulations to prevent forced sterilization.¹⁵⁶ The very visible and impactful Civil Rights Movement and the rise of effective investigative journalism allowed for a greater visibility of Black female stories. A greater number of Americans started to become genuinely interested in consuming stories of injustice, making the 1970s the moment where the media played a strong role in exposing civil rights' violations, and subsequently pressuring legislators to address them.

As a result of the publicity from these cases, both White and Black publications began to raise the possibility that the American government was attempting to eliminate Black Americans through birth control services. Specifically, Black women began to take charge in anti-birth control campaigns. The head of the Black Women's Liberation Committee of the Student Nonviolent Coordinating Committee (SNCC), Frances Beal wrote: "Black women have the right and the responsibility to determine when it is in the interest of the struggle to have children or

¹⁵⁵ Roberts, *Killing the Black Body*, 92.

¹⁵⁶ *Ibid.*

not to have them and this right must not be relinquished to any... to determine when it is in her own best interests to have children.”¹⁵⁷ Beal’s advocacy for Black women having the right to choose themselves if they want to have children was an issue that many were beginning to discuss during the early 70s. As discussed in chapter two, Black women used birth control to safeguard their economic and personal independence; the same can now be said for their 1970s counterparts. In 1972, the American Journal of Public Health reported that “nearly 40 percent of Blacks surveyed believed that these programs were a scheme to exterminate Blacks.”¹⁵⁸ As a result of these statistics, Black sources specifically began to expose what was truly occurring to women on a national level, similar to what occurred during the operation of Sanger’s Harlem clinic. In *Essence* magazine in 1974, an article was published which highlighted a young Black woman's story and her experience with being coerced into being sterilized.

Katie, which is not her real name, lives in Baltimore, where she struggles to support her two children on a monthly welfare check. Last year, she was admitted to the city hospital with a ruptured membrane, and her baby had to be delivered by cesarean section... After her delivery, she was sterilized. ‘I think about it sometimes,’ Katie said. ‘Sometimes I think I did right and sometimes I think I didn’t.’ Although Katie consented to her sterilization, she did so during the physical and emotional stress of childbirth.¹⁵⁹

The article also discussed the role of doctors at this hospital, how they were trained to “talk any woman into sterilization if [they] just scared her a little.”¹⁶⁰ The doctors were strategic with every step that they took. As one of the doctors described “First, it would be women with 14 or 15 kids, then the women with five, then anybody. They sterilized a 16-year-old while I was there.

¹⁵⁷ Frances Beal, “Women’s Liberation Committee of SNCC” (1970).

¹⁵⁸ Ibid.

¹⁵⁹ Gail Kennard, “Sterilization Abuse,” *Essence Magazine* (Oct 1974).

¹⁶⁰ Ibid.

They would wait for the first labor pains, give them a little less demerol (a pain reliever) and then ask them if they wanted any more kids.”¹⁶¹

Most famously, in 1973 Angela Davis spoke on behalf of poor Black women, detailing their extreme economic oppression and forced sterilization. As she stated, “Women of color heading families go on welfare in disproportionately large numbers, because of soaring unemployment rates and laws in many states specifying that only families without fathers can go on welfare....”¹⁶² As perfectly described by Davis, race, economics, and class politics worked together to propel coercive birth control policies. The impact of these policies, however, crossed the boundaries of race and class. Laws aimed at curbing Black women’s fertility devalued Black people as a whole. The primary threat to the Black community posed by coercive birth control schemes was not the actual elimination of the Black race, however, it was the biological justification of White supremacy. As the public began to grapple with the true realities of what Black women across the country were battling, an emergence of more coordinated critiques of sterilization erupted – activism that went beyond the Supreme Court. Central to this emerging activism was the idea that the experience of living in a Black female body exists at the intersection of being subject to multiple forms of systemic discrimination – this concept of the intersectionality of feminism, racial policy, and gender would become a focal point of third-wave feminism by the 1980s. It is through this lens of intersectionality that we should look at forced sterilization: these women were not only targeted because they were female, but because they were also poor and Black, and it was the combination of these factors that made them uniquely vulnerable to medical victimization – their bodies were seen as a public commodity.

¹⁶¹ Ibid.

¹⁶² Angela Davis, “Angela Davis on Women.” *Off Our Backs* (1974).

Black women remained excluded from the national conversation on personal autonomy, including those around access to reproductive services. When the National Organization for Women was formed in 1966, it demanded a dramatic expansion of rights for women, yet it largely overlooked the concerns of poor women of color. The exclusion of Black women in particular became evident in 1969 when NOW's president Betty Friedan gave an address at a conference, during which she stated that NOW's purpose was to "break out of the confines of that sterile little suburban family to relate to each other in terms of all of the possible dimensions of our personalities."¹⁶³ The suburban fantasy was not actually attainable or a reality for most Black women at the time or even now.

The breach between middle-class White women's demands and the aspirations of poor women of color began to be addressed by the public emergence of Black feminists in the 1970s – introducing a new wave of feminism. For Black feminists, the persistent racism and sexism they experienced in their everyday lives, coupled with their involvement in the Civil Rights Movement compelled them to question the agenda of second wave feminism. As Black author Dorothy Roberts observed, "The dominant women's movement has focused myopically on abortion rights at the expense of other aspects of reproductive freedom, including the right to bear children, and has misunderstood criticism of coercive birth-control policies."¹⁶⁴ As the very women who were being sterilized were eliminated from the conversation, this inattention compelled Black women to organize their own groups, develop their own strategies, and set their own agendas. In 1969, Frances Beal, a notable Black feminist, wrote one of the pioneering documents of Black feminism titled "Double Jeopardy: To Be Black and Female", where she wrote "it is idle dreaming to think of Black women simply caring for their homes and children

¹⁶³ Louis Menand, "Books as Bombs," *The New Yorker* (Jan. 2011).

¹⁶⁴ *Ibid.*

like the middle-class White model... Black women make up a substantial percentage of the Black working force and this is true for the poorest Black family as well as the so-called 'middle-class' family."¹⁶⁵ Like Beal, Black activists took up the immediate questions concerning reproductive freedom, including access to birth control and abortion, where Black women had been consistently overlooked. As described by Angela Davis,

Within organizations representing the interests of middle-class White women, there has been a certain reluctance to support the demands of the campaign against sterilization abuse, for these women are often denied their individual rights to be sterilized when they desire to take this step. While women of color are urged, at every turn, to become permanently infertile, White women enjoying prosperous economic conditions are urged, by the same forces, to reproduce themselves... Yet whatever the inconveniences for White middle-class women, a fundamental reproductive rights of racially oppressed and poor women is at stake.¹⁶⁶

Davis' and Beal's insights into the way that race and gender limited their reproductive choices was and continues to be a conversation that is still trying to push through into the mainstream dialogue. The disparity in reproduction contributes greatly to the current racial injustices in the United States. Black women are the most vulnerable yet are absent in the mainstream reproductive rights agenda. Therefore, Black women's struggles against the most degrading repression have been and continue to be left out of the official story of reproductive rights in America.

Control of the Black population has been disproportionately seen through the lens of the Black female body. Therefore, it has been and continues to be the battleground for the tensions of White supremacy. These medical excesses did not end with the culmination of the Civil Rights Movement, but continued on and in fact got amplified by dog whistles of the 1980s that vilified Black women. Negative stereotypes about Black women never went away: they just took

¹⁶⁵ Frances M. Beal, "Double Jeopardy: To Be Black and Female," *Meridians* 8, no. 2 (2008), 272.

¹⁶⁶ Angela Davis, "Racism, Birth Control and Reproductive Rights" (1982), 365.

on a new form in the new decade of the 1980s. Even today, in the twenty-first century, statistics show that Black women are more likely to suffer complications, die from negligence, or just not be believed by their doctors. The promise of the 1970s, buoyed by the works of Black feminists, was replaced by the grimness of the Reagan administration. Under President Reagan, the United States saw a rise in crime, and as a result harsher penal penalties. The “War on Drugs”, federal law enforcement efforts to combat the growing issue of drug use, shifted the focus from the idea that the government was controlling individuals for no apparent reason to controlling populations that went against the national order due to their moral failing.¹⁶⁷ As a result, the control of Black women became an issue of taking the economic pressures off of the government and putting it onto the people who were actually suffering. Ultimately, the “War on Drugs” signaled the return to government endorsed forced sterilizations under the guise of aid, allowing for decades more of reproduction abuse and negligence.

¹⁶⁷ Whitman Knapp, “The War on Drugs,” *Federal Sentencing Reporter* 5, no. 5 (1993), 294.

Conclusion

America's history of reproductive control of Black bodies has not ended, but continues to be a blight on the country's healthcare system. People of color in the United States have historically been used and abused by the healthcare system. As a result, there remains a mistrust of medical research and the healthcare infrastructure as a whole, which is exacerbated by the health disparities in our country. The history of American government-sponsored medical intervention is dotted with malpractice: the Tuskegee syphilis study, for instance, is widely recognized as a justifiable source of medical mistrust within the Black community. The Tuskegee syphilis experiments, starting in 1932, were non-therapeutic experiments striving to collect data to advance a treatment of syphilis by using untreated Black males.¹⁶⁸ The study, conducted in Alabama, used hundreds of Black men, all of whom were unaware that they were a part of an experiment as they all thought that they were being treated for something called "bad blood", the "rural South's colloquialism for syphilis."¹⁶⁹ Six hundred and twenty-four men were subjects, whether they were syphilitic or in the control group, and 427 syphilitic men were on the waiting list waiting for treatment.¹⁷⁰ In a *New York Times* article from the end of the experiment, it stated that around 357 men died from untreated syphilis; which is around 84 percent of the men on the waiting list.¹⁷¹ The men who died succumbed from the spread of syphilis throughout their body because treatment was withheld. Tuskegee hardly gained outside scrutiny as any criticism was quickly dismissed by the Public Health Service when they stated that "they are

¹⁶⁸ Ann Fournier, Charles Fournier, and Clyde Herreid, "Bad Blood: A Case Study of the Tuskegee Syphilis Project," *Journal of College Science Teaching*, (1994), 278.

¹⁶⁹ Ibid.

¹⁷⁰ Susan M. Reverby, *Examining Tuskegee: The Infamous Syphilis Study and Its Legacy* (Chapel Hill: University of North Carolina Press, 2009), 228.

¹⁷¹ "At Least 28 Died in Syphilis Study," *The New York Times* (Sept. 12, 1972), 23.

getting better medical care than they would under any other circumstances.”¹⁷² Shocking in retrospect, the Tuskegee experiments continued for 40 years without public debate. Although the Tuskegee experiments were targeted towards Black men, it shows how the Black body as a whole has been perceived as a commodity that can be controlled, making the inhumane experiments and coercive sterilization of the last mid-century possible. Though time has elapsed, racist ideologies and beliefs remain, permeating the actions of those who are supposed to protect, support, and understand – doctors.

As we have seen through the previous chapters, Black women have been marginalized and labeled as scientific, intellectual, and moral failures. By the late twentieth century, Black women found themselves lost in the shuffle in the efforts to gain civil liberties. Ironically, the Civil Rights Movement proved ineffective for securing Black women’s liberation as the “late 1960s and early 1970s were a period of learning for many groups, including Black women who felt betrayed or somehow underrepresented by the Black and women’s movements of the civil rights era.”¹⁷³ While White women gained the freedom of reproductive choice beginning in the 1920s with the work of Margaret Sanger, their Black counterparts were labeled as the cause of Black America’s failure, often by the same organizations trying to evangelize birth control. Thus, Black women began to express their discontent through grassroots organizations and introduced a new wave of feminism that criticized earlier feminists and pointed out the flaws in their movements.

Third-wave feminism, which came to prominence in the late 1970s to early 80s, was a response to the earlier post-War women's liberation movement. It sought to involve communities

¹⁷² Washington, *Medical Apartheid*, 168.

¹⁷³ Deborah White, *Too Heavy a Load: Black Women in Defense of Themselves, 1894-1994* (New York: W. W. Norton & Company, 1999, 217

that were underrepresented and focused on the intersectionality of race and gender when it came to the experience of womanhood. Specifically, this third wave worked to reframe feminism for the Black female body in a way that had not been addressed by the second wave of the 1960s, which was spearheaded primarily by well-off White women. The work of Black women during this time worked against the political campaigns that were fundamentally rooted in racism. As bell hooks, a prominent social activist of the latter twentieth century, posited: the “Devaluation of Black womanhood after slavery ended was a conscious, deliberate effort on the part of Whites to sabotage mounting Black female self-confidence and self-respect.”¹⁷⁴ Unsupported by White women’s liberation movements, late twentieth century Black women still needed to protect themselves from coercive birth control. Though government programs had become more inclusive in their language because of third-wave feminism, institutional sterilization efforts remained alive under different names.

Since 1997, an organization known as Project CRACK has paid 2,546 individuals up to \$500 each to be either chemically or surgically sterilized.¹⁷⁵ This program is still ongoing and has a goal of “reducing the number of substance exposed births to zero.”¹⁷⁶ However, their website further asserts that their organization is the most “cost effective” birth control, as it sterilizes “undesirable” parents.¹⁷⁷ Though not explicitly stated, with 99 percent of the program’s participants being female, it therefore clearly targets women. Further, only one-third of their paid clients are Black, but the organization’s name “Project CRACK” and the choice to focus their sterilization efforts on individuals suffering from a crack cocaine addiction, which has been deemed as a Black problem, implies that this organization is targeting the Black population.

¹⁷⁴ bell hooks, *Ain't I a Woman: Black Women and Feminism*, (Oxfordshire: Routledge, 2015), 59.

¹⁷⁵ Rousseau, *Black Women's Burden*, 150.

¹⁷⁶ Project Prevention, “Our Mission,” (2022).

¹⁷⁷ Ibid.

Project CRACK is responsible for permanently sterilizing one thousand men and women since 1997, and they continue to expand; they have established clinics in 45 cities within 39 states across the country and have added nearly 500 patients to their records between 2007 and 2008 alone.¹⁷⁸

Along similar lines, American prisons are currently offering to reduce jail sentences for any inmate that volunteers to undergo a birth control procedure. Specifically, in Tennessee, Judge Sam Benningfield signed a legal order in 2017 which allowed over 30 women to receive a birth control implant in exchange for 30 days shaved off their sentence.¹⁷⁹ As Judge Benningfield argued: “I hope to encourage them to take personal responsibility... and give them a chance, when they do get out, not to be burdened with children... maybe that’s two or three kids not being born under the influence of drugs.”¹⁸⁰ The ACLU (American Civil Liberties Union) criticized the judge’s order, saying “Offering a so-called ‘choice’ between jail time and coerced contraception or sterilization is unconstitutional.”¹⁸¹ This desire to control women’s bodies by using birth control as a bargaining chip is a continuation of the reproductive abuse that women have experienced for decades in this country.

It is important to acknowledge that this abuse did not stop with Black women. All women of color – most notably Indigenous, Puerto Rican, and Mexican women – have been affected by the hateful theories that supported the sterilization of individuals that were blamed for the social ills of the country. For instance, Puerto Rican women were specific victims of sterilization abuse in the United States. There are many similarities between the experiences of Black women and Puerto Rican women in the way they were vilified in American media. As a result of the mass

¹⁷⁸ Roberts, *Black Women’s Burden*, 151.

¹⁷⁹ BBC, “Inmates offered reduced sentences for birth control procedure” (2017).

¹⁸⁰ *Ibid.*

¹⁸¹ *Ibid.*

migration from Puerto Rico to New York City after World War II, Puerto Ricans were blamed for bringing infectious and venereal diseases with them when they arrived in the country, and were thus labeled as “unfit migrants.”¹⁸² The prominence of venereal diseases also supported the stereotype that Puerto Ricans were hypersexual, and Puerto Rican women were then believed to have “loose morals” and more inclined to partake in prostitution.¹⁸³ These stereotypes informed governmental actions and, as a result Puerto Rican women had seven times the sterilization rates of White American women during the 1970s, and twice the sterilization rate of Black women.¹⁸⁴

The procedure had become so common within the Puerto Rican community that it had been colloquially known as “la operación.” However, it is interesting to note that, although some were coerced, most of the procedures performed by healthcare professionals during the 1970s and 80s within the Puerto Rican community were voluntary. A survey conducted at Beth Israel Hospital in Boston showed that of 100 Puerto Rican female patients, 81 were aware of sterilization as a contraceptive option and 40 already were sterilized or planned to be in the future.¹⁸⁵ Economic conditions and poverty clearly influenced the decision for many women to opt for sterilization as it could guarantee that they would not have any unexpected pregnancies that they could not support. Demographer Judith Rodriguez predicts that if Puerto Rican women continue to be sterilized at the rate they are now, over 80 percent of Puerto Rican women could be sterilized in the coming years.¹⁸⁶ Although most of these women were and are choosing to be sterilized, it simply highlights another issue – that of the choice and normalization of sterilizations. In addition to forced sterilizations, many of these women did not feel that they had

¹⁸² Henry Hunker, “The Problem of Puerto Rican Migrations to the United States,” *Department of Geography* (1951).

¹⁸³ Laura Briggs, “La Vida, Moynihan, and Other Libels: Migration, Social Science, and the Making of the Puerto Rican Welfare Queen,” (2002), 82.

¹⁸⁴ Nelson, “Abortions Under Community Control,” 169.

¹⁸⁵ M.S. Handler, “Women Give View on Sterilization,” *The New York Times* (Sept. 1, 1968).

¹⁸⁶ Marga Parés Arroyo, “Por las nubes la cifra de esterilizaciones,” *El Nuevo Día*, (Nov. 14, 2008).

any other option for family planning, and some believed that the procedure could be reversed. Their ability to make decisions was also limited by the information that they were given and the role that they were expected to play in society. The perennial nature of these sterilization programs has had other impacts on our medical care system.

In the United States today, Black women are two to six times more likely to die from complications of pregnancy than White women.¹⁸⁷ According to *The New York Times*, the United States is “one of only 13 countries in the world where the rate of maternal mortality – the death of a woman related to pregnancy or childbirth up to a year after the end of pregnancy – is now worse than it was 25 years ago.”¹⁸⁸ Further, in 2018 the CDC reported that there were 700 to 900 maternal deaths in the U.S. per year.¹⁸⁹ In 2020, the maternal mortality rate for Black women was 55.3 deaths per 100,000 live births, compared to the rate for White women at 19.1 deaths per 100,000 live births.¹⁹⁰ These grim statistics are a result of a healthcare system that does not listen to or respect Black mothers. Shalon Irving, a 36-year-old Black woman, died after having her baby in 2017. Irving knew her pregnancy was risky as she had a clotting disorder and a history of high blood pressure. She had a C-section birth and was released from the hospital after just two nights (the typical stay in similar cases being three or four). For the next three weeks, Irving reported having headaches, blurred vision, swelling legs, all of which her doctor assured was normal.¹⁹¹ Hours after her last doctor’s appointment, Irving collapsed and died.

¹⁸⁷ Mary Beth Flaunder-Stepans, “Alarming Racial Differences in Maternal Mortality,” *The Journal of perinatal education* 9, no. 2 (2000).

¹⁸⁸ Linda Villarosa, “Why America’s Black Mothers and Babies are in a Life-or-Death Crisis,” *The New York Times* (2018).

¹⁸⁹ Ibid.

¹⁹⁰ Erica Green, “‘I Don’t Want to Die’: Fighting Maternal Mortality Among Black Women,” *The New York Times* (2023).

¹⁹¹ Nina Martin, “Black Mothers Keep Dying After Giving Birth. Shalon Irving’s Story Explains Why,” *National Public Radio* (2017).

The issue of Black women not being listened to or believed crosses class lines: Serena Williams, one of the most prominent female tennis players in world history, shared in a *Vogue* article that she had a near-death experience after the birth of her daughter. After delivering her daughter via C-section, Williams experienced a pulmonary embolism – the blockage of an artery in the lung. She described how her medical personnel initially ignored her concerns, even though she was gasping for breath.¹⁹² Though Williams had access to the most attentive healthcare in the world, her medical team seemed to have been unprepared and dismissive. The experiences of Williams and Irving further emphasize the societal racism that is pervasive in healthcare. The dismissal of legitimate concerns and symptoms can help to explain the poor birth outcomes that even occur for Black women with the most advantages.

I decided to write on the topic of Black reproduction because reproductive freedom for Black women is a battle still being fought. Current mainstream reproductive rights' movements fail to incorporate the unique concerns of Black women into their agenda and, as a result, these women's experiences go unheard and are overlooked. Although coerced sterilization is not as prevalent as it was during the mid-twentieth century, the American healthcare system has found new ways to maintain the institutional and structural racism that remains.

As a Black woman, my hope is to become an obstetrician-gynecologist (OB/GYN) to advocate for those who have been unheard, overlooked, and undermined. Through my life experiences of being a Black woman in America and those of my friends and family, I have been directly impacted by our country's healthcare system. Historically and currently, the healthcare system is not trustworthy to us, but having clinicians who look like us and better understand us

¹⁹² Villarosa, "Why America's Black Mothers and Babies are in a Life-or-Death Crisis."

can help us feel heard and understood in a country that has tried to abuse and erase us from the beginning.

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