

Feminist Sexual Ethics Project

Literature Review by Laura Hymson

Dorothy Roberts. *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*. New York: Vintage, 1997.

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Dorothy Roberts provides a thorough look at the degradation of Black motherhood and womanhood in terms of reproductive liberty. The book takes the reader from the value of Black women's fertility during slavery, through their exclusion from the feminist agenda of a woman's right to choose and their coercion into sterilization, to a discussion of reproductive technology as it furthers a system of racial inequality and oppression. The three central themes that run throughout the book are the 1) regulation of Black women's reproductive decisions as a central aspect of racial oppression in America; 2) control of Black women's reproductive rights, which has shaped the meaning of reproductive liberty in America; and 3) reconsideration of the meaning of reproductive liberty to take into account its relationship to racial oppression.

Roberts contends that the regulation of Black women's reproductive decisions is rooted in a system of slavery that valued fertility because it benefited the slave owner economically. Slave women were given incentives to bear children and were often punished for failure to procreate. Their children were born into slavery and became the property of the owner, creating a labor pool that could both self-replenish and expand. Future fertility determined slave women's auction block prices; in fact, they had no rights to their offspring (pp. 34–36). For example, women were often coerced into sex with male slaves chosen by their masters in order to ensure the constant renewal of the labor pool. Rape by masters was also common, resulting in a significant population of mulatto slaves. Rape was not only used to increase the slave population but could potentially create a submissive workforce in the long term. Roberts argues that by taking away control over sexuality and the rights of motherhood, slave masters took away a piece of women's humanity and their worth as people in society (p. 30). She gives us an example of the beating of pregnant slaves as “maternal-fetal-conflict.” This separation of woman from fetus allows social policies and medical practice to treat a pregnant woman in opposition to the fetus she is carrying. Pregnant slaves were forced to lie face down on the ground where depressions were made to shield the fetus from harm (p. 40). Womanhood and motherhood could be separated, which enabled care of the fetus without regard for the woman's health and well being.

Slavery gave way to the icons of “Jezebel” and “Mammy.” Jezebel was seen as a sexually insatiable character that welcomed sexual advances. She could not be raped because she was always ready for sex and could not control her sexual desire. In opposition to Jezebel was Mammy who was non-threatening and loyal to her master and his family. She raised

the children and was viewed as the ideal slave and mother. These two historical icons formed the basis for the icons of the "matriarch," the "unwed mother," and the welfare queen.

In the next section of her book, Roberts notes that as the fight for women's reproductive liberty began and birth control became more widely available to white women, Black women were being coerced into sterilization. The first Black birth control clinics were founded on racist motivations hoping to curb the Black population, an apparent financial burden on the economy. Sterilization was used to prevent poor women from bearing children. Roberts cites *Buck vs. Bell* (1927), which allowed Carrie Buck to be institutionalized and sterilized on the grounds of feeble-mindedness. Many women were labeled as such because they were deemed promiscuous, had a child out of wedlock, or engaged in interracial sex (p. 68). Sterilization punished these behaviors and kept this undesirable female population from bearing children.

In the seventies Black women were introduced to a new means of governmental control over their sexuality. In 1970 Edgar Chasteen wrote *The Case for Compulsory Birth Control* and Garret Hardin wrote *Exploring New Ethics for Survival*. These studies concluded that over time inferior races would die out and sterilization would merely hasten the process (p. 89). Continuing this train of thought, in 1972 the *Boston Globe* reported that medical students at the Boston College Hospital admitted to performing excessive numbers of hysterectomies on Black women (p. 91). Another example highlights the link between poor Black women and inadequate reproductive medical care. The only obstetrician that accepted Medicaid in South Carolina's Aiken County required patients on welfare to agree to sterilization after childbirth in return for his services (p. 92). In fact, this philosophy became so accepted that for decades sterilization was the only publicly funded means of birth control for poor women of color.

In the early 1990's, Norplant was introduced as an ideal form of birth control that could be inserted into a woman's arm and prevent pregnancy for years. Immediately, Norplant was targeted to low income women with the Norplant Foundation devoting 2.8 million a year in Norplant kits to low-income women who wanted to use the system and several states offering these women financial bonuses. For example, in 1991 Kentucky gave women a five hundred-dollar bonus for voluntary use of Norplant and fifty dollars for each year they used the system and in Louisiana, home of David Duke, the former Ku Klux Klan Grand Wizard, there is a one hundred dollar per year incentive for use (p. 109). Most women are not told that Norplant's side effects include headaches, depression, acne, weight gain, hair loss, nausea, dizziness, breast tenderness, swelling of the ovaries, cysts, spotting or excessive bleeding, and the outside chance of stroke or heart attack (p. 122). Despite the fact that the process of inserting Norplant is relatively safe, the operation for its removal is not widely practiced and not nearly as simple. Depo Provera is another highly marketed sterilization method that is less intrusive though still involves hormone injection. However, its main drawback is that it is irreversible and women who receive the injection must wait out its duration.

Roberts devotes a large section of her book to the punishment of drug-addicted pregnant women. These women can be criminally prosecuted for child abuse or for supplying controlled substances to a minor (via umbilical cords). Many women charged with prenatal crimes are crack addicts. Crack is a variant of cocaine that is smoked rather than inhaled, which allows the drug to enter the bloodstream faster. Crack is also significantly cheaper than cocaine; its instantaneous high and cheaper prices make it the drug of choice in many inner cities. Disturbingly, half of the crack-addicted population is female. Thus, in the crusade to rid our nation of crack, crack addicts and crack babies, the war against drugs turned its sights on a disproportionately large number of Black pregnant women (p. 152).

Roberts notes that there are several links to poor Black women and prosecution for prenatal crimes. In 1990 the ACLU's Reproductive Freedom Project published a memorandum that showed that seventy percent of the fifty-two cases prosecuted against drug-dependent mothers involved Black women (p. 172). Roberts also raises the point that indigent Black women are under closer governmental supervision and are therefore most often reported to the authorities. For example, public hospitals routinely conduct toxicology screenings on infants, and this might help to account for the high number of poor women who are reported. In contrast to the legal and media attention on crack babies, the other numerous substances that are harmful to a fetus, including coffee, second hand smoke, and exposure to sexually transmitted diseases garner less public attention. In fact, the harm caused by excessive alcohol abuse far exceeds that of crack, but crack-addicted women are vilified and prosecuted to a greater extent than alcohol-addicted mothers. This unequal attention led all but one appellate court to invalidate the charges for drug use during pregnancy and spurred the American Medical Association to express its concern regarding reporting drug use in pregnant women because it often leads to incarceration rather than treatment (pp. 191; 167).

While there was an emphasis on controlling poor Black women's reproduction, there was a simultaneous introduction of reproductive technologies whose goals were to restructure the nuclear family. Yet, these procedures are often withheld from single women, poor women, and gay and lesbian couples, which Roberts blames on racial bias and prejudice. In a section entitled "Creating White Babies: The Value of Biotechnical Children," she outlines how such technologies, as screening for sickle cell anemia, are used to keep Black women from reproducing, while similar technology is used to create racially "pure" white babies. Women with sickle cell anemia are often discouraged from bearing children due to the risk of passing the disease on to their children despite the fact that sickle cell anemia is not the only prevalent genetic disorder. Yet, sickle cell anemia remains the only genetic disease screened for in these reproductive technologies, once again restricting the reproductive liberties of Black women.

Roberts's final chapters give examples in popular culture that work well to highlight the reality of these technologies and their restrictions. For example, the first surrogacy adoption in 1978 was widely televised by the Donahue show and it was of a blond-haired, blue-eyed white girl, but could one imagine a multi-billion dollar industry to create Black children (p. 271)? The importance of these technologies being used to produce white

babies is also highlighted in the case of the woman who sued her fertility clinic because instead of receiving the sperm of her deceased white husband, her sperm donor was Black. Another example of the importance placed on producing white children is the couple that adopted what they believed was a white infant only to find out that the baby was biracial. They promptly returned the child to the adoption agency demanding a refund (p. 272). These women received damaged goods and were able to make claims against the agencies because our society, where social status and economic positioning is based on a racial hierarchy, values genetic ties.

Roberts ends her book with a call for a positive view of liberty and the recognition by law of the connection between reproductive liberty and racial equality. She writes that “liberty is inadequate to eliminate the subordination of Black women. The abstract freedom to choose is of meager value without meaningful options from which to choose and the ability to effectuate one’s choice (p. 309).” This view of liberty does not take away the choices of privileged women but instead calls for facilitation of change and equality, and the protection of an individual’s autonomy free from degradation. This expansion of reproductive liberty makes room for all women to share the means for equality.

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