

What am I Worth?:
The Race-ing of Reproduction in America

by

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To all women, who at some point have been forgotten.

Table Of Contents

Dedication	2
Acknowledgements	4
Preface	5
<u>Chapter One</u>	10
<i>Race-ing Reproduction</i>	
<u>Chapter Two</u>	47
<i>Reclaiming Worth: The Voices of Black Sterilized Women</i>	
<u>Chapter Three</u>	70
<i>Re-envisioning Ghosts, Rewriting Legacy</i>	
Bibliography	101

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Preface

It's easy to make decisions when you don't have faces of the people who have been victimized. And when we go away and you don't see our faces anymore because we really don't look like victims- we are survivors. So when we're gone are you gonna remember us or are we just gonna be stories(?) Words on paper (who are) easy to make decisions about what we don't have a right to or what they're(our mothers are) not worth.

Deborah Chesson speaking at North Carolina's Public Hearing For Eugenic Sterilization Victims June 2011¹

Deborah Chesson speaks for her mother, a survivor of North Carolina's eugenic sterilization program, a program that unfairly targeted African American women from 1958 to 1973. Her plea is simple yet pressing, that her mother and other survivors of eugenic sterilization be remembered in their fullest capacity, as never merely silenced victims. That we always remember sterilized women's worth.

The first time I heard Deborah Chesson speak was in early October 2011. My research on race and reproduction lead me to a grainy recording of a public hearing for victims of North Carolina's eugenic sterilization program. I watched and listened as women recounted how their fertility had been unceremoniously taken away from them, and how they still carry the shame and pain brought on by their sterilizations. Procedures, that while they were happening, these women were completely unaware of.

Listening to them speak, I could hear the pain in their voices at not only what they had lost but also that they had spent so many years suffering in isolation. For one woman, Naomi Schenck, sixty-three years had passed since she had been sterilized

¹ Taken from a video of the first public hearing for North Carolina's Eugenic Sterilization Victims <http://www.wral.com/news/video/9755940/#/vid9755940>.

and June 2011 was the first time anyone outside of her immediate family had acknowledged what happened. I wondered how these stories of these women could go ignored and unnoticed for so many years.

When North Carolina's Governor Bev Perdue, in an interview with MSNBC, was asked why she believed North Carolina's eugenic sterilization program expanded after World War II while other states disbanded similar programs, Perdue responded by stating that one cannot question or understand the decisions made in the past and that the key now lay in moving forward.² Her statement was a political move as many scholars and media officials draw connections between the racialized climate of North Carolina and the rise in numbers of African American women sterilized after World War II.³ By ignoring the racialized context of eugenic sterilization in North Carolina, the governor evaded pressing concerns of racism and sexism in the South. In her narrative, race became unspeakable.

I question how and why stories are told about black women in ways that deny the presence of race. In the personal narratives of African American women sterilized by North Carolina's eugenic sterilization program, race is very much at the forefront. Watching the survivors speak, I imagined these women, these black women, as not merely victims of one specific eugenics' program but victims of an ideology that sanctioned both their mistreatment in the past and subsequently denies how race had played a role in their lives until the present. These stories of eugenic sterilizations,

² Video found at http://rockcenter.msnbc.msn.com/_news/2011/11/07/8640744-victims-speak-out-about-north-carolina-sterilization-program-which-targeted-women-young-girls-and-blacks

³ see J. Schoen, "Between choice and coercion: Women and the politics of sterilization in North Carolina, 1929-1975," *Journal of Women's History* 13, no. 1 (2001).

African American eugenic sterilization survivors' lived testimonies, I argue, make up complex narratives of reproductive technologies that are very much aware of how race and class inform lived experience.

This project is about uncovering the haunting influences of racism and sexism in instances where *race* is suspiciously absent. Avery Gordon in *Ghostly Matters: Haunting and Sociological Imagination* writes about the “ghosts” that haunt sociological theory, what she refers to as the unspoken silences that we live with daily.⁴ Gordon writes, “That life is complicated is a theoretical statement that guides efforts to treat race, class, and gender dynamics and consciousness as more dense and delicate than those categorical terms often imply.”⁵ Writing ghost stories involves recognizing that ghosts have material effect beyond the surface and can effectively haunt texts. Gordon imagines ghosts as not merely the presence of the dead but rather the many invisible, complex inner workings that make up any one event. My project is very much about writing “ghost stories” because I am left to find the voices of women, black women like the survivors of North Carolina’s eugenic sterilization program, who have repeatedly been spoken for. I seek to reclaim their lived experience with reproductive technologies as essential to dominant reproductive discourse.

I focus on two specific historical events; Dr. J. Marion Sims’ experimentation on black slave women that took place 1845-1849 and the eugenic sterilization program in North Carolina from 1958-1974 that targeted African American women.

⁴ Avery Gordon, *Ghostly matters : haunting and the sociological imagination*, New University of Minnesota Press ed. (Minneapolis: University of Minnesota Press, 2008).

⁵ *Ibid.*, 5.

These two moments are of specific interest to me, as they are events that are not a direct part of any official reproductive histories, but rather are unspeakable, controversial aberrations of racialized mistreatment of black women. The fact these events have been conceived as isolated incidents ignores the ways in which black women's experiences with reproductive technologies have been marked by exclusions and invisibilities. I want to understand how these events are simultaneously erased by dominant discourses surrounding reproduction and remembered by black women.

I have organized this thesis into three chapters, each exploring the way race functions in reproductive discourse. The first chapter "Race-ing Reproduction," resituates black women as central actors in the history of reproduction in America. I analyze how race has played a material role generally in narratives surrounding reproduction and specifically in North Carolina's forty-year eugenic sterilization program. In the first chapter, I aim to provide a grounding for thinking critically about race and gender as inseparable.

Chapter two "Reclaiming Worth: The Voices of Black Sterilized Women," begins with the voices of black women survivors of North Carolina's eugenic sterilization program. I explore how these women experienced eugenic sterilization and how it continues to mark their lives. Their testimonies are offered as a counter narrative to formal eugenic petitions that rendered these women silent victims of sterilization. Through the use of personal narrative, I hope to complicate how we listen to stories about reproductive autonomy.

Finally in Chapter three, “Re-envisioning Ghosts, Rewriting Legacy,” I return to the stories told about Dr. J. Marion Sims, America’s first gynecologist, whose experiments on black slave women from 1845-1849 have gone largely unrecognized. In an in depth reading of Dr. Sims, I seek to reclaim the lived experiences of ghosts, Dr. Sims’ black slave subjects. I challenge revisionist claims that seek to situate Dr. Sims as a morally responsible historical figure, rather his legacy once inclusive of silent voices of black slave women subjects requires reformulation. I consider how his treatment of black slave women and his resulting legacy so many decades ago laid the foundation for the sterilization of black women in the later part of the 20th century and furthermore the silencing of black women in reproductive discourse.

Chapter 1:

Race-ing Reproduction

*Thus, in spite of its implicit
and explicit acknowledgment, “race” is
still a virtually unspeakable
thing.*

-Toni Morrison,
“*Unspeakable Things Unspoken*”⁶

Linda Gordon, one of the foremost scholars on reproduction, charts in her 2002 *Moral Property of Women: A History of Birth Control Politics in America* the history of reproduction in America into three specific historical moments spanning the late 18th through mid-20th centuries: voluntary motherhood, birth control, and family planning.⁷ Each period is defined by women’s increasing access to reproductive technologies that enables them to determine when and under what conditions they will have children. Gordon’s history of reproduction is conceived solely within the social climate of middle class white America. Within this context, women of color are secondary actors; their limited access to reproductive technologies and the sterilization abuse they experienced is documented but conceived within the lenses of race and socioeconomic class. The stories Gordon tells about black women’s reproduction mark their experiences with coercive reproduction as only isolated racialized incidences in a broader historical field. Furthermore these narratives remain on the outskirts of reproductive discourse and fail to disrupt the general understanding of reproductive politics as being shaped solely by the social

⁶ Toni Morrison, *Unspeakable things unspoken: The Afro-American presence in American literature* (University of Michigan, 1989).

⁷ Linda Gordon, *The moral property of women : a history of birth control politics in America*, 3rd ed. (Urbana and Chicago: University of Illinois Press, 2002).

movements of middle class white women. Dorothy Roberts who wrote *Killing the Black Body* in 1997 states the problem most clearly when she explains: “The experiences of women of color are often relegated to an aside, a footnote, a subject for observation; they are considered weaker sisters who need understanding and guidance.”⁸ Black women then are both present and absent in the historical record. Their stories are told but rarely conceived as belonging to dominant narratives surrounding reproduction.

In these dominant narratives, race becomes a category to mark difference, as when feminists such as Emily Martin in *The Woman in the Body: A Cultural Analysis of Reproduction*, Johanna Schoen in *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare*, and Rebecca Kluchin in *Fit to be Tied: Sterilization and Reproductive Rights in America, 1950-1980* do write about the reproductive narratives of black women. The experiences of black women become unique aberrations deviating from the “normal” experiences of white women. In *The Woman in the Body*, Emily Martin collects interviews of women spanning all different classes, ages, and races about their reproductive experiences, separating her interviews into two categories “women” and “black women,” where all other races remain unlisted.⁹ Rebecca Kluchin, while investigating post-World War II sterilization programs and reproductive rights, corrals women of color into a single chapter she titles “Sterilizing “Unfit” Women” where ‘unfit’ women are naturally black women, without exploring how the reproduction of women of color *became*

⁸ Susan M. Wolf, *Feminism & bioethics : beyond reproduction* (New York: Oxford University Press, 1996). 125,16-43.

⁹ Emily Martin, *The woman in the body : a cultural analysis of reproduction* (Boston: Beacon Press, 1992). 22.

“unfit” in the first place in the history of reproduction.¹⁰ Johanna Schoen in *Choice and Coercion*, titles her introduction “A great thing for poor folks,” a phrase she lifts from an interview 1950’s sociologist Moya Woodside conducted with an African American woman who had undergone sterilization; Schoen does not acknowledge in her text the full context of this interview.¹¹ Moya Woodside was working for North Carolina’s Eugenics Board at the time. Instead, Schoen uses the quote to argue that black women, like their white counterparts, desired reproductive control. “But poor women were rarely able to gain access to these technologies on their own terms,” Schoen continues.¹² Schoen’s work is of particular interest as I will be examining the history of black women undergoing sterilization in North Carolina later in this chapter and in chapter two. In all three of these texts, the social realities of black women’s experiences with reproduction are accepted as a self-evident consequence of *race*. These feminists fail to interrogate the historical context under which black women’s experiences with reproduction are made to be different on account of not merely their race but understanding how race becomes embedded into narratives of reproduction in complex and intricate ways to begin with.

While rarely made apparent, race has been a defining factor in reproductive politics long before the formal beginning of the feminist birth control movement in the late 19th century. Little emphasis has been placed on the role of slavery, in particular, as affecting the development of both black and white women’s reproduction. Slavery created an ideological framework that separated white women

¹⁰ Rebecca M. Kluchin, *Fit to be tied : sterilization and reproductive rights in America, 1950-1980*, Critical issues in health and medicine (New Brunswick, N.J.: Rutgers University Press, 2009). 73.

¹¹ Schoen, "Between choice and coercion: Women and the politics of sterilization in North Carolina, 1929-1975," 1.

¹² *Ibid.*, 3.

and black women into opposing subjects. Whereas black women were reduced to private property during slavery, white women were imagined as ever more modest and delicate. This had a direct effect on the struggle of early white feminists in securing the right for white women to determine their own reproductive livelihood. Their aims had to challenge the image of a “modest lady.” Black women, on the other hand, have never been imagined as inhabiting the cult of true womanhood. A slave could never be seen as having the same concerns as would a free white woman. Slavery marked black women as silent property incapable of complex personhood. As Henry Louis Gates explores in the introduction to the first slave narrative of a black woman: “It charts in vivid detail precisely how the shape of her life and the choices she makes are defined by her reduction to a sexual object, an object to be raped, bred, or abused.”¹⁴ Black women’s historical ontological status of “object” for over five hundred years has had a direct effect on how they have been written into reproductive discourses. Conversely, I argue, this history has an effect on *all* women’s reproductive lives in the United States, on how reproduction itself is talked about, and experienced by all women.

The experiences of black women during slavery are often left out of narratives surrounding women and reproduction precisely because black women have been imagined as “objects.” Slavery is rarely imagined as a foundational period in reproductive history; rather its importance both-symbolically and materially-is often overlooked for seemingly more politically active historical periods. The institution of slavery was particularly heinous for black women as it not only signified physical

¹⁴ Henry Louis Gates, *The Classic slave narratives* (New York: New American Library, 1987). 12.

labor but the ownership of their reproduction. Where white women's reproduction has been generally conceived as a private family matter, black women's reproduction has been marked by the intimate being made public. Within the plantation framework, the reproductive capacities and sexual lives of slaves became the direct concern of masters. Black women's bodies were the medium through which *capital* came into being. No surprise then that the first reproductive interventions in the history of American medicine occurred on the bodies of black slave women to ensure that their reproduction was fruitful for the plantation.

A slave woman who could not reproduce was essentially useless, as black women were expected to produce labor and reproduce slaves. Slave masters took extreme measures to ensure their slave's reproductive health. During childbirth slave women who became pregnant at much too young an age were susceptible to vesico-vaginal fistulas, large tears between the bladder and vaginal wall that resulted in reduced fertility.¹⁵ Dr. J Marion Sims, a physician who I will be discussing in depth in chapter three, experimented extensively on the bodies of black slave women. His technological advancements were for the exclusive purpose of insuring that slave women would be able to reproduce continually on the plantation. He is touted as the father of American gynecology.

Slave masters' interest in maintaining black slave women's reproductive health came under the premise that healthy slaves meant a larger workforce. Black women's reproduction from the beginning has been described in terms of economics rather than

¹⁵ Marie Jenkins Schwartz, *Birth of a slave : motherhood and medicine in the antebellum South* (Cambridge, Mass.: Harvard University Press, 2006). 241-42.

personal autonomy. In the context of slavery, black reproduction was valued for its potential for greater productivity on the plantation. Not surprisingly, time and time again, black women's reproduction post-slavery has been *de-valued* as *negative* to the economic interests of state. Ironically, post slavery, white women's reproductive struggles took on the idiom of "labor" and economics.

This devaluation, in part, occurred with the rise of the eugenics movement after the Civil War. Eugenics solidified scientific ideals about race and furthermore determined who should and should not be allowed to reproduce. For early proponents of birth control, eugenics provided, Carole McCann argues, "a sexually neutral language with which to speak publicly about reproduction."¹⁶ Within this framework black reproduction was inherently negative. The growth of the black population was imagined as threatening the white race, as Thurman B. Rice wrote in *Racial Hygiene* in 1929: "The colored races are pressing the white race most urgently and this pressure may be expected to increase."¹⁷

Eugenic sterilization programs throughout the country, and specifically in the South, were created in the first half of the 20th century to insure that those the state deemed unfit could not reproduce. From the onset of the civil rights movement in the early 1950s, poor black women in the south were routinely sterilized at ages as young as twelve.¹⁸ In hospitals outside of the South during the same period, white women could only request a sterilization if they met the requirements of the 120 parity rule,

¹⁶ Carole R. McCann, *Birth control politics in the United States, 1916-1945* (Ithaca: Cornell University Press, 1994). 58.

¹⁷ Dorothy E. Roberts, *Killing the black body : race, reproduction, and the meaning of liberty*, 1st ed. (New York: Pantheon Books, 1997). 71.

¹⁸ See *Relf v. Weinberger*, (1974). Minnie Relf, age 12 at time of sterilization procedure.

meaning that the number children multiplied by their age had to reach 120.¹⁹ Under this program, a white woman would only become eligible at as young an age as twelve if they had already had ten children. This disparity in treatment, limited sterilization access for white women and inversely sterilization abuse for black women, makes apparent the way race has been an important part of reproductive discourse and practices always.

The dominant narratives surrounding reproduction assume that the uniting factor for women is within confines of *gender*. In a sense then all women are imagined as fundamentally having the same histories, wants, interests and needs unaltered by racial or socioeconomic location. In histories of reproduction, white feminists mark the trajectory of reproductive freedoms such as the development of reproductive technologies as inherent advancements, often ignoring or downplaying the negative role birth control has played in communities of color. When Schoen describes sterilization of black women in North Carolina as a great thing for poor folks, she is mirroring the same language and dichotomies of eugenics sterilization boards that justified sterilization on the basis that some women were poor and black. When Emily Martin includes only photos of nude black women giving hospital births without a discussion of the politics of visibility of race, she allows for race to exist in a subtext unexplored.²⁰ As I shall explore in more depth in chapter three, the black female body, nude and on display, has roots all the way to slavery.

¹⁹ Kluchin, *Fit to be tied : sterilization and reproductive rights in America, 1950-1980*: 22.

²⁰ Martin, *The woman in the body : a cultural analysis of reproduction*: 161.

Following the lead of Toni Morrison in *Race-ing Justice and En-gendering Power* and Kymberly N. Pinder in *Race-ing Art History* who both employ “race-ing” as a means to re- incorporate and uncover how race is fundamentally a part of narratives that have previously been considered “race- less.” I use the concept of “race-ing” to re-situate race within reproductive discourses.²¹ In 1981 Angela Davis in *Women, Race, and Class* began the work of criticizing the reproductive rights movement for glazing over of the experiences of black women.²² Most recently in 1997, Dorothy Roberts in the *Killing the Black Body: Race, Reproduction and the Meaning of Liberty* has catalogued the history of black women’s reproduction politics in America from slavery to the present.²³ By using slavery as a foundational moment both Davis and Roberts trace how the reproduction of black women and all women has been fundamentally shaped by racist ideology. Roberts and Davis go to great lengths to demonstrate the ways black women’s relationships to reproductive technologies such birth control and sterilization have been marked by increasing reproductive control rather than the reproductive freedom afforded by white women. Like Davis and Roberts, I consider how the relationships black women have had to reproductive technologies have been ones marked by state interventions that have challenged rather than afforded access to greater reproductive autonomy.

As I have discussed earlier, specific black women’s experiences with reproduction have been narrated in standard accounts of the history of reproduction as

²¹ See Toni Morrison, *Race-ing justice, en-gendering power : essays on Anita Hill, Clarence Thomas, and the construction of social reality*, 1st ed. (New York: Pantheon Books, 1992); Kymberly N. Pinder, *Race-ing art history : critical readings in race and art history* (New York: Routledge, 2002).

²² Angela Y. Davis, *Women, race & class*, 1st Vintage Books ed. (New York: Vintage Books, 1983).

²³ Roberts, *Killing the black body : race, reproduction, and the meaning of liberty*.

isolated incidents of racial violence. The fact that such incidents have not been categorized as representing more inclusive racial treatment of black women has led to a void in understanding how black women's experiences with reproductive technologies are necessarily different because of their race, sex, and class. But rather than locate specific differences in white and black women's experiences, I seek here to understand the *continuum* of abuse, visualizing how negative rhetoric of black reproduction remains embedded in discourses surrounding reproduction in general from slavery onwards. I conceptualize the devaluation of black women's reproduction as directly related to the history of the treatment of black women in regards to their reproduction. Race and gender then appear co-constitutive.

The process of race-ing operates in two ways, not only referring the politics of making race visible within discourses of reproduction but also exploring how ideas about race have inevitably affected narratives surrounding reproduction at large. The relationship between race and reproduction in America is symbiotic, as they both inform each other and always have.

Instances of racism though are not always readily apparent. Nor are racialized incidences of black women's reproductive experiences always read as racism. For example, in a court case I will be discussing further on in this chapter, where a young black woman was coerced into being sterilized by her physician, the court found in favor of the physician offering the victim five dollars in nominal damages.²⁴ Read against the backdrop of conventional reproductive narratives, the young black woman had a "choice" to choose her doctor and a right to "consent" to treatment. The court

²⁴ *Walker v. Pierce* (1977).

ruled she did not exercise her choice. This is not to imply that black women are continually placed in the role of victim, as I will explore with survivors of sterilization abuse in the next chapter, who very much aware their agency. Rather there is an absence of an acknowledgement of the historical and larger context of racism shaping interactions between black women and their physicians. We have been taught to read, analyze histories of reproduction through imagining only individual choice. But black women's narratives do not simply fall in one limited narrative of choice. By limiting the scope of reproductive narrative history forgets. And it is in recording these missteps, cracks, slips that hidden if not *hiding* elements of what makes up the historical record of reproduction are revealed.

To illustrate this, I turn to one such misstep in the history of reproduction only recently recognized, the rise of sterilization abuse directed at black women during North Carolina's forty year eugenic sterilization program. To answer the question of how and why black women became the target of North Carolina's eugenic sterilization program and furthermore how the eugenic sterilization program could continue well into the 1970s on black female bodies involves understanding the rhetoric of negative black reproduction as existing throughout the South – the inverse rhetoric of positive black reproduction during slavery - where it fostered a culture of sterilization.

Race and Eugenic Sterilization in the South

Many scholars have explored eugenic sterilization but none have focused on the interplay of race and gender that makes North Carolina and furthermore the South

especially unique.²⁵ Angela Davis writes “Eugenic ideas were perfectly suited to the ideological needs of the young monopoly capitalists as their imperialist 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.”²⁶ Eugenics provided a language and a science, which allowed for the proliferation of racist and discriminatory practices under the perceived notion of “biological inferiority.” The eugenics sterilization movement in America developed out of a growing concern with race in the early part of the 20th century, as the influx of immigrants and de- institutionalization of slavery threatened the purity of the white race. Ideologically, the South was a perfect breeding ground for eugenic sterilization as race relations have always been at the forefront.

Only within the past five years has the true extent of North Carolina’s eugenic sterilization program that targeted black women in the post World War II period been uncovered. Black women survivors of the program, such as Naomi Schenck whom I introduced in the preface, waited for years until North Carolina ever mentioned its past of eugenic sterilization. Recent analysis of North Carolina’s eugenic sterilization record concluded that from 1958-1974 the Eugenics Board was racially motivated to point of genocide.²⁷ From 1958 to 1974, over 1,000 black women were sterilized in North Carolina, many of them having no idea that they would be infertile for the rest

²⁵ See Philip Reilly, *The surgical solution : a history of involuntary sterilization in the United States* (Baltimore: Johns Hopkins University Press, 1991), Nancy Ordovery, *American eugenics : race, queer anatomy, and the science of nationalism* (Minneapolis: University of Minnesota Press, 2003).

²⁶ Davis, *Women, race & class*: 20.

²⁷ G.N. Price and W.A. Darity Jr, "The economics of race and eugenic sterilization in North Carolina: 1958-1968," *Economics & Human Biology* 8, no. 2 (2010): 2-28.

of their lives.²⁸ These are only the sterilizations that were reported by the Eugenics Board; it is believed that the real number of black women who underwent sterilization abuse is much higher.

North Carolina's eugenic sterilization program was also the longest running in the United States, and perhaps because of this it is the only state that has had to formally acknowledged the violent nature of state-sponsored sterilization to which survivors are currently seeking reparations, an issue I explore in chapter two.

The Birth of Eugenic Sterilization in North Carolina

In 1933, North Carolina formally implemented its first legally recognized eugenic sterilization law that allowed the state the power to perform sterilization procedures on those they deemed unfit to procreate within and outside of state funded institutions.²⁹ North Carolina inherited longstanding negative eugenic sterilization rhetoric from a neighboring state, Virginia, whose decision to sterilize a mentally disabled white woman named Carrie Buck led to a Supreme Court decision in 1927 upholding all states' rights to sterilize degenerative populations without direct consent from the patient.³⁰

Carrie Buck was a seventeen-year-old pregnant and white patient at Virginia's Colony for Epileptics and Feeble-minded.³¹ Her sterilization was suggested because her mother was considered "feeble-minded." In the court proceeding that sanctioned

²⁸ Ibid.

²⁹ Moya Woodside, *Sterilization in North Carolina; a sociological and psychological study* (Chapel Hill: Univ. of North Carolina Press, 1950). 9.

³⁰ Roberts, *Killing the black body : race, reproduction, and the meaning of liberty*: 68-69.

³¹ Ibid.

her involuntary sterilization, one witness, Harry Laughlin, a known eugenicist, described Carrie Buck as a part of the “shiftless, ignorant, and worthless class of anti-social whites of the South.”³² This case set a precedent for employing sterilization as a preemptive measure against those whom the state deemed unfit. Justice Oliver Wendell Holmes described the state’s positive interest in eugenic sterilization as such; “It is better for all of 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.”³³

At basis of eugenic thought was the conception of certain traits – feeble-mindedness, illegitimacy, and alcoholism - resided in one’s heredity and could be passed on generation to generation.³⁴ Within this framework, fit—white and able-minded people would be able to reproduce uninhibited by the degeneracy found in feeble-minded whites and nonwhites. As Rebecca Kluchin explains in *Fit to Be Tied* “Eugenicists considered “fit” women’s reproduction to be productive, healthy, and beneficial to the nation. They viewed “unfit” women’s reproduction as destructive, unhealthy, and debilitating because the children “unfit” women bore were tainted by inherent genetic defects that would cause them to become dependent upon the state for assistance.”³⁵ The “feeble minded” reproduced without concern for the quality of their progeny and would eventually end up costing the state.

North Carolina began implementing eugenic sterilization through two formal avenues: recommendations from state mental institutions and local departments of the

³² Ibid., 69.

³³ Ibid.

³⁴ Reilly, *The surgical solution : a history of involuntary sterilization in the United States*: 8-11.

³⁵ Kluchin, *Fit to be tied : sterilization and reproductive rights in America, 1950-1980*: 2-3.

State Board of Public Welfare.³⁶ Social workers, in particular, were very aware of the possibility of eugenic sterilization.³⁷ Each month, the Eugenics Board composed of the State Commissioner of Public Welfare, the Secretary of the State Board of Health, the Chief Medical Officer of the State Mental Hospital at Raleigh, the Attorney General, and the Chief Medical Officer of an institution for the mentally ill outside of Raleigh, met to review eugenic sterilization petitions.³⁸ The petitions included a statement of the mental and physical condition of the person, a social history, sworn consent which was waived if the patient was under 21 or deemed mentally incompetent to give consent, and finally the name and address of the surgeon assigned the particular case.³⁹

Sterilizing White Women

The targeted population in the early years of North Carolina's eugenic sterilization program up until the end of World War II was unwed, feeble-minded, and sexually promiscuous young white women. One or more illegitimate children confirmed these women's "feble-mindedness," meaning that women who had illegitimate children were viewed as morally reprehensible and responsible for their poverty as they could not exercise sound judgment to advance their lot. Their poverty, in a vicious circle, made them susceptible to the recommendations of the Eugenics Board. Young poor white women without children but whom the state believed were of "low moral character" were sterilized in the hopes of protecting them from

³⁶ Woodside, *Sterilization in North Carolina; a sociological and psychological study*: 7.

³⁷ *Ibid.*, 8.

³⁸ *Ibid.*, 9.

³⁹ *Ibid.*, 11-12.

pregnancy because their “feeble-mindedness” made them unable to resist the sexual advances of men. Any sexual activity found in poor young white women represented a failure to subscribe to the puritanical ideals of southern womanhood; promiscuity within the Eugenics Board became a diagnosis of “feeble-minded.” In eugenic sterilization recommendation forms, women’s moral weakness was re-inscribed as related to mental illness. In one eugenic sterilization recommendation report, the description reads: “she has been in court several times for her sexual promiscuity and has also been guilty of maltreatment and abandonment of her children.” The corresponding diagnosis was “epilepsy with frequent convulsions.”⁴⁰ North Carolina’s Eugenics Board used the power of scientific translation of the moral to medical illness to sterilize young white women at will.

It is important to consider the origins of “promiscuity” especially in the South as directly related to the status of black women rather than that of white women. As I explored earlier, white women’s morality has been imagined against the backdrop of black women’s perceived immorality. North Carolina’s eugenic sterilization practices on white women were indicative of the fear that poor, promiscuous white women would create a progeny of criminals or worse yet they might miscegenate threatening the morality of the white race and degrading it. This was an inversion of the control of black women’s “promiscuity” during slavery to produce more slaves rather than the state’s control of white women’s “promiscuity” was to prevent an unwanted population.

⁴⁰ Ibid., 16-17.

Sterilization was presented on two fronts, as limiting the number of the feeble-minded progeny and as a subtle yet directed attack on the increasing sexuality of young white women. Lingering beneath the surface of a growing concern with young southern white women was the ever-present race relations.⁴¹ One reason southern white women's promiscuity was so pressing to the Eugenics Board was the fear of miscegenation. White women became feeble-minded upon their attraction to men of other races.⁴² Johanna Schoen observes "Social workers and Eugenics Board members interpreted interracial sexual activities as an indication of patients' inability to distinguish between races, which they read as a clear indication of mental disease or deficiency."⁴³ Sterilization of feeble-minded white women was a matter of upholding both the mental and physical purity of the white race. The concerns were directly racial.

For North Carolina and throughout the South, the implementation of controlled reproduction through eugenic sterilization was a familiar concept as only seventy years prior had the regulation of reproduction during slavery been commonplace. Scholars believe this is why southern states readily adopted eugenic sterilization more so and for a longer period of time than northern states.⁴⁴ For eugenic sterilization, like slavery, was primarily concerned with economics. The reproduction of unfit peoples was considered unnecessarily expensive for state in terms of institutions and public assistance much like the imagined worthlessness of

⁴¹ Susan K. Cahn, *Sexual reckonings : Southern girls in a troubling age* (Cambridge, Mass.: Harvard University Press, 2007). 164.

⁴² Schoen, "Between choice and coercion: Women and the politics of sterilization in North Carolina, 1929-1975," 95.

⁴³ Ibid.

⁴⁴ Cahn, *Sexual reckonings : Southern girls in a troubling age*: 162.

infertile female slaves. In this cost/benefit analysis, sterilization insured the elimination of the unwanted poor and institutionalized who were considered an economic burden.

From 1933 to the end of World War II, members of the Eugenics Board were ironically relatively uninterested in degeneracy found in African American communities. Jim Crow segregation laws made African American communities invisible. Within the culture of segregation, there were no forms of public assistance offered to black communities. Black communities were imagined as existing as completely separate entities. The presence of “illegitimacy” and “feeblemindedness” within the black community had no obvious direct effect on neighboring white communities except where miscegenation was a threat. Susan Cahn writes, “Moreover, “illegitimate”(black) offspring posed little problem to local authorities as long as black communities absorbed these children into their kin networks. They cost the state nothing.”⁴⁵ Segregation in North Carolina effectively barred black communities from the pervasive gaze of Eugenics Board.

Race becomes central

After World War II many states became aware of the similarities between American eugenic practices and those employed in Nazi Germany. In the North, after World War II, eugenic sterilization practices quickly fell out of favor.⁴⁶ American scientists were quick to criticize eugenics as bad science fueled by racist ideology. Consequently, many states disbanded their eugenic sterilization programs. Scientific

⁴⁵ Ibid., 165.

⁴⁶ Ibid., 162.

criticism, though, did little to dissuade the South from continuing to pursue eugenic sterilization. Many states in the South, North Carolina included, continued, with eugenic sterilization programs well past the postwar period, during which time the demographics of eugenic sterilization recipients silently changed to reflect racial and class biases towards black women. For the South, the end of the World War II coordinated with new deal laws requiring that state public assistance become available to all state residents regardless of race.⁴⁷ This meant African Americans were eligible to receive welfare and specifically Aid to Dependent Children. Quite suddenly, “illegitimacy” and “feeblemindedness” in the African American community was at forefront of the Eugenics Board’s concerns.

In the southern post-World War II economy, the number of white people receiving public assistance in North Carolina decreased as more and more jobs became available in the industrial sector.⁴⁸ Unfortunately, because of race, black families were barred from attaining jobs in the industrial sector. As the South became more industrial, black families who had previously relied on agricultural work as farm hands became jobless and in desperate need of public assistance.⁴⁹ Conservative white middle-class southerners were appalled at the alarming rate at which non-white people required public assistance. Conflated with the increasing post-war civil rights efforts such as the development of Southern NAACP chapters, boycotts and general racial unrest, the before ignored black communities became uncomfortably visible in eyes of North Carolinian white Americans.

⁴⁷ Ibid., 179-80.

⁴⁸ Ibid., 179-80.

⁴⁹ Ibid.

By the 1950s the Eugenics Board of North Carolina was focused almost entirely on the status of unwed black mothers. Poor, white women no longer posed as much as an economic or social threat as poor, black mothers who were imagined as stealing state assistance. As one member of the Human Betterment league commented, “In North Carolina the prevalence of illegitimacy among the lower-class Negro population creates a particular difficulty for social agencies, since the majority of these unmarried mothers ... have no means of support except through public assistance.”⁵⁰ Moya Woodside, an English sociologist conducting an in depth case study of North Carolina’s eugenic sterilization program in 1950 for the state, observed that one of the central issues faced by the Eugenics Board was the illegitimacy found in the African American population.⁵¹

Within her study on sterilization in North Carolina, Woodside goes to great lengths to demonstrate the ways in which black women differed in their approach to reproduction than white women. The racialized differences between white and black women were clearly demonstrated in one part of the study where Woodside interviewed black and white women on their ability to receive sexual pleasure.⁵² She makes no mention to why sexual pleasure is included in a sociological study of eugenic sterilization; rather the results are offered as evidence of black women’s greater comfort with sex.⁵³ Woodside claimed black women on average felt more sexual pleasure suggesting that in some way they were more in touch with the carnality of the body and the implication, more likely to be promiscuous. The subtext

⁵⁰ Woodside, *Sterilization in North Carolina; a sociological and psychological study*: 157.

⁵¹ *Ibid.*, 98-99,157.

⁵² *Ibid.*, 135.

⁵³ *Ibid.*, 138.

of the interviews went in part to convey how different black women were in regards to the preconceived sexual propriety of white women.

Woodside is not the first to suggest that black women are more sexually open and consequently their bodies more sexually available than white women's. Her rhetoric mirrors that of scientists and physicians through the 18th and 19th centuries who described black women's innate animalism. One 19th century physician observed the status of black women as: "Negresses. . . breed much, and are very lascivious as well."⁵⁴ The same qualities that made black women ideal slaves, inversely made them ideal subjects of eugenic control. The racist rhetoric in both moments remains and is the same; what changes over time are the motives behind negative constructions of black women. Woodside's use of "black women's perceived sexuality" is brought forth to further implicate black women as pathological to address the larger concerns of state welfare. She doesn't need to explain why black women's sexual pleasure is relevant to eugenic sterilization because the sexuality of black women was already the main concern and is already assumed to be pathological by everybody on the Eugenics Board.

Woodside also provided failed case studies of black women unsuccessfully recommended to the Eugenics Board, where she marks in detail what precisely went wrong in each case. In one case study of a black woman who refused sterilization on multiple accounts, social workers wrote: "Ada is dull, stupid and listless . . . In the matter of her illegitimate children, she seems to accept this fact as quite all right and

⁵⁴ J. J. Virey, J. H. Guenebault, and Samuel Thomas von Soemmerring, *Natural history of the negro race* (Charleston, S.C.: D. J. Dowling, 1837). 6.

does not show any interest in attempting to get help from their father, nor does she seem to have any desire to get married.”⁵⁵ Social workers were less concerned with her possible mental condition as they were troubled by the fact that after having illegitimate children Ada would not seek the help of a partner or marriage. Her lack of desire to follow the social expectations of motherhood made her a natural candidate for sterilization. Woodside described the shift of the Eugenics Board’s focus from inherited traits to social environments in seemingly progressivist rhetoric as such: “In practice, sterilization is most vigorously supported by those who see its immediate social and economic advantages; and more abstract considerations of Mendelian inheritance are rarely the moving force.”⁵⁶ The sterilization recommendations given to black women with illegitimate children were believed to provide *immediate* relief to the state by preventing no longer a child with a possible mental defect, but simply another black child from being born. Under the direction of the Eugenics Board, any and all black women were imagined as threatening the “social environment” on just an account of their race alone.

Illegitimacy was seen as the natural status of African American women and an impediment to the Eugenics Board. Black families that did not fall within the nuclear family could not be controlled reproductively in the same ways.⁵⁸ White southerners’ inherent moral values encouraged them into respectability; black women fell outside of these politics making their reproduction irresponsible and uninformed. Woodside reflects that “there seems to be no way of bringing these people under any sort of

⁵⁵ Woodside, *Sterilization in North Carolina; a sociological and psychological study*: 205.

⁵⁶ *Ibid.*, 25.

⁵⁸ See H.J. Spillers, "Mama's baby, Papa's maybe: An American grammar book," *diacritics* 17, no. 2 (1987).

eugenic control.”⁵⁹ Like the failed case of Ada, the black woman who simply refused to marry the father of her children and evaded social workers attempts to sterilize her.

The possibility that black women would be capable of self-regulation was inconceivable to white social workers, superintendents, and black male physicians. Even one African American male gynecologist wrote, “Negro women don’t even plan to use birth control.”⁶⁰ A black hospital superintendent made a similar comment reported by Woodside “Birth control is too difficult for these ignorant mothers.”⁶¹ In this way, black women were both blamed and innately responsible for their excessive childbearing. Woodside writes, “As will have been apparent throughout this study, it was the impression of the observer that these Negro women had a more natural acceptance of sex and its reproductive consequences.”⁶² Within this statement Woodside naturalized both the over-sexuality of black women and the state’s response by enforcing eugenic sterilization practices.

In actuality, the argument of eugenic sterilization of black women only becomes cognizant when imagined as a continuum of racist and sexist practices employed towards black women specifically. Within the language of eugenic sterilization, black women were not being “protected” from the cost of raising another children; rather the state employed eugenic sterilization for its own sake. North Carolina was interested in the racialized control of black women during the 1950s and 1960s, a period during which black women were increasingly gaining more political freedom as the civil rights movement was gaining in momentum.

⁵⁹ Woodside, *Sterilization in North Carolina; a sociological and psychological study*: 47.

⁶⁰ *Ibid.*, 106.

⁶¹ *Ibid.*, 105.

⁶² *Ibid.*, 138.

From 1958 to 1960, black women made up only 30 percent of the population but 59 percent of eugenic sterilizations.⁶³ By this same period, eugenic sterilization efforts were almost completely phased out for white women as other forms of contraception became widely available for married couples. Conversely, it was near impossible for middle class white women in the later part of the 20th century to secure surgical sterilization. I mentioned earlier many hospitals enacted a 120 parity rule, meaning only once a woman's age multiplied by the number of children she had reached 120 could she be eligible for surgical sterilization.

Racialized Access to Birth Control

While white women's access to sterilization was limited, family planning clinics were becoming readily available for married white women. With the advent of the pill and intrauterine device in 1960, even more opportunities for contraception became available to married white women. The rise in sterilization of black women is especially significant considered against the backdrop of the availability of less invasive birth control methods. Why were black women not being offered other forms of birth control? The answer is twofold; while birth control was available, it was most often only prescribed to married women, more telling is that poor black women were not trusted with being able to take birth control reliably.

Sterilization, a hard reproductive technology, was more readily suggested for black women in part because black women were imagined as incapable of controlling their reproductive lives. The myth of the black welfare recipient fed into racist

⁶³ Schoen, "Between choice and coercion: Women and the politics of sterilization in North Carolina, 1929-1975," 108-09.

constructions of negative black reproduction that influenced the type of treatment black women were most likely to receive. Eugenics in conversation with racism provided a framework where any and all black mothers obtaining aid for dependent children were somehow “stealing” public assistance. Far from being contained to the eugenic sterilization board, sterilizing poor women was a part of medical narratives of the era in general. Physicians, during the period, both in and out of South had negative opinions of black women on welfare. One chief of surgery at a northeastern hospital stated “a girl with lots of kids, on welfare, and not intelligent enough to use birth control is better off being sterilized.”⁶⁴ Physicians such Dr Pierce, whom I will discuss in more depth further along, were willing to violate their patients for the greater good of “fertility control.” Poor black mothers were imagined as having illegitimate children for the exclusive purpose of receiving welfare. By 1964 to 1966, black women made up 64 percent of all eugenics sterilizations in North Carolina.⁶⁵ Even as other reproductive technologies were increasingly becoming more available, black women were limited to hard reproductive technologies that could be forcibly applied to their bodies.

The Culture of Sterilization

Most horrifying is that sterilization of black women in the South was not limited to eugenic sterilization programs but rather was something that could happen to *any* black women going to receive medical treatment by *any* doctor. Throughout the late 1950s and through the 1960s all over the South, black women reported going

⁶⁴ Roberts, *Killing the black body : race, reproduction, and the meaning of liberty*: 92.

⁶⁵ Schoen, "Between choice and coercion: Women and the politics of sterilization in North Carolina, 1929-1975," 108.

to hospitals to receive appendectomies or other minor abdominal surgeries and returning to their homes only later to find out they had been sterilized.⁶⁷ Among southern black communities, these events became referred to as “Mississippi appendectomies.”⁶⁸ Physicians routinely sterilized black women while reporting that these women had requested sterilization for therapeutic reasons. These sterilizations went unreported by eugenic boards and the women who underwent them had no way to express the violence that had been committed against their bodies. Fannie Lou Hammer, a survivor of a Mississippi appendectomy and outspoken civil rights leader wrote about the impossibility of fighting back “Getting a white lawyer to go against a white doctor I would have been taking my hands and screwing tacks into my own casket.”⁶⁹ These women were the silenced survivors of racially inspired violence. Throughout the South, sterilization abuse became a part of medical culture. Physicians embodied racism and took matters of eugenics within their own hands in their private practices.

Much of sterilization abuse of African American women would remain haunting history, had the case of two young African American girls sterilized in Alabama, Minnie and Alice Relf, not gone public in 1973. In early 1970s this case dealing with sterilization abuse created enough public outrage to reveal instances of sterilization abuse both eugenic and non-eugenic all over the South, prompting the formal end of North Carolina’s own eugenic sterilization program in 1974.⁷⁰ I turn to the case of the Relf sisters next, as it is within their story that the politics of race and

⁶⁷ Kluchin, *Fit to be tied : sterilization and reproductive rights in America, 1950-1980*: 6.

⁶⁸ *Ibid.*

⁶⁹ *Ibid.*, 74.

⁷⁰ Schoen, "Between choice and coercion: Women and the politics of sterilization in North Carolina, 1929-1975," 130-31.

reproduction very clearly meet. So far, I have focused in detail on the specifics of how sterilization operated for the state of North Carolina. The case of the Relf sisters provides an intimate look into how negative constructions of black women's reproduction embed themselves in personal narratives, negating the possibility of "choice" and having a direct material effect on black women's lived experience.

Minnie and Alice Relf, two young African American girls aged twelve and fourteen, made national news when their sterilization procedures performed without consent under the direction of the Montgomery Community Action Agency were made public through the proceeding court case *Relf v. Weinberger*. The case revealed nearly a decade of similar instances of reproductive control of black women in Alabama.⁷¹

The Relf sisters were living with their parents, illiterate sharecroppers, at the time of their sterilization. Local family planning agents had begun visiting their home in 1971 and had made recommendations that all the Relf sisters, Katie, Minnie and Alice, began receiving state funded contraception.⁷² It was unknown whether the girls were sexually active at the time, their ages being twelve to sixteen. In the eyes of public officials being poor and black, however, immediately put the girls at risk of engaging in unprotected sexual activity. In an official report, the public agent worker noted that "boys were... hanging around" the building where all three girls lived.⁷³

⁷¹ *Relf v. Weinberger*.

⁷² Kluchin, *Fit to be tied : sterilization and reproductive rights in America, 1950-1980*: 99.

⁷³ *Ibid*.

In 1971, state officials from the family planning agency began giving Katie Relf, then fourteen years old, birth control shots of the new drug Depo-Provera.⁷⁴ At the time, Depo-Provera was not FDA approved and the injections were being administered experimentally.⁷⁵ Throughout this entire two-year period, no consent was received by either her parents or Katie Relf herself. In reproductive discourse, most often the language used to describe women's experience contains the narrative of choice. In instances of sterilization recounted by black women themselves, black women-often times young girls-have not even been offered the possibility of consent.

When planning officials believed the time came to start the two youngest Relf sisters on birth control, Minnie and Mary Alice began receiving experimental Depo-Provera shots as well. Throughout the entire two-year period that they received shots, the parents were not made aware of the experimental nature of the shots being given to their daughters. The girls themselves were unaware of why they were receiving any kind of medical treatment.

In the spring of 1973, medical researchers discovered that Depo-Provera shots caused cancer in mice.⁷⁶ The agents from the family planning committee stopped administering shots to the Relf sisters and looked for a new method of contraception to be given. Family planning officials determined that because the girls "were not

⁷⁴ Ibid.

⁷⁵ Ibid.

⁷⁶ Ibid., 100.

bright enough to take birth control pills on schedule, sterilization seemed the best alternative.”⁷⁷

Even if the Relf sisters had been sexually active, which it is widely believed they were not, sterilization was given to them because officials defaulted to the racialized, sociological rhetoric that assumed these young black girls were automatically “not bright enough” to take birth control. As young girls, sterilization was definitely neither a safe nor medically recommended procedure. On the morning of June 1, 1973, a nurse arrived at the Relfs’ home requesting Mrs. Relf consent to take her youngest daughters to receive immunization shots.⁷⁸ Mrs. Relf later recalled of the experience during the court case to a local newspaper “I put an X on a piece of paper, and she told me that they were going to give them some shots. That is what she told me.”⁷⁹ Mrs. Relf had no idea that her daughters were being sterilized; when the court later asked would she have consented if she knew about the operation she responded by saying: “I would not have let them do that.”⁸⁰ She was never even given the opportunity to fight for her daughter’s rights

In court, Mrs. Dixon, the director of the Montgomery Community Action Agency’s family planning project, contended that Mrs. Relf was made explicitly aware of the operation. The lawyers for the Relfs’ defense insisted that Mrs. Relf could not understand what had happened because she did not know what “sterilization” meant for the life and future of her daughters. Informed consent was

⁷⁷ B. Drummond Jr Y. Jul Ayres, "Exploring Motives And Methods," *New York Times* (1923-Current file) 1973.

⁷⁸ Kluchin, *Fit to be tied : sterilization and reproductive rights in America, 1950-1980*: 100.

⁷⁹ *Ibid.*

⁸⁰ *Ibid.*

not even possible in the case as Mrs. Relf who was illiterate, had no idea what sterilization was. For her the term could have been as innocuous as a routine checkup. Mrs. Dixon reported that “there was no doubt in my mind that they knew what that meant. We explain everything and don’t use words that people cant understand.”⁸¹ Mr. Relf maintained the opposite that “Nobody understood. Nobody understood ... but they just took them away instead and then taken the life right out of them. Nobody understood.”⁸²

A month after the sterilization procedure, the Relf family with the help of the southern law poverty center filed a lawsuit against Montgomery Community Action Agency.⁸³ Over the course of the lawsuit, it became apparent that Minnie and Mary Alice were not the only girls sterilized under the Montgomery Community Action Agency. In 1973, alone, eleven women were sterilized, ten were black and five were between the ages of 12 and 17.⁸⁴ In an interview with the New York Times, reporters covered a conversation between one of the Relf lawyers and then twelve-year Minnie Relf. He asked her how many children she planned to have, to which she responded “one, a little girl.” She had no idea the permanent nature of her sterilization.⁸⁵

The publicity surrounding the Relf sisters incited widespread horror and outrage concerning the politics of race, and reproduction post civil rights. Reporters from all over the country questioned how such radical measures could be taken against the perceived sexual activities of such young girls.

⁸¹ Ibid.

⁸² Ayres, "Exploring Motives And Methods."

⁸³ Roberts, *Killing the black body : race, reproduction, and the meaning of liberty*: 93.

⁸⁴ Kluchin, *Fit to be tied : sterilization and reproductive rights in America, 1950-1980*: 101.

⁸⁵ Ayres, "Exploring Motives And Methods."

Sterilization: Newest



Looking deceptively harmless, Montgomery Family Planning Clinic (above) has nevertheless authorized numerous sterilizations of black minors such as Relf sisters (right), Mary Alice (l.), 14, and Minnie Lee, 12. Below is Joseph Levin, attorney for Relf family.



Minnie and Mary Alice photographed next to the Montgomery Community Action Agency for Ebony Magazine October 1973

Public welfare officials drew the connection between young black girls and uncontrollable sexuality immediately. The mere belief that “boys were hanging around” gave officials incentive to begin providing birth control. Access by public officials to the Relf home was a byproduct of their poverty and the public assistance mandate. The Relf family, poor and black, living in 25 dollar a month public housing with six children on a 156 a month welfare check, was the immediate concern of the public welfare officials.⁸⁶ In the eyes of public officials, the Relf sisters were destined to become unwed mothers “stealing” welfare because of their upbringing. Born into poverty, the Relf sisters would repeat the patterns of their parents. Their reproduction

⁸⁶Ibid.

became the direct interest of their case workers who believed it was only a matter of time before they became pregnant. The only way the eldest daughter Katie was spared a sterilization procedure was that she was hiding in the closet when welfare officials came to take her sisters away. The racial attitudes are seen throughout this case, first from the unfair and racialized context the girls are given- rather *forced* to take contraception to the way Mrs. Relf was given no reason why her daughters received medical care. The sterilization of the Relf sisters demonstrate how ingrained the negative rhetoric of black reproduction was in the southern welfare state apparatus so much so that young innocent girls became targets of sterilization abuse at the mere possibility of pregnancy. The Relf sisters' reproductive capacities were effectively stolen from them against their will.

Walker v. Pierce

Sterilization abuse did not always happen in state sanctioned programs, physicians embodied eugenic ideals within their own private practices. The details of *Relf v. Weinberger* are chilling when consider in lieu of another court case, *Walker vs. Pierce*, that took place four years later in 1977 concerning coercive sterilization practices of women on welfare. Dr. Clovis Pierce was a county obstetrician and gynecologist practicing in South Carolina, where he implemented a policy where upon any welfare patient black or white of his, upon their third pregnancy would be subject to a tubal ligation. In court Dr. Pierce described his policy as such:

My policy was with people who were unable to financially support themselves, whether they be on Medicaid or just unable to pay their own bills, if they were having a third child, to request they voluntarily submit to sterilization following the delivery of the

third child. If they did not wish this as a condition for my care, then I requested that they seek another physician other than myself.⁸⁷

While Dr. Pierce claimed his policy did not discriminate against race, his patient base was mostly poor African American women. Over the course of one year, Dr. Pierce sterilized sixteen black women on welfare.⁸⁸ The one white woman he offered sterilization to during that same period was able to switch physicians easily.⁸⁹ Medical payments to Dr. Pierce for his tubal ligations totaled \$60,000.⁹⁰ Most of his black women patients reported having no choice in finding an alternative physician, therefore unwillingly submitting to sterilization in order to receive medical care from Dr. Pierce. One woman, Maritta Williams, reported that Dr. Pierce threatened to take her to court if she did not sign consent forms during one of her visits.⁹¹ One plaintiff, Virgil Walker, described her interaction with Dr. Pierce when she refused to consent to sterilization procedure:

He came in and he hadn't examined me or anything. I was laying on the table. And, he said, "Listen here young lady." He said, "This is my tax money paying for something like this." He said, "I am tired of people going around here having babies and my tax money paying for it." He said, "So, if you don't want this done, you go and find yourself another doctor."⁹²

Ms. Walker's pregnancy was described by Dr. Pierce in the same cost/benefit economics terms that have marked black women's relationship to reproduction since slavery. Often "finding another doctor" wasn't an option for poor pregnant black women on state dependent aid. Upon the third time Mrs. Walker refused to consent to

⁸⁷ *Walker v. Pierce*

⁸⁸ Roberts, *Killing the black body : race, reproduction, and the meaning of liberty*: 92.

⁸⁹ Jack Slater, "Sterilization: Newest Threat to the Poor," *Ebony*, Oct 1973, 150-56.

⁹⁰ Roberts, *Killing the black body : race, reproduction, and the meaning of liberty*: 92.

⁹¹ *Ibid.*

⁹² *Walker v. Pierce*

sterilization upon the birth of her third child, Dr. Pierce “threatened to have her State assistance terminated unless she cooperated.”⁹³ When Mrs. Walker called a new doctor only to find out that he was not taking any new patients, she had no option but continue seeing Dr. Pierce as he was the only county obstetrician. Mrs. Brown, the second plaintiff in the case, also refused to consent to sterilization at her delivery. When Dr. Pierce became aware that Mrs. Brown had recently qualified for Medicaid, he asked a nurse to acquire her consent for sterilization after her delivery and when she refused, he discharged her immediately from the hospital.

In the court proceeding *Walker v. Pierce*, the court found that “The proof was not adequate to establish discrimination, racial or otherwise, conspiracy, or recklessness or want of good faith.”⁹⁴ The relationship between Dr. Pierce and his patients was considered by the court as private moreover the court found that his patients were made aware of his policy, therefore given the opportunity to seek another physician. Dr. Pierce’s actions, coercing patients to consent to medically unnecessary surgical procedures was not found to be violating his patient’s right to care. The court found that Dr. Pierce telling his patients that he would take them to court or reduce their public assistance was merely “suggestive.” They write “At no time is he shown to have forced his view upon any mother.”⁹⁵ The racialized element of Dr. Pierce’s sterilization practices was ignored in face of the court. The patients in the case were offered five dollars in nominal damages.

Within the context of the power relationship between a white male physician and a poor black woman, it difficult not to imagine a certain level of coercion on the

⁹³ Ibid.

⁹⁴ Ibid.

⁹⁵ Ibid.

behalf of Dr. Pierce. Ironically, Dr. Pierce had the most to gain from performing the procedure his economic interests were twofold, one to receive Medicaid payments from the state for performing a sterilization procedure and reducing “his taxes” by eliminating the possibility of future welfare recipients.

Culture of Sterilization Remains

What these two cases, the *Relf v. Weinberger* and *Walker v. Pierce*, represent are the ways in which black women have been punished for their reproduction. So ingrained in the eyes of the medical apparatus is that the bodies of black women are undeserving of the rights to privacy and self-determination. In each case, *Relf v. Weinberger* and *Walker v. Pierce*, the pregnancies or possibility of pregnancy in black women were conceived as economic burdens that sanctioned medical professionals to commit acts of violence. This treatment of black women’s reproduction is a direct inversion to their reproductive capacity proffered during slavery. Such treatment of black women was justified by the welfare economy. White women on welfare have not been imagined as having the same direct ties to the state. Poverty and illegitimate children in the white community has been perceived as individual and familial problem instead of a sociological epidemic. As Rickie Solinger observes in *Wake Up Little Susie: Single Pregnancy and Race Before Roe v. Wade* “Black women, illegitimately pregnant, were not shamed but simply blamed. There was no redemption possible for these women only the retribution of

sterilization, harassment by welfare officials, and public policies that threatened to starve them.”⁹⁶

A culture of sterilization remains. Black women are still being unfairly penalized for their reproduction. In 2001, Mrs. Glenda Robinson, a black woman, filed a malpractice suit against Dr. Cutchin for performing a bilateral tubal ligation without her informed consent.⁹⁷

In 1997, Mrs. Robinson was pregnant with her sixth child. She had planned to have a vaginal birth, but as her labor was not progressing quickly enough her obstetrician, Dr. Cutchin, planned an emergency caesarean section. During this operation, Dr. Cutchin also performed a bilateral tubal ligation. Mrs. Robinson did not become aware that the procedure had been performed until *21 months* after the birth of her child.⁹⁸ She learned of it after requesting hospital records. She asked for these records because she had been experiencing infertility problems.

Dr. Cutchin maintained that although he did not receive signed consent, he was aware that the patient had spoken of the possibility of interest in a tubal ligation.⁹⁹ Mrs. Robinson brought forth two counts of emotional distress of not being able to have a seventh child and battery that her doctor had performed an unwanted surgical procedure.¹⁰⁰ Thirty years after *Walker v. Pierce*, once again the judicial system maintained that sterilization by way of a tubal ligation was reasonable under the circumstances. Mrs. Robinson could not prove to the courts that she suffered

⁹⁶ Rickie Solinger, *Wake up little Susie*, 2nd Routledge pbk. ed. (New York: Routledge, 2000). 25.

⁹⁷ *Robinson v. Cutchin*, (2001).

⁹⁸ *Ibid.*

⁹⁹ *Ibid.*

¹⁰⁰ *Ibid.*

“severe emotional distress” and “mental anguish” over her coercive sterilization.¹⁰¹ In order to show that she had been severely affected by her sterilization, she had to indicate that she had sought out some kind of psychological treatment. They wrote:

“Moreover, what occurred here did not offend Mrs. Robinson's reasonable sense of personal dignity. Id. She may, as claimed, have sustained emotional injury, and that claim will be presented to the jury in this case by way of her own testimony. However, the fact that she was not able to have a seventh child after previously giving birth to six children is hardly something which would offend her reasonable sense of personal dignity.”¹⁰²

Instead of relating to her testimony of her emotional distress, the courts focused on the amount of children she already had-unfairly linking it to how her tubal ligation should have affected her. The surgical tubal ligation, itself, was referred to by the courts as “extensive touching” that did not qualify as battery.¹⁰³ They wrote “Although Mrs. Robinson consented to the initial touching by the doctor, the fact that the touching was more extensive than agreed upon does not amount to a battery in a case where the critical issue is whether or not there was informed consent.”¹⁰⁴

Once again the experience of a black woman was devalued. Mrs. Robinson’s right to her body and to choose how many children she would have was disregarded in the eyes of the court. It is precisely because the language surrounding reproductive harm continually omits black women that their traumas go undocumented.

The framework of reproductive “choice” continually erases the experience of black women. From slavery where black women were the originators of involuntary

¹⁰¹ Ibid.

¹⁰² Ibid.

¹⁰³ Ibid.

¹⁰⁴ Ibid.

motherhood to eugenic sterilization in North Carolina where black women, only three family members away from slavery in generational time, were subject to reproductive control insuring that they could not reproduce, “choice” has been a very poor context to explain black women’s experiences with reproduction. The similarities between the rhetoric of black reproduction during slavery and within the South’s culture of sterilization abuse are chilling. In dominant narratives of reproduction sterilization abuse is located with a specific timeframe as contained in the second half of the 20th century, *Robinson v. Cutchin* makes very clear that negative conception of black reproduction continues well into the 21st century.

Slavery too is imagined at a distance—a faraway but historically relevant moment worthy of study at least in case of African American History. Slavery is much closer than previously imagined, haunting the rhetoric of reproduction but also the lives of children and grandchildren and great-grand children of slaves.¹⁰⁵ I will continue to demonstrate in the final chapter, how slavery haunts, in the most unexpected ways. Historically induced epistemological distance obscures, the way in which the rhetoric of negative reproduction has been employed on the bodies of black women throughout the 19th and 20th century. After revealing the history of eugenic sterilization in North Carolina furthermore the culture of sterilization abuse and making race a useful category of analysis, I now turn to the lived experiences and personal narratives of black women survivors of North Carolina’s eugenic sterilization program.

¹⁰⁵ I thank Professor Gillian Goslinga for pointing out this genealogical way of reading historical time.

Chapter 2:

Reclaiming Worth: The Voices of Black Sterilized Women

*Politics do not stand in polar opposition to our lives.
Whether we desire it or not, they permeate
our existence, insinuating themselves
into the most private spaces of our lives.*
-Angela Davis,
*The Black Woman's Health Book*¹⁰⁶

The voices of black sterilized women are often not heard in reproductive discourse. I begin this chapter with the lived experience of sterilization as publicly narrated by survivors of North Carolina's eugenic sterilization program. I am interested in complicating voice and the narratives of black women in the realm of reproduction, imagining black women's interactions with reproductive technologies as specific encounters between bodies and state power. As Sandra Harding reminds us in *The "Racial" Economy of Science*, race is socially constructed yet also "lived in," it is manufactured yet also "material."¹⁰⁷ I posit that both race and gender are "material" and must be considered central in both the history of eugenic sterilization and the lived experiences of survivors.

In order to locate sterilized black women telling their stories, I studied a two-hour video recording of the first public hearing for survivors of North Carolina's Eugenic sterilization program that took place on June 22, 2011.¹⁰⁸ From this video, I have drawn on the spoken testimony of five African American women who were

¹⁰⁶ Evelyn C. White, *The Black women's health book : speaking for ourselves*, New, expanded ed. (Seattle, Wash.: Seal, 1994). 18.

¹⁰⁷ Sandra G. Harding, *The "Racial" economy of science : toward a democratic future*, Race, gender, and science (Bloomington: Indiana University Press, 1993). 9.

¹⁰⁸ All narration found within this chapter has been taken from a video recording of North Carolina's Public Hearing for Eugenic Sterilization Victims found at <http://www.wral.com/news/video/9755940/#/vid9755940>

sterilized from the period of 1948 until 1972. I consider their testimonies in context of current reproductive and racial politics of North Carolina as this public hearing was conducted to begin determining state-issued compensation for sterilization survivors.

Thus far the public stories of sterilized black women have been limited to third-person accounts told through legal cases and eugenic sterilization reports. Black feminists have previously employed these third-person narratives as rallying points for activism and raising awareness about coercive sterilization practices.¹⁰⁹ What has always gone missing in these third-person accounts are the voices of sterilized black women themselves. Much too often the absence of individual voices, black women's voices, mean that the complex realities of lived history are denied. Third-person stories are used to locate, quantify, and contextualize reproductive injustice. Mapping the reproductive experiences of white and black women becomes a matter of oppression olympics, to demonstrate the greater injustices of the experiences of black women. These victim narratives further theorize and politicize the bodies of the very marginalized black women whom feminists wish to liberate.

White feminists claim that they cannot tell the stories of women of color fully because of their race and often class privileges that distance themselves and their writing from black women who are imagined as "cultural others."¹¹⁰ Black feminists operate in the opposite way, making no distinction between their personal stories and the stories of the women of color they are representing. In this way, the voices of marginalized black women are not collected for their sake alone on their own textured ground. In black feminists' retelling of black women's experience with reproductive

¹⁰⁹see Davis, *Women, race & class*; Roberts, *Killing the black body : race, reproduction, and the meaning of liberty*.

¹¹⁰see R.M. Kluchin, "Locating the Voices of the Sterilized," *The Public Historian* (2007).

technologies, what I will call the texture of personal narrative is often lost. What complexities must be left out in both black and white feminists' retellings of black women's encounters with reproductive technologies? In this chapter, I will center on the voices, the spoken testimonies of sterilized black women whose narratives are not reducible to the binaries of survivor or victim. The third-party stories so often told about black women mark their experiences with racism, sexism, and classism as the very essence of their existence. In other words, we forget that these women too have agency as well as other investments, needs, and desires. As Angela Davis claims in the epigram of this chapter and Sandra Harding in *The Racial Economy of Science*, racism is not always recognized directly and it embeds itself into one's lived-everyday experiences. I call for a dramatic revision of the dualistic trap where black women are imagined as foraging through racism and sexism as shells of a person. Instead I propose we begin the process of reconstructing black women's experiences with reproductive technologies through personal narrative.

Personal narrative is a contested medium. Often times, the narratives of marginalized women are overlooked for more formal, objective accounts of a historical event, where credibility and truth are accepted without question. We are accustomed to the translation of personal narrative into larger themes where the voice of the survivor, herself, is always imagined as partial and then in some ways lacking. However, personal narrative is imbued with a different kind of truth, subjective truth but nonetheless important truth. The statistics and formal histories of eugenic sterilization in North Carolina say nothing of the women who experienced it first hand. The stories black women sterilization survivors tell about others and themselves

are always intertwined with how they understand what has happened to them. They add unparalleled dimension to the official and public discourses surrounding reproductive technologies. I posit that African American women's narratives surrounding reproduction are necessarily important, as the ways in which their bodies have been conceived by American society have been radically different. For example, we have seen how black women's bodies during slavery were reduced to economic commodities, a physicality apparently unable to feel pain or speak for themselves. Consequently writing about black women's experiences with reproductive technologies requires new language that encompasses the multiplicative effects of race, class, and sex.

Black sterilized women's experiences, in particular call into question how we envision reproductive choice. I am especially conscious of the discourse of reproductive choice as providing a narrow understanding of the nature of eugenic sterilization. In terms of choice, most of these women or their mothers or their grandmothers signed consent forms authorizing their sterilizations. What was and still is important are the conditions under which these women gave consent for sterilization. These conditions can only be understood by the particularities of black women's relationship to the state that necessarily altered their interactions with sterilization. Their stories add texture to reproductive choice discourse addressing what happens to women in situations where reproductive choice is secondary if not inapplicable. These women and the generations of women before them have never been offered the privilege of choice in determining their reproductive livelihood. Black women's reproductive choice was imagined in direct opposition to the greater

eugenic interests of the state resulting in sterilization policies directed toward them. In these spaces where black women's interactions with reproductive technologies are marked by deceit and confusion, there is a need for a re-contextualizing of how to envision "reproductive choice" through critical engagement with lived narratives.

Politics of Representation

To date, North Carolina is the only state that has acknowledged its egregious history of eugenic sterilization and has begun the complex process of determining reparations, the first of these being a public hearing for eugenic sterilization survivors that took place June 22, 2011.¹¹¹ The State of North Carolina commissioned a special task force to collect survivors' stories and determine the exact amount of monetary compensation. The issue of financial reparation is complicated. For one the state has identified at least fifteen hundred to two thousand living survivors and monetary reparations would require a significant amount of capital.¹¹² Black women survivors too are wary of the meaning attached to monetary compensation, as the violence they experienced is not reducible to money alone. Many survivors have spent years battling physical and psychological health problems attributed to their sterilization abuse.

At the forefront of the public hearing, survivors needed to speak clearly and with conviction in order to convey what had happened to their lives as a result of eugenic sterilization. For these women, the stakes were high, as it was the first time the state and a broader public formally recognized their suffering. These women's stories must be understood as both a bearing witness to North Carolina's history of

¹¹¹ "The Governor's Task Force to Determine the Method of Compensation for Victims of North Carolina's Eugenic Board," ed. North Carolina Sterilization Task Force (North Carolina 2012).

¹¹² Ibid.

eugenic sterilization and as a means for gaining *political power*. Their voices are reflective of the truth of their personal experiences while simultaneously making claims to further assert their need for financial and moral compensation. Monetary compensation is difficult in that most women need the financial help-they are poor-but to fully acknowledge the power of money is to once again be subjected as being seen as poor women of color with all the stereotyping this entails. This is a difficult catch 22 to navigate.

It is also important to remember that the history of sterilization abuse begins and ends with economics. It was over forty years ago that these women were sterilized precisely because North Carolina's Eugenics Board found them to be poor and African American, determining that their progeny would become an economic drain on the state and therefore worthless. In the present, their economic status is once again being used to determine the amount of money they will receive in reparations. The question of compensation is also one of a continuation of cycles of poverty in North Carolina's African American community. For these women to accept reparations involves a re-acknowledgment of their lower economic status in the eyes of the state, the very condition that justified the state's petitions for their sterilizations. A monetary value is being placed on their very corporeal experience on both ends. While these women, acknowledge that they deserve something; they seriously doubt the ability of money to make amends for a lifetime of lost opportunity as a result of their infertility.

During the public hearing, the North Carolina Sterilization task force both listened to the survivors' stories while translating them into capital. In the space of

the public hearing, suffering became quantifiable. For the women, they hoped the state provide monetary help while acknowledging that no amount of money can effectively make up for what happened to them.

The onus to prove the severity of North Carolina's eugenic sterilization program was placed on the victims of sterilization abuse. During the public hearing, each victim took turns speaking at a podium directed at North Carolina's Sterilization Task Force. The power dynamics were clear: the survivors were testifying their stories to those granted the power to decide how much their suffering deserves. The people listening were the North Carolina Sterilization Task Force composed of a physician, retired judge, lawyer, historian, and journalist. Every expert on the task force presented a means for the state to analyze the truth telling of the eugenic sterilization survivors. The lawyer was present to ensure that their testimonies were legally correct, the physician to assess the medical basis for their pain, and the historian to determine the historical accuracy of their narratives. In this context, their stories were used as leverage; they were not speaking just as individuals but also to prove their worth- their truth to the state of North Carolina that had deemed them worthless decades before.

Worth was the underlying theme of the public hearing. Worth, in this context, was both the credibility of the women's testimonies and the actual monetary worth being offered by the State of North Carolina.

From the very beginning of the public hearing, victims were told to remember they were in a public place and that their stories were being recorded and broadcasted. The physician spoke quietly but the message was clear, the women were

not expected to share the entirety of their experience, rather give the audience a sense of what happened to them. It is as if North Carolina's Sterilization Task Force – unsure of how the horrors of eugenic sterilization manifest themselves in lived testimony-guided the women to only give a glimpse into their lives. The women were asked to speak their truths but to also beware of speaking too much, their testimonies were policed by the very presence of the task force.

Many gathered to witness the public hearing; in the crowd there were survivors, their families, media representatives, and those who came to bear witness. Countless more have re-watched the recording of the public hearing on television and online. A total of ten survivors were present at the public hearing to tell their stories. There were also sons and daughters speaking on behalf of their mothers. Mothers told their own stories. Listening to all of their testimonies together, one could hear that sterilization in North Carolina was not a series of isolated incidents that affected particular women but rather a widespread culture of abuse. The sterilization stories also permeate women's lives to their friends, their husbands, and their children, if they already had a child by the time the state ordered their sterilization.

Daughters talked about how sterilization changed their mothers forever, how they grew up with mothers who were in and out of state mental institutions. A son recalled watching his mother go through years and years of psychological anguish. The survivors themselves explored and recounted again and again what they had to live through. The trauma of sterilization is neither contained nor limited to individual experience, it is extensive and moves across generations.

Remembering Shame

Narratives surrounding reproductive technology are usually concerned with how individuals experience technological interventions, how women are marked by the reproductive choices they make. Black women who have been sterilized have been part of a culture of disregard—where their bodies and their experiences have been deemed meaningless. The culture of sterilization abuse made it so most women believed they had been individually that is personally targeted to receive sterilization procedures, accentuating their psychological suffering. The specificity of North Carolina’s eugenic sterilization program directed attacks on their bodies and sense of self intimately. As a result of this intimate attack on their persons, the trauma surrounding their sterilization procedures was not only about losing their fertility but also about the shame they were made to feel by social workers and doctors that came into their homes to petition for their sterilizations.

Sterilization was an intrusion into the very livelihood of their families. Social workers would convince mothers and grandmothers to sign consent forms unknowingly sterilizing their own daughters. Young daughters, like Nial Rameriz were told that if they did not consent to a sterilization procedure, the aid received by their mothers, their brothers and sisters would be taken away. Nial Rameriz wrote in a letter read aloud at the public hearing by her daughter Deborah Chesson:

I was told I that if I continued to have children the livelihood of my family would suffer greatly. I was told that if I had more children then my family would no longer receive the help of public assistance. The social worker convinced my mom to sign for me to undergo an operation that would prevent me from getting pregnant.

The social context of the sterilization was such that mothers and daughters were pitted against each other fostering in families a great sense of sacrifice and shame. Nial Ramirez recalled how after the sterilization procedure, “I no longer felt complete as a human.” She said “My spirit dies.” Her sense of self was tied to her ability to have children and live as an autonomous human being. In a sense, sterilization took that away by treating her as one would an animal that needed to be spayed. The sterilization procedure was presented to her and her mother as well as to the other women as a reversible form of birth control, an opportunity for greater autonomy. The real nature of the procedure meant that women were being, as Nial Ramirez said of her own experience, “set up to be sterilized like I was some kind of animal.” Sterilization was an interruption and an unexpected end of their reproductive lives. As Deborah Chesson, the daughter of a Nial Ramirez spoke up, “Their bodies were violated with no consent from them.” There is no connection between what happened to these women and the choices they had planned to make for their lives.

At the time of their sterilization procedures, many women were unaware that they had lost their fertility until years later, making the traumatic discovery only once they were ready to try having children again. Nial Rameriz wrote:

In 1973 I got married and my husband and I wanted desperately to have children. It was impossible because later I found out I was never to conceive. You see, I was told when I was operated on that I could have it reversed but I was lied to and butchered.

After finding out she would never have children again, Nial Rameriz’s marriage fell apart. Another woman, Mary English described coming home and having to face the reality that she had just been sterilized, she said:

That night when I got home and I told the young man that I found out I was sterilized. Well when he pulled up, I had a two and a half, three carat diamond and I was engaged and when he left I had no ring and I was single again.

These women have lost husbands and fiancés because of their unplanned infertility and for the most part, they have had to deal with what happened to them alone, in the privacy of their shame.

Trust

From 1976 to 2005, Mary English thought that she was the only woman who had undergone sterilization abuse in the state of North Carolina. She recounts that the day after she was told that the state of North Carolina was finally investigating sterilization abuse, she called state representative Larry Womble to tell him her story:

So, I called in 2005 and I told him the whole story and then you know what he told me. I was not alone. So from 1976 until 2005, I had been alone. But for the first time, being on that phone, I wasn't alone anymore. That's a feeling that nobody should have to go through.

Far from feeling relieved, upon hearing that other women had undergone sterilization abuse, Mary English only felt horror that this was something that was happening to black women all over North Carolina. To Ms. English this signified the extent to which the racist, classist, and sexualized assumptions of black women were incorporated into North Carolina's medical system. She said "Sterilization is wrong on so many levels when it was done like this. You just don't do it. We're supposed to be civilized. We're the United States for God's sake. This was so wrong."

In the years following her sterilization, Mary English lost her ability to trust. She grew up in a time when she trusted her doctors completely. Mary English's story was different from some of the other women, as she never received a petition requiring her sterilization but instead was a victim of one physician's own personal

sterilization abuse like Ms. Walker in the court case *Walker v. Pierce*. Ms. English was a young divorced mother of three when her doctor recommended a program in which she wouldn't have to worry about getting pregnant for a few years, so she went along with it. Her reliance on her physician meant that she signed the forms willingly. Mary English says: "I signed it. In other words, I was sold the Cadillac with no engine. I trusted him (her physician) completely." She remembered thinking:

I had three great kids. I wanted to raise my kids and the moment I found a wonderful young man I could come back and have this surgery undone and have more kids and have this great life.

As a young black patient of a well to do white doctor, she believed her doctor had her best interest in mind. What Mary English did not know at the time was that because she was a divorced African American woman with three children already, her physician considered her reproductive livelihood to be a liability. His choice to sterilize her was both political and personal. Political in the sense that he adhered with normative opinion of 1970's white medical culture - that an unwed black woman should not be allowed to have more children. His decision to sterilize her was personal and racially motivated violence against his own patient. Mary English described coming back to clinic:

So, couple years later (after she had been sterilized), three and a half, I got engaged. Wonderful man, loved my kids, loved me. I went back to the same clinic which by the way I had still been attending and told the doctor I was ready to have the surgery undone because I was ready to get remarried. At which point, he leans over his desk and says "what." I said I'm ready to have the surgery undone now. I'm gonna get married. And he laughed. I don't mean he chuckled. I mean he laughed.

When Ms. English explained how he had told her the operation was reversible, the doctor responded: "I don't care what you think I told you." Her value as a patient was

insignificant; his action would go unnoticed by any type of legal authorities because he had tricked her into signing sterilization consent forms under false pretenses. Furthermore, in Ms. English's testimony, her doctor remained unnamed, still not personally accountable for her sterilization as Mary English herself was publicly accountable in the hearing as a survivor. The only evidence of his abuse was contained in the voice of one black woman, a voice that would not be trusted against a white, male physician's in a courtroom or hospital. The authority of the physician left no way for Mary English to begin to articulate in a formal way how her physician had coerced her into receiving a sterilization procedure. Mary English had neither choice nor authority. She lived in an unequal field of power.

Wearing Shoes

Lela Dunston was thirteen and pregnant when social workers told her mother that she was mentally disturbed and needed to be sterilized. She said: "I don't know why she (Dunston's mother) did it. I don't know why she did it. But they did it anyway. They gave me that sterilization." She began her testimony by telling the room:

I had clothes. I had the best of clothes. I wore shoes. I wore the penny loafers. Little penny loafers. That's what I used to wear to school and the little skirts, pleated skirts and the matching tops. Blouse, sweaters, whatever, I had it.

These memories were important to her, the best parts of her childhood. The details, her focus on her outward appearance, illustrated her lived experience with classism and racism. The Eugenics Board in their petition for her sterilization said: "That she ran around with knotty head" and she responded with outrage forty years later by saying that she would get her hair "fixed every other week."

In the African American community, hair represents the materiality of lived racism. Mrs. Dunston being told she had a “knotty head” meant that she was seen as inescapably backward, poor, and unkempt. Having your “hair fixed” meant that Mrs. Dunston had a family who had enough money for getting her hair done and buying new shoes or at least a family who found the money to make sure she had those things. It also meant that she was a respectable black girl who ought not have been physically marked by her poverty. Sterilization, in her narrative, should not have happened to her precisely because “she wore shoes.” She resisted the categorization of her presupposed poverty and feeble-mindedness. The Eugenics Board misrepresented her through the racist imagery used to justify her sterilization. The material details of her life are symbolic of her own agency. She complicated the naming of her existence as pathological and meaningless. The political became personal as she emphasized again and again how she had shoes and this fact alone made her not the girl that the Eugenics Board categorized her as.

Through women’s testimonies the experience of sterilization is both humanized and materialized by way of how everyday things come to shape how black sterilized women perceive and make sense of what has happened to them. These “things,” i.e. shoes, nice clothes, and getting her hair done, represent for Lela Dunston the reasons why North Carolina’s Eugenics Board made a mistake. Her understanding of sterilization is that it was not something that neither should nor needed to happen to her. After her sterilization, she was unwillingly placed into a mental facility where she ran away. There she said they told her once again she was “capable of doing nothing.” Caught up in the politics of these women’s narratives are ways in which the

state Eugenics Board created racist misinterpretations of their lives, translating poverty into “feeble-mindedness” to petition for sterilizations. It is these types of categorizations that sterilized black women face and resist. Even though Lela Dunston wore shoes, she still was imagined by the Eugenics Board as poor, black and undeserving of any type of sovereignty.

Honoring Loss

What is consistent in every story is a sense of lost personal autonomy—not to be understood as loss of reproductive choice—these women have felt in the many years since their sterilizations. In hindsight, in 2011, the petitions for sterilization procedures are reminders of how much poverty and racism made these women and their families dependent on the state so much so that their bodies—their fertility—was sacrificed unknowingly. At the time of their sterilizations, they were denied the most basic right to inhabit their own bodies, let alone exercise choice.

Deborah Chesson, daughter of Nial Ramirez, made the poignant insight when she commented: “Had they known this was going to happen to them they wouldn’t have consented if they would have fought harder maybe.” It is the nature of deceit surrounding sterilization abuse that haunts these women’s testimonies. Their fertility was stealthily stolen before most of these women even had the chance to become legal adults. The *total* lack of reproductive choice marks their experiences with sterilization. The word choice presumes a sense of control over one’s own body. These women tell stories about their reproductive lives outside of the paradigm of choice.

During the period of rampant eugenic sterilization of black women in North Carolina, from the 1950s to 1974, choice was in fact trickery and not coercion as Rebecca Schoen writing *Choice and Coercion* imagines. As survivor Lela Dunston recalled of her consent forms for her sterilization procedure: “I didn’t sign no papers... Somebody else signed my name. That ain’t my handwriting.” Mrs. Dunston said: “At the age of thirteen they gave me (a sterilization procedure). I’m a victim of sterilization. They told my mother to have this procedure done to me.” Naomi Schenck who went to the hospital with her husband after her first miscarriage and left sterilized, said:

They never explained nothing to me or my husband. He signed the papers for them to do the local DNC.¹¹³ But they didn’t do local DNC. They didn’t do local. They cut. They went inside and cut me. So when I got dismissed from the hospital, the doctor said, we saw something we didn’t like. You wont have anymore children and he turned and walked away. He didn’t explain it to me why I wasn’t going to have children or nothing. But he did do a lot of people that way when I was coming along then. But that’s been since 1948 and I’ve had to live with that.

What the Women Carry

The trauma of sterilization becomes indistinguishable from the violence and pain in these women’s everyday existence. Lela Dunston spoke up saying “They did this to me, I didn’t do it. Maybe that’s why I’m sick today.” There is no then, and now, past or present, their narratives of sterilization abuse are what they remember. Elaine Riddick truthfully told the audience, “My heart bleeds every single day.” Mary English described living as a sterilized woman: “When you go through that, something that traumatic, you don’t get over it. No matter how many times I put it in

¹¹³ a DNC is a surgical procedure done after a miscarriage to empty the uterus.

the box. I still brush against it.” She had an emotional breakdown to the point of hospitalization years after she had received her sterilization procedure.

Elaine Riddick recalled a similar experience where she became reliant on medications. She said: “I was on Prozac, I was on Serequel, I was on Howeldof, and I became catatonic. I couldn’t deal with this.” A daughter at the public hearing recalled finding her mother delusional and frantically scribbling in journals trying to write down her experience with sterilization. The psychological impact of being forcibly sterilized has permanently altered these women’s mental wellbeing.

Another survivor, Elaine Riddick got to a point where she had to find a way to keep on living. While telling her story she said: “I had to face life on. I had to face what they did to me.” She had to wean herself off of medication and rebuild her life. She told the room, “I never got out of the eighth grade. But yet and still I acquired a college degree.” Her life stands in direct opposition to the Eugenics’ Board original report of fourteen-year-old poor and feebleminded African American girl. She is a mother with a college degree; a woman who has gone to great lengths to not let the state determine how she should have lived her life.

Re-envisioning Worth

In the forty so years that have passed since their sterilizations, the women are speaking the stories they must tell. They are actively and consciously rewriting the histories of their body by centralizing their own voice. Their testimonies are inclusive and aware of complex ways in which racism and classism present themselves. When

Elaine Riddick says, “Let me tell you what happened,” she is situating her story as the counter narrative to the North Carolina’s Eugenics Board, making her truth visible.

“What do you think I’m worth?” Elaine Riddick asked. She continued: “The kids I did not have, could not have, what are they worth?” Elaine Riddick closed her testimony with worth; the worth at stake now to receive compensation and the state’s imagined worthlessness of her body decades ago. There was pain and sadness but also anger in her voice. Elaine Riddick was fourteen years old and pregnant when her grandmother unknowingly consented for her to be sterilized after the birth of her first, and now only, child.

Elaine Riddick began her story by juxtaposing the differences between the state’s categorizations of her personhood and her lived experience. The state called her feeble minded, promiscuous, and unable to get along with others. Ms. Riddick continued her story by saying:

First I want you to know about my problem, my problem was environmental. I am not feeble minded. I came from a very rural area in North Carolina. I couldn’t get along well with others because I was hungry, I was cold, I was unkempt, I was a victim of rape.

In Ms. Riddick’s story, the state actions directly “slandered her,” that they “ridiculed” and “harassed” her by ignoring the very real effects of her extreme poverty at the time her sterilization procedure was recommended. Ms. Riddick is aware of how her poverty marked her as responsible for her illegitimate pregnancy and she is also aware of how her poverty was in actuality responsible for her state of mind and experience. When she said, “My problem was environmental,” she recounted what she had to live through. She was not feeble minded rather she had to cope the best she could in spite of the environment she grew up in. Her sterilization

became a masked punishment for her perceived wrongs. When Elaine Riddick was speaking, there was a rhythm in her voice, she was visibly tortured by telling her story but at the same time she continued, as she had to get out “what the state of North Carolina did to me.”

In every story, black women universally described the experience of being treated as if they were completely worthless. When Mrs. Rameriz said of her experience that she was butchered, she was remembering what it was like to have the state literally cut into her body without hesitation. Mrs. Riddick said similarly that the state of North Carolina, “cut me open like I was a hog.” Lela Dunston, too described how they killed her insides, when “They gave me that sterilization.”

The language the women use is indicative of the violence and intrusion they felt. It is the fleshy memory of how the state cut into their bodies. Retelling their stories of sterilization abuse, women have to recount what was taken from them and how they have continued living. As Mary English said:

I ‘ve re, re, recreated me so many times. I had to in order to keep my mental stability and my life and then in 2005 I didn’t have to fight so hard anymore because a voice said to me on the phone. “ You are not alone. And ever since then, I haven’t been. I got a lot of people that are with me.

Remembering

Most vocal for all the survivors of eugenic sterilization are the children women had prior to becoming sterilized. Tony Riddick, Ms. Riddick’s son, tells the room that as a young child: “I am the one that had to tolerate the names that my mother was being called. So if you wanna know why I am so passionate about this it is because I saw what was done to my mother.” Even more so for the children than the survivors themselves, the issues surrounding sterilization abuse are political.

Deborah Chesson asked the important question of why are there activists to speak for every group even animals but why no one has spoken for her mother. She said:

So we have all these rights for animals but what has been said to the victims of sterilization ? They mean nothing. And this is thing that gets me so much. It's easy to say well you can't have children. You don't have to spend money it takes a whole lot of money to raise children. It's easy to say that but it wasn't just the fact that they can't have children.

Daughters and sons emphasized that what their mothers had to live through can not be reduced to numbers. As Tony Riddick made clear while discussing how the task force will determine the compensation amount: "the reason why twenty thousand dollars becomes a number is because first of all you don't have any victims on the panel." Even more than compensation, the survivors and their families are looking for acknowledgement. As one survivor's daughter said: "My mother deserves her name on a wall." Children of eugenic sterilization survivors have seen first hand, how their mothers' sterilizations have not just affected their reproductive capacity but their sense of self.

Daughters of deceased sterilization survivors spoke as well, commenting: "my family we are speaking for them because they cannot speak for themselves." They too, are bearing witness to injustice. Tony Riddick told the audience "We have to start to look at these things differently." It is not enough to simply acknowledge the experiences of those who underwent sterilization against their will theoretically, they have to be remembered in their fullest capacity. Ms. Australia Clay stated it most eloquently when she said:

We have to fight, we have to speak loud and clear that this never happens again. We speak for our mother. Her name was Margaret Cheek and she was a real person. Not a number, not a medical record, she was a real person, she was our mother.



The state of North Carolina through their engagement with compensation for sterilization victims, has reopened the history of eugenic sterilization. It is this action that speaks volumes to how important these women's voices are, their worth much more than monetary reparations. As Elaine Riddick said: "What do you think I'm worth? It doesn't matter what you think I'm worth its what I think I'm worth."

It is necessary to remember history encompassing both what happened officially and how it happened to these women specifically. What they have lost- reproductive capacity, control of their own bodies, and trust in authority, cannot be remedied by monetary means. What is most important is that these women are being given the opportunity to testify, to complicate histories of eugenic sterilization in North Carolina.

On February 1st 2012, eight months after the public hearing, the North Carolina Sterilization Task Force submitted a hundred and thirty page report to North Carolina's legislature containing the final recommendations of how the state should proceed with determining reparations to survivors of eugenic sterilization.¹¹⁴ The final recommendations included a fifty thousand dollars lump sum to every living survivor and free mental health care for the rest of their lives.¹¹⁵ The Sterilization Task force developed their recommendations based upon the stories told by the women and men who testified in the public hearing.

Within the report, the task force realized the incommensurability of sterilization abuse. Monetary compensation was not offered to make amends but rather to demonstrate that: "We in North Carolina are a people who pay for their

¹¹⁴ "The Governor's Task Force to Determine the Method of Compensation for Victims of North Carolina's Eugenic Board."

¹¹⁵ Ibid.

mistakes and we do not tolerate bureaucracies that trample on basic human rights.”¹¹⁶ Along with the offer of compensation, North Carolina has implemented a traveling exhibit to honor the survivors and have begun collecting sterilization survivor’s stories as part of an oral history collection. It is the contention of North Carolina to insure that eugenic sterilization practices never reappear.

For the first time, the survivors of eugenic sterilization abuse have a place where their experiences have meaning and evoke understanding and sympathy. Their stories have context and dimension, and for the first time someone is *listening*.

¹¹⁶ Ibid.

Chapter 3:

Re-Envisioning Ghosts, Rewriting Legacy

*It is about putting life back in where only a
vague memory or a bare trace was visible
to those who bothered to look.*

-Avery Gordon,
*Ghostly Matters*¹¹⁷

In the previous chapters, I have explored the relationship between black women and sterilization in North Carolina. Far from conceiving this event as an isolated moment in history, I have asserted that North Carolina's eugenic sterilization program can only be contextualized within a continuum of the historical mistreatment of black women in the reproductive arena that began with slavery. In this closing chapter, I return to the foundational moment of slavery through the figure of Dr. J. Marion Sims, the proclaimed American founding father of gynecology. Dr. Sims began his career with groundbreaking experimentation on African American slave women. Reading his autobiography as well as writings about Dr. Sims's medical breakthrough up until the present moment, I trace the ways the politics of race, power, ownership, and visibility are wrapped up in the formulation of American gynecology from its alleged founding moment. I close this chapter by putting the ghost stories of Sims's black slave women with those of the North Carolina's sterilization survivors in a reading that is aware of how race haunts *all* reproduction. Beginning with chattel slavery, black women's bodies have served the silenced role of secondary subjects in reproductive discourse. Far from being silent, black women's

¹¹⁷ Gordon, *Ghostly matters : haunting and the sociological imagination*: 22.

personal narratives show us, if we learn how to read them against the grain, that their experiences are central to reproduction.

I trace Sims' legacy through the histories told about him, histories that praise his work, while downplaying or not mentioning at all the plight of his first African American slave experimental subjects. I look to reclaim the texture of Dr. Sims' first African American slave patients hidden beneath the historical record, and in doing so, further complicate the ontological status of black women in reproductive discourses.

In *Ghostly Matters*, Avery Gordon discusses stories that concern "exclusions and invisibilities" as being innately ghost stories.¹¹⁸ Stories that name exclusions and invisibilities are narratives that search for the presence of subjectivities seemingly not there and so require one to delve beneath formal historical accounts. The stories of Dr. Sims' first African American slave patients are ghost stories in the sense that these women have never truly existed as fully sovereign historical subjects, having been written into Dr. Sims' legacy as passive and willing patients again and again. In this chapter, I am concerned with the politics of hyper-(in)visibility of black women. Black women become hyper-visible in the sense that their race marks them as different kinds of subjects while simultaneously allowing the denial of their full agency and personhood. Physicians still write about Dr. Sims' slave patients in the 21st century as if these women were not slaves; for example, Dr. Wall refers to Dr. Sims' patients as "autonomous members of a vulnerable population."¹¹⁹ In these stories, stripped of the powerful arrangements of slavery and power that made Dr. Sims' experiments possible, black slave women are omitted and made *invisible* while

¹¹⁸ Ibid., 20.

¹¹⁹ L. L. Wall, "The medical ethics of Dr J Marion Sims: a fresh look at the historical record," *J Med Ethics* 32, no. 6 (2006): 349.

swallowed into a hyper visible population. What is forgotten is *why* Dr. Sims chose to experiment on black women in the first place; his choice was a matter of availability. During slavery the bodies of black women were susceptible to medical investigation as their bodies and specifically the interworking of their reproduction were *visible* in ways that white women's were not. This chapter is a project of "putting life" back for women who suffered at the hands of Dr. Sims while querying how they became forgotten in the first place.¹²⁰The specific intersections of power, race, and gender that set the stage for his experiments become merely historical facts in themselves. I am interested in uncovering the intricate details of Dr. Sims' relationship with his slave women patients that reveal the development of gynecology as intertwined with the specific mistreatment of black women's bodies.

In 1968, Dr. C. Lee Buxton, a professor and physician at Yale University, wrote a new foreword to Dr. J. Marion Sims' autobiography, *The Story of My Life*. Eighty-four years earlier Dr. J. Marion Sims, "America's first gynecologist," had written a memoir of his own medical accomplishments. Dr. Buxton calls Dr. Sims "not only America's first gynecologist but undoubtedly its most important one."¹²¹ Dr. Sims is most famously known not only as the founder of gynecology but for creating the "Sims speculum" and curing vesico-vaginal fistulas. During the mid-19th century vesico-vaginal fistulas, tears between the vaginal wall and urinary tract, were common after extended labors and considered untreatable. Dr. Sims was the first physician to successfully close vesico-vaginal fistulas. Dr. Burton writes that it is Dr. Sims "dramatic personal story of the cure of vesico-vaginal fistula by itself that

¹²⁰ Gordon, *Ghostly matters : haunting and the sociological imagination*: 22.

¹²¹ J. Marion Sims, *The story of my life*, A Da Capo Press reprint ed (New York,: Da Capo Press, 1968). v.

makes *The Story of My Life* one of the most fascinating medical biographies of all time.”¹²² Upon first glance, Dr. Sims appears both medical hero and visionary; it is the rest of the story, “the dramatics,” that complicate his success. Dr. J. Marion Sims’ patients, rather experimental subjects, were “slave women he housed for a number of years.”¹²³ During 1845-1849, Dr. Sims performed thousands of operations often without pause and anesthesia on a number of slave women afflicted with fistulas who were sent directly to him by their masters. Dr. Buxton briefly mentions these slave women, writing that Dr. Sims was indebted to “the continued presence of patients who were willing to be operated on so many times.”¹²⁴ There are no personal accounts of the slave women’s experience undergoing neither the procedure nor their willingness; what remains is Dr. Sims’ story of success. While Dr. Buxton acknowledges Dr. Sims’ slave women patients as integral to his success, he dismisses any discomfort they felt during the surgeries as a “matter of conjecture.”¹²⁵

Dr. Buxton’s retelling of Dr. Sims’ story is blind to the conditions that enabled Dr. Sims’ discovery. Slave women are acknowledged as experimental subjects only as so much as Dr. Sims is praised for his continued determination and passion. Voiceless and without agency, slave women become “willing patients,” the silent subjects of Dr. Sims’ necessary experiments. As a southern physician, his use of slaves is not considered terribly cruel but rather demonstrative of his era. To any extent, the thornier questions of why Dr. Sims choose not to use anesthesia or why he

¹²² Ibid., xi.

¹²³ Ibid.

¹²⁴ Ibid., ix.

¹²⁵ Ibid.

continued his procedures for years on the same women become lost in his eventual success.

Far from imagining Dr. Sims' experiments as a specific aberration of medical tradition, his experiments are rather indicative of how black slave women have been conceived in the field of reproductive medicine at large. It is through Dr. Sims' personal account of his experiments where I look for the lost presence of his slave experimental subjects, like Patricia Williams in *The Alchemy of Race and Rights*, who was looking for the presence of her slave great-great-grandmother through the letters written by her master. We are both looking for "her shape from his hand," tracing ghost stories through stories told about black women.¹²⁶

The Man Behind the Knife

J. Marion Sims, proclaimed architect of the vagina, did not plan on a career involving women.¹²⁷ After graduating college with no desire to pursue law or divinity, he wrote, "there was nothing left for me to do but be a doctor."¹²⁸ He graduated medical school in 1835, knowing almost nothing at all about the actual practice of medicine. For the next ten years, he stumbled through a number of small practices throughout South Carolina, never gaining any particular fame or recognition. By 1845, Dr. Sims writes, "I had established a good, solid reputation as a surgeon.... I

¹²⁶ Patricia J. Williams, *The alchemy of race and rights* (Cambridge, Mass.: Harvard University Press, 1991). 19.

¹²⁷ G. J. Barker-Benfield, *The horrors of the half-known life : male attitudes toward women and sexuality in nineteenth-century America*, 1st ed. (New York: Harper & Row, 1976). See Chapter 10 on Sims "Architect of the Vagina."

¹²⁸ Sims, *The story of my life*: 115.

had nothing whatever to do with midwifery.”¹²⁹ Most of his procedures were minor surgeries and family medicine. Even still, as a general practitioner having no interest in midwifery, he was called upon to treat slave women with vesico-vaginal fistulas.

Dr. Sims referred to vesico-vaginal fistulas as a “sloughing of the soft parts.”¹³⁰ The first time he encountered a fistula was after attending a 72-hour birth of a young slave woman named Anarcha. Fistulas often arose after difficult births where the fetus’ head impacted the vaginal wall causing tears. After examining the extensive fistula, Dr. Sims wrote: “Of course aside from death, this was about the worst accident that could have happened to a young girl.”¹³¹ Researching fistulas, after his first encounter, he discovered that they were completely incurable. He thought fistulas were surgical curiosities. However over the course of the next three months, Dr. Sims was referred to two more cases of vesico–vaginal fistulas in young slave women. For all three cases, he told their masters that there was nothing that could be done. Rather, it was preferable that they let their slaves live a peaceful life of minimal work. To one master, Mr. Wescott, Dr. Sims wrote “Anarcha has an affliction that unfits her for the duties required of a servant. She will not die, but will never get well and all you have to do is take good care of her so long as she lives.”¹³² Vesico-vaginal fistulas in these women, while an unfortunate medical ailment, provided them with the possibility of an easy life.

Lucy, an eighteen-year-old slave, was the last of the first three cases sent to Dr. Sims. Sims had repeatedly told her master that her condition was untreatable but

¹²⁹ Ibid., 226.

¹³⁰ Ibid., 227.

¹³¹ Ibid.

¹³² Ibid.

he demanded that she be seen. Even though Sims knew of no possible treatment, he set her up in a hospital he had in the yard “for taking care of my negro patients.”¹³³ While Lucy was under his care, Dr. Sims was called to an emergency involving a white woman, Mrs. Merrill, who had fallen off her horse. Sims, not knowing the exact nature of the injury, was expecting a fractured limb; what he found instead was a woman suffering from a displaced uterus. He was reluctant to help her, as his specialty was not in “midwifery.” Dr. Sims in his later reflections wrote, “If there was anything I hated, it was investigating the organs of the female pelvis.”¹³⁴ Despite his disgust, he treated Mrs. Merrill. The commonly accepted treatment of a displaced uterus at the time was manual insertion in both the vagina and anus of the patient. Sparing Mrs. Merrill’s modesty, Sims altered the procedure covering Mrs. Merrill with a sheet while on her knees and manually introducing air into the vaginal cavity. He felt that to treat her exactly as he learned in medical school would of been too “disagreeable a thing.”¹³⁵ In this moment in Dr. Sims’ autobiography he makes clear his sense of modesty while be called upon to serve his white patients. To perform a pelvic exam on Mrs. Merrill without a sheet would have compromised his position as physician and his patient’s modesty.

After he finished the procedure, Dr. Sims had an epiphany; if only he could figure out a way to introduce air into slave women’s vaginal cavities he could then visualize the fistula’s relationship to the surrounding tissues.

I Saw Everything

¹³³ Ibid., 230.

¹³⁴ Ibid., 231.

¹³⁵ Ibid., 232.

Dr. Sims imagined fistulas as tears, leaks, and breakages between the bladder and vaginal wall. The physicality of these fistulas was not apparent through manual examination. Before 1845, men of science could not visualize fistulas and female anatomy. The cavities of the male body had already been disassembled in life and death, through dissection and surgery, making itself a known scientific subject. Women, rather their unique anatomy remained private, unknown to science.

On his way home from treating Mrs. Merrill, Sims felt as though the cure to vesico-vaginal fistulas, which seemed “so incomprehensible,” was on his fingertips.¹³⁶ On his way home he stopped at the general store and purchased a pewter spoon, picking up two medical students from his office. The three of them, physician and his protégées, went to the slave hospital where, Lucy, the eighteen-year-old slave woman remained for observation. Sims’ own memory of the course of events was that he asked for her permission to do one more examination, he wrote, “She willingly consented.”¹³⁷

It is difficult to understand what actually took place at this moment, as we are unaware of Lucy’s ability to consent to an unknown medical treatment. We must consider her position as a stranger, a slave woman, left to the care of an unfamiliar white doctor who was asking her to undress in front of him and two other medical students. When Sims began the examination, he did not know at first how he was going to proceed. He placed a sheet on an examining table, “mounted her (Lucy) on the table, on her knees, with her head resting on the palms of her hands.”¹³⁸ In this

¹³⁶ Ibid., 234.

¹³⁷ Ibid.

¹³⁸ Ibid.

position, Lucy could not even see the investigation of her own body. Using no sheet to cover her, Sims had his medical students “on each side of the pelvis, and they laid hold of the nates (labias), and pulled them open.”¹³⁹ Once the medical students had sufficiently pried open her vagina, Sims introduced “the bent handle of the spoon.”¹⁴⁰ It was at this precise moment; he would later write, “I saw everything, as no man had ever seen before.”¹⁴¹

Literally discovered in Lucy’s body, Sims’ spoon would later become Sims’ speculum, a medical instrument still commonly used in gynecological practice today. As Beverly Guy-Sheftall muses on the black female body in, *Skin Deep, Spirit Strong: The Black Female Body in American Culture*, “Being black and female is characterized by the private being made public, who subverts conventional notions about the need to hide and render invisible women’s sexuality and private parts.”¹⁴² As property, Lucy a black woman, was an anatomical subject without the privatization reserved for Dr. Sims’ white patients whom he covered with sheets.

At this point, fistulas no longer mystified Sims; he could see Lucy’s fistula and measure it “as accurately as if it had been cut out of a piece of plain paper.”¹⁴³ Having discovered the inner-most cavity of the body, his success meant the closing of the distinct edges of the fistula. Sims was enthusiastic; he wrote in his autobiography, “I felt I was sure on the eve of one of the greatest discoveries of the day. The more I

¹³⁹ Ibid.

¹⁴⁰ Ibid.

¹⁴¹ Ibid.

¹⁴² Kimberly Wallace-Sanders, *Skin deep, spirit strong : the Black female body in American culture* (Ann Arbor: University of Michigan Press, 2002). 18.

¹⁴³ Sims, *The story of my life*: 235.

thought of it, the more I was convinced of it.”¹⁴⁴ His success at this point was imminent; it was a matter of simply collecting the proper arrangements to begin extensive experimentation.

Most important in his quest to cure vesico-vaginal fistulas were finding suitable patients. Women he contacted would have to be slaves, as they were the only women he could legally keep. Sims “ransacked the country for cases.”¹⁴⁵ His status as a physician enabled him to create contracts with slave owners across the state of South Carolina. Sims promised slave masters cured slaves if they were to relinquish their slaves to his estate. For the slave masters, this meant one less “invalid” slave under their care, along with the possibility that their young slaves would return cured with their full reproductive capacity. Fistulas were known to slave masters to impact the fertility of their slave women.

Marie Jenkins Schwartz has explored in *Birthing a Slave: Motherhood and Medicine in the Antebellum South*, how slave women when faced with reproductive ailments preferred to keep the treatment to their own midwives and healers.¹⁴⁶ Intervention from white doctors was avoided at all costs, some women even taking steps to obscure chronic conditions rather than be served by white doctors. Unfortunately, the nature of vesico–vaginal fistulas made it so most slave women could not hide their condition from their masters.

While vesico-vaginal fistulas were an unpleasant situation, they were in no way life threatening nor chronically painful. Masters sent young black slave women

¹⁴⁴ Ibid.

¹⁴⁵ Ibid., 236.

¹⁴⁶ Schwartz, *Birthing a slave : motherhood and medicine in the antebellum South*: 34.

suffering from vesico–vaginal fistulas to Sims in the hopes that he might restore these women’s full reproductive capability. Dr. Buxton described Sims’ desire to acquire more subjects with vesico-vaginal fistulas “the referral of another young slave in the same condition whose happiness and *usefulness* would be affected so profoundly should a cure be discovered (my emphasis added).”¹⁴⁷ Toward the later end of the 19th century, international slave trade had ceased. Slave masters had to rely on their slaves to multiply either naturally or through coercion. As young slave women, their *usefulness* lied in their reproductive capacity. Their condition was treated not for their own livelihood but for the productivity of the plantation. Jennifer Lyle Morgan in, *Laboring Women: Reproduction and Gender in New World Slavery*, describes slave masters’ involvement with the reproductive lives of his slaves as such:

Slave-owners contemplated women’s reproductive potential with greed and opportunism, they utilized both outrageous images and callously indifferent strategies to ultimately inscribe enslaved women as racially and culturally different, while creating an economic and moral environment in which the appropriation of a woman’s children as well as childbearing potential became rational and, indeed natural.¹⁴⁸

While in Sims’ autobiography, he presents his acquirement of slave patients as slave masters expressing general wellbeing for their slaves, we must remember that these women were not fully incapacitated by their fistulas. Therefore, the choice to give slaves to Sims was less about their return to health but rather to ensure profit from future reproduction.

The worth of black slave women was defined by their ability to produce more slaves. Slave masters’ interest in black women’s bodies was one of ownership; she

¹⁴⁷ Sims, *The story of my life*.

¹⁴⁸ J.L. Morgan, *Laboring Women: Reproduction and Gender in New World Slavery* (Univ of Pennsylvania Pr, 2004). 7.

became his most important asset. During chattel slavery, black women's bodies were material capital. Within this economic framework, physicians such as Dr. Sims routinely worked alongside slave masters to insure the breeding capacity of the plantation was maintained. As Schwartz explores in *Birthing a Slave*, "Surgeons worked with slaveholders to maintain the economic definition and worth of black women in the South, a strategy that made southern medicine distinctive."¹⁴⁹ Dr. Sims, in a sense worked to uphold the very foundation of the southern slave system, in which the children of slave women became slaves themselves.

It is logical then, that Dr. Sims would establish a relationship based on economics with slave masters. Sims proposed to owners of Anarcha and Betsey, his first two cases of vesico-vaginal fistula, "If you will give me Anarcha and Betsey for experiment, I agree to perform no experiment or operation on either of them to endanger their lives and will not charge a cent for keeping them, but you must pay their taxes and clothe them. I will keep them at my own expense."¹⁵⁰ Chattel slavery enabled the transaction of slave women as Sims' medical subjects. Sims acquired his patients as property, to experiment on their bodies at will.

Sims managed to gather twelve slave women patients, only three of which he mentions by name Anarcha, Betsey, and Lucy. Dr. Sims, himself, bought some of his patients, for the sole purpose of experimentation.¹⁵¹ At the beginning, Sims "expected

¹⁴⁹ Schwartz, *Birthing a slave : motherhood and medicine in the antebellum South*: 229.

¹⁵⁰ Sims, *The story of my life*: 236.

¹⁵¹ Ibid.

to cure them, every one, in six months.”¹⁵² Months turned into years; it would be four years before Sims would have his first success.

Sims could visualize fistulas, but he could not anticipate their unwillingness to close. He performed his first operation on Lucy, one of the women with the largest fistulas. Of the procedure itself, Sims wrote “ That was before the days of anesthetics, and the poor girl (Lucy), on her knees, bore the operation with great heroism and bravery.”¹⁵³ In actuality, anesthetics had recently become available. Dr. Sims was possibly aware of new developments in the field. In 1849, when white women came to Sims with vesico-vaginal fistulas, Sims recorded that they were unable to withstand the procedure without anesthesia unlike his former slave patients.¹⁵⁴ Later in his life, Sims openly praised Dr. Crawford Long who discovered anesthesia in 1842, writing in a letter that, “vaccination and anesthesia are the greatest boons ever conferred by science on humanity.”¹⁵⁵ It is shocking then that Dr. Sims did not choose to use any anesthesia on his black slave patients. We can only imagine what a painful surgery this must have been. Lucy was fully awake, in the presence of twelve physicians along with Sims for her first surgery.

In the white southern physician’s imaginary, black women were strong on the account they were not delicate ladies of society. Their bodies tainted by color and slavery were impervious to pain in the imagination of white physicians. At the time, most white doctors conceived of black women as being more “sturdy” and able to

¹⁵² Ibid., 236.

¹⁵³ Ibid., 237.

¹⁵⁴ D.A. Washington, "Defining Race: Critical Race Feminist Bioethics: Telling Stories in Law School and Medical School in Pursuit of " Cultural Competency", " *Alb. L. Rev.* 72(2009): 981.

¹⁵⁵ Rosa Pendleton Chiles, "Dr. Crawford W. Long, Discover of Anesthesia," *Munsey's Magazine* 1911, 623.

“endure” more pain than that of white women. In a medical review published in *London Medical and Chirurgical Review*, they maintained: “negresses will bear cutting with nearly, not quite, as much impunity as dogs and rabbits.”¹⁵⁶ The bodies of black women during this period were conceived as being of an entirely different nature from white women.

In Sims’ formal biography *Woman’s Surgeon: The Life Story of J. Marion Sims* written in 1950, Seale Harris muses on the pain felt by Dr. Sims’ patients:

Sims’ experiments brought them physical pain, it is true, but they bore it with amazing patience and fortitude – a grim stoicism which may have been part of their racial endowment or which had possibly had been bred into them through several generations of enforced submission.¹⁵⁷

A hundred and one years after Dr. Sims finished his experiments, Harris still described slave women as having a different experience of pain on an account of their race. “Racial Endowment” becomes indicative of ability to feel pain. Black women then become re-inscribed as the most fitting subjects for Dr. Sims’ experiments precisely because of the racist conceptions of their bodies. These are not merely ponderings of how black women might have experienced Sims’ experiments, but rather racist beliefs *embedded* within American medical discourse. Sims’ narrative encourages the repetition of racial folklore that denies and erases not only the bodies but also the lived experiences of black women.

The voices of the black women who underwent Dr. Sims’ experiments have been effectively silenced by their position as slaves. What remains is Sims’ own

¹⁵⁶ Schwartz, *Birthing a slave : motherhood and medicine in the antebellum South*: 231.

¹⁵⁷ Seale Harris, *Woman's surgeon; the life story of J. Marion Sims* (New York,: Macmillan, 1950). 99.

account of his experiments. Sims, himself, did acknowledge that the “operations were tedious and difficult.”¹⁵⁸ After the first operation, Lucy’s fistula became infected to the point of blood poisoning. Sims reflected: “Lucy’s agony was extreme. She was much prostrated, and I thought she was going to die.”¹⁵⁹ Lucy did not die. Her operation, although it almost cost her life, was still considered by Sims a success. The fistula had not disappeared completely, but was significantly reduced in size. Sims continued his experimentation with Betsey, Anarcha, and other slave women Sims failed to mention by name in his autobiography.

What Sims also fails to mention in his own autobiography is the postoperative treatment that left his patients in a drug-induced haze, unable to move for months at a time.¹⁶⁰ Immediately following surgery, Sims prescribed the largest doses of opium available, upwards of one gram a day.¹⁶¹ Sims reported to the southern medical journal, the many benefits of using opium postoperatively as it completely subdued his patients. His patients, after surgery would have to remain in bed in opium induced stupors for months at a time during which their diet consisted of mostly tea and crackers.¹⁶² They were completely immobilized by drugs and catheters. Even the act of sitting up was not permitted. Over time, it is believed his patients became addicted

¹⁵⁸ Sims, *The story of my life*: 237.

¹⁵⁹ *Ibid.*, 238.

¹⁶⁰ J.M. Sims, "On the treatment of vesico-vaginal fistula," *The American Journal of the Medical Sciences* 45(1852): 59-82.

¹⁶¹ *Ibid.*

¹⁶² *Ibid.*

to opium.¹⁶³ Their addiction allowed for even further reliance on Sims, his control was exacerbated by the use of opiates.

By constantly rotating the patients he performed operations on, Sims wrote: “there was never a time that I could not, at any day, have a subject for operation.”¹⁶⁴ For a small practicing physician, this amount of subjects and opportunities for experimentation was unheard of. In the beginning, Sims did not perform his procedures alone but had support of many of the other local physicians. As months turned to years, “it was with difficulty that I (Sims) could get any doctor to help me.”¹⁶⁵ Many physicians felt that Sims taking on these experiments was a burden to his family. In the end, the only assistants Sims had were the patients themselves.

It would take Sims four years and countless operations to figure out how to close fistulas. His first success surgery occurred after Anarcha had undergone her thirtieth operation in four years. What happened to the slave women after they left Sims’ hospital remains a mystery. Sims, having made a novel discovery, went on to become the most famous gynecologist in America.

In Sims’ published accounts of his fistula experiments, he makes no mention of the slave status of his patients instead referring to them throughout as “healthy negro women.”¹⁶⁶ In the original illustrations accompanying his articles submitted to

¹⁶³ D.A. Richardson, "Ethics in gynecologic surgical innovation," *American journal of obstetrics and gynecology* 170, no. 1 Pt 1 (1994): 1-6. see “They were white men’s property enslaved by opiates. These women were placed in the unbelievable position of doing anything for the appropriate drug fix.”

¹⁶⁴ Sims, *The story of my life*: 241.

¹⁶⁵ *Ibid.*, 242.

¹⁶⁶ Sims, "On the treatment of vesico-vaginal fistula," 59-82.

northern medical journals, all the women are white.¹⁶⁷ Race and slavery become unspeakable. Sims' black, slave patients became the material from which he could perfect his technique, enabling him with the help of anesthesia to then re-market his skills to wealthy white women.



Dr. Sims' Statue still stands in Central Park, New York City

Sims Patients Re-imagined

Dr. Sims' legacy has continued well into the 20th and 21st centuries. A statue of Dr. Sims remains in New York's Central Park claiming Sims as one of the most influential physicians of the pre-Civil War era. Fairly recently, a number of scholars including Diana Axelsen, Terry Kapislis, G.J. Barker-Bensfield, and Marie Jenkins

¹⁶⁷ Washington, "Defining Race: Critical Race Feminist Bioethics: Telling Stories in Law School and Medical School in Pursuit of " Cultural Competency"."

Schwartz have taken a critical stance on Dr. Sims' ethics.¹⁶⁸ They have called into question Sims' fame considered in lieu of the racialized context of his experiments. Since the first critics of Dr. Sims' experiments arose in the early 1980s there have been a slew of reactionary papers that reestablish Dr. Sims as the morally responsible father of gynecology. Dr. Wall in his paper, "The Medical Ethics of Dr. Marion Sims: A Fresh Look at the Historical Record," discredits modern criticisms of Dr. Sims experimental practices on slave women.¹⁶⁹ Dr. Wall re-inscribes the black women who underwent procedures for vesico-vaginal fistulas as willing patients. Some current day obstetricians and gynecologists have gone to great lengths to critically engage with Dr. Sims' ethics. Three papers are of particular interest, Dr. Wall's, "The Medical Ethics of Dr J Marion Sims: A Fresh Look at the Historical Record," Dr. De Costa's, "James Marion Sims: Some Speculations and A New Position," and Dr. O Leary's, "J. Marion Sims: A Defense of the Father of Gynecology," as they were all written in 21st century. These texts are particularly troubling when they are considered an accepted part of modern medical journals. Nearly 161 years after Sims began his experiments, these physicians are defending his name.

I will be discussing the arguments of all three papers. Their narratives ignore the social-political power relations in place between Dr. Sims and his patients because of slavery. By removing "slavery" from their discussions of Sims, they are able to dismiss race and status, merely describing these women as being a part of a

¹⁶⁸ See Terri Kapsalis, *Public privates : performing gynecology from both ends of the speculum* (Durham: Duke University Press, 1997); D.E. Axelsen, "Women as victims of medical experimentation: J. Marion Sims' surgery on slave women, 1845-1850," *Sage (Atlanta, Ga.)* 2, no. 2 (1985); Barker-Benfield, *The horrors of the half-known life : male attitudes toward women and sexuality in nineteenth-century America*.

¹⁶⁹ Wall, "The medical ethics of Dr J Marion Sims: a fresh look at the historical record," 349.

“vulnerable population.”¹⁷⁰ Their vulnerability does not describe the reality of their situation rather it implies that they were entirely without medical care. As I have mentioned previously, slave women had their own forms of medical treatment within their communities. In the re-telling of Sims’ experiments, black slave women are imagined to be suffering, and in desperate need of medical care. Sims in their narrative becomes messiah, savior physician who takes these women into his own home. In this sense they become willing subjects. From this vantage point, they have neither choice nor alternative. Dr. Wall writes: “That patients with a vesico-vaginal fistula are desperate for a cure and will willingly submit to almost any therapy that is proposed to them is the universal experience of surgeons who have worked with this condition.”¹⁷¹ Consent is implied in the nature of their relationship. What occurs is double erasure—the lack of choice black slave women had in deciding the treatment of their own bodies and the specific conditions of racism that made the use of their bodies—black female bodies- the most appropriate subjects.

Modern physicians do not take in account the ways in which slavery and racism affectively altered Dr. Sims’ experiments. They operate using modern tropes of understanding reproduction. When the experiences of Dr. Sims’ patients are reduced to individuals, the constraints of power go unrecognized. The physicians employ the rhetoric of reproductive choice; the slave women then become *willing subjects*.

¹⁷⁰ Ibid.

¹⁷¹ Ibid., 348.

Furthermore this type of narrative is a type of memorialization of Dr. Sims. For these physicians, Sims is considered their own contemporary through his successes and his experiments; they see the histories of their own practices. The reasons why these defense narratives are considered necessary is that the critics of Dr. Sims are imagined as threatening the entire institution of gynecology, the very thing these modern day gynecologists stand for, which is the humble and honest pursuit of well-intentioned medical care. We are expected to believe in objective medicine uncomplicated by the ghosts of racism and misogyny. These narratives conveniently erase racism, slavery, and power from the discussion of Dr. Sims experiments. These physicians' re-establish white male hegemonic objective accounts of medical discovery.

The arguments raised in these narratives are multilayered. First they assert that Sims must be recognized as a product of "the nineteenth century." We cannot judge 19th century decisions by 21st century ethics. This viewpoint naturalizes Sims' experiments as an accepted part of 19th century medicine. In these contexts experimentation on black female bodies is considered to be Sims' right. A closer review of literature produced at the time suggests otherwise, Sims' own contemporaries were wary of the extended length of his experiments and the fact they were performed with no anesthesia. Sims' earliest rival Sir James Simpson of Edinburgh, who also performed surgeries on vesico-vaginal fistulas, wrote of his own experiments which he performed on animals: "I took occasion to make an extensive series of experiments ... upon the relative qualities of different metallic threads ... [on] a number of unfortunate pigs, which were always, of course, first indulged with a

good dose of chloroform.”¹⁷² Later in his detailed description of performing the surgical procedure, Dr. Simpson recommended that chloroform be used on women as well as animals during the procedure.¹⁷³ Sims then was unique in his lack of anesthesia during experimentation with slave women. It is apparent that chloroform was not a limited resource as even *pigs* undergoing experimentation were offered the benefit of a painless surgery. In Sims’ narrative, black women could withstand or rather were undeserving of anesthesia even more so than animals.

Although both Sims’ and modern physicians’ emphasis on black women’s uncanny ability to tolerate pain suggests that black slave women were somehow different than white women, modern physicians assert that Sims’ black experimental subjects had the same informed choice as would Sims’ white patients during the same period. Central to these narratives is that the black slave women undergoing the experiments had agency. Modern Physicians assert even though these women had no recorded voice, they were autonomous subjects capable of giving consent. Dr. O’

Leary writes:

These facts also speak to the concept of autonomy. The women in Sims’ early experience were slaves but it has been previously noted that Sims described to them the procedure, and although there was no documented informed consent, by virtue of the simple fact that all of these women had an opportunity to observe the procedures performed, it is highly likely that they at least had a reasonable understanding of the procedures.¹⁷⁴

Like the victims of sterilization abuse, an understanding of the procedure is presumed as sufficient enough for the women to “consent.” What remains unaddressed, is that

¹⁷²*Medical times and gazette*, (1859). 3.

¹⁷³ *Ibid.*

¹⁷⁴ J. P. O’Leary, "J. Marion Sims: a defense of the father of gynecology," *South Med J* 97, no. 5 (2004): 428.

the slave women had no way to object any treatment recommended as their bodies were not considered their own.

Within modern retellings of Sims' experiments – black slave women become consenting patients who are defined not by their status as slaves but their medical pathology. We are to imagine these women as the embodiments of their physical ailments, desperate for care. Dr. Sims, in his own autobiography goes to great lengths to explain the nature of vesico-vaginal fistulas. Sims writes extensively on how deplorable Anarcha's condition was to those around her. Once again her condition is only described through the effect it has on those around her, her own personal condition remains unknown. While vesico-vaginal fistulas were an undesirable medical condition, they were not painful. A slave woman with this condition would be relieved and left to live a peaceful life. Sims' first suggestion to the owner of Anarcha upon first examination was to let her "have an easy time in this world as long as she lived."¹⁷⁵

The reality of the slave women with vesico-vaginal fistulas was their afflictions would mean a life of easy work; also they would not have to have any more children. What is lost in the retelling of Sims story is why black women were sent to Sims in the first place from their plantations—not for the sake of their own wellbeing but precisely because their worth was described in terms of their reproductive capacity. The impetus is placed on Dr. Sims' success, the transformation of his surgical technique from the diseased and suffering bodies of slaves to that of wealthy white women.

¹⁷⁵ Sims, *The story of my life*: 228.

In these medical narratives, the pain of the actual surgery itself is downplayed. O' Leary writes: "Sensation in the upper vagina, especially in areas that have been rendered fibrotic from chronic infection, are substantially less sensate than, for example the skin. Therefore, the manipulations of these fistula would of not have produced the same type of discomfort as an incision made through a fistula that exited through the dermis."¹⁷⁶ O'Leary goes to great lengths to emphasize the science behind the surgical procedure, while not acknowledging that the slave women before undergoing Sims' surgery would not have suffered from any *pain* from their fistulas. Dr. Wall writes in his defense of Sims: "Trans- vaginal repair of a vesico-vaginal fistula was not generally regarded by most nineteenth-century surgeons as a terribly painful experience."¹⁷⁷ Yet as said earlier there is documentation of the procedure being so painful that in fact even pigs were provided chloroform. To acknowledge that Sims' slaves felt pain during surgery would mean humanizing them. One can only conclude that to both Sims and the physicians who defend him, slaves are somehow less than human. Black women are somehow still considered as being more resilient to pain. In fact, Dr. Bozeman, another physician who performed fistula surgeries in the pre-Civil War period, described the fistula surgeries as being so painful that while he performed the procedure on slave women, two physically resisted and had to be restrained.¹⁷⁸

In Sims' experiments, the interdependency between the medical specialty of gynecology and institution of slavery is apparent. In Dr. Buxton's, and furthermore in

¹⁷⁶ O'Leary, "J. Marion Sims: a defense of the father of gynecology," 427.

¹⁷⁷ L.L. Wall, "Did J. Marion Sims deliberately addict his first fistula patients to opium?," *Journal of the history of medicine and allied sciences* 62, no. 3 (2007): 348.

¹⁷⁸ Schwartz, *Birthing a slave : motherhood and medicine in the antebellum South*: 232.

modern physicians retelling of Sims' biography, Sims is readily accepted as medical visionary, inventor and paternal figure. Through these narratives Dr. Sims remains an upstanding role model. Ignoring the institution of slavery, modern physicians are consciously able to describe Sims' practices as rational and even, kind behavior toward his slaves.

As Terri Kapsalis explores in *Public Privates: Performing Gynecology from Both Ends of the Speculum*:

The decision made in the mid-nineteenth century (by Sims) continues to directly and indirectly influence the lives of women today. This does not mean that practitioners have studied Sims or are aware of his historic importance. Rather the medical apparatus continues to accommodate and even reward such racism and misogyny.¹⁷⁹

Narratives written defending Sims do so in such a manner that rewards his accomplishments while simultaneously lauding his use of black women as medical subjects. Modern physicians then re-inscribe Sims' treatment towards black women slaves—and ultimately all black women as somehow operating under a different form of medical ethics, which allow and even sanctify a disregard for personhood.

It is the unspeakable dimensions of racism and slavery that complicate Dr. Sims' success, the dramatics that require one to reassess his legacy. In the remainder of the chapter, I attempt to unpack the relationship between the erasure of the bodies of Dr. Sims' slave patients and the similar rhetoric surrounding black women eugenic sterilization survivors.

Sims' Rhetoric

¹⁷⁹ Kapsalis, *Public privates : performing gynecology from both ends of the speculum*: 282.

Integral to Sims' experiments were the ways in which black women were defined as being the most appropriate medical subjects. These women were and have still been considered pathological with regards to their color, sex, and medical condition. Black skin marked these women's bodies as visible and available for experimentation. As shown, Sims as a white male physician in the South could claim ownership over them through transactions based in the economies of chattel slavery. Furthermore, their status as black women made their reproduction the expressive matter of white men. As I have discussed previously, black women's bodies were imagined as capital. Their condition, vesico-vaginal fistulas threatened their worth and reproductive ability. As Sims mentions in his autobiography, there was no worse condition for a young slave girl than death. His statement was not inspired by the great compassion he felt for the young slave women he obtained, but was rather reflective of his understanding of a young slave woman's worth. Truthfully, a slave woman in her early childbearing years who could no longer reproduce was worthless, and so *dead* ontologically within the plantation.

Dr. Sims' experiments and eventual cure of vesico-vaginal fistulas represented the early beginning of reproductive technologies as directly tied into the worth/worthlessness of black women in America. Parallel to Dr. Sims' desire to ensure black slave women's reproductive capability is the same rhetoric used by the welfare economic state to sanction the limiting of black women's fertility through eugenic sterilization. Both moments are categorized by ways in which black women's bodies and reproduction have been imagined to affect the economics of the larger state apparatus.

Black women's reproduction has been defined by the private being made public beginning with chattel slavery determining usefulness through reproduction and into the present where black women have been asked to prove their worth through eugenic sterilization hearings. What remains is the racialized and sexualized dichotomy surrounding black women's reproduction. During slavery, reproductive technologies cured fistulas to insure that black women maintained their economic worth to slave masters. In North Carolina's eugenics sterilization program, black women's right to reproduction was exclusively taken away because their reproduction was seen as economically costly to the state.

The continuities between these two moments mark black women's experiences of reproductive technologies as one of coercion. In the same way, Dr. Sims' black slave experimental subjects are re-inscribed with agency to become willing patients, black women in North Carolina who underwent eugenic sterilization are presumed to have known the consequences of their procedures because they signed consent forms. In the defenses of Sims written in the 21st century, there is both a denial of the racialized nature of Dr. Sims' experiments and all subsequent repetitions of racialized violence in the medical field towards black women. Sims' ideology remains, haunting the rhetoric surrounding black women's reproduction.

Nancy Ehrenreich in, "The Colonization of the Womb," asserts that ways in which the medical apparatus views black women directly determines how they are treated. She writes:

In fact it is virtually impossible to describe an example of the use of a negative image of women of color without simultaneously recounting a story

of coercive control over their sexual or reproductive activity. The two are intimately linked; ideology justifies coercion, coercion enforces ideology.¹⁸⁰

I assert it is not only the imagery of black women that sanctions coercion of their reproduction but how historically the experiences of black women have fallen into a non-memory. Where the haunting presence of racism and sexism that have been particular to black women is unrecognized.

Black women's experiences with reproductive technologies are stories that seemly belong in the epistemological category of nowhere. Black scholarship has dealt almost exclusively with the concerns of black men. Mainstream reproductive rights discourse has dealt with the concerns of white, middle classed women. While addressing a paper on the reproductive struggle of black women at an African American conference, Dorothy Roberts recalled being told that her topic was "white woman's issue" and had nothing to do with traditional civil rights.¹⁸¹ Reproductive rights, though, have historically centered on issues of choice, privacy, and safety – which have dealt with white women's experiences. In both moments of reproductive technologies, Dr. Sims' experiments and eugenic sterilization respectively, black women have not been afforded the privilege to negotiate rights. As I discussed in chapter two, black women's relationships with medical professionals have been precluded by their race, sex and class. The way black women have experienced reproductive technologies has been linked to not only lesser forms of medical treatment but also an entirely different *embodied* experience of reproductive technologies.

¹⁸⁰ Nancy Ehrenreich, "The Colonization of the Womb," *Duke Law Journal* 43, no. 3 (1993): 514.

¹⁸¹ Roberts, *Killing the black body : race, reproduction, and the meaning of liberty*: 4-5.

It is within the embodied difference where the politics of Sims' experiments gain greater importance. In Dr. Sims' autobiography, the difference between his treatment of black women and white women is significant to understanding how ideology can be traced into the present. With Mrs. Merrill, the white woman who fell off her horse, Sims makes sure to cover her body with a sheet. Furthermore his examination of her occurs in private. The entire affair is kept between the patient and physician, even at the first moment when Dr. Sims hears only that she (his white patient) is in trouble."¹⁸² The sexual nature of her female problem is not openly discussed. This is in stark contrast to Sims' relationship with his slave patients. The way in which he becomes aware of their conditions is through discussion not with the patients themselves but rather through the intermediary of their masters. The reproduction of black slave women becomes the public affairs of slave master and surgeon. Through correspondences between Dr. Sims and slave masters, his future patients were discussed in terms of protecting the capital of a fellow friend's asset. Sims assures the masters, he will do what he can in order to return the slave women to their full "*usefulness.*"

The treatment of his black women slave patients occurred within the public sphere. When the speculum was discovered, there was no sheet covering Lucy's body, as Sims and three other men pried open her vagina. The sheet itself would of prevented the discovery, it was precisely the bareness, and lack of privacy that allowed Sims the privilege of examining a woman in an area reserved for her husband. Black slave women did not have husbands, at least recognized by whites so

¹⁸² Sims, *The story of my life*: 230. " Mrs. Merrill done been throwed from her pony, and mighty badly hurt.."

their modesty, their chastity was not under distress. It is not surprising then that while Sims performed his very first fistula surgery on Lucy, twelve physicians and medical students were invited to watch. The safety of these patients was not important to him, as after his first surgery when Lucy was near death, he still continued with his experiments. The rhetoric surrounding reproductive rights have never applied to the lived experiences of black women, who falling outside of the realm of true womanhood, have always been subject to treatment that has failed to acknowledge that they inhabited any type of personhood.

Black sterilized women's relationships with medical professions have also been marked by a lack of choice, safety, and privacy. The eugenic reports that resulted in their sterilization made them pathologized subjects without their knowledge. Like the black slave women, who through their masters became the subjects of Dr. Sims, black women became subjects for sterilization through either coercion or misinformation. No regard was taken by the Eugenics Board on the safety of sterilizing women as young as fourteen without their knowledge. Furthermore, there was no opportunity for choice, once chosen to be sterilized by the Eugenics Board the state proceeded with the procedure.

Both black sterilized women and Sims' slave patients were made visible through a pathologization of their sexuality. For poor, black women in the South, their pathology was directly related to their assumed promiscuity that encouraged them to create a progeny of "welfare" children. Pathology within the slave women was their material fistulas, which inhibited their ability to have children. In both

cases, as I have argued, what was at stake was economic standing of the state and plantation respectively.

It is tempting to regulate Dr. Sims' experiments and eugenic sterilization in North Carolina as specific aberrations in American history. In employing this ideology, the racist rhetoric employed in both moments becomes *invisible*. The experiences of black women, once again regarded as unique and tragic, but essentially outside of the realm of reproductive justice. Within this framework, Dr. Sims' patients and sterilization survivors are included in the historical record but written out of history. The reason why such narratives defending Sims are tolerated, and considered in the first place is that their presence cancels out the presence of racism, sexism, and classism. In forgetting the presence of black women persons, the rhetoric that determines the way they are and have historically been treated by medical and state apparatuses goes unchallenged.

It becomes difficult then to trace rhetoric from slavery to the present, to literally uncover ghosts—of both Sims' patients and the stories of black sterilized women. What is recognizable in both moments are the ways in which medical power has presented itself in the most intimate ways. Christina Sharpe, who discusses the effects of slavery on the post slavery subject, has described such moments, when history and horror rise to the surface, as monstrous intimacies. She writes in *Monstrous Intimacies: Making Post-Slavery Subjects*, “The monstrous intimacies are the original traumas and their subsequent repetitions, the ways that desires that are congruent with the law of the master are interpolated by the enslaved, remembered and passed on to

the future generations as their own.”¹⁸³ I posit that reproductive traumas such as Dr. Sims’ experiments and black women’s coerced sterilizations become monstrous and they are remembered albeit not by formal histories but by black women themselves, their husbands, their sons and daughters, neighbors, friends and parents. It is in this remembering that horror has a chance to be fully realized, and from it comes the possibility to incorporate and discuss the ways in which rhetoric surrounding black women has had a material effect that has not been full addressed.

I hope by tracing and making visible the ways in which we remember and forget the experiences of black women, their identities become reconstituted as histories deserving naming. I argue, that discourses of medicine, race, women, and reproduction cannot proceed as unrelated entities. As while they do, the damage that is done to black women leaves these types of traumas in a discourse belonging nowhere. The lived experiences black women have had with reproductive technologies carry weight and require a reformulation of how to conceive of reproductive rights. Choice, privacy, and safety do not encompass the stories and horrors of black women. I began this chapter by reinstating that race is central to the American conception of reproductive rights and within this re-conceptualization there lays the opportunity for change in rhetoric and in practice. It is only in becoming aware of how racist and sexist rhetoric operates that we then can truly begin to change the way black women have historically been made invisible.

¹⁸³ Christina Elizabeth Sharpe, *Monstrous intimacies : making post-slavery subjects*, Perverse modernities (Durham, NC: Duke University Press, 2010). 6.

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