

CHAPTER 2

THE DARK SIDE OF BIRTH CONTROL

Race completely changes the significance of birth control to the story of women's reproductive freedom. For privileged white women in America, birth control has been an emblem of reproductive liberty. Organizations such as Planned Parenthood have long championed birth control as the key to women's liberation from compulsory motherhood and gender stereotypes. But the movement to expand women's reproductive options was marked by racism from its very inception in the early part of this century. The spread of contraceptives to American women hinged partly on its appeal to eugenicists bent on curtailing the birthrates of the "unfit," including Negroes. For several decades, peaking in the 1970s, government-sponsored family-planning programs not only encouraged Black women to use birth control but coerced them into being sterilized. While slave masters forced Black women to bear children for profit, more recent policies have sought to reduce Black women's fertility. Both share a common theme—that Black women's childbearing should be regulated to achieve social objectives.

This chapter explores how racism helped to create the view of birth control as a means of solving social problems. Birth control policy put into practice an explanation for racial inequality that was rooted in nature rather than power. At the same time, the connection between birth control and racial injustice split the Black community. While some community activists promoted birth control as a means of racial betterment, others denounced abortion and family planning as forms of racial "genocide." Black people's ambivalence about birth control adds an important dimension to the contemporary understanding of reproductive freedom as a woman's right to choose contraception and abortion. We must acknowledge the justice of ensuring equal access to birth control for poor and minority women without denying

the injustice of imposing birth control as a means of reducing their fertility.

MARGARET SANGER AND THE BIRTH CONTROL MOVEMENT

In the late nineteenth century, many states enacted statutes prohibiting contraceptives, as well as the distribution of information about them. The Comstock Law, passed by Congress in 1873, classified information about contraceptives as obscene and made its circulation through the mail a crime. Many young Americans would be shocked to discover that the U.S. Supreme Court did not rule laws prohibiting birth control, even if used by married couples, unconstitutional until 1965. *Griswold v. Connecticut* is a major case not only because it held that Connecticut's ban on contraceptives violated the Constitution, but also because it articulated for the first time the right of privacy.¹

Griswold actually marked the culmination of a movement for access to birth control that began in the early twentieth century: Its chief crusader was Margaret Sanger, who coined the phrase "birth control." Sanger devoted her life to championing women's right to practice contraception, in defiance of prevailing law, social convention, and the Catholic Church.² She founded the American Birth Control League in 1921, which joined with other groups in 1939 to form the Birth Control Federation of America (BCFA), eventually becoming America's leading reproductive rights organization, the Planned Parenthood Federation of America. Sanger is still idolized by many reproductive rights activists as the mother of birth control and one of America's most outspoken feminists.

Sanger's original defense of birth control was vehemently feminist. Her advocacy centered on the emancipation of women. She traced her commitment to birth control to the desperate condition of the women she visited as a public health nurse in New York, women saddled with numerous unwanted pregnancies and endangered by self-induced abortions. She saw women's ability to control their own reproduction as essential to their freedom and equal participation in society. Access to birth control would also allow women to freely express their sexuality without fear of pregnancy. She sought to liberate women's sexual pleasure from the confines of maternity, marriage, and Victorian morality. "No woman can call herself free who does not own and control her own body. No woman can call herself free until she can choose consciously whether she will or will not be a mother,"

Sanger declared in her 1920 book, *Woman and the New Race*.³ Sanger also stressed the importance of contraceptives that women could control themselves, rather than those that depended on men's cooperation, preferring diaphragms to the more common contraceptive methods of condoms and withdrawal.

Women's right to birth control became a subject of national attention when Sanger was arrested twice for violating federal and state anticontraception laws. Her first arrest, in 1914, occurred when the Post Office banned several issues of her magazine, *The Woman Rebel*, and the U.S. Attorney's office charged her with violating the Comstock Law. Facing a possible forty-five-year sentence, Sanger fled to Europe. She returned a year later to publicize the issue of birth control. Under public pressure, the government dropped the charges in 1916. That same year, Sanger opened the first contraceptive clinic in the United States, located in the Brownsville section of Brooklyn, where she distributed diaphragms—known as “pessaries”—to hundreds of women. Ten days later, police raided the clinic, arresting Sanger and her sister, Ethel Byrne, the clinic's nurse. Sanger was convicted of violating the New York criminal law banning distribution of contraceptives and sentenced to thirty days in the workhouse.

Several scholars who have studied the birth control movement in America remark on how its original feminist vision of voluntary motherhood was soon overshadowed by the gender-neutral goal of family planning and population control.⁴ What began at the turn of the century as a crusade to free women from the burdens of compulsory and endless childbearing became by World War II a method of sound social policy. The concern for women's right to control their own reproduction was superseded by concern for the nation's fiscal security and ethnic makeup. As Angela Davis puts it, “What was demanded as a 'right' for the privileged came to be interpreted as a 'duty' for the poor.”⁵

The career of Margaret Sanger demonstrates how birth control can be used to achieve coercive reproductive policies as well as women's liberation. Of course, Sanger should not be made to shoulder all of the blame for the repressive aspects of the birth control movement. Although its most prominent figure, she did not single-handedly create the political forces that shaped the meaning of birth control.⁶ But Sanger's shifting alliances reveal how critical political objectives are to determining the nature of reproductive technologies—whether they will be used for women's emancipation or oppression. As the movement veered from its radical, feminist origins toward a eugenic

agenda, birth control became a tool to regulate the poor, immigrants, and Black Americans.

THE EUGENICS MOVEMENT

At the time Sanger began her crusade for birth control, the eugenics movement in America had embraced the theory that intelligence and other personality traits are genetically determined and therefore inherited. This hereditarian belief, coupled with the reform approach of the Progressive Era, fueled a campaign to remedy America's social problems by stemming biological degeneracy. The eugenicists advocated the rational control of reproduction in order to improve society.

I turn to a discussion of eugenics because this way of thinking helped to shape our understanding of reproduction and permeates the promotion of contemporary policies that regulate Black women's childbearing. Racist ideology, in turn, provided fertile soil for eugenic theories to take root and flourish. It bears remembering that in our parents' lifetime states across the country forcibly sterilized thousands of citizens thought to be genetically inferior. America's recent eugenic past should serve as a warning of the dangerous potential inherent in the notion that social problems are caused by reproduction and can be cured by population control.

The eugenics movement has been traced to the writings of Sir Francis Galton, an English scientist, at the turn of the century. Although the idea of improving the quality of humans, as well as plants and animals, through selective breeding had previously been suggested, Galton was the first to popularize an actual eugenics program. Galton became interested in heredity when *The Origin of Species*, written by his distant cousin Charles Darwin, was published in 1859.⁷ Galton replaced the Darwinian reliance on the process of natural selection to lead inevitably to the extinction of inferior groups with an argument for affirmative state intervention in the evolutionary process. “What Nature does blindly, slowly, and ruthlessly, man may do providently, quickly, and kindly.”⁸ In 1883, Galton coined the word “eugenics”—from a Greek root meaning “good in birth”—to “express the science of improving stock” by giving “the more suitable races or strains of blood a better chance of prevailing speedily over the less suitable than they otherwise would have had.”⁹ Galton's basic premise was that, since intelligence and character were transmitted by descent, society should take steps to encourage the procreation of

people of superior stock. "What an extraordinary effect might be produced on our race," Galton declared, "if its object was to unite in marriage those who possessed the finest and most suitable natures, mental, moral, and physical!"¹⁰

Galton advocated primarily positive eugenics, or improving the race of a nation by increasing the reproduction of the best stock.¹¹ He suggested that the state should encourage early intermarriage among a select class of men and women and ensure the health of their children. Galton also believed that it was counterproductive to waste public charity on people who produced children with inferior qualities, arguing that "the time may come when such persons would be considered enemies to the state, and to have forfeited all claims to kindness."¹²

Galton's theories were grounded in a belief in the genetic distinctions between races, as well as individuals. Man was divided into different races marked by distinctive features and characters: "The Mongolians, Jews, Negroes, Gipsies, and American Indians severally propagate their kinds; and each kind differs in character and intellect, as well as in colour and shape, from the other four."¹³ Galton's disparaging description of the Negro's traits fits the mindset of his time:

The Negro has strong impulsive passions, and neither patience, reticence, nor dignity. He is warm-hearted, loving towards his master's children, and idolised by the children in return. He is eminently gregarious, for he is always jabbering, quarrelling, tom-tom-ing, or dancing. He is remarkably domestic, and is endowed with such constitutional vigour, and is so prolific, that his race is irrepressible.¹⁴

Eugenic ideas found fertile ground in America. At the turn of the century white Americans, believing that immigrants were reproducing faster than native Anglo-Saxons, were gripped by a fear of "race suicide." This was just one manifestation of an intense nativism that erupted in vicious race riots across the country. These attacks, primarily of whites against Blacks and natives against immigrants, often ended in dozens of deaths. Thirty-eight people were killed in a race riot in Chicago in the summer of 1919. Meanwhile lynchings terrorized Black citizens in the South. Studies showed that although the overall population was increasing, the birthrate among foreigners was double that among American-born women. "Old stock" Americans were urged to bear more children for the good of the nation. In 1903,

President Theodore Roosevelt made the issue a centerpiece of his national reform agenda, telling Americans in his State of the Union message that "willful sterility is, from the standpoint of the nation, from the standpoint of the human race, the one sin for which there is no atonement."¹⁵

Racism also provided the theoretical framework for eugenic thinking. White Americans had for over two centuries developed an understanding of the races as biologically distinct groups, marked by inherited attributes of inferiority and superiority. Scientific racism predisposed Americans to accept the theory that social characteristics were heritable and deviant behavior was biologically determined. The use of sterilization as a remedy for social problems was an extension of the brutality enforced against Black Americans. Whites' domination of slave women's wombs to sustain the system of slavery provided an early model of reproductive control. "Eugenic ideas were perfectly suited to the ideological needs of the young monopoly capitalists," Angela Davis points out, as their "[i]mperialist incursions in Latin America and in the Pacific needed to be justified, as did the intensified exploitation of Black workers in the South and immigrant workers in the North and West."¹⁶ It is no wonder that the movement was financed by the nation's wealthiest capitalists, including the Carnegie, Harriman, and Kellogg dynasties.

In *Exterminate All the Brutes*, Swedish author Sven Lindqvist describes a similar process that was occurring across the ocean. He traces the antecedents of the Nazi Holocaust to nineteenth-century European imperialism, which, he says, was also grounded in a brutal racism.¹⁷ The German extermination of Jews mimicked the earlier extermination of Africans by British officers in their quest to dominate the continent. "The step from mass murder to genocide," Lindqvist argues, "was not taken until the anti-Semitic tradition met the tradition of genocide arising during Europe's expansion in America, Australia, Africa, and Asia." Recently translated into English, *Exterminate All the Brutes* has already created intense controversy in Sweden. There is an even stronger link between the American eugenics movement and racist theories developed centuries earlier to justify the enslavement of Africans. Thus, although eugenic policies were directed primarily at whites, they grew out of racist ideology.

The study of eugenics in America mushroomed in the early 1900s, largely due to the efforts of Harvard-trained biologist Charles Davenport. As an associate professor at the University of Chicago, he convinced the Carnegie Institute to establish a center for the experi-

mental investigation of evolution in Cold Spring Harbor, New York, in 1904. With the financial backing of railroad heiress Mrs. E. H. Harriman, Davenport added a Eugenics Record Office to his research station six years later. He and his staff of fieldworkers collected the pedigrees of hundreds of extended families suspected of carrying defective genes. Their monographs, with titles such as *The Hill Folk: Report on a Rural Community of Hereditary Defectives*, described these degenerate families as exhibiting the inherited traits of laziness, mental retardation, and immoral habits, as well as high fecundity.

Davenport reported his early findings in 1911 in his widely read book *Heredity in Relation to Eugenics*.¹⁸ By noting the recurrence of a given character trait, Davenport concluded that heredity determined such diseases as hemophilia, otosclerosis, and Huntington's chorea, as well as behavioral characteristics, including insanity, alcoholism, eroticism, pauperism, criminality, and "feeble-mindedness," which could mean anything from mental retardation to low intelligence. Davenport also attributed particular behavioral traits to different races: he observed that Poles were "independent and self-reliant though clannish"; Italians were prone to commit "crimes of personal violence"; and "Hebrews" fell "intermediate between the slovenly Serbians and Greeks and the tidy Swedes, German, and Bohemians."¹⁹ Davenport advocated preventing the reproduction of bad stock through a selective immigration policy, discriminating marriages, and state-enforced sterilization.

Davenport's Cold Spring Harbor project supplied the burgeoning American eugenics movement with adherents and research: it trained and dispersed over 250 field workers, published the *Eugenical News*, and disseminated bulletins and books about the reduction of hereditary degeneracy.²⁰ As Davenport conducted scientific research, eugenics became the vogue across the country. Ordinary Americans attended lectures and read articles in popular magazines on the subject. Those devoted to studying eugenics joined organizations such as the American Eugenics Society, the American Genetics Association, and the Human Betterment Association. The *Reader's Guide to Periodical Literature* listed 122 articles under "eugenics" between 1910 and 1915, making it one of the most referenced topics in the index.²¹ At most American colleges courses on eugenics were well-attended by students eager to learn how to apply biology to human affairs. The American Eugenics Society reached a less erudite audience by sponsoring Better Babies and Fitter Families contests at state fairs across the country.

has been praised throughout history

Paralleling the development of eugenic theory was the acceptance of intelligence as the primary indicator of human value. Eugenicists claimed that the IQ test could quantify innate intellectual ability in a single measurement, despite the objections of its creator, Alfred Binet.²² Just as damaging, intelligence became a shorthand for moral worth as well as cognitive capacity. The introduction of "mental tests" at the turn of the century to measure intelligence replaced physical measurements, such as cranial capacity, as the means of determining human inferiority and superiority. Measuring intelligence served the eugenics movement particularly well. The mental test was the ideal instrument for eugenics' central task of distinguishing the fitness of stocks because it provided "a seemingly objective, quantifiable measure that could be used to rank genetically transmitted ability."²³

Psychologist Henry H. Goddard's influential research on the heritability of feeble-mindedness revealed that inherited mental deficiency explained the behavior of paupers, prostitutes, and criminals.²⁴ His popular book, *The Kallikak Family*, compared two family lines descending from a single New Jersey man Martin Kallikak, who had fought in the Revolutionary War. Goddard claimed that the family resulting from Martin's marriage to a Quaker woman was intelligent and successful. The other, resulting from his union with a feeble-minded barmaid, was filled with degenerates. Goddard's book was reprinted four times between 1912 and 1919 and had a powerful influence on popular thinking for more than a decade.

Psychologists also used the tests to demonstrate that Blacks and recent immigrants from Southern and Eastern Europe were intellectually inferior to Americans of Anglo-Saxon or Scandinavian descent. During World War I, the army commissioned Robert M. Yerkes, a Harvard eugenicist and president of the American Psychological Association, to administer a massive program to test the intelligence of 1.7 million recruits.²⁵ Princeton psychology professor Carl C. Brigham analyzed the army data in *A Study of American Intelligence*, published in 1923.²⁶ He reported that northern Europeans scored higher than Blacks and immigrants from Italy, Poland, Greece, and Russia: "At one extreme we have the distribution of the Nordic group. At the other extreme we have the American negro. Between the Nordic and the negro, but closer to the negro than the Nordic, we find the Alpine and Mediterranean type."²⁷ Professor Brigham decried the degeneration of the American population through "racial admixture" with Negroes and inferior immigrants and advocated more selective immi-

gration policies that would prevent the influx of the less intelligent groups.

The same year that Brigham's book was published, a new edition of the best-seller *The Passing of the Great Race*, by the New York eugenicist Madison Grant, appeared.²⁸ Grant, resident anthropologist of the American Museum of Natural History, extolled the superior qualities of the Nordic race, a people of "rulers, organizers, and aristocrats" who were responsible for every great civilization that ever existed. These civilizations had declined, Grant argued, because of the deterioration of the Nordic population through warfare and intermixture with other races of people. In *The Passing of the Great Race*, Grant warned that the Nordic stock in America was similarly threatened by racial intermixture with Blacks and inferior immigrant groups, which inevitably produced children of the "lower" type. Reminiscent of Galton's view of inferior stock as public enemies, he described racial intermarriage as a "social and racial crime of the first magnitude."²⁹

Grant's book was accepted as a scientific work and was seriously reviewed in prestigious academic journals.³⁰ Critical reviews of the book were attributed to "personal resentments from individuals not belonging to the Great Race." Grant was regarded as an important scientist, while his discreditors were labeled as "Bolsheviks and Jews" who were biased against scholarly investigation of racial difference. Like *The Bell Curve*, *The Passing of the Great Race* was a best-seller, with four editions and numerous reprints published between 1916 and 1923. The *Saturday Evening Post* praised its reflection of "recent advances in the study of hereditary and other life sciences," and recommended it as a book that "every American should read."³¹ Legislators quoted passages from the book during congressional debates on immigration restrictions, and President Theodore Roosevelt commended it as "the work of an American scholar and gentleman," and stated that "all Americans should be immensely grateful to [Grant] for writing it."³² The message readers learned from both *The Passing of the Great Race* and *The Bell Curve* is that egalitarian social programs are incapable of improving society. As E. Huntington concluded in his commentary in *Yale Review*, Grant demonstrated a "lesson of biology . . . that America is seriously endangering her future by making fetishes of equality, democracy, and universal education."³³

IMPLEMENTING EUGENICS

The eugenicists sought to attain their goal of improving the race through a number of means. Many advocated positive eugenics, which encouraged the breeding of superior citizens and voluntary cooperation in forming the most desirable unions. By 1913 twenty-four states and the District of Columbia had enacted laws forbidding marriage by people considered genetically defective, including epileptics, imbeciles, paupers, drunkards, criminals, and the feeble-minded. Influenced by testimony of eugenics lobbyists such as Harry Laughlin, Congress passed the National Origins Act of 1924, imposing national quotas that effectively cut off immigration from Southern and Eastern Europe. Others advocated universal intelligence testing in the schools in order to match each child with the type of educational program appropriate for his or her inherited capacities.³⁴

Eugenicists opposed social programs designed to improve the living conditions of the poor. They argued that adequate medical care, better working conditions, and minimum wages all harmed society because those measures enabled people with inferior heredity to live longer and produce more children. The Harvard geneticist Edward East, for example, complained that the provision of prenatal care and obstetric services to the poor through clinics and public hospitals was "unsound biologically" because it "nullifie[d] natural elimination of the unfit."³⁵ The American Eugenics Society lobbied in 1924 against New York legislation providing special educational assistance for retarded children on the ground that "the education of the defective will bolster him or her up to the reproductive period and will make it more possible for him or her to become a parent than would be possible if he or she were less well trained."³⁶ Some eugenicists also considered democracy an irrational form of government because "an imbecile who knows nothing of civic matters can annul the vote of the most intelligent citizen."³⁷

The eugenics movement, however, did not rely on nature to eliminate the unfit. It implemented a more direct means of weeding out undesirable citizens. The movement's most lasting legacy is its coercive enforcement of negative eugenics, which aimed to prevent socially undesirable people from procreating. Eugenicists advocated compulsory sterilization to improve society by eliminating its "socially inadequate" members. This was in part a response to the rapid growth in the late

nineteenth century of the numbers of poor and mentally ill people housed in state-supported institutions, reported by their physicians to have alarmingly high fertility rates.

Once again, whites' inhumanity to Blacks served as a precedent. The idea of imposing sterilization as a solution for antisocial behavior originated in the castration of Black men as a punishment for crime. In eighteenth-century Virginia, castration was imposed on slaves "convicted of an attempt to ravish a white woman." In 1855, the territorial legislature of Kansas enacted a law making castration the penalty for any Negro or mulatto who was convicted of rape, attempted rape, or kidnapping of any white woman.³⁸ Other state legislatures considered, but failed to pass, similar legislation. Around that time, a Texas physician, Dr. Gideon Lincecum, disseminated to law-makers and the press an essay advocating castration as a deterrent to crime. He supported his proposition with an anecdote about a "vicious, disobedient, drunken Negro" who was suspected of raping women of his own race: "After discovering that he had impregnated an idiot white girl, three men went into the field where he worked and castrated him. Less than two years later I heard his mistress say that he had become a model servant."³⁹ In 1864, a Black man convicted of rape in Belton, Texas, was punished by castration. Castration was also a regular feature of the ritual of lynchings in the South, although not for eugenic purposes.

In 1899, Harry C. Sharp, a physician at the Indiana State Reformatory, pioneered a plan to remedy race degeneration by sterilizing criminals. His paper "The Severing of the Vasa Deferentia and Its Relation to the Neuropsychopathic Constitution," published in 1902, reported the beneficial results of the operations he had performed on prison inmates and called for legislation authorizing state institutions "to render every male sterile who passes its portals, whether it be almshouse, insane asylum, institute for the feeble-minded, reformatory, or prison."⁴⁰ Over the course of ten years, Dr. Sharp performed vasectomies on 456 inmates.⁴¹ Sharp's proposal sparked a lobbying campaign by physicians across the country advocating mass sterilization of degenerate men. Between 1909 and 1910 alone, medical journals published twenty-three articles promoting compulsory sterilization as a means of stemming social degeneracy.⁴² President Theodore Roosevelt, who urged Americans to avert the dangers of "race suicide" by producing large families, also endorsed eugenic sterilization.

Racial prejudice pervaded the pro-sterilization literature. In *Dis-*

cases of Society, Dr. G. Frank Lydston, a University of Illinois professor and one of the leading urologists in the Midwest, traced the causes of vice and crime to inherited tendencies and recommended that "[i]ncurable criminals, epileptics, and the insane should invariably be submitted to the operation."⁴³ The book's title page displayed a large drawing of a "skull of a Negro murderer."

Sharp's lobbying efforts proved successful. In 1907, Indiana became the first state to pass an involuntary sterilization law, empowering state institutions to sterilize, without consent, criminals and "imbeciles" whose condition was "pronounced unimprovable" by a panel of physicians.⁴⁴ Within six years, eleven additional states had enacted involuntary sterilization laws directed at those deemed burdens on society, including the mentally retarded, the mentally ill, epileptics, and criminals. Because most statutes mandated sterilization only for people confined to state institutions, they were imposed primarily against the poor.

In 1914, Harry Hamilton Laughlin, superintendent of the Eugenics Record Office and an active public lobbyist for the movement, prepared a two-volume report that proposed a schedule for sterilizing 15 million people over the next two generations, as well as a model sterilization law to accomplish this plan.⁴⁵ The report's explanation of the need for such drastic steps represents a classic statement of the eugenic mission:

In recent years society has become aroused to the fact that the number of individuals within its defective classes has rapidly increased both absolutely and in proportion to the entire population; that eleemosynary expenditure is growing yearly; that some normal strains are becoming contaminated with anti-social and defective traits; and that the shame, the moral retardation, and the economic burden of the presence of such individuals are more keenly felt than ever before. . . . The word "Eugenics" has for the first time become known to thousands of intelligent people who now seek to understand its full significance and application. Biologists tell us that whether of wholly defective inheritance or because of an insurmountable tendency toward defect, which is innate, members of the following classes must generally be considered as socially unfit and their supply should if possible be eliminated from the human stock if we would maintain or raise the level of quality essential to the progress of the nation and our race.

Laughlin included feeble-minded and insane people, criminals, and paupers among the "socially unfit" to be sterilized.⁴⁶ This defective "10 percent of our population," Laughlin claimed, "are an economic and moral burden on the 90 percent and a constant source of danger to the national and racial life."

Laughlin's 1922 survey, *Analysis of America's Modern Melting Pot*, studied the ethnic background of the institutional population in order to demonstrate that immigrants made up a disproportionate share of the nation's socially degenerate members. Laughlin's conclusion that "the recent immigrants (largely from Southern and Eastern Europe), as a whole, present a higher percentage of inborn socially inadequate qualities than do the older stocks" helped to propel the passage of the immigration law in 1924.⁴⁷ When Laughlin received an honorary degree from the University of Heidelberg in 1936, he wrote to German officials that the award represented "evidence of a common understanding of German and American scientists of the nature of eugenics."⁴⁸ Indeed, the Nazis modeled their compulsory sterilization law after one enacted in California.

The eugenicists' legislative victories were stymied by a battle waged in the courts over the constitutionality of compulsory sterilization laws. Opponents argued that the statutes imposed cruel and unusual punishment for sexual crimes, violated the Equal Protection Clause by permitting sterilization of inmates of state institutions, but not of similarly situated noninstitutionalized persons, and denied affected persons due process of law by failing to include necessary procedural safeguards. By 1921, these constitutional challenges succeeded in securing the invalidation of seven eugenics laws. Even the original sterilization law was overturned by the Indiana Supreme Court in 1919.

The sterilization movement renewed its momentum when the U.S. Supreme Court upheld Virginia's compulsory sterilization statute enacted in 1924 to prevent reproduction by "potential parents of socially inadequate offspring." The case arose when, six months after the statute's passage, the Virginia Colony for Epileptics and Feeble-minded approved the sterilization of a seventeen-year-old white girl named Carrie Buck. Carrie, the daughter of an allegedly feeble-minded woman, was committed to the colony by her adoptive parents when she became pregnant as a result of rape. Carrie's court-appointed guardian, in cooperation with the colony's superintendent, Dr. Albert J. Priddy, appealed the order to create a test case. The case made its way to the U.S. Supreme Court. Harry Laughlin testi-

fied in a deposition, based solely on his examination of Carrie's family records, that Carrie suffered from hereditary feeble-mindedness. Noting that her sexual depravity was "a typical picture of the low-grade moron," Laughlin concluded that Carrie belonged to the "shiftless, ignorant, and worthless class of anti-social whites of the South."⁴⁹ The colony also submitted testimony that Carrie's seven-month-old daughter, Vivian, was mentally below average.

In a 1927 decision, *Buck v. Bell*, the Supreme Court approved the sterilization order.⁵⁰ Rejecting arguments that the Virginia sterilization law violated Carrie's equal protection and due process rights, Justice Oliver Wendell Holmes explained the state's interest in preemptively sterilizing people with hereditary defects: "It is better for all the world if, instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind." Holmes, himself an ardent eugenicist, gave eugenic theory the imprimatur of constitutional law in his infamous declaration: "Three generations of imbeciles are enough."⁵¹

During the years following the *Buck v. Bell* decision, the number of states with compulsory sterilization laws grew to thirty. Around the time of the decision the focus of sterilization policy shifted to preventing procreation by women who, like Carrie Buck, were deemed unfit to be mothers. There was a corresponding steady increase in the percentage of young women who were sterilized, with many more operations ultimately performed on institutionalized women than men.⁵² Young women who were at most mildly retarded were often admitted to facilities for the feeble-minded for the sole purpose of being sterilized. Several states pursued a program of "admission, prompt sterilization, and speedy discharge" in order to perform the surgery on as many women and as efficiently as possible.⁵³ Sterilization was viewed as a way of allowing mentally deficient women to be released safely from institutions into society, eliminating the chance that they would bear children who were expected to become wards of the state.

Labeling a young woman feeble-minded was often an excuse to punish her sexual immorality. Many women were sent to institutions to be sterilized solely because they were promiscuous or had become pregnant out of wedlock. A review of sterilizations in California found that three out of four of the sterilized women had been judged sexually delinquent prior to their institutional commitment.⁵⁴ One sign of the trait was a patient's failure to display "the normal aversions of a white girl to a colored man who was perhaps nice to her."⁵⁵

Walter Fernald, superintendent of the Massachusetts School for Feeble-minded Children, indicated that the trait had more to do with sexuality than with low intelligence. Observing that feeble-minded girls were "often bright and attractive," he warned that, if allowed to reproduce, they "bring forth in geometrical ratio a new generation of defectives and dependents, or become irresponsible sources of corruption and debauchery in the communities where they live."⁵⁶ Carrie Buck, it turns out, was sterilized because she was poor and had an illegitimate child. There was no reliable evidence that either she or her daughter was mentally deficient. After reviewing the records, Harvard evolutionary biologist Stephen Jay Gould concluded: "Her case never was about mental deficiency; it was always a matter of sexual morality and social deviance. . . . Two generations of bastards are enough."⁵⁷ In short, eugenic sterilization enforced social judgments cloaked in scientific terms.

EUGENICISTS' GROWING INTEREST IN BLACKS

The economic crisis of the Depression also increased interest in sterilization as a means of preventing the birth of children who would need public assistance. The location of most sterilizations shifted from the West, where California led in the number of involuntary operations, to the South.⁵⁸ Howard Hale recalled in a recent newspaper interview how Virginia sterilization authorities rounded up entire families in the poverty-stricken mountains during the 1930s:

Everybody who was drawing welfare then was scared they were going to have it done to them. . . . They were hiding all through these mountains, and the sheriff and his men had to go up after them. . . . The sheriff went up there and loaded all of them in a couple cars and ran them down to Staunton [Western State Hospital] so they could sterilize them. . . . People as a whole were very much in favor of what was going on. They couldn't see more people coming into the world to get on the welfare.⁵⁹

The eugenics movement was also energized by issues of race. In the 1930s, it turned its attention from the influx of undesirable immigrants to the Black population in the South. Southern segregationists threatened by Black political advancement borrowed theories from the Northern liberals, who were the chief exponents of eugenics phi-

losophy. It was now clear that the prediction of Social Darwinists that the genetic degeneracy of the Black race doomed it to extinction was wrong. In the decades following Emancipation, poverty had taken its toll on the life prospects of Black sharecroppers in the South. One historian describes the deplorable state of Black health at the turn of the century: "The fertility rates of black women declined by one-third from 1880-1910 as a result of, among other factors, poor nutrition; the life expectancy at birth for black men and women was only thirty-three years; a black mother could expect to see one out of three of her children die before age ten and to die herself before the youngest left home."⁶⁰ In *Racial Hygiene*, published in 1929, however, Thurman B. Rice warned that "the colored races are pressing the white race most urgently and this pressure may be expected to increase."⁶¹ The twentieth-century eugenicists were not content to rely on evolutionary forces to eliminate biological inferiors; they proposed instead government programs that would reduce the Black birthrate.

Eugenicists were also worried that intermingling between Blacks and whites would deteriorate the white race. Over half of the papers presented at the Second International Congress of Eugenics in 1921 concerned the biological and social consequences of marriages between people from different ethnic groups.⁶² Their titles, including "Some Notes on the Negro Problem," "The Problem of Negro-White Intermixture," and "Intermarriage with the Slave Race," reflect eugenicists' growing interest in the menace of racial intermingling. A textbook published in 1916 informed readers that "many students of heredity feel that there is great hazard in the mongrelizing of distinctly unrelated races. . . . However, it is certain that under existing social conditions in our own country only the most worthless and vicious of the white race will tend in any considerable way to mate with the negro and the result cannot but mean deterioration on the whole for either race."⁶³ By 1940, thirty states had passed statutes barring interracial marriage. Antimiscegenation laws were a eugenic measure.

A concrete example of the connection between antimiscegenation and eugenics is the correspondence between Walter Ashby Plecker, the Virginia registrar of vital statistics, and the prominent eugenicist Harry Laughlin. Plecker was charged with maintaining racial integrity by zealously enforcing the Virginia antimiscegenation law, which in 1924 was amended to prevent intermarriage between whites and anyone with a trace of Negro ancestry. Plecker sought to enlist eugenicists' support for his plea for better census records to verify the racial history of families. In his last known letter to Laughlin, dated

June 18, 1931, Plecker expressed his fears about the genetic contamination caused by intermarriage: "I would feel somewhat easier about the matter if I thought that these near-whites would not produce children with negroid characteristics. I have never felt justified in believing that in some instances the children of mulattoes are really white under Mendel's Law."⁶⁴

Laughlin, in turn, was eager to learn from Plecker about laws designed to maintain racial purity. Laughlin admonished American-born women to "keep the nation's blood pure by not marrying the colored races (Negroes and Southern Europeans) for if 'men with a small fraction of colored blood could readily find mates among the white women, the gates would be thrown open to a final radical race mixture of the whole population.'"⁶⁵ Paul Popenoe, secretary of the Human Betterment Foundation, also crusaded for antimiscegenation laws; interracial mating, he wrote, was "biologically wrong."⁶⁶

Eugenicists found allies in the Ku Klux Klan. Dr. Hiram Wesley Evans, Imperial Wizard of the Ku Klux Klan, relied on the work of Laughlin and other eugenicists.⁶⁷ In 1936, *Eugenical News* published a lengthy report written by a Klansman, Earnest Sevier Cox, advocating repatriation of all Negroes of "breeding age" back to Africa.⁶⁸ But even more important to the eugenics movement was its alliance with the crusaders for birth control.

SANGER'S ALLIANCE WITH EUGENICISTS

After World War I, Sanger's rhetoric linked birth control less with feminism and more with eugenics. Her insistence on women's right to sexual gratification cost her support from the women's movement, which emphasized maternal virtue and chastity.⁶⁹ Feminists of Sanger's time grounded their public activism in the moral superiority of motherhood. Eugenics gave the birth control movement a national mission and the authority of a reputable science.⁷⁰ By framing her campaign in eugenic terms, Sanger could demonstrate that birth control served the nation's interests. Birth control not only promoted women's health and freedom, it was also an essential element of America's quest for racial betterment. The language of eugenics, moreover, gave scientific credence to the movement's claim that birth control was an aspect of public health and improved the national welfare. It helped to contest religious objections to birth control as inter-

fering with God's will and to refute inferences that it encouraged sexual promiscuity.

Sanger opposed the Galtonian approach to eugenics, which advocated primarily positive measures to improve the race. She devoted an entire chapter of her 1922 book, *The Pivot of Civilization*, to criticizing the "dangers of cradle competition" and explaining the advantages of birth control to lower the birthrate of the unfit.⁷¹ The study of eugenics, Sanger argued, had demonstrated that "uncontrolled fertility is universally correlated with disease, poverty, overcrowding, and transmission of hereditary traits." Sanger warned that society's failure to curb reckless breeding by the unfit had already launched a devastating degeneration of the population. Sanger painted a stark picture of the resulting social conditions:

Eugenicists demonstrate that two-thirds of our manhood of military age are physically too unfit to shoulder a rifle; that the feeble-minded, the syphilitic, the irresponsible and the defective breed unhindered; that women are driven into factories and shops on day-shift and night-shift; that children, frail carriers of the torch of life, are put to work at an early age; that society at large is breeding an ever-increasing army of under-sized, stunted and dehumanized slaves; that the vicious circle of mental and physical defect, delinquency and beggary is encouraged, by the unseeing and unthinking sentimentality of our age, to populate asylum, hospital and prison.⁷²

Sanger predicted that the multiplication of the unfit posed a threat to the political stability of the nation, as well. Reminding the reader that every citizen had the right to vote in a democracy, Sanger warned that "[e]quality of political power has thus been bestowed upon the lowest elements of our population" and that therefore "it is the representatives of this grade of intelligence who may destroy our liberties."⁷³ Indeed, she blamed the "the spectacle of political scandal and graft, of the notorious and universally ridiculed low level of intelligence and flagrant stupidity exhibited by our legislative bodies" on the political rights of the lower classes.

Sanger argued that a program of positive eugenics would be unable to prevent the dangers posed by reckless breeding because "the most responsible and most intelligent members of society are the less fertile . . . [and] the feeble-minded are the most fertile." This imbalance, she

wrote, constituted "the great biological menace to the future of civilization." The intelligent classes were already using family-planning methods in a deliberate effort to raise their standard of living. Sanger felt that it would be difficult to persuade them to reverse this trend and to participate in a program of "competitive childbearing" for the benefit of the race.

In her autobiography Sanger described her challenge to positive eugenicists at the Sixth International Malthusian and Birth Control Conference:

A second round table for the eugenicists was held at which we took the opportunity to challenge their theories. I said, "Dr. Little, let's begin with you. How many children have you?"

"Three."

"How many more are you going to have?"

"None. I can't afford them."

"Professor East, how many have you, and how many more are you going to have?"

And so the question circled. Not one planned to have another child, though Dr. Little has had two since by a second wife. "There you are," I said, "a super-intelligent group, the very type for whom you advocate more children, yet you yourselves won't practice what you preach. . . . No arguments can make people want children if they think they have enough."⁷⁴

Rather, it was the *negative* side of eugenics that attracted Sanger. Negative eugenics had far greater potential for arousing public concern: "On its negative side it shows us that we are paying for and even submitting to the dictates of an ever-increasing, unceasingly spawning class of human beings who never should have been born at all."⁷⁵ Sanger advocated access to birth control as the most practical method for reducing the birthrate of the less desirable classes. "Eugenics without birth control seemed to me a house built upon the sands. It could not stand against the furious winds of economic pressure which had buffeted into partial or total helplessness a tremendous proportion of the human race," Sanger remembered in her autobiography. "The eugenicists wanted to shift the birth control emphasis into less children for the poor to more children for the rich. We went back of that and sought first to stop the multiplication of the unfit. This appeared the most important and greatest step towards race betterment."⁷⁶ Declaring birth control "the very pivot of civilization,"

Sanger concluded, "As a matter of fact, Birth Control has been accepted by the most clear thinking and far seeing of the Eugenicists themselves as the most constructive and necessary of the means to racial health."⁷⁷

Eugenicists at first resisted Sanger's view of birth control as a tool of racial betterment. Many believed that increased access to contraceptives would hinder the cause of improving the race by reducing the birthrate of the superior stocks. As a 1917 article in *Birth Control Review* explained, it was likely that those who "practice birth control most effectively are the prudent, far-sighted, conscientious parents, whose children the race needs; while even possession of a knowledge of contraceptive methods will not affect the reckless and improvident . . . whose children the race would be better off without."⁷⁸

Sanger ultimately convinced some eugenicists of the efficacy of increasing access to birth control. The American Birth Control League turned from legislative lobbying to organizing clinics because clinics could immediately work to reduce the birthrates of their socially inadequate patients.⁷⁹ The eugenics movement, in turn, supported Sanger's birth control clinics as a means of reaching groups whose high fertility rates were thought to threaten the nation's racial stock and culture. Sanger complied with the eugenicists' recommendation that her clinics record race and national origin on patient-history cards, providing a source of data on the fertility rates of different racial groups.

The American Birth Control League championed an explicitly eugenic policy of promoting birth control among the socially unfit. The league's "Principles and Aims" opened with the statement: "The complex problems now confronting America as the result of the practice of reckless procreation are fast threatening to grow beyond human control. Everywhere we see poverty and large families going hand in hand. Those least fit to carry on the race are increasing most rapidly."⁸⁰ Its first aim was to "enlighten and educate all sections of the American public in the various aspects of the dangers of uncontrolled procreation and the imperative necessity of a world program of Birth Control" and it endorsed "sterilization of the insane and feeble-minded and the encouragement of this operation upon those afflicted with inherited or transmissible diseases." Its board of directors included avowed racists such as Lothrop Stoddard, author of *The Rising Tide of Color*, and C. C. Little, president of the Third Race Betterment Conference.

League president Eleanor Jones even proposed merging the orga-

nization with the American Eugenics Society to help solve its financial difficulties. Although the merger never occurred, the League maintained close ties with the organization, as well as with the Human Betterment Association, the American Genetics Association, and other eugenic groups, by sharing information about birth control. When financial woes made it difficult to establish independent clinics, the League pressured local public health and welfare agencies to include birth control in their programs. As the nation slumped into economic depression, the League argued that birth control was essential to reducing the number of children on public relief.

The alliance of the eugenics and birth control movements bolstered the contemporaneous struggle for women's emancipation. At a time when white women were largely confined to the domestic realm, eugenics included women as active participants in a crusade of scientific and political importance. Because eugenics concerned the quality of offspring, its prescriptions were often directed at women and women's role in society. The League's "Principles and Aims" declared, for example, "Every mother must realize her basic position in human society. She must be conscious of her responsibility to the race in bringing children into the world." Many eugenicists recognized that women could better promote the interest of improving the race with greater knowledge about maternal health and greater control over their careers and sexuality.⁸¹ According to British socialist Havelock Ellis, "the realization of eugenics in our social life can only be attained with the realization of the woman movement in its latest and completest phase as an enlightened culture of motherhood."⁸² But this was a warped conception of women's liberation, for it was an exclusive liberation in the service of racist social ends.

BIRTH CONTROL CLINICS FOR BLACKS

In January 1939, the American Birth Control League and the Clinical Research Bureau joined forces to become the Birth Control Federation of America, with Sanger as honorary chairman of the board. That same year the BCFA established a Division of Negro Service. In her important social history of the birth control movement, *Woman's Body, Woman's Right*, Linda Gordon emphasizes the racist motivation behind the movement's interest in educating Blacks about controlling their fertility. Sanger defended her proposal for a "Negro Project" in 1938 in seemingly racist terms. "The mass of Negroes, particularly in

the South," asserted the project proposal, "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 intelligent and fit, and least able to rear children properly."⁸³ But analyzing the project's purpose becomes more complicated when we acknowledge that Sanger was quoting verbatim none other than the great civil rights leader W. E. B. Du Bois from an article he wrote for the June 1932 *Birth Control Review*.⁸⁴ Gordon notes that the project proposal followed up the statement about the unfit *among* Negroes with a chart comparing the overall increase of the Black population to that of whites, revealing "overt white supremacy."⁸⁵

What Gordon's account leaves out is Blacks' own insistence on expanding birth control services to their communities. Official segregation meant that all birth control facilities established in the South in the early 1930s were for white women only. Prominent Blacks such as Dr. Du Bois had chastised the birth control movement for failing to address the needs of Black people. The BCFA's national advisory council on Negro issues boasted an impressive roster that included Du Bois; Mary McLeod Bethune, founder and head of the National Council of Negro Women; Walter White, executive director of the NAACP; Reverend Adam Clayton Powell, Jr., of the Abyssinian Baptist Church in Harlem; and Professor E. Franklin Frazier.

The birth control movement's alliance with eugenicists and its paternalistic attitude toward Blacks led to a debate about the best method of bringing birth control to Black communities. Sanger succeeded in 1938 in obtaining a \$20,000 grant from Albert Lasker to finance an educational campaign among Southern Blacks using primarily Black fieldworkers. Dr. Clarence J. Gamble, an influential member of the board of directors and heir to the Proctor and Gamble fortune, had a different vision. He proposed that the grant be used to set up a demonstration project run by white doctors and aimed at proving to Southern officials that birth control could help reduce the numbers of Blacks on public relief. Sanger and Gamble strategized about using Black workers to most effectively disseminate birth control information among the uneducated Black population. Sanger wrote to Gamble in a 1939 letter:

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 with knowledge, which, I believe, will have far-reaching results among the colored people. . . .

The minister's work is also important, and also he should be trained, perhaps by the Federation, as to our ideals and the goal that we hope to reach. We do not want word to go out 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.⁸⁶

This correspondence highlights two important aspects of the provision of birth control to Blacks: Black people were suspicious of white-controlled birth control programs from the very beginning, and white-controlled programs had no intention of allowing Black people to take the reins. Linda Gordon points out as well that Sanger, in her paternalistic reliance on Black doctors and ministers under the supervision of white BCFA officials, did not contemplate "the possibility of popular, grassroots involvement in birth control as a cause."⁸⁷ Sanger's view that many Blacks were too ignorant and superstitious to use contraceptives on their own reflected a popular racial stereotype held over from slavery. On the other hand, Sanger had far more confidence than most people of her day in Black women's ability and willingness to take advantage of birth control services. In fact, as I discuss below, most Black people—even in the rural South—already practiced some form of birth control when the BCFA began its missionary work.

In 1939, the Division of Negro Service launched two pilot projects. One project, in Nashville, Tennessee, operated clinics at a Black settlement house called Bethlehem Center and at Fisk University, staffed by Black doctors and nurses. Nine Black public health nurses made home visits to domestics who could not make it to the clinic during the day. The second project operated programs in several rural counties of South Carolina that trained Black nurses to provide contraceptive instruction. But, as Sanger's letter to Gamble showed, BCFA remained firmly in control of the project's policies. Gamble reiterated in a 1939 memo, "There is great danger that we will fail because the Negroes think it a plan for extermination. Hence let's appear to let the colored run it."⁸⁸ By 1939, both North and South Carolina had made birth control one of their official public health services—at a time

when Massachusetts and Connecticut still had laws making use of contraceptives a crime.⁸⁹

Even if the Negro Project did not intend to exterminate the Black population, it facilitated the goals of eugenicists. Eugenicists considered Southern Blacks to be especially unfit to breed based on a theory of "selective migration," which held that the more intelligent Blacks tended to migrate to the North, leaving the less intelligent ones behind. Selective migration was thought to explain the embarrassing finding that Blacks from Northern cities had scored higher on the army intelligence tests than some groups of Southern whites. In 1935, Otto Klineberg, a psychologist who spent years studying racial differences in intelligence, refuted the selective migration thesis in *Negro Intelligence and Selective Migration*. He concluded, "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 environment, and not to selective migration."⁹⁰ But Klineberg's research did not stop plans to reduce Southern Blacks' birthrate.

WAS MARGARET SANGER A RACIST?

Was Margaret Sanger a racist or a savvy political strategist? Did she advocate birth control for the less fit because she believed they were inferior or did she merely exploit the rhetoric of racial betterment in order to gain support for women's reproductive freedom? These questions help us to examine Sanger's campaign as a case study in the role of political language and objectives in forming our understanding of reproductive liberty. Recent scrutiny of Sanger's collaboration with eugenicists, and especially Linda Gordon's portrayal of her motives as racist, have tarnished her heroic persona. On the other hand, Sanger's strategic alliance with eugenicists has been praised as an effective political move.⁹¹ Historian Carole McCann argues that eugenicists were important to Sanger's crusade "because they provided a sexually neutral language with which to speak publicly about reproduction."⁹² Similarly, in *Woman of Valor*, Ellen Chesler describes Sanger's association with scientific eugenicists as a tenuous attempt to counter religious opposition to birth control.⁹³ Sanger also had to overcome the powerful and respected eugenics movement's resistance to birth control out of concern that it would hasten the already declining birthrate of the upper classes.

But the link between eugenics and the birth control movement is

far more significant than this political facilitation. The language of eugenics did more than legitimate birth control. It defined the purpose of birth control, shaping the meaning of reproductive freedom. Birth control became a means of controlling a population rather than a means of increasing women's reproductive autonomy. Birth control in America was defined from the movement's inception in terms of race and could never be properly understood apart from race again.

McCann argues further that although Sanger appropriated the terminology of eugenics, her position on racial betterment differed significantly from that of the eugenics movement. Sanger adopted the eugenicists' view of the dangers of racial deterioration, says McCann, but she rejected their biological explanation for its cause. Charles Valenza, director of public information for Planned Parenthood of New York City, similarly defended Sanger, writing that "charges that Sanger's motives for promoting birth control were eugenic are unfounded."⁹⁴ Sanger believed instead that racial degeneration resulted from *social* factors, especially economic pressures, rather than inherent genetic defects. She held uncontrolled fertility responsible for bringing children into conditions of poverty and deprivation: "Children who are underfed, undernourished, crowded into badly ventilated and unsanitary homes, and chronically hungry cannot be expected to attain the mental development of children upon whom every advantage of intelligent and scientific care is bestowed."⁹⁵

McCann and Valenza both point out that three leading historians of this period, James Reed, Linda Gordon, and David Kennedy, all incorrectly attribute to Sanger a quotation reprinted in the May 1919 issue of *Birth Control Review*: "More children from the fit, less from the unfit—that is the chief issue of birth control." "She did not make that statement and, in fact, criticized it," McCann asserts.⁹⁶ But this disagreement merely reflected Sanger's objection to the positive eugenics tenet that the rich should have larger families. Besides, why should we consider Sanger's personal motives more important than the eugenic ideas she disseminated in her magazine and propaganda?

Nor was Sanger a racist, argue McCann and Valenza.⁹⁷ Sanger had precisely the same interest as Black leaders like Du Bois in educating poor Blacks about family planning in order to improve their health and chances for success in America. "I think it is magnificent that we

are in on the ground floor," Sanger wrote in a private letter to a benefactor, "helping Negroes to control their birthrate, to reduce their high infant and maternal death rate, to maintain better standards of health and living for those already born, and to create better opportunities to help themselves, and to rise to their own heights through education and the principles of a democracy."⁹⁸ Even in her most eugenical book, *The Pivot of Civilization*, Sanger did not tie fitness for reproduction to any particular ethnic group.

It appears that Sanger was motivated by a genuine concern to improve the health of the poor mothers she served rather than a desire to eliminate their stock. Sanger believed that all their afflictions arose from their unrestrained fertility, not their genes or racial heritage. For this reason, I agree that Sanger's views were distinct from those of her eugenicist colleagues. Sanger nevertheless promoted two of the most perverse tenets of eugenic thinking: that social problems are caused by reproduction of the socially disadvantaged and that their child-bearing should therefore be deterred. In a society marked by racial hierarchy, these principles inevitably produced policies designed to reduce Black women's fertility. The judgment of who is fit and who is unfit, of who should reproduce and who should not, incorporated the racist ideologies of the time.

The Nazi Holocaust provides heinous evidence of this point. Within three years after the Nazi sterilization law went into effect on January 1, 1934, the government sterilized 225,000 people. At first, the Nazi sterilization program was not tied directly to hatred for the Jews: most of its subjects were sterilized because they were judged to be feeble-minded, not because of their race. But as official anti-Semitism became more evident, the Nazi eugenic policy easily merged with the subsequent plan to exterminate the Jews. Jews simply were made one of the classes, along with the mentally diseased and disabled, subject to the law mandating sterilization and euthanasia. As Daniel Kevles observed, "a river of blood would eventually run from the sterilization law of 1933 to Auschwitz and Buchenwald."⁹⁹ Eugenic policy may be motivated by many forms of domination. But history shows that it has a particular affinity for racial hatred.

Valenza's contention that "[i]n theory the eugenics movement was not racist; its message was intended to cross race barriers for the overall betterment of humanity" misses this point. Eugenic theory did not transcend the American racial order; it was fed, nurtured, and sustained by racism.

BLACKS AND THE BIRTH CONTROL MOVEMENT

It would be misleading to paint a picture of the early birth control movement as diametrically opposed to the interests of Black citizens. Contrary to the prevalent interpretation, the birth control movement was not simply "thrust upon an unwilling black population."¹⁰⁰ In fact, Black women were interested in spacing their children and Black leaders understood the importance of family-planning services to the health of the Black community. Blacks in disproportionate numbers enthusiastically used the few birth control clinics across the country that were available to them. Black activists played a critical role both in the national debate about birth control and in the establishment of local family-planning clinics. Their guiding concern for racial justice, however, distinguished their understanding of birth control from the dominant conception linked to eugenic thinking and practice.

Many Black women were already practicing birth control when the birth control movement got under way. After the Civil War, emancipated Black women in the South continued to use folk methods of contraception and abortion.¹⁰¹ Black women living in Northern cities commonly prevented conception by placing Vaseline and quinine over the mouth of the uterus. *The Women's Era*, a Black women's newsletter, seemed to acknowledge women's right to birth control when it printed in 1894 that "not all women are intended for mothers. Some of us have not the temperament for family life."

During this period, the Black press was the source of an abundance of birth control information for its readers. Historian Jesse Rodrique surveyed a wealth of advertisements and stories in Black newspapers published throughout the 1920s and 1930s that indicate a widespread use of contraception and self-induced abortion. A colorful example comes from the *Pittsburgh Courier*, which

carried numerous mail order advertisements for douche powder, suppositories, preventive antiseptics, and vaginal jellies that "destroyed foreign germs." A particularly interesting mail order ad was for a product called "Puf," a medicated douche powder and applicator that claimed to be a "new guaranteed method of administering marriage hygiene." It had a sketch of a calendar with the words "End Calendar Worries Now!" written across it and a similar sketch that read "Tear-Up Your Calendar, Do Not

Worry, Use Puf." The instructions for its use indicate euphemistically that Puf should be used "first," meaning before intercourse, and that it was good for hours, leaving little doubt that this product was fully intended to be used as a birth control device.¹⁰²

George S. Schuyler confirmed these practices in a 1932 *Birth Control Review* article, observing, "If anyone should doubt the desire on the part of Negro women and men to limit their families, it is only necessary to note the large scale of 'preventive devices' sold in every drug store in the various Black Belts and the great number of abortions performed by medical men and quacks."¹⁰³ Besides douching after intercourse and abortion, Blacks were also relying on condoms, male withdrawal, and abstinence to regulate their fertility.¹⁰⁴

Between 1880 and 1940 the differential fertility between the races nearly disappeared as a result of plummeting Black fertility rates. For decades the accepted explanation for this decline in fertility was Black people's poor health. Demographers attributed Black women's low pregnancy rates during the 1930s to higher rates of venereal disease, tuberculosis, infections, and rickets. This "health hypothesis" rejected the possibility that Black women's fertility rate declined because they were using contraceptives. Unlike most historians who have downplayed Blacks' voluntary use of birth control, Rodrique attributes the decline in Black fertility rates during this period largely to Black couples' use of a variety of contraceptive methods. Her conclusion is supported by the fact that middle-class Blacks, who had the lowest rates of diseases linked to infertility, also had the fewest children.¹⁰⁵ A study of Black women living in Philadelphia in 1975 found that 40 to 60 percent were practicing birth control by 1940, indicating that most Black people at least knew about and approved of contraceptives at the time of the early birth control movement.¹⁰⁶

In the years between the two world wars, a distinctive Black discourse on birth control emerged in the Black press, public lectures, and Black women's fiction and poetry.¹⁰⁷ In September 1919, the *Birth Control Review* published a special issue devoted to "The New Emancipation: The Negroes' Need for Birth Control, as Seen by Themselves." It featured a one-act play on Negro life by Mary Burrill and an interview with Chandler Owen, who edited the Negro monthly *The Messenger* with A. Philip Randolph. A 1932 issue of *Birth Control Review* again addressed Black people's need for birth control, with contributions from Dr. Du Bois, Professor Charles S. Johnson of

Fisk University, Dr. W. G. Alexander, general secretary of the National Medical Association, and Elmer A. Carter, editor of *Opportunity*, among others. These writers advocated birth control as a way for Blacks to reduce their dreadful maternal and infant death rates, "preserve their new economic independence," and improve their standard of living.

At the other end of the debate, Marcus Garvey's nationalist organization, the Universal Negro Improvement Association, unanimously passed a resolution at their 1934 annual convention condemning birth control as "attempting to interfere with the course of nature and with the purpose of the God in whom we believe."¹⁰⁸ Philip Francis, "a student of Negro life," endorsed this view in a 1940 guest editorial in the *New York Amsterdam News* that called birth control "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," he contended. "The Negro needs more and better babies to overwhelm the white world, in war, in peace and in prosperity." Francis concluded with a call to send "our women back to the home and there breed us the men and women who will really inherit the earth."

Du Bois was one of the first Black leaders to publicly endorse birth control for Blacks. He is best known for his distinguished career as a champion for Black people's civil rights, but he was also an outspoken advocate for women's rights and a passionate defender of Black women in particular.¹⁰⁹ Du Bois often paid homage to Black women, whom he admired for their triumph over adversity. "I have always felt like bowing myself before them in abasement," he wrote in 1920, "searching to bring some tribute to these long-suffering victims, these burdened sisters of mine, whom the world loves to affront and ridicule and wantonly to insult."¹¹⁰ Du Bois combined in his support for birth control the dual themes of Black people's economic emancipation and women's independence from their traditional childbearing role.

Du Bois devoted much of his 1920 book *Darkwater: Voices from Within the Veil* to exploring the role of Black women, quoting Anna Julia Cooper's now famous passage, "Only the black woman can say 'when and where I enter, in the quiet, undisputed dignity of my womanhood, without violence and without suing or special patronage, then and there the whole Negro race enters with me.'" In the chapter "The Damnation of Women," Du Bois made the feminist assertion that "[t]he future woman must have a life work and economic independence. She must have knowledge. She must have the right of

motherhood at her own discretion."¹¹¹ In a 1922 article in *The Crisis*, the monthly magazine he edited for two decades, he argued that Black families should adopt birth control, which he called "science and sense applied to the bringing of children into the world," as a means of reducing the high Black infant mortality rate.¹¹² Both maternal and infant mortality rates in Harlem were double those in other sections of New York City.¹¹³ "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," Du Bois wrote.

Later Du Bois criticized "the fallacy of numbers," the argument that Blacks should rely on a high birthrate to remedy Blacks' subordinated status, arguing that "quality and not mere quantity really counts."¹¹⁴ George Schuyler also noted that "the assumption that an increase in births necessarily means an increase in the Negro population" was fallacious: "If 25 percent of the brown children born die at birth or in infancy because of the unhealthful and poverty-stricken condition of the mothers, and 25 percent more die in youth or vegetate in jails and asylums, there is instead of a gain a distinct loss." Oberlin College professor Newell Sims warned in his 1932 article, "Hostages to the White Man," that the strategy of "outbreeding the whites" would likely backfire because "it would probably arouse the white stock like a fire alarm. The 'rising tide of color' bugaboo would be paraded in every quarter of the land till repressive measures would render the Negroes' last state far more difficult than it now is."¹¹⁵

Du Bois and other prominent Blacks were not immune from the elitist thinking of their time. As reflected in Du Bois's statement borrowed by Sanger to promote the Negro Project, they sometimes advocated birth control for poorer segments of their own race in terms painfully similar to eugenic rhetoric. In "Eugenics for the Negro," newspaper editor Elmer Carter also bemoaned the fact that his people's practice of birth control was "distinctly dysgenic."¹¹⁶ "Negroes who by virtue of their education and capacity are best able to rear children shrink from the responsibility," Carter explained, while "the Negro who, in addition to the handicaps of race and color, is shackled by mental and social incompetence serenely goes on his way bringing into the world children whose chances of mere existence are apparently becoming more and more hazardous." A 1932 editorial in the *New York Amsterdam News* praised birth control for offering "one definite means of raising [the Negro] to a higher standard of physical fitness, mental capacity and financial stability."¹¹⁷ And Professor Sims

religious
his course

still
concerning
women's
role
as reproductive

lamented in *Birth Control Review*, "too many Negro parents have made themselves and their offspring public dependents by having too numerous progeny."

Yet using birth control as a tool for racial betterment had a different meaning for Blacks than it did for most whites. There was a radical distinction in both strategies and goals. For eugenicists and many white birth control advocates, improving the race meant reducing the number of births among people considered genetically or socially defective. But Blacks understood that racial progress was ultimately a question of racial justice: it required a transformation of the unequal economic and political relations between Blacks and whites. Although birth control could aid in this struggle, it could not cure Black people's wretched living conditions by itself. Sanger, writes Donald Pickens, "felt all reform began and ended with birth control."¹¹⁸ White eugenicists promoted birth control as a way of preserving an oppressive social structure; Blacks promoted birth control as a way of toppling it.

Black supporters of birth control also opposed the eugenic notion that certain races were inherently inferior. The leading Blacks in the birth control movement never presented contraception as a means of eliminating hereditary defects; rather, birth control addressed problems such as high maternal and infant mortality rates that resulted from social and economic barriers. Du Bois and other Blacks active in the birth control movement adamantly opposed sterilization, the chief tool of eugenicists. The *Pittsburgh Courier's* editorial policy favored birth control but urged Blacks to oppose sterilization programs. Du Bois warned in 1936 in his *Courier* column that these programs "fall upon colored people and it behooves us to watch the law and the courts and stop the spread of the habit."¹¹⁹

Community activism was also critical to the spread of birth control clinics in Black neighborhoods throughout the 1930s and 1940s. Black women's clubs worked to educate their less fortunate sisters about birth control as part of their racial uplift campaign. Local maternal welfare groups in Virginia, for example, raised funds to support the birth control clinics at the Medical College of Virginia and the Hampton Institute. The National Association of Colored Graduate Nurses, headed by Mabel Keaton Staupers, collaborated with the BCFA to extend programs to Black neighborhoods. Dr. Lemuel T. Sewell attested in a 1933 article entitled "The Negro Wants Birth Control" that 75 percent of the Black women he treated in Philadelphia "are anxious for birth control information."¹²⁰ During this period

Blacks also formed independent birth control organizations that sponsored clinics in Black communities.¹²¹ The Baltimore Urban League along with a sponsoring committee of Black professionals, for example, opened the Northwest Health Center in 1938.

One important clinic was established in Harlem through a joint effort between the National Urban League and Margaret Sanger's Birth Control Clinical Research Bureau. In 1924, James Hubert, executive secretary of the New York chapter of the Urban League, approached Sanger about the possibility of opening a clinic in a Black neighborhood in New York City, where Sanger's organization had been operating a clinic for white women for over a year.¹²² Over the next several years Sanger met with Urban League representatives to discuss plans to establish a clinic in Harlem. After \$10,000 was raised to fund the clinic, its doors opened in February 1930 on the second floor of a storefront on Seventh Avenue, off 138th Street. The Harlem clinic offered the same services as the Clinic Research Bureau's main branch, providing gynecological examinations, contraceptive information, and diaphragms. Nearly two thousand patient visits were recorded in the first year and several thousand each following year. Until 1933, however, about half of these patients were white women referred from downtown.¹²³

The Harlem clinic had a separate advisory board, the Harlem Advisory Council, to help run the clinic and raise funds. In her letter soliciting members for the council, Sanger expressed her goal for the body "to determine the best methods to use for educating the public concerning the aims and purposes of Birth Control," as well as to gain the confidence of Black public health professionals.¹²⁴ The council's fifteen distinguished Black members included James Hubert, Mabel Staupers, Louis T. Wright, medical secretary of Harlem Hospital, May Chinn, the only Black female physician in Harlem, and William Lloyd Imes, assistant pastor of the Abyssinian Baptist Church.¹²⁵

Although there was widespread support for its work, the Harlem clinic did not escape the Black community's ambivalence about birth control. Many potential patients suspected that the clinic was really intended to promote race suicide rather than racial betterment. Some Harlem residents believed that Black people's progress in America depended on numerical proliferation and that birth control would hasten racial extinction. Others feared that white doctors would use them as guinea pigs in medical experiments. The placard identifying the clinic as the Clinical Research Bureau and its exclusively white staff only helped to fan suspicions. More Black women began to use

the clinic after it moved to the Urban League building and hired a Black physician and social worker and two Black nurses.

Although Sanger hoped that the Harlem clinic would demonstrate Blacks' ability to use birth control effectively, she nevertheless resisted giving the Harlem Advisory Council control over the clinic's operation. She felt that her clinic met a need that "the race did not recognize" for itself.¹²⁶ She, like other whites in the birth control movement, saw the role of Black leaders and health professionals as facilitating their organizations' efforts among the Black population. They incorporated Blacks in their advocacy to help raise funds and to give legitimacy to the movement's projects in Black communities. But Black members of advisory councils were not invited to participate in national planning, nor were they allowed to manage the clinics that served Black patients.

Despite its limited role, the Harlem Council succeeded in influencing the clinic's approach to issues of race. In addition to the change in the staff's racial composition, the clinic's promotional materials began to respond to the Harlem residents' fears of race suicide and experimentation. For example, the Harlem clinic's pamphlets inserted the word "harmless" in its description of contraceptives and distinguished between birth control and sterilization, emphasizing that birth control is "merely a temporary means of preventing undesired pregnancies."¹²⁷

As the Depression made it increasingly difficult to fund the Harlem clinic, Sanger was forced in 1935 to relinquish the clinic's management to the New York City Committee of Mothers' Health Centers, affiliated with the American Birth Control League. The committee slashed the clinic's services and treated the advisory council with even greater paternalism than Sanger had, prompting council member Mabel Staupers to write, "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 Negroes."¹²⁸ The League closed the clinic a year later.

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By the 1940s, eugenics had been discredited both as bad science and as an excuse for racial hatred. Numerous scholars, such as Franz Boas and Otto Klineberg, had demonstrated scientific errors in the movement's theories about inherited traits. The Carnegie Institute rescinded its support for eugenic studies at Cold Spring Harbor in

1939, and Harry Laughlin resigned as secretary of the Eugenics Record Office, marking the end of eugenics as an official social program in the United States. American eugenicists who had initially supported the German sterilization law were shamed by its eventual connection to the Nazi Holocaust.¹²⁹

Along with this repudiation of eugenic theory, the development of the constitutional doctrine of reproductive autonomy and the changing view of mental retardation have spurred a major reform of sterilization law in the last fifty years. The American Eugenics Society changed its name in 1972 to the less offensive Society for the Study of Social Biology, which still publishes the journal *Social Biology*. But the eugenicists' reign had taken its toll. Between 1929 and 1941, more than 2,000 eugenic sterilizations were performed each year in the United States.¹³⁰ It has been estimated that a total of over 70,000 persons were involuntarily sterilized under these statutes.¹³¹ Moreover, the eugenicists' way of thinking about reproduction and social inequality left a lasting imprint on American policy debates.

THE NEW REIGN OF STERILIZATION ABUSE

The last nail was barely in the coffin of eugenic theory before it was revived in the 1960s by genetic explanations of racial differences in intelligence promoted by scientists such as Arthur Jensen and William Shockley. In the early 1970s, Edgar R. Chasteen published *The Case for Compulsory Birth Control* and the well-known biologist Garrett Hardin argued in *Exploring New Ethics for Survival* that supporting children gave the government the right to strip their parents of the capacity to produce more.¹³² The civil rights movement had successfully agitated for legal reforms that gave Black Americans greater access to housing, jobs, welfare benefits, and political participation. The white backlash included a new, more subtle form of social engineering. As mandatory sterilization laws were repealed across the country, Black women fell victim to widespread sterilization abuse at the hands of government-paid doctors.

By World War II involuntary sterilizations in the South had increasingly been performed on institutionalized Blacks. The demise of Jim Crow had ironically opened the doors of state institutions to Blacks, who took the place of poor whites as the main target of the eugenicist's scalpel. South Carolina reported in 1955, for example, that all of the twenty-three persons sterilized at the State Hospital

over the previous year were Black women.¹³³ The North Carolina Eugenics Commission sterilized nearly 8,000 "mentally deficient persons" in the 1930s and 1940s, some 5,000 of whom were Black.¹³⁴ A study of sterilization in state institutions in North Carolina published in 1950 gives a chilling account of government-sponsored mayhem that continued well into the 1940s.¹³⁵ The State Hospital for Negroes in Goldsboro seems to have been in the grisly business of operating on the Black patients confined there for being criminally insane, feeble-minded, or epileptic. Before the war, the hospital had a full-time surgeon on staff. Nearly two hundred men were castrated or given vasectomies at a rate far higher than for white men at other institutions. Men convicted of attempted rape or whom hospital authorities considered unruly were castrated to make them "easier to handle." Because they were not considered intelligent enough, none of the patients was asked for consent. All of the doctors and most of the other hospital staff were white.

But most sterilizations of Black women were not performed under the auspices of the eugenic laws. The violence was committed by doctors paid by the government to provide health care for these women. During 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 1980.¹³⁶ It was a common belief among Blacks in the South that Black women were routinely sterilized without their informed consent and for no valid medical reason. Teaching hospitals performed unnecessary hysterectomies on poor Black women as practice for their medical residents. This sort of abuse was so widespread in the South that these operations came to be known as "Mississippi appendectomies." In 1975, a hysterectomy cost \$800 compared to \$250 for a tubal ligation, giving surgeons, who were reimbursed by Medicaid, a financial incentive to perform the more extensive operation—despite its twenty times greater risk of killing the patient.¹³⁷

Fannie Lou Hamer, the leader of the Mississippi Freedom Democratic Party, informed a Washington, D.C., audience in 1965 that 60 percent of the Black women in Sunflower County, Mississippi, were subjected to postpartum sterilizations at Sunflower City Hospital without their permission.¹³⁸ Hamer had suffered this violation herself when she went to the hospital for the removal of a small uterine tumor in 1961. The doctor took the liberty of performing a complete hysterectomy without her knowledge or consent. This practice of sterilizing Southern Black women through trickery or deceit was confirmed

by a number of physicians who examined these women after the procedure was performed.

Sterilization abuse was not confined to hospitals in the South. In April 1972, the *Boston Globe* ran a front-page story reporting the complaint by a group of medical students that Boston City Hospital was performing excessive and medically unnecessary hysterectomies on Black patients.¹³⁹ Among the charges were: surgeries were performed for "training purposes"; radical and dangerous procedures were used when alternatives were available; medical records did not reflect what had really been done to patients; patients were pressured into signing consent forms without adequate explanation; and doctors treated patients callously, adding to the women's anguish.

In one case, a teenage girl who was twelve weeks pregnant came to the Boston hospital for an abortion. She was told that it was too late for her to have a regular abortion and that a hysterectomy was necessary. When the medical student who observed the operation asked a resident why such drastic action was taken, the resident replied that the doctor "wanted a hysterectomy done for the experience." Another woman was given a tubal ligation without her knowledge following a cesarean section; the doctor falsely listed the procedure as an appendectomy. In response to reporters' questions about the allegations, the chairman of the obstetrics and gynecology department at Boston University Medical School replied that one should not condemn the entire service "because of one bad apple."¹⁴⁰

The director of obstetrics and gynecology at a New York municipal hospital reported similar outrageous practices: "In most major teaching hospitals in New York City, it is the unwritten policy to do elective hysterectomies on poor black and Puerto Rican women, with minimal indications, to train residents."¹⁴¹ A study by Dr. Bernard Rosenfeld of Los Angeles County Hospital released in 1973 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."¹⁴² "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," explained Naomi Gray of Black Women Organized for Action at a 1974 conference on Black women's health.¹⁴³ Another tactic was to offer tubal ligations to women while they were in labor.¹⁴⁴ In 1968, a group of Black doctors at the Watts Extended Health and Family Planning Group called for federally financed birth control projects to remain under community control.¹⁴⁵

How could doctors who had taken the Hippocratic oath treat their patients so brutally? Doctors confided to author Gena Corea during the 1970s that they believed sterilization was the best way to reduce the undesirable population growth of the poor. Dr. C, chief of surgery at a northeastern hospital, for example, gave Corea his opinion that "a girl with lots of kids, on welfare, and not intelligent enough to use birth control, is better off being sterilized."¹⁴⁶ "Not intelligent enough to use birth control," Corea added, "is often a code phrase for 'black' or 'poor.'" Another doctor explained the justification for violating patients' autonomy: "As physicians we have obligations to our individual patients, but we also have obligations to the society of which we are a part. . . . The welfare mess . . . cries out for solutions, one of which is fertility control."¹⁴⁷

Another doctor who abided by this philosophy was Dr. Clovis H. Pierce, the only obstetrician in Aiken County, South Carolina, who accepted Medicaid patients. Dr. Pierce demanded a different kind of payment from the indigent Black women who came to him to deliver their babies. Marietta Williams, a twenty-year-old Black woman on welfare, charged Dr. Pierce with refusing to deliver her third child unless she allowed him to sterilize her. He also threatened to take her to court if she did not sign the consent form. When Dorothy Waters balked at the suggestion of sterilization during her last visit before the delivery, Dr. Pierce warned her, "Listen here, young lady, 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."¹⁴⁸ Dr. Pierce ordered one woman who refused the procedure to be discharged from the hospital, but her mother intervened. (The frightened patient ultimately left the hospital on her own.) Dr. Pierce told the local press that his policy was to require sterilization after delivery of a welfare mother's third baby, a measure he said was to reduce the welfare rolls.¹⁴⁹ The doctor sterilized eighteen welfare mothers at Aiken County Hospital in 1972, of whom sixteen were Black. (Pierce had been paid in the preceding eighteen months hospital fees totaling \$60,000 of taxpayers' money.) The Department of Social Services refused to intervene on behalf of these women when they sought government assistance.

Nial Ruth Cox became pregnant in 1964 at age seventeen while living in North Carolina with her eight brothers and sisters and her mother, who were supported by welfare. Ms. Cox reported that, when she turned eighteen, a caseworker told her that because of her "immorality" she would have to be sterilized temporarily or her family

would lose their welfare benefits.¹⁵⁰ The doctor told her that the effect of the procedure "would wear off." Cox's mother consented to her daughter's sterilization under a North Carolina law that allowed sterilization of mental defectives under age twenty-one if their parent consented. Cox underwent the operation, which left her permanently infertile, although there was no evidence that she was mentally defective.

Then came the case that exposed the astounding extent of sterilization abuse. 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 Montgomery, Alabama. The Relf parents were uneducated farmhands, who survived after migrating to the city on relief payments totaling \$156 a month. In June 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 Depo-Provera. Mrs. Relf, unable to read or write, signed the consent form with an "X." Apparently believing that their race and poverty made these young girls candidates for birth control, the nurse had been giving them regular shots. But that spring Washington had ordered an end to the hormonal injections when they were linked to cancer in laboratory animals. Instead, the Relfs later learned, their daughters were sterilized.

In July 1973, the Relfs turned to the Southern Poverty Law Center for help and a class action lawsuit was filed in federal court demanding a ban on the use of federal funds for sterilizations. The lawsuit uncovered the shocking magnitude of sterilization abuse across the South. Judge Gerhard Gesell found that an estimated 100,000 to 150,000 poor women like the Relf teenagers had been sterilized annually under federally funded programs.¹⁵¹ A study discovered that nearly half of the women sterilized were Black. In *The Legacy of Malthus*, Allan Chase points out that this rate equals that reached by the Nazi sterilization program in the 1930s.¹⁵²

Health care workers used a variety of tactics to trick or pressure these women into "consenting" to the surgery. Like Nial Cox, some women were coerced into agreeing to sterilization under the threat that their welfare benefits would be withdrawn. Doctors forced others, such as Marietta Williams and Dorothy Waters, to submit to the operation before they would deliver their babies or perform an abortion. The court found that "patients receiving Medicaid assistance at childbirth are evidently the most frequent targets of this pressure."

The case eventually led to the passage of federal guidelines governing sterilizations subsidized by the government.¹⁶³

The coercive sterilizations of Black welfare mothers surreptitiously put into effect the proposals of legislators in several states that had failed to become law. During the 1960s state legislatures considered a rash of punitive sterilization bills aimed at the growing number of Blacks receiving Aid to Families with Dependent Children (AFDC).¹⁶⁴ In 1958, Representative David H. Glass introduced a bill in the Mississippi Legislature entitled "An Act to Discourage Immorality of Unmarried Females by Providing for Sterilization of the Unwed Mother under Conditions of this Act," which provided for the chancery court to order the sterilization of single mothers, most of whom were Black. The bill passed the House by a vote of 72 to 37, but was dropped in the Senate after national protest, which included a pamphlet entitled *Genocide in Mississippi* circulated by the Student Nonviolent Coordinating Committee (SNCC).

The Illinois, Iowa, Ohio, Virginia, and Tennessee legislatures considered similar proposals for the compulsory sterilization of welfare mothers who continue to have children out of wedlock. Although none of the sterilization proposals was enacted, Louisiana and Mississippi succeeded in passing laws making it a crime to give birth to two or more illegitimate children. After surveying a number of these sterilization bills, Julius Paul observed in 1968, "The surgeon's knife (sterilization) still seems to have the same magical quality in the minds of some people for 'saving' America from its shame, squalor, and various miseries of human or social instigation (especially poverty) as it did over sixty years ago."¹⁶⁵

Other women of color were also sterilized at startling rates. For several decades, private agencies, including the International Planned Parenthood Federation, and the Puerto Rican government, with the support of federal funds, waged a crusade to sterilize Puerto Rican women. Women on the island were encouraged to agree to "la operación" by armies of public health workers who offered it at minimal or no cost.¹⁶⁶ Dr. Clarence Gamble, who masterminded the Negro Project in the South, implemented a similar "experiment in population control" in Trujillo Alto, Puerto Rico, from 1950 to 1958.¹⁶⁷ The island-wide sterilization campaign was so successful that by 1968 more than one-third of the women of childbearing age in Puerto Rico had been sterilized, the highest percentage in the world at that time.

A similar effort on Indian reservations during the 1970s left more

than 25 percent of Native American women infertile. In four Indian Health Service hospitals alone, doctors performed more than 3,000 sterilizations without adequate consent between 1973 and 1976. For small Indian tribes, this policy was literally genocidal. One physician reported that "[a]ll the pureblood women of the Kaw tribe of Oklahoma have now been sterilized. At the end of the generation the tribe will cease to exist."¹⁶⁸ It is amazing how effective governments—especially our own—are at making sterilization and contraceptives available to women of color, despite their inability to reach these women with prenatal care, drug treatment, and other health services.

Ironically, while Black, Puerto Rican, and Indian women were being pressured into the operation, white middle-class women found it nearly impossible to find a doctor who would sterilize them. Most hospitals followed the "120 formula" prescribed by the American College of Obstetricians and Gynecologists: "if a woman's age multiplied by the number of children she had totaled 120, she was a candidate for sterilization."¹⁶⁹ Even then, she would need the endorsement of two doctors and a psychiatrist. Under this formula, a woman with three children would not become eligible until she reached age forty, and having no children would absolutely bar a woman from being sterilized.

Doctors' reluctance to sterilize middle-class white women continues today. Law professor Ruth Colker tells the story of her law school classmate who decided to be sterilized.¹⁶⁰ The university physician refused to allow her to undergo the procedure unless she agreed to attend several sessions with a psychiatrist, presumably to dissuade her from her decision. Professor Colker recognizes that the "physician's actions reflect the dominant social message—that a healthy (white) woman should want to bear a child." Indeed, the physician seemed to think that a white woman who decides not to have children must be suffering from some mental disorder.

The disparate experiences of women of color and white women led to a clash of agendas concerning sterilization. In the late 1970s, a group of women activists formed the Committee to End Sterilization Abuse and introduced in the New York City Council guidelines designed to prevent coercive sterilization. Their work served as a model for federal sterilization reform. The guidelines had two key provisions: they required informed consent in the preferred language of the patient and a thirty-day waiting period between the signing of the consent form and the sterilization procedure. The group also wanted

rules to prevent the practice of obtaining consent during labor, immediately after childbirth or an abortion, or under the threat of losing welfare benefits.

In the eyes of birth control advocates seeking to make it *easier* for white women to obtain voluntary sterilizations, however, these requirements looked like further roadblocks in their path. Representatives of the National Abortion Rights Action League (NARAL) and Planned Parenthood testified *against* the New York and national guidelines.¹⁶¹ In 1970, a pro-sterilization coalition composed of the Association for Voluntary Sterilization, Zero Population Growth, and the American Civil Liberties Union (ACLU) launched Operation Lawsuit to challenge hospitals' refusal to perform elective sterilizations. Within two years, women seeking elective sterilizations brought twelve lawsuits against hospitals across the country.¹⁶² One plaintiff was Janet Stein, a twenty-seven-year-old mother of three whose request for voluntary sterilization was refused by a New York hospital.

Some pro-sterilization organizations had their roots in the eugenics movement. The Association for Voluntary Sterilization, for example, can be traced back to the Sterilization League of New Jersey, founded in the 1930s. By 1950, it had become a national organization known as the Human Betterment Association. When it shifted its political allegiance from the repudiated eugenics movement to the burgeoning birth control movement in the 1960s, it changed its name to emphasize its support for voluntary rather than compulsory sterilization.¹⁶³ Most of the organizations that opposed sterilization reform had no eugenic motive; they simply failed to understand the concerns of the poor minority women. Focusing on the obstacle the regulations would pose to middle-class white women, they ignored the ravages on minority women's bodies the new law would help to prevent. They mistakenly believed that protecting women's right to use birth control meant challenging any restrictions on access to birth control. They wrongly believed that any criticism of sterilization would give support to the enemies of women's reproductive choice. But there is nothing contradictory about advocating women's freedom to use birth control while opposing coercive birth control practices. The focus on the interests of white privileged women led to a myopic vision of reproductive rights.

In 1978, the Department of Health, Education, and Welfare issued rules restricting sterilizations performed under programs receiving federal funds, such as Medicaid and AFDC. The rules adopt the informed consent and thirty-day waiting period requirements advo-

cated by the Committee to End Sterilization Abuse. They also prohibit hysterectomies performed for sterilization purposes, as well as the use of federal funds to sterilize minors and mentally incompetent and institutionalized persons.

The federal regulations, however, have not stopped the sterilization abuse. In the absence of any civil or criminal sanctions or monitoring mechanism, the rules are often ignored. Court cases alleging medical malpractice against the physician provide for only limited damages. Nor do the regulations prevent physicians and other health care workers from urging women of color to consent to sterilization because they think these women have too many children or are incapable of using other methods of birth control. A study conducted by the ACLU shortly after the regulations went into effect discovered that many hospitals were blatantly defying the law.¹⁶⁴

Although sterilization is the leading method of birth control in the United States, its use is especially widespread among Black women. Data collected from the 1988 National Survey of Family Growth and 1990 Telephone Reinterview, the most recent national estimates of contraceptive use in the United States, show a dramatic racial differential. Between 1982 and 1990, Black women were less likely than white women to use contraception, but those who did were significantly more likely than their white counterparts to be sterilized (41 percent compared with 27 percent).¹⁶⁵ In 1990, some 24 percent of Black women had been sterilized while only 17 percent of white women had undergone the operation.¹⁶⁶ The racial disparity in sterilization cuts across economic and educational lines. One study found that 9.7 percent of college-educated Black women had been sterilized, compared to 5.6 percent of college-educated white women.¹⁶⁷ The frequency of sterilization increased among poor and uneducated Black women. Among women without a high school diploma, 31.6 percent of Black women and 14.5 percent of white women had been sterilized. ★

In an eighteen-year study of low-income Black women in Baltimore who gave birth as teenagers, University of Pennsylvania sociologist Frank Furstenberg and two other researchers discovered that 56 percent had been sterilized at a relatively young age.¹⁶⁸

Current government funding policy continues to encourage sterilization of poor women. The federal government pays for sterilization services under the Medicaid program, while it does not make available information about and access to certain other contraceptive techniques and abortion. In effect, sterilization was for decades the only publicly funded birth control method readily available to poor women

of color.¹⁶⁹ As I discuss in the next chapter, the government has recently added Norplant, a form of temporary sterilization, to its arsenal. The selective funding of birth control options takes place within a broader context of misdirected government priorities that emphasize free family planning as a solution to poverty rather than the general improvement of community health.

BIRTH CONTROL AS RACIAL GENOCIDE

The debate among Blacks over birth control, which began in the 1920s, persisted over the ensuing decades. In an article appearing in 1954 in the popular Black magazine *Jet*, Dr. Julian Lewis, a former University of Chicago professor, criticized Planned Parenthood's work in the Black community and warned that the wide-scale practice of birth control would lead to "race suicide."¹⁷⁰ Nearly twenty years later, in a controversial cover story in *Ebony* magazine entitled "My Answer to Genocide," Dick Gregory advocated large Black families as insurance against Black extermination. Gregory was especially wary of white people's motives underlying the promotion of family planning:

For years they 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.¹⁷¹

Gregory's views were not an aberration. A number of articles in both the white and Black press raised the possibility of a plot to eliminate Blacks through birth control services. Two studies by William Darity and Castellano Turner, published in the *American Journal of Public Health* in 1972 and 1973, showed a widespread worry among Blacks that family-planning programs were a potential means of racial genocide, especially if the programs provided sterilization and abortion and were run by whites.¹⁷² One reported that nearly 40 percent of Blacks surveyed believed that these programs were a scheme to exterminate Blacks. These fears were most prevalent among young, uneducated males in the North.

During the 1960s and 1970s, Black nationalists increasingly adopted the theory that birth control was a form of genocide. The Nation of Islam vehemently opposed birth control as a deliberate white strategy to deplete the Black population. A cartoon in *Muhammad Speaks* depicted a Black woman in an advanced state of pregnancy standing in a jail cell, with the caption: "My Only Crime Was Refusing to Take Birth Control Pills."¹⁷³ Another showed a bottle of birth control pills marked with a skull and crossbones. The Black Power conference held in Newark in 1967, organized by Amiri Baraka, passed a resolution denouncing birth control.¹⁷⁴ The May 1969 issue of *The Liberator* admonished readers that "[f]or us to speak in favor of birth control for Afro-Americans would be comparable to speaking in favor of genocide."

Even more mainstream organizations such as the NAACP and the Urban League reversed their earlier support for family planning as a means of racial progress. As head of Operation PUSH, Jesse Jackson in 1972 questioned the timing of the government's interest in family planning for Blacks, noting that its growth "simultaneously with the emergence of blacks and other nonwhites as a meaningful force in the nation and the world appears more than coincidental."¹⁷⁵ Fannie Lou Hamer, who had been sterilized without her consent, also viewed abortion and birth control as a form of racial genocide.¹⁷⁶ Some leaders went further to argue that increasing the Black population was essential for liberation. Marvin Dawes, leader of the Florida NAACP, asserted, "Our women need to produce more babies, not less . . . and until we comprise 30 to 35 percent of the population, we won't really be able to affect the power structure in this country."¹⁷⁷

Numerous Black women challenged the characterization of birth control as a form of genocide, as well as the "strength in numbers" argument. By the 1940s, Blacks were visibly organizing to increase the availability of birth control in their communities. At its national meeting in 1941 the National Council of Negro Women created a standing committee on family planning and passed a resolution requesting every Black organization to include family planning in its agenda "to aid each family to have all the children it can afford and support but no more—in order to insure better health, security and happiness for all."¹⁷⁸ This was the first time a national women's organization officially endorsed birth control. Black women's groups were also asserting greater independence from the white-dominated mainstream organizations such as Planned Parenthood. In a speech addressed to Planned Parenthood in 1942, Dr. Dorothy Ferebee admonished her

audience, "It is well for this organization to realize that the Negro at his present advanced stage of development is increasingly interested more in programs that are worked out with and by him than in those worked out for him."¹⁷⁹

Many women in the Black liberation movement rejected their brothers' charge to them to bear more children. In her anthology on Black women published in 1970, Toni Cade took up the issue "The Pill: Genocide or Liberation?" "I've been made aware of the national call to Sisters to abandon birth control . . . to picket family-planning centers and abortion-referral groups and to raise revolutionaries," she wrote. "What plans do you have for the care of me and the child?"¹⁸⁰ As head of the Black Women's Liberation Committee of 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 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.*"¹⁸¹

The conflict escalated not only in journals but also in grassroots confrontations. One of the most heated disputes occurred in 1969 between women in the National Welfare Rights Organization and community leaders surrounding the opening of family-planning centers in Pittsburgh.¹⁸² The city's antipoverty board became the first in the country to vote down federal funds to continue Planned Parenthood clinics in six poor neighborhoods. The leader of the militant United Movement for Progress, William "Bowie" Haden, even threatened to firebomb a clinic. (It was discovered that Haden's organization received a \$10,000 grant from the Catholic diocese of Pittsburgh.) One mother protested, "Who appointed him our leader anyhow? . . . Why should I allow one loudmouth to tell me about having children?" Black women successfully organized to remove Haden as a delegate from the Homewood-Brushton Citizens Renewal Council and to restore funds to the clinics. In a Black neighborhood in Cleveland, a family-planning center was burned to the ground. The Black Panther Party (BPP) was also split along gender lines on the subject of abortion and birth control. Despite opposition to birth control from some male members, however, the BPP offered contraceptives as part of its free health care program.

Shirley Chisholm, a Black congresswoman from Brooklyn, worked tirelessly in the 1970s to increase the number of family-planning clinics in Black neighborhoods. She flatly rejected the argument equating birth control with genocide:

To label family-planning and legal abortion programs "genocide" is male rhetoric, for male ears. It falls flat to female listeners and to thoughtful male ones. Women know, and so do many men, that two or three children who are wanted, prepared for, reared amid love and stability, and educated to the limit of their ability will mean more for the future of the black and brown races from which they come than any number of neglected, hungry, ill-housed and ill-clothed youngsters.¹⁸³

In testimony before a Senate committee, Congresswoman Chisholm attested to her female constituents' pleas for family-planning services. One study published in 1970 found that 80 percent of the Black women in Chicago interviewed approved of birth control and 75 percent were practicing it.¹⁸⁴

One reason Black women supported family planning was that they were disproportionately victims of unsafe abortions prior to the legalization of abortion in 1973. Half of the maternity-related deaths among Black women in New York City in the 1960s were attributed to illegal abortions. Black women were less likely than white women to be able to afford safe illegal abortions and were generally denied legal therapeutic abortions performed in hospitals. Of all therapeutic abortions performed in New York City at that time, for example, over 90 percent were performed on white women.¹⁸⁵ Black women knew that the *lack* of family planning services was a leading cause of death in their communities. In the 1950s, Dr. Dorothy Brown, the first Black female general surgeon in the United States and a Tennessee state representative, became the first state legislator to introduce a bill to legalize abortion.¹⁸⁶

Today, with Black women having 24 percent of abortions in the United States, Black women's rights activist Loretta Ross says, "The question is not *if* we support abortion, but *how*, and when, and why."¹⁸⁷ Black feminist critiques of the birth control movement, such as Angela Davis's brilliant chapter "Racism, Birth Control, and Reproductive Rights" in her classic *Women, Race, and Class*, call for abortion rights along with an end to sterilization abuse. Contemporary grassroots organizations, such as the National Black Women's Health Project in Atlanta, take the position that Black women should empower themselves to take control of their reproductive health.

If family-planning programs are a covert attempt to extinguish the Black race, "genocide" is the right word to describe them. Created to describe the Nazi annihilation of the Jews, the term means "the use of

deliberate systematic measures (as killing, bodily or mental injury, unlivable conditions, prevention of births) calculated to bring about the extermination of a racial, political, or cultural group or to destroy the language, religion, or culture of a group."¹⁸⁸ The United Nations Convention for the Prevention and Punishment of Genocide includes in its definition of genocide an effort to eradicate a portion of a group.¹⁸⁹ There is ample evidence that some family-planning clinics have been opened in Black communities for the purpose of reducing Black birthrates. But is this racial genocide?

The equation of birth control with racial genocide can also be dangerous. Opposition to all forms of family planning for Blacks leads to an unacceptable restriction of Black women's control over their own procreative decisions. Community activists who call for Black women to avoid birth control altogether in order to produce as many children as possible encroach on women's reproductive autonomy. They also buy into the eugenicist's misguided creed that reproduction determines a group's social status.

This is a minority position among those who oppose birth control as a form of racial domination, however. The predominant concern is not with contraception itself, but with contraception promoted by whites for the purpose of population control. Blacks, it turned out, had good cause to be suspicious of government-sponsored family-planning programs: subsequent investigation proved true nationalists' accusation that these programs were coercing Black women to be sterilized. The critical issue is not whether a program is subsidized by public funds, however, but whether the program is controlled by the Black community it serves and designed to enhance its members' reproductive freedom.

Although some Blacks believe that white-controlled family planning literally threatens Black survival, I take the position that racist birth control policies serve primarily an ideological function. The chief danger of these programs is not the physical annihilation of a race or social class. Family planning policies never reduced the Black birthrate enough to accomplish this result. Rather, the chief danger of these policies is the legitimization of an oppressive social structure. Proposals to solve social problems by curbing Black reproduction make racial inequality appear to be the product of nature rather than power. By identifying procreation as the cause of Black people's condition, they divert attention away from the political, social, and economic forces that maintain America's racial order. This harm to the entire group compounds the harm to individual members who are de-

nied the freedom to have children. Donald MacKenzie observed that eugenic social theory is "a way of reading the structure of social classes onto nature."¹⁹⁰ In the same way, the primary threat to the Black community posed by coercive birth control schemes is not the actual elimination of the Black race; it is the biological justification of white supremacy.

Claims that current government policies that penalize Black reproduction share this legitimating feature of the eugenic rationale are sometimes misinterpreted as an unwarranted fear of racial genocide. John Kramer, dean of Tulane Law School, criticized my argument that reproductive punishments for crime are similar to eugenic laws on the ground that "Black women need not fear that their right to bear children is under serious attack . . . nor do black birthrates suggest that they do."¹⁹¹ Dean Kramer failed to understand my point about the dangerous message sent by both eugenic laws and policies that penalize Black childbearing. It could as easily be argued that mandatory sterilization laws enforced during the first half of the twentieth century posed no serious danger since they resulted in the sterilization of only 70,000 people. But the impact of these laws went far beyond their reduction of victims' birthrates. They affected the way Americans valued each other and thought about social problems. Eugenic ideology may also facilitate truly genocidal actions. The Nazi compulsory sterilization law of 1933 foreshadowed the Holocaust.¹⁹²

Condemnation of policies that devalue Black reproduction need not arise from a fear of Black extermination. This opposition can arise from the struggle to eradicate white supremacy.