

# Excerpts from *Medical Apartheid*

## *The Black Stork: The Eugenic Control of African American Reproduction*

By Harriet Washington

We don't allow dogs to breed. We spay them. We neuter them. We try to keep them from having unwanted puppies, and yet these women are literally having litters of children...

-BARBARA HARRIS, FOUNDER OF CHILDREN REQUIRING A CARING  
KOMMUNITY (CRACK),  
C. 1990

National Socialism is nothing but applied biology.

-RUDOLF HESS, BERLIN, 1934

She might easily have endured the life of quiet desperation dictated by her birth, then vanished without a ripple. The granddaughter of a slave, the daughter of sharecroppers, and younger sister to nineteen siblings, she was intelligent, hardworking, and loved to read, but she was also dark-skinned, uneducated, and a woman, a recipe for failure in rural Mississippi. The year was 1961, but it might as well have been 1861. She helped her family eke a hardscrabble existence on a plantation in Sunflower County by picking three hundred to four hundred pounds of cotton a day for one dollar a hundredweight. They spent their days exhausted, hungry, and shabbily garbed, but her family never earned enough to break the cycle of debt and remained trapped in the usurious latter-day slavery called sharecropping. But she was not angry. A deeply religious person, she focused her energies on helping others and eagerly awaited the day she would have her own family.

Her name was Fannie Lou Hamer.

One day in 1961, Hamer entered the hospital to have "a knot on my stomach"—probably a benign uterine fibroid tumor—removed. She then returned to her family's shack on the plantation to recuperate. But in the big house, ominous tidings circulated. The owner's wife, Vera Alicia Marlow, was a cousin of the surgeon who had treated Hamer. Marlow gossiped to the cook that Hamer had lost more than a tumor while unconscious—the surgeon had removed her uterus, rendering Hamer sterile. The cook repeated the news to others, including a woman who happened to be Hamer's cousin, and thus Hamer was one of the last people on the plantation to learn that she would never have a family of her own.

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"I went to the doctor who did that to me and I asked him, 'Why? Why had he done that to me?' He didn't have to say nothing—and he didn't. If he was going to give that sort of operation then he should have told me. I would have loved to have had children." But a lawsuit was out of the question, Hamer recalled. "At that time? Me? Getting a white lawyer against a white doctor? I would have been taking my hands and screwing tacks in my casket."

A rage seized her and she complained bitterly about her fate. But she also grew fascinated by political power as a means to redress injustice, and soon she did the unthinkable: She tried to register to vote. But she was rejected at the polling booth, and when she arrived home, the angry owner threw her off the plantation where she had lived for nineteen years.

It didn't matter, because Hamer was no longer a sharecropper. She was now an uncompromising political dynamo who would become one of the most powerful leaders and symbols of the southern civil rights movement. She always spoke of her "Mississippi appendectomy" as the galvanizing force that propelled her into a national leadership role, and she always spoke regretfully of the children she would never have.

She was a lifelong opponent of birth control.

## Evolutionary Laggards

The twentieth century saw the dawn of the medical philosophy, *eugenics*, derived from the Greek word *eugenes*, meaning "well-born." The word was coined by Francis Galton, a cousin of Charles Darwin. Between 1900 and 1910, geneticists discovered human traits that adhered to a Mendelian pattern of inheritance, one in which the breeding of two carrier parents resulted in a mathematically predictable mixture of well, ill, and carrier offspring. Several metabolic conditions were among these Mendelian discoveries, including sickle-cell anemia, red-green color blindness, and polydactyly (having more than the normal number of fingers or toes). The birth of an affected child from unaffected parents signaled that the parents were carriers.

Armed with this knowledge, Galton first formulated the desirability of using selective procreation to refine the human race while conquering social dysfunction. This goal was widely embraced on both scientific and popular levels by the 1930s, not only in the United States, but also abroad, and eugenic yardsticks were applied to not only populations but to individuals. Eugenicists proposed that society use medical information about disease and trait inheritance to end social ills by encouraging the birth of children with good, healthy, and beautiful traits. This was positive eugenics, but the movement also had a negative face: Eugenicists promulgated the weeding out of undesirable societal elements by discouraging or preventing the birth of children with "bad" genetic profiles. The term *well-born* has a double meaning of "born healthy and "born wealthy," and this is fitting, because eugenic scientists and their disciples constantly confused the concepts of biological hereditary fitness with those of class and race. Highly educated persons of good social class were considered eugenically superior; the poor, the uneducated, criminals, recent immigrants, blacks, and the feebleminded were eugenic misfits. Eugenicists invoked the term *racial hygiene* as frequently as they did the word *eugenics*, and even a cursory glance at the charts, photographs, and diagrams used to popularize eugenic ideals reveals that the unfit were "swarthy" "black" and ugly by Anglo-Saxon standards, with flattened noses, wiry black hair, and prognathous profiles.

African Americans were roundly disparaged by eugenic theory as scientists continued to seek and find wide physiologic evidence of black inferiority. In a refinement of earlier scientific racism, eugenics was appropriated to label black women as sexually indiscriminate and as bad mothers who were constrained by biology to give birth to defective children. The demonization of black parents, particularly "mothers, as medically and behaviorally unfit has a long history, but twentieth-century eugenicists provided the necessary biological underpinnings to scientifically validate these beliefs. The sexual irrepressibility and the bad mothering were biologically located in the hereditary apparatus, they contended. Thus eugenics undergirded medicosocial movements that placed the sexual behavior and reproduction of blacks under strict scrutiny and disproportionately forced them into sterility, both temporary and permanent. Scientists also vigorously researched black fertility, compiling data on black birth rates and using

women of color predominantly to test many reproductive technologies and strategies, from involuntary sterilization to Norplant to "the shot." ...

## The "Mississippi Appendectomy"

The Pill may have been flawed and the IUD deadly, but these methods were at least quasi-voluntary and their effects were usually temporary. The most damaging threat to African American reproductive freedom has been invasive and permanent: compulsory surgical sterilization. When the infamous German eugenic sterilization initiative began in January 1934, seventeen U.S. states were already performing sterilizations routinely, and that year, between two thousand and four thousand Americans were sterilized. Indiana passed legislation requiring the sterilization of the mentally unfit in 1907. By 1911, six states had passed laws providing for compulsory sterilization of the "mentally unfit" In 1935, twenty-seven states had such laws for the feeble-minded, those on welfare, or those with genetic defects. Forced sterilization was encouraged by the infamous 1927 *Buck v. Bell* decision, wherein Justice Oliver Wendell Holmes ordered the sterilization of the allegedly imbecilic poor white girl Carrie Buck, intoning, "Three generations of imbeciles are enough." By the 1930s, compulsory sterilization had become a global enterprise, and by 1941, sterilization had been forced upon 70,000 to 100,000 Americans, 9,931 of them in California alone.

African Americans have always been staggeringly overrepresented in the ranks of the sterilized. When the North Carolina Eugenic Commission sterilized 8,000 mentally retarded persons throughout the 1930s, 5,000 were black. By 1983, when blacks constituted only 12 percent of the population, 43 percent of the women sterilized in federally funded family planning programs were African Americans.

This has been achieved under the auspices of a government fed by the myth of the lazy, hyperfertile welfare mother. Say "welfare mother" and most people think of an unemployed black woman, yet most women on welfare are not black. A 1990 survey revealed that 78 percent of whites think blacks prefer welfare to employment. But most black women are employed full-time and hold at least one job, and women on welfare are likely to be employed part-time at low-wage jobs with few if any benefits. However, a black woman is more likely to receive AFDC (Aid to Dependent Children, the form of public assistance given to people with minor children) than is a white woman. Black women constitute 6 percent of the population but represent one-third of those on AFDC. And in some poor urban areas such as Baltimore, which is 86 percent black, the majority of people on welfare are also black.

Forced sterilization and welfare have been linked for nearly half a century. Mississippi state legislator David H. Glass instituted a bold experiment when he sought legal means to force sterilization upon welfare mothers in 1958. By 1960, his "act to discourage immorality of unmarried females by providing for sterilization of the unwed mothers" passed in the House by a vote of seventy-two to thirty-seven but died in the Senate as the black activist Student Nonviolent Coordinating Committee (SNCC) protested and distributed a pamphlet entitled "Genocide in Mississippi."

But most sterilizations of poor black women have been performed outside the law and in violation of medical mores. In June 1973, the abuse of two young sisters in Montgomery, Alabama, exposed the decades of stolen African American fertility. Twelve-year-old Mary Alice Relf and her sister Minnie, fourteen, lived on relief with their parents, who had left their meager living as field hands in an unsuccessful search for work in the city. A Montgomery Community Action Agency nurse took the girls to the hospital for a federally funded contraceptive shot and obtained the "X" of each illiterate parent on the consent form. But their parents later learned that the girls had been surgically sterilized, and they asked Atlanta's Southern Poverty Law Center for help. When SPLC filed a class-action lawsuit to end the use of federal funds for involuntary sterilization, its lawyers discovered that 100,000 to 150,000 women had been sterilized using federal funds and that half these women were black. Today, one-third of all adult Mississippi women and 57 percent of all Mississippi women sixty-five and older say they have undergone a hysterectomy.

Sometimes the physician removed the woman's uterus on some pretext after coercing or tricking her into assent for unnecessary sterilization. The women were also sterilized while unconscious, as Fannie Lou Hamer was. In the

South, rendering black women infertile without their knowledge during other surgery was so common that the procedure was called a "Mississippi appendectomy."

Involuntary hysterectomies were also commonly practiced in the North. A 1973 study by Bernard Rosenfeld of Los Angeles County Hospital discovered that "doctors ... are cavalierly subjecting women, most of them poor and black, to surgical sterilization without explaining either the potential hazards or alternate methods of birth control. In most major teaching hospitals of New York it was the unwritten policy to do elective hysterectomies on poor black and Puerto Rican women with minimal indications to train residents." In 1972, medical students at Boston City Hospital (BCH) protested the policy of performing unnecessary hysterectomies on black women in order to allow residents to practice. The students also complained that experimental procedures, the coercion of patient signatures, and falsifying medical records were common practices among black patients. So did students at Columbia University. The chairman of the BCH OB-GYN program did not deny the charges, but blamed "one bad apple."

Across the nation, black women who trusted obstetricians to deliver their children were being surreptitiously sterilized, and this revelation poisoned relationships between them and their doctors. To accomplish the sterilizations, practitioners lied to patients, forged consent forms, or falsified medical records to reflect an "appendectomy" or "gallbladder removal," so it is now impossible to know the exact number of African American women who were sterilized without their knowledge. Nor is there any record of how many hysterectomies, if any, were medically justified. Some women, like Fannie Lou Hamer, were never told by their doctors that they had been sterilized, and others never found out. One of the few methodical surveys conducted revealed that at least 60 percent of the black women in Hamer's native Sunflower County (Mississippi) unwittingly suffered postpartum hysterectomies.

By 1980, sterilization had become the most common form of birth control, and it still is, edging out condom use by 1 percent. But African American women remain far more likely than whites to undergo a hysterectomy, although researchers have known for over a decade that they are at higher risk of the procedure's complications and are more likely to die from the surgery. According to the National Center for Health Statistics (NCHS), 41 percent of black women who use contraception were sterilized, compared with only 27 percent of white women.

Within a century, reproductive coercion had taken a 180-degree turn for black women. During slavery, black women had been forced to procreate, but now they were being forced into sterility. The consistent factor was white control.

Women were also forced into sterility by governmental welfare programs, upon which unskilled black women workers relied to supplement their meager wages. While a social worker in upstate New York during the 1980s, I learned from old case files that during the 1960s and 1970s, social workers conducted frequent late-night raids on the homes of aid recipients. If a man was discovered, the family's aid could be cut off unless the woman agreed to sterilization, guaranteeing there would be no additional children for the state to support.

Black women are still more likely than white women to be pressured or misled into sterilization, which tripled between 1970 and 1980, in part because hysterectomies are offered as the only curative option for ailments that can be treated more conservatively, such as fibroids and endometriosis.

By 1978, doctors also began administering the drug Depo-Provera— but only in research studies and almost exclusively to poor women of color. Depo-Provera is the Upjohn Company's brand name for medroxyprogesterone acetate, which is also called DMPA. In 1978, the drug had just been FDA-approved for use as a cancer therapy. In 1973, after the government discovered that beagles on which the drug had been tested developed breast cancer, it had refused to fund further testing of the drug as a contraceptive. Cancer medications carry significant risks, which are acceptable when one is fighting a deadly illness but not when a healthy woman is simply trying to avoid pregnancy. However, licensed physicians may administer legal medications for any use they deem appropriate, and American doctors found it appropriate to administer Depo-Provera as an experimental contraceptive to healthy Native American and black patients. In 1978, the FDA criticized an Emory University study of Depo-Provera as having needlessly imperiled the lives of 4,700 women, all black, and in 1992 an FDA board warned, "Never has a drug whose target population is entirely healthy people been shown to be so pervasively carcinogenic in animals as has Depo-Provera."