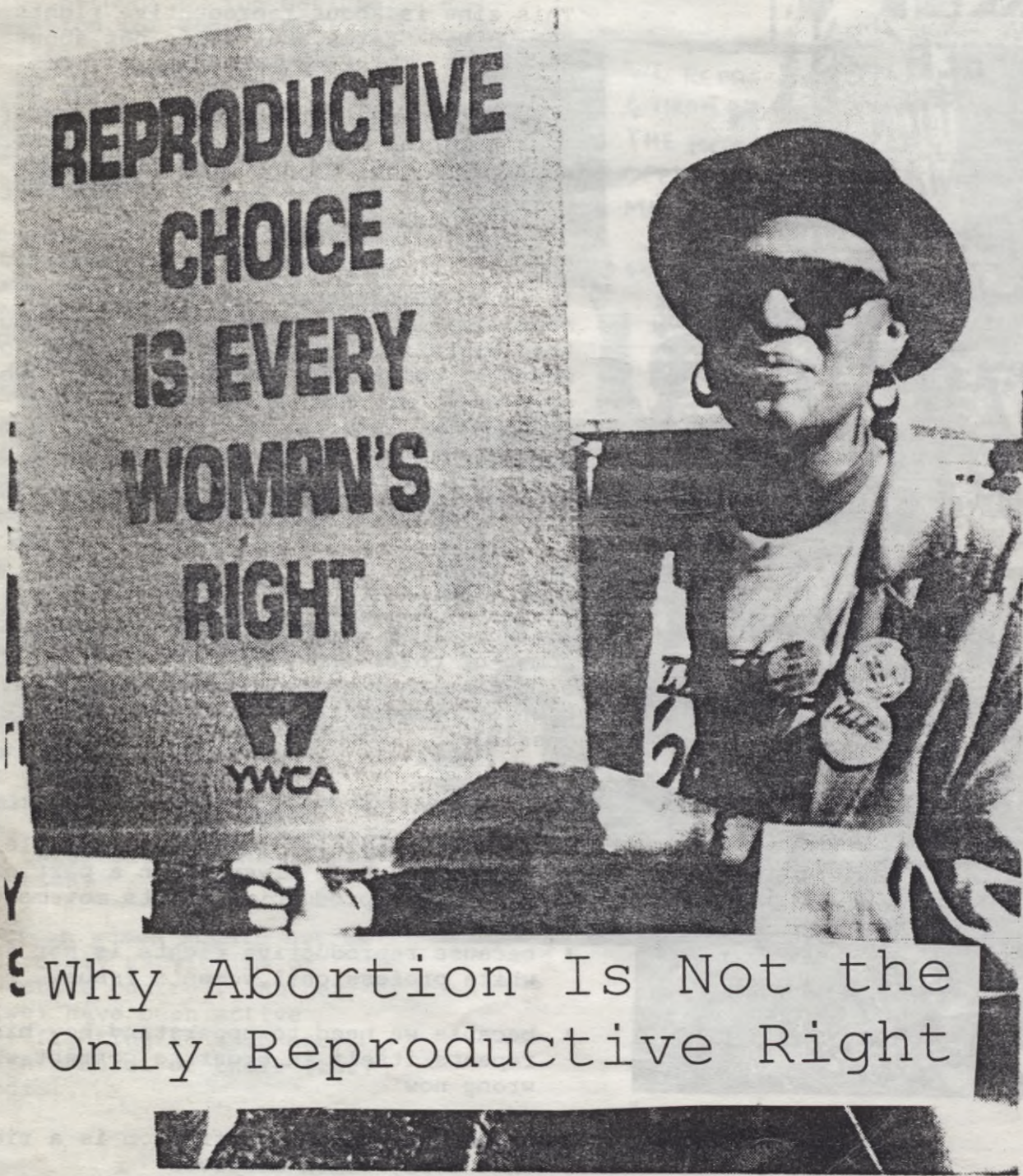


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# Who Is Fit for Motherhood?



Why Abortion Is Not the  
Only Reproductive Right



## Who Is Fit For Motherhood?

"More children from the fit, less from the unfit. That is the true meaning of birth control."

-quote popularly, but falsely, attributed to Planned Parenthood founder Margaret Sanger

This zine is about reproductive rights in the United States, but it is not about abortion. Thinking and talking about reproductive rights solely in terms of abortion means that we ignore issues of sterilization abuse, forced birth control, population control and other ways that policymakers have attempted to restrict women's rights to bear children.

It is no coincidence that forced sterilization and birth control are abuses that historically have affected poor women, women of color, and immigrant women (which, of course, are not mutually exclusive categories), whereas white affluent women have traditionally struggled to achieve the right not to bear children through access to abortion & contraception.

This zine is about that contradiction, about the attempts to decrease and limit the number of children born to poor women, women of color and immigrant women at the same time that white affluent women have been encouraged to bear as many children as possible.

### WHY:

- because people of color, poor people, and immigrants have always been a part of the American reproductive rights movement
- because reproductive rights is not just a white professional women's issue
- because we need to understand how history repeats itself in order to correct what's wrong now
- because reproductive freedom is a right that every women deserves





## THE ARGUMENTS:

▪ Race and class differences have polarized women's organizations throughout the 19th and 20th centuries. From Susan B. Anthony to the National Organization for Women (NOW), the voices and needs of women of color and poor women have too-often been overlooked and marginalized. Reproductive rights organizations have not been exempt from this practice.

▪ For centuries, our government & institutions have attempted to regulate women's reproduction as a means of social control. Reproductive & social control have, however, not always been the same for all women at all times. The tools, justifications, and outcomes have depended not only upon social, political & economic climate, but also upon women's race, class, & immigration status.

▪ Race, class & gender are not separate categories but are interlocking systems. Reproductive rights is then not just about sex & gender, but is also about race/ethnicity & class. Social location determines women's material wealth, as well as our access to health care, birth control & information.

▪ American women should not be viewed solely as victims of reproductive control. Rather, they (we) have been active agents, fighting to gain and maintain control of their (our) own bodies.





## PART ONE

# EUGENICS AND THE EARLY BIRTH CONTROL MOVEMENT



"Eugenics" refers to a social, political, & pseudo-scientific movement popular in Europe & the US in the late 19th and early 20th centuries, whose ideology was to improve & purify the human race. Eugenic proponents developed ideas about what types of people were "fit" and what types were "unfit" based on false assumptions about biology. Eugenicists believed that traits such as mental illness, criminality, epilepsy, promiscuity, lack of intelligence and poverty were inherited & passed on from generation to generation. Likewise, positive traits such as wealth, health, beauty & high intelligence were also believed to be fixed & inherited. Inherited traits were supposedly characteristics of families and "races."

Not surprisingly, models of fitness were based on the white bourgeoisie. Eugenics fed upon fears of darker immigrants from Southern & Eastern Europe and Asia, by increasing poverty in American cities, Black migration to the North, labor unrest, and emerging civil rights agitation. What eugenics in the US boiled down to was preserving a national white American identity. In sum, eugenics was a racist, classist, xenophobic movement.

Eugenic proponents, including Theodore Roosevelt, often raged against what they termed RACE SUICIDE. Race suicide refers to a perceived gap between the reproduction of the poor & dark vs. the rich & white, and the idea that "the race," (that is, rich white folk) would die out or be seriously overwhelmed by the unfit masses. White middle-class women were accused of committing race suicide by limiting the number of children they chose to bear through abstinence & birth control. The race suicide argument was part of the backlash against the early Voluntary Motherhood and birth control movements; birth control was sinful & immoral for white middle-class women because it was their duty to be nurturers & mothers of their own children, and keepers of the entire white American race.

Eugenics was manifest in two types of policies: positive eugenics & negative eugenics. Positive eugenics refers to the dissemination of "good," "fit," and "stable" genes through the active breeding of the native-born



middle & upper classes. The goal of negative eugenics was to eliminate "bad" & "unfit" traits from the American gene pool by restricting the reproduction of inferior classes. Negative eugenic policies & proposals in the early 20th century came in several forms: compulsory sterilization, marriage licensing, institutionalization, anti-immigrant legislation, & anti-miscegenation laws. In 1907, Indiana became the first state to pass a compulsory sterilization law, making it legal to sterilize those women and men seen as unfit and burdens on society. The 1927 Supreme Court case of Buck v. Bell found compulsory sterilization to be constitutional. By 1942, thirty states had compulsory sterilization policies.

Between 1907 & 1945, at least 45,000 people were sterilized in the United States under eugenics legislation. By 1960, more than 60,000 people had been sterilized. Between 1930 and 1960, women were sterilized at a much greater rate than men. Eugenic sterilization also overwhelmingly targeted poor, colored, and immigrant populations. Since the poor had been designated as their own particular race, and poverty was viewed as a genetic trait, eugenicists thought charity & social services were futile acts that prolonged generation after generation of poor people.

Positive eugenics, on the other hand, affected white bourgeois women by limiting their access to contraception, higher education, and work outside the home (the latter two supposedly threatened their health & fertility). Eugenics, which labeled promiscuity a genetic personality trait, was also used to regulate the sexual behavior of WASP women. The threat of the poor, promiscuous, "fallen" woman insured the mandatory virtue of white womanhood, & was constructed in opposition to stereotypes of hypersexual women of color, particularly Black & Asian women.

Some progressive white women in the late 19th & early 20th centuries reacted to these "Cult of True Womanhood" ideologies by forming the beginnings of the reproductive rights movement. Voluntary Motherhood was a feminist campaign in which bourgeois white women argued that they had the right to choose when to have children, rather than have to submit to their husband's sexual urges. In the late 19th century, Voluntary Motherhood proponents advocated abstinence rather than birth control. By the early 20th century, some white feminists began to agitate for access to contraception and even for free love. Thus began the birth control movement.

The birth control movement wasn't just about sexual autonomy, however. Its leaders (including Margaret Sanger, founder of the American Birth Control League & Planned Parenthood), used the rhetoric of the eugenics movement to push forth their own political agendas. As Angela Davis writes, "What was demanded as a 'right' for the privileged came to be interpreted as a 'duty' for the poor." The goals of women such as Margaret Sanger, for example, shifted from accessible birth control for all to family planning to population control, goals which became less radical, less feminist, and more dominated by the state and institutions. Furthermore, it was common practice for birth control advocates to be eugenicists, and vice versa, both arguing the similar rhetoric that birth control could be used as a tool for racial betterment.

The birth control movement was born in partial response to positive eugenics. White bourgeois women formed organizations and fought for the right not to bear children. Yet there was not a similar move from white feminists to fight against negative eugenic policies in this same time period. In fact, the birth control movement helped shape eugenics by moving the focus off of positive eugenics and race suicide arguments (that is, moving the emphasis off of bourgeois white women), and onto negative eugenics & population control (that is, poor women, women of color, immigrants, and women in the Third World).



What we see happening with the early birth control movement are the beginnings of a paradox that has characterized reproductive rights in 20th century America: birth control as liberating for white, middle-class women at the same time it can be oppressive for poor women & women of color.

## PART 2: THE FIGHT AGAINST STERILIZATION ABUSE



By the end of WWII, eugenics had ceased to be a dominant ideology of American political thought.

Controlling women through their reproductive capacities, however, did not end. The post-war era is marked by rampant sterilization abuse, proposals to punish women on welfare through sterilization, and racist population control policies.

These are some of the methods of sterilization abuse:

- refusing to deliver babies unless the woman consents to sterilization
- excessive pushing of a woman to consent to sterilization
- urging a woman in pain or extreme stress (e.g. in childbirth or having an abortion) to consent
- asking for consent in English rather than the patients' primary language
- misinforming patients about procedures
- threatening to discontinue welfare payments unless they consent
- telling women that sterilization is reversible
- requiring that a woman seeking abortion be sterilized as well
- denying a woman access to sterilization if she seeks one

The case that first brought sterilization abuse to the public's eye was that of Mary Alice and Minnie Lee Relf, sisters aged 14 & 12. In June 1973, the Relf sisters were to receive injections of the contraceptive Depo-Provera. When the federally-funded Montgomery Community Action Committee learned that D-P may cause cancer, they ordered that the girls be sterilized. Their mother, who could neither read nor write, signed consent forms with an "X," having been led to believe that she was authorizing D-P injections, not permanent sterilization. There is speculation that the Relf sisters were sterilized because they had male acquaintances and were perceived as being incapable of properly taking the Pill. There is also a story that an older sister locked herself in a room to prevent officials from sterilizing her, too.



#### Motives for sterilization abuse:

- Poor women in teaching hospitals were "encouraged" & coerced to undergo sterilization in order to train doctors in the procedure
- Physicians were reimbursed by Medicaid for certain procedures. In New York City, doctors received \$800 to perform hysterectomies and \$250 to tie tubes. In California, doctors got \$600 for hysterectomies, \$300 to tie tubes, \$100 for IUD insertion, and \$0 for prescribing condoms or the Pill. You do the math. (Medicaid, by the way, has not funded abortions since the 1977 Hyde Amendment.)
- Sterilization, proponents argued, would save tax-payers money because poor women would not be able to bear anymore children needing public assistance. Furthermore, her kids are going to grow up & be poor & go on welfare too so we might as well stop the cycle while we can, right?
- Population control. Overpopulation (in the so-called 3rd world as well as here in the US) has been blamed for the world's scarce resources, pollution, poverty & violence. Language such as Population BOMB and Population EXPLOSION reveals the volatile idea that too many people will lead to destruction. Yet population control efforts almost always focus on the poor & colored populations of the world
- The most radical motive I am proposing is that mid-century coerced sterilization was a deliberate method of social control to repress the liberation movements of marginalized groups in the US. Dorothy Roberts characterizes sterilization abuse of Black women in the 1960s and 1970s as a "white backlash"<sup>2</sup> in reaction to legal reforms won by the Civil Rights movement. Some activists in the Black Power movement even argued that birth control, in general, was part of a genocidal conspiracy to kill black people. Some members of AIM (American Indian Movement) and the Young Lords (a radical Puerto Rican group) made similar arguments.

In the 1950s and 1960s, several proposals were made by lawmakers that advocated for the compulsory sterilization of poor women as a way to end poverty. These proposals would have forced any woman who was on or who sought welfare to give up her rights to bear children. Welfare reform discourse framed poor Black women, especially, as welfare queens who churned out babies for a profit. Although welfare has been around since the New Deal, it wasn't until the 1950s, when Black women increasingly sought public assistance, that "welfare reform" became an issue. Hidden within these proposals were notions about biological-determinism (biology = destiny), cultural determinism (culture = destiny), so-called immorality & illegitimacy, culture of poverty myths, and the stereotype of the pathological Black female. Although none of these sterilization proposals passed legislation, this mid-century welfare reform debate that framed poor women, especially poor women of color, as the enemies of morality, progress and prosperity, contributed to a hostile atmosphere that legitimized the coerced sterilization of thousands of women.

Women of color, for example, were the targets of population control, not only on an international basis, but domestically in the United States and within its territories. Since the late 1930s, women in Puerto Rico were sterilized in the name of economic development (see: Operation Bootstrap). Sterilizations became so common in PR that they were referred to simply as "la operacion." By 1968, more than 1/3 of Puerto Rican women of childbearing women had been sterilized. Patricia Williams writes that by 1982, as many as 48.8 percent of Puerto Rican women had been sterilized. Latinas living in the US didn't fare so well either. Laurie Nsiah-Jefferson reports that by 1981, as many as 65% of Latinas living in the northeast US had been sterilized.



Native American women also experienced massive sterilization abuse at the hands of the US-funded Indian Health Service. Between 1973 and 1976, 3,406 American Indian women between the ages of 15 & 44 were sterilized by the IHS. In 1988, the Women of All Red Nations Collective of Minneapolis claimed that 50% of all Native American women had been sterilized.<sup>3</sup> Judy Barlow writes of the frightening consequences of sterilization: "On some reservations, there are literally no young children."<sup>4</sup>

Hysterectomies of Black women in the South were so common in the 1960s and 1970s that they were nicknamed "Mississippi appendectomies." Civil rights activist Fannie Lou Hamer claimed in 1965 that 60% of Black women in one county in Mississippi were sterilized after childbirth without proper consent. This was not limited to the South, either. In the 1970s, hospitals in Boston, New York City and Los Angeles were charged with performing unnecessary hysterectomies and tubal ligations (tube-tying) on Black and Latina women.

## FIGHTING BACK

It is important that in discussing sterilization abuse, we do not portray poor white women and women of color solely as helpless victims with no agency to amend their situations. In the face of rampant sterilization abuse, WOMEN FOUGHT BACK.

But, reproductive rights organizations in the 1970s were not all fighting to achieve the same goals. Despite all of the numerous cases of abuse and coercion, feminist & reproductive rights organization did not unite as a coalition to put a stop to sterilization abuse. Groups such as Committee to End Sterilization Abuse (CESA) and Committee for Abortion Rights and Against Sterilization Abuse (CARASA) fought for stricter federal sterilization guidelines in American hospitals to prevent sterilization abuse, but did not receive

the support of other feminist organizations such as Planned Parenthood, National Organization for Women (NOW) and the National Abortion and Reproductive Rights Action League (NARAL), who actually fought against these same guidelines. Ironically, both sides of the debate fought in the name of reproductive rights for women.

Reproductive rights and feminist organizations in the 1970s reflected the difference in needs of women of various racial and class backgrounds. The polarity of reproductive rights and feminist organizations in the debate about sterilization abuse reflects the different histories & experiences of women as well as the contemporary needs and issues of the 1970s. The organizations that fought for sterilization guidelines had the specific needs of poor white women & women of color in mind because it was they who were suffering the most abuse & coercion. The larger national organizations, however, maintained that they opposed sterilization guidelines because they would infringe on women's reproductive freedom; many scholars have argued that organizations such as Planned Parenthood and NARAL had their own population control interests in mind, and that national feminist organizations reflected the needs of white middle-class women.

REPRODUCTIVE  
CHOICE  
IS EVERY  
WOMAN'S  
RIGHT





One of the reasons that some white feminists were opposed to sterilization guidelines proposed by CESA and CARASA, particularly the 30-day waiting period, was because it was extremely hard for white middle-class women to obtain sterilizations in the 1970s. Physicians set guidelines as to how many children a woman should have before they agreed to sterilize her. White professional women usually needed the consent of her husband as well as the permission of two doctors and a psychiatrist before sterilization would be considered. Organizations such as NOW and NARAL vigorously opposed the 30-day waiting period. Sterilization on demand was a real, viable need that white middle-class women experienced, since historically they have been urged by society to reproduce as much as possible. This may also be why mainstream reproductive rights and feminist organizations in the 1960s and 1970s focused so much attention on the right-to-abortion issue: their constituency of white middle-class women was fighting against ideologies that dictated that they had to be mothers whether they wanted to be or not.

We can see, then, how the reproductive needs of middle- and upper-class women, who may have wanted sterilizations but could not obtain them, differed from the reproductive needs of poor women, who may not have wanted sterilizations but were coerced into undergoing them. We should not presume that organizations such as NOW or NARAL were in favor of coerced sterilization, or that CESA and CARASA were in favor of white middle-class women having difficulty obtaining sterilizations. Rather, the organizations reflected the different needs and goals of the women for whom they were advocating.

There is another dimension of the difference between the reproductive needs of white middle-class women compared to those of poor women, particularly poor women of color. The sexuality of poor women, especially that of Black women on welfare, was constructed as deviant and as the cause for poverty in the US; in the mid-1960s they were urged to limit their reproduction as an obligation to end cycles of poverty and welfare. Ironically, this occurred at the same time that a "sexual revolution" transpired for young white middle-class and educated women, whose use of contraceptives and abortions was demanded as a right. This parallels what happened in the earlier part of the century in the first birth control movement, with birth control framed as a duty for some and a right for others.

Despite the polarization of the reproductive rights movement in the 1970s, sterilization guidelines did go into effect in the 1970s as a result of much activism by groups such as CESA and CARASA and the ACLU Reproductive Freedom Project. In 1978, the Department of Health, Education and Welfare (HEW) passed guidelines that sterilizations would be federally-funded only if the following standards were met:

- the hospital must use an HEW-approved consent form written in the patient's language that discusses the nature and consequences of the operation
- the consent form must include certification that the patient received a written & oral explanation about the operation, information about other forms of birth control, & assurance that welfare would not be terminated if he or she did not give consent
- a 30 day waiting period between the time consent is given & the operation is performed
- consent to sterilization could not be made while a person is in labor, under the influence of alcohol or drugs, or while seeking an abortion
- the hospital must make arrangements for persons who do not speak English or who have disabilities
- hysterectomies could not be performed for sterilization purposes

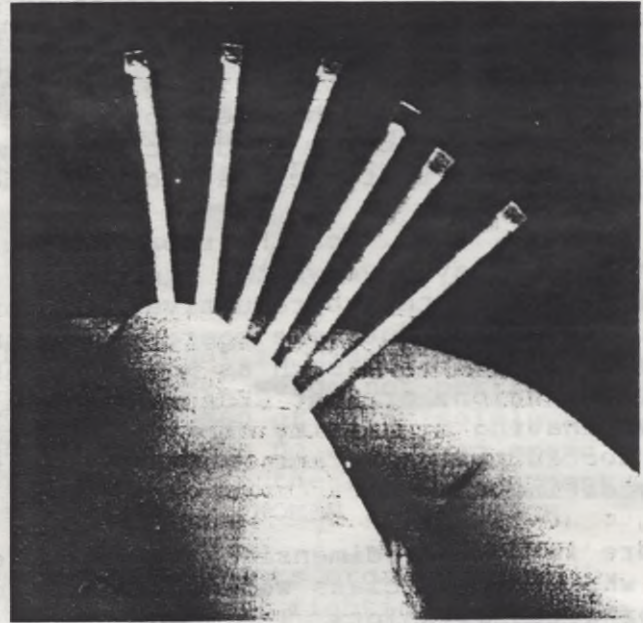


- federal funding would not be provided for sterilizations performed on institutionalized persons in prisons or mental hospitals, or for mentally challenged persons or those under the age of 21

These regulations applied to all sterilizations funded by Medicaid, performed by the Public Health Service and the Indian Health Service, and for HEW-sponsored family planning programs.

## PART THREE NORPLANT: SAME GAME, DIFFERENT NAME

Unfortunately, measures to socially engineer the American population through the control of certain targeted women's reproductive capacities continued throughout the twentieth century. In the 1990s, women were faced with a new method of reproductive social control: Norplant. Norplant is a long-term contraceptive device that consists of rods implanted into a woman's arm. The rods contain hormones which are gradually released into a woman's blood stream over a period of five years. It is, in essence, a form of temporary sterilization.



*A set of six Norplant capsules.*

The Population Council

Norplant was approved by the Food and Drug Administration in 1990. The potential for abuse was articulated almost immediately. Two days after its approval, the Philadelphia Inquirer printed an editorial that suggested that in order to solve black poverty, the government should offer financial incentives to women on welfare to have Norplant implanted in their arms. On January 3, 1991, less than a month after Norplant's approval, a judge in California ordered defendant Darlene Johnson to be implanted with Norplant for three years as a condition of parole. Johnson had pleaded guilty to child abuse. And, in 1991 and 1992, thirteen states proposed twenty bills and amendments concerning Norplant, several of which proposed financial incentives to women on welfare to receive the implant, would require female convicted drug-users to receive Norplant as a condition of probation, and would mandate women on welfare with more than three children to have the device implanted to continue receiving benefits. By 1995, thirty-five states had proposed seventy bills to increase Norplant's availability to poor women.

We must understand the Norplant controversy in the context of the history of eugenics and sterilization abuse. Norplant, once again, brings up issues of who is fit and who is unfit for motherhood, has been aimed at poor women and women of color, implicates women's sexualities, frames poverty & illegitimacy in moral terms, blames the poor for their own poverty and for the deterioration of American culture, and has been used as a tool of punishment against female criminals and welfare-recipients.

Norplant, unlike other birth control methods, puts most of the control in the hands of a physician rather than in the hands of the woman herself; its coercive potential lies in its very function. A woman cannot insert Norplant into her arm herself, nor can she remove it. It is also a particularly passive form of birth control because the woman does not have



any active role in the contraception once it is implanted. Margot E. Young writes that Norplant reduces women's "contraceptive agency."<sup>5</sup> Because reproductive technologies are embedded with the realities of the society in which they are developed, "contraceptive agency" becomes a pivotal issue when it affects women who have historically been the targets of social and reproductive control.

In order for a woman to have Norplant removed, she needs money or third-party coverage to pay for it, as well as a competent, trained physician to remove the device. There were several cases in the early 1990s where women who received Medicaid to have Norplant implanted had a difficult time getting it removed on request, even despite severe negative side effects. Women who were on Medicaid or had health insurance when they had Norplant inserted may find themselves without any coverage when they want it removed. Another issue with Norplant is that policy measures need to be instated to insure that certain women are not coerced into receiving Norplant. This is what happened with many Native American women. They were coerced to use Norplant and Depo-Provera without informed consent. Eugenics was an ideology and a practice that attempted to define which types of people were "true" Americans. A debate about the character of the American population is still raging as we near the end of the millennium. In the 1990s, Norplant and rhetoric around welfare reform has been one way among many in which this discussion has been framed. Sensitivity about disabilities and multiculturalism in the post-Civil Rights era have changed the nature of the discourse, forcing explicitly racist and prejudiced arguments to become more subtle and coded. The literature about Norplant and welfare reform, however, reveals that much of the current debate is remarkably similar to that made during the eugenics era about who is fit and who is unfit to procreate and be born.

Charles Murray, for example, co-author of the inflammatory The Bell Curve, explicitly invokes neo-eugenic discourse. He writes that welfare should be eliminated in order to reduce the number of babies single women have, that because of birth control technology and the legalization of abortion, the number of "legitimate" babies being born has dropped, whereas the number of "illegitimate" babies born to single women has risen. This is the race suicide argument all over again. In Murray's terms, "legitimacy" has become a code word for racial, class, and genetic "fitness" in the 1990s. Murray writes that "illegitimacy is the central social problem of our time, and . . . its spread threatens the underpinning of a free society."<sup>6</sup> He describes poor single mothers as being sexually and culturally immoral, and even lacking intelligence.

The neo-eugenic arguments of people such as Charles Murray are not limited to academic circles. Legislators and judges have attempted to control the reproduction of convicted female child abusers and drug addicts--women viewed as "unfit" to bear and raise children. The rhetoric behind proposals and court mandates argues that Norplant will protect any future children the women should bear. Yet temporarily sterilizing them would not protect any future children; rather, it would prevent them from ever being born. Court orders and legislative proposals do not address the root problems of child abuse, drugs, or poverty, nor do they attend to psychological and medical needs. What they do articulate is the ideology that "these types of women" are not fit to have children, and any children that they do have (especially those born with complications due to drugs & alcohol) are not fit to be conceived.

If the issue were merely about protecting children, we would see women of all races & classes being ordered to receive Norplant. Yet it is poor women of color who are most likely to be reported, prosecuted and convicted of child abuse and drug use. The first four women to be ordered to use



Norplant on condition of parole were all on welfare; three of them were of color. What is the likelihood of a campaign to sterilize women, permanently or temporarily, because of a so-called deviant behavior, characteristic or lifestyle that is most common to white middle-class women? Or, to push this question further, to sterilize white middle-class men?

Legislative proposals to encourage or force welfare recipients to go on Norplant also speak about "fitness" and "legitimacy." The bills reek of eugenics and social engineering, in which poor women (and implicitly, poor women of color) are deemed unfit for motherhood, and their hypothetical children are proclaimed unwanted. Once again, restricting reproduction of poor women is seen as an antidote to poverty, which is inevitably tied to morals. There are four premises at work here: poverty results from a lack of morals held by poor single (of color) women that continues to be culturally learned by their illegitimate offspring; welfare perpetuates poverty by providing poor single (of color) women with an incentive to continue having children out of wedlock; to end poverty, we must stop the cycles of illegitimacy and immorality; we must restrict the reproduction of poor single (of color) women through welfare reform that advocates temporary sterilization and family caps.

One major difference between Norplant proposals of the 1990s and sterilization proposals of the 1950s is that Norplant is temporary and reversible. Norplant, as a form of temporary sterilization, would have the same results as permanent sterilization, however: less children born to poor women, especially to poor women of color. Welfare reform discourse, whether it be from the 1930s, the 1960s, or the 1990s sends the same message, loud and clear: America does not want anymore poor, Black babies.

The final question to be asked about Norplant is: how have feminists responded? Unlike earlier generations, it appears that the Norplant controversy of the 1990s is not nearly as divisive in the reproductive rights movement as the battle over sterilization guidelines was in the 1970s. Organizations have not been polarized over the differences in reproductive needs of poor women of color versus white middle-class women. Debates about Norplant could have easily mimicked those in earlier decades regarding birth control and sterilization: Norplant as liberating for white middle-class women and repressive for poor women of color. But this has not been the case.

There are several possible reasons. One is that mainstream feminist and reproductive rights org's have learned from their past mistakes in failing to recognize the divergent goals & needs of women who are not white and/or middle-class. Poor women & women of color have not been silent about their reproductive issues & needs, and by the 1990s, perhaps we may speculate that the mainstream org's have finally begun to listen. Another reason is that the debate about Norplant has not been framed as an either/or controversy. By speaking out against coercive policies, rep. rights activists would not be hindering women's access or right to use Norplant. The right to procreate has not been posed as the antithesis to the right not to bear children. This may be a reflection of the need for feminist org's to unite against the Conservative/Christian Right's recent assault on all sectors of the reproductive freedom movement. And finally, Norplant has not been the ideal contraceptive for the middle-class. It is so expensive that it is available only to the very affluent and, ironically, to the very poor. And, once obtained, many women have experienced horrible side effects & difficulty having the implants properly removed. These are issues that affect women of all class backgrounds.

Norplant thus illustrates an awkward balance. Although conservative, neo-eugenic forces are as strong as ever, the feminist community has proven



to be less divided in the 1990s than it was two decades ago. As debates about coercion & social control will arise in the coming century with the development and distribution of new birth control technologies such as the contraceptive vaccine, it will be essential to keep track of how future reproductive rights controversies replicate or diverge from those of the twentieth century.

## DRAWING CONCLUSIONS

One of the central questions about reproduction and welfare in the twentieth century has been who is fit for motherhood? Throughout this century, ideologies about fitness have labeled those who were not white, middle-class, or in perceived "normal" mental & physical health undesirable members of the American population. Eugenicists, population control advocates and "welfare reformists" have tried to limit the reproduction of so-called undesirables because of fears that they reproduce at excessive rates, cause poverty in America, destroy American values, and are out of control and taking over the nation.

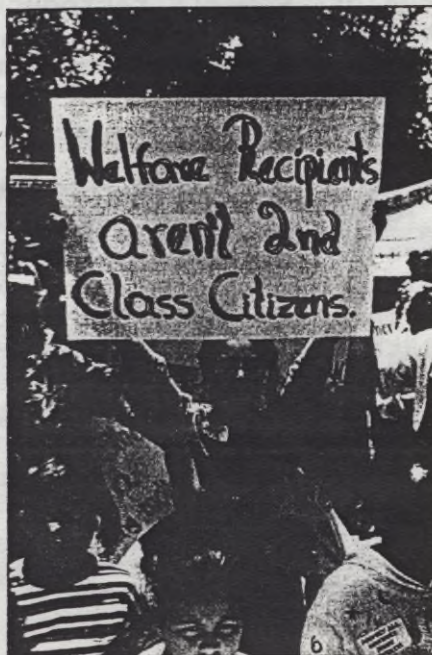
Conservative forces have a racist, classist, and xenophobic agenda: to forge an American identity that is uniformly WASP, native-born, and affluent. Nazi Germany's eugenic sterilization program, by the way, was modeled after the one in place in the US in the early part of the century.

There are two distinct phenomena occurring in the three eras of the American reproductive rights movement I have outlined: (1) fertility regulation as social control, and (2) racial/class antagonism among rep. rights org's. Within these two phenomena are more specific patterns that have persisted throughout the twentieth century: the targeting of women's bodies, birth control as liberating/oppressive, and fertility regulation as the cure for poverty, immorality, and every other social problem of the United States.

The sexuality of women is also a unifying factor of these eras. In all three eras, embodied in women's (hetero)sexualities is the potential to destroy or create a fit & healthy American population. Yet there is a contradiction here: arguing that it is women who have the ultimate control in forming the American population implies that women have immense power, yet it is because this power is recognized that women's bodies and sexualities are targeted.

Controlling women's reproduction as a method of molding the American population and curing poverty is also a way to cloud real issues. When undesirable, unfit women are blamed by policymakers, institutions, and the general public for all of the US's social ills, structural inequalities are not addressed. The welfare queen is an easy target because she is politically powerless; by blaming her for the problems of America, accountability is shifted away from multi-national corporations and corrupt politicians, for example.

Furthermore, it is essential to remember that the way that white middle-class women's bodies have been socially controlled has differed from the way that poor women & women of color's bodies have been. It is this



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PART  
FOUR

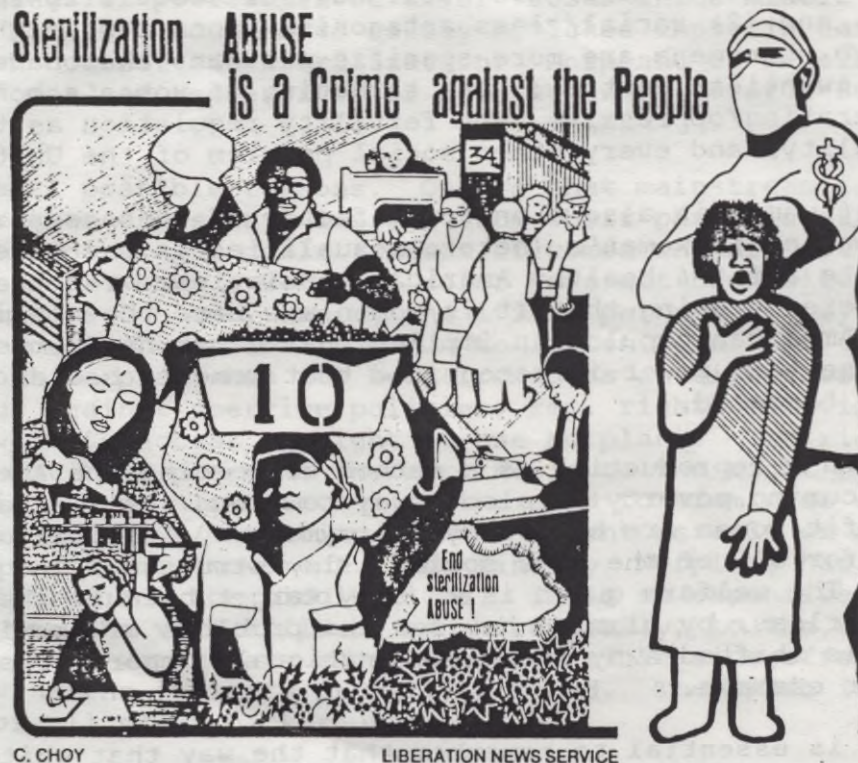


difference that allowed white feminists in the beginning of the century to ignore the contradiction present in their merger with the eugenics movement, and for nat'l org's in the 1970s to make white women's rights to abortion & sterilization on demand more important issues than putting an end to sterilization abuse. Throughout the 1980s and 1990s, the Right has been waging a war against women's reproductive freedom; this growth & mobilization of the Right may in part explain why feminists in the 1990s have recognized that all attempts to restrict women's reproduction, whether it be through the banning of abortion or proposals to force poor women to use Norplant, are related.

I am reluctant to believe that the pattern of eugenics and social control will ever end in this country. Literature about Norplant is especially frightening because the controversy occurred in my own time. But I am not completely cynical and pessimistic. When the state and institutions try to impose regulations on women's fertility, women have not been passive and complacent. Rather, they have mobilized to legalize abortion, win access to contraception, end sterilization abuse, and prevent coercive Norplant policies, among numerous other activities. Although it seems as though eugenic forces will never stop trying to control women's fertility and bodies, I would like to believe that reproductive rights activists will never stop fighting against them.

Notes

1. p. 210
2. p. 89
3. cited in Williams 1989
4. p.5
5. p. 267
6. p. 267





## SELECTED BIBLIOGRAPHY AND RESOURCES

(this is in no way a complete list. if you are doing your own research and would like a copy of my whole bibliography, contact me. below are some of the most important sources to find if you are interested in the theory & history of reproductive rights in the U.S., birth control, sterilization abuse, and eugenics, as well as some not-so essentials that i directly quoted in the zine and therefore must cite. although i placed texts in categories, there is tons of overlap here.)

### GENERAL TEXTS (theory/history):

- Davis, Angela Y. 1981. Women, Race and Class. New York: Random House.
- Gordon, Linda. 1976. Woman's Body, Woman's Right: A Social History of Birth Control in America. New York: Grossman Publishers.
- Nsiah-Jefferson, Laurie. 1989. "Reproductive Laws, Women of Color and Low-Income Women." Women's Rights Law Reporter, Vol. 11 No. 1: 15-39.
- Petchesky, Rosalind Pollack. 1990. Abortion and Woman's Choice: The State, Sexuality, and Reproductive Freedom. Boston: Northeastern University Press.
- Roberts, Dorothy. 1997. Killing the Black Body: Race, Reproduction, and the Meaning of Liberty. New York: Pantheon Books.
- Solinger, Rickie. 1992. Wake Up Little Susie: Single Pregnancy and Race Before Roe V. Wade. New York: Routledge.
- Williams, Patricia J. 1991. The Alchemy of Race and Rights: Diary of a Law Professor. Cambridge: Harvard University Press.
- Williams, Patricia J. 1995. The Rooster's Egg: On the Persistence of Prejudice. Cambridge: Harvard.

### BIRTH CONTROL:

- McCann, Carole R. 1994. Birth Control Politics in the United States, 1916-1945. Ithaca: Cornell University Press.
- Samuels, Sarah E. and Smith, Mark D, eds. 1992. Dimensions of New Contraceptives: Norplant and Poor Women. Menlo Park: Henry J. Kaiser Family Foundation.
- Sen, Gita and Rachel C. Snow, eds. 1994. Power and Decision: The Social Control of Reproduction. Boston: Harvard.
- Young, Margot E. 1995. "Reproductive Technologies and the Law: Norplant and the Bad Mother." Marriage and Family Review, Vol. 21 No. 3-4: 259-81.

### EUGENICS:

- Chase, Allan. 1980. The Legacy of Malthus: The Social Costs of the New Scientific Racism. Urbana: University of Chicago Press.
- Kevles, Daniel J. 1985. In the Name of Eugenics: Genetics and the Uses of Human Heredity. Berkeley: University of California Press.
- Malthus, Thomas Robert. 1969. "An Essay on the Principle of Population." Pp. 4-16 in Population, Evolution and Birth Control, edited by Garrett Hardin. San Francisco: W. H. Freeman and Company.

### STERILIZATION ABUSE:

- Ad Hoc Women's Studies Committee Against Sterilization Abuse. 1978. Workbook on Sterilization. Bronxville: Sarah Lawrence College.
- Barlow, Judy. 1978. "Sterilization of Native American Women." Big Mama Rag, Vol. 6 No.5: 5+.
- Committee for Abortion Rights and Against Sterilization Abuse. 1979. Women Under Attack: Abortion, Sterilization Abuse, and Reproductive Freedom. New York: CARASA.
- Committee to End Sterilization Abuse. 1980. "Sterilization: What You Need to Know Before Making a Decision." Pp. 7-13 in Sterilization Resource Guide 9. Washington DC: National Women's Health Network.
- National Women's Health Network. 1980. Sterilization Resource Guide 9. Washington DC: Nat'l Women's Health Network.
- Reilly, Philip R., M.D., J.D. 1991. The Surgical Solution: A History of Involuntary Sterilization in the United States. Baltimore: The Johns Hopkins University Press.
- Rodriguez-Trias. 1982. "Sterilization Abuse." Pp. 147-60 in Biological Woman, ed. by Ruth Hubbard, Mary Sue Henifin and Barbara Fried. Rochester: Schenkman Books.
- Shapiro, Thomas M. 1985. Population Control Politics: Women, Sterilization, and Reproductive Choice. Philadelphia: Temple University Press.

### WELFARE:

- Murray, Charles. 1994. "What To Do About Welfare." Commentary, Dec. 12: 26-34.
- Thomas, Susan L. 1998. "Race, Gender and Welfare Reform: The Antinatalist Response." Journal of Black Studies, Vol. 28 No. 4: 419-46.

### UNITED STATES FEMINISM:

- Morgan, Robin, ed. 1970. Sisterhood is Powerful: An Anthology of Writings from the Women's Liberation Movement. New York: Random House.
- Smith-Rosenberg, Carroll. 1985. Disorderly Conduct: Visions of Gender in Victorian America. New York: Oxford University Press.

### ORGANIZATIONS & INTERNET RESOURCES:

- ACLU Reproductive Rights Project. [www.aclu.org/issues/reproduct/hmrr.html](http://www.aclu.org/issues/reproduct/hmrr.html)
- Alan Guttmacher Institute. 202/296-4012
- CARAL (California Abortion and Reproductive Rights Action League). 415/546-7211. [www.caral.org](http://www.caral.org)
- Center for Law and Reproductive Policy 212/514-5534. [www.crlp.org](http://www.crlp.org)
- The Feminist Majority Foundation 703/522-2214. [www.feminist.org](http://www.feminist.org)
- Global Reproductive Health Forum. [www.hsph.harvard.edu/Organizations/healthnet/reprorights/info.html](http://www.hsph.harvard.edu/Organizations/healthnet/reprorights/info.html)
- Institute for Women's Policy Research. [www.iwpr.org](http://www.iwpr.org)
- NARAL (National Abortion and Reproductive Rights Action League). 202/973-3000. [www.naral.org](http://www.naral.org)
- National Asian Women's Health Organization 415/989-9747. [www.nawho.org](http://www.nawho.org)
- National Black Women's Health Project. 202/835-0117
- National Women's Health Network. 202/347-1140
- National Woman's Health Organization 800/532-5383. [gynpages.com/nwwho](http://gynpages.com/nwwho)
- NOW (National Organization for Women). 202/331-0066. [www.now.org](http://www.now.org)
- Planned Parenthood Federation of America. 212/541-7800. [www.plannedparenthood.org](http://www.plannedparenthood.org)
- Reproductive Health and Rights Center. [www.choice.org](http://www.choice.org)
- Reproductive Rights Network 617/661-1161. [www.repro-activist.org](http://www.repro-activist.org)
- Welfare Information Network. 202/628-5790
- Women of Color Organizing Project. [www.choice.org/18.wocop.main.html](http://www.choice.org/18.wocop.main.html)
- Women of Color Resources. [www.choice.org/18.resources.0.html](http://www.choice.org/18.resources.0.html)





This zine is a very condensed & simplified version of my senior project, "Race, Class and Reproductive Rights: The Thread of Eugenics and Social Control," which was completed in late April 1999 as part of the requirements to graduate from Bard College.



Please pass this zine on. Spread the word. You may make copies to hand out as long as you do not sell them for profit. And please always keep my name and contact info intact. If you want to carry this through your distro or store, let me know. You can also talk to me if you'd like to see my other zines or find out where my zines are sold and distroed.

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