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Putting the Control Back in Birth Control

Racism, Class and Reproductive Rights

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“Rape, racism, sexism, and capitalism have been consistent elements in a long history of documented assaults against the reproductive sovereignty of Black women.”¹
-Theryn Kigvamasud’ Vashti, Communities Against Rape and Abuse

As anarcha-feminists, when we think of “reproductive rights” we usually first think of a woman’s right to choose when/where/how she has children in terms of her access to free, safe abortions and multiple birth control technologies. We might think of Emma Goldman standing on a soapbox risking arrest to talk to women about condoms, or of our sisters currently standing on the front lines doing clinic defense actions. But on the flip side of the same coin is the right to choose to have a child, and the access to health

¹ Fact Sheet on Positive Prevention /C.R.A.C.K., prepared by Theryn Kigvamasud’Vashti, Communities Against Rape and Abuse, 2002

care and a safe environment to enable that choice. Creeping liberalism and racism manifest when the equation that abortion equals “individual choice free from state interference”, or the interests of white, middle class women become the dominant interpretation of reproductive liberty.

As Dorothy Roberts said to Ms. Magazine, too often the movement puts more vigor into defending abortion rights than into fighting against the limitations put on black women’s rights to reproduce. “It’s a fatal obfuscation of the principle from which women’s demand for reproductive rights springs: that is, the right to be, the right to exist on equal terms with all other women and men, and to create (or choose not to create) others like ourselves.” As she argues, increased access to effective new contraceptives does not necessarily enhance or improve women’s reproductive freedoms.²

Racist, patriarchal states and bosses have worked together to exercise control over women’s bodies using bribes, coercion, and outright force. Slave-owning plantation masters find their modern-day counterparts in the export processing zones and maquiladoras of today. The USAID bureaucrats and “family cap” welfare administrators selectively offering Norplant and tubal ligation echo those moral regulators and eugenicists who sterilized women in poor houses, asylums and brothels in the past.

Their tactics range from social assistance incentives, which are often linked to long-term (often unsafe) birth control, to the daily pressures on factory workers to take the Pill, and even so far as state-backed mass sterilization programs. Here we will examine some of these more recent attempts (in our area of Canada and the US) to limit reproductive freedom. Our focus is on the corporate and state-backed implementation of Norplant, and on the more street-based example of vigilantism practiced by a group calling

² Interview with Dorothy Roberts, by Moira Brennan. Ms. Magazine, April 2001. www.msmagazine.com

themselves “Project Prevention”, and on welfare reform projects in the past decade.³

Historically, when we look back at the eugenics programs in the past century, it has clearly been women of color, the disabled, the sick, the women labeled “loose”, and overall the poorest women who are the main targets.

Modern eugenics emerged from the Social Darwinism of the late 19th century. Eugenicists’ scheme to apply biology to the task of ridding humanity of “undesirables” while promoting “desirables,” was explicitly stated by Francis Galton, who coined the term eugenics. Eugenic doctrines, espoused by biologists, physicians and notably the emergent social science disciplines of Psychology and Sociology, attributed poverty and criminality to an individual’s biological make-up rather than the failings of social systems. Instead of looking at political and economic processes characterizing industrial capitalist expansion, proponents of eugenics identified various categories of people who were held responsible for a broad range of social problems and whose reproduction supposedly posed a threat to social stability.

The United States was the first country to sanction eugenic sterilization for those deemed “unfit.” The state of Indiana had a forced sterilization law as early as 1907 which was applied to petty criminals, alcoholics, the homeless, unwed mothers, prostitutes, and children with so-called “discipline problems,” after they had been herded into prisons, asylums, poorhouses, poor farms, orphans’ homes, and reform schools. By the late 1920s sterilization laws had been enacted in 24 states in the US, primarily in the Atlantic region, the Midwest and California.

The performance of eugenic sterilization programs in the US during the 1930s is cited as a major influence on the enactment of sterilization laws in Nazi Germany. While racist Darwinism was es-

³ A future article in the NEA series on reproduction will address the context for migrant laborers and women in newly industrialized countries.

poused only by a minority, even in US states that enacted eugenic laws, Nazism elevated the doctrine to a central position, declaring it official teaching after 1933. As Kevles notes:

“SS academies, in conjunction with university professors, tried to prove that races develop physical characteristics that can be directly linked to modes of behavior. In an attempt to “purge” the German population of “unworthy” members, about 400,000 men and women were sterilized (criminals, prostitutes, some poor people, alcoholics, members of mixed races, and others). On the same grounds, some people were forced to have abortions and many were killed within the so-called euthanasia program.”⁴

But the racist, classist bias in many birth control programs was certainly not limited to the American racists and German Nazis. Even erstwhile progressives succumbed to eugenics’ claims. In Scandinavia, sterilization was widely supported by Social Democrats, as well as noted liberals such as Gunnar Myrdal, in planning for the emerging welfare state. In Sweden thousands of women were sterilized for reasons of eugenics between 1930 and the 1970s. Up to 60,000 were sterilized without consent on such grounds as having an “unhealthy sexual appetite.”

Throughout Scandinavia as well as parts of Canada and the southern US sterilization achieved broad support. This was largely related to economic rather than eugenic considerations, as sterilization presented a means of reducing relief and institutional care for the poor. In Alberta, the ‘Sterilization Act’ of 1928 (started under the father of right-wing politician Preston Manning) specifically targeted people in mental health institutions, but also aimed

⁴ Eugenics and human rights — Statistical Data Included British Medical Journal, August 14, 1999 by Daniel J Kevles

As well researchers lost track of large numbers of users — upwards of 30 percent in some cases. In Bangladesh, Norplant clinical trials were conducted on almost 600 women in urban slums. Clinicians did not obtain informed consent to participate and clients were not given prior medical exams. Women were given monetary incentives for the insertion and discouraged from reporting problems. The studies were carried out by the national family planning and biomedical research organization, the Bangladesh Fertility Research Program.

Poverty and racism combine to drive an argument that women’s health can be sacrificed for the supposed good of society or to address social problems that are not their making.

Internationally, feminists are making a strong argument that it is not over-population, but over-consumption by the richest 20% of the planet that is causing resource shortages and is destroying the environment. Also, socializing the costs of health care is crucial for our survival. Right now in Grand Rapids, Michigan, the infant mortality rate for black babies is 2.24% and 0.75% for white. It is a perpetuation of basically a ‘caste’ system to maintain the racist status quo.

Struggles for real reproductive liberty must be — can only be — part of struggles against racism and economic exploitation. Besides doing our clinic defenses for women seeking abortion, and just as vigorously as we would fight Nazis in the street, we need to confront the racists in the boardrooms that set welfare policy, and the right wing that organizes behind groups like “Project Prevention.”¹³ As one activist feminist put it, “Oppression needs to be eliminated, not the reproductive capacity of women.”¹⁴

¹³ see their website at www.projectprevention.org for a listing of cities where they recruit

¹⁴ Hartman, Betsy — Cracking Open CRACK, zmag.org, 2000

Quite significantly the move by governments to push Norplant on poor women occurred at the same time that awareness of its negative health effects was growing, a factor leading wealthier white women, who enjoyed greater reproductive choices, to reject Norplant en masse. In a telling example of corporate and government complicity, governments stepped in to rescue their corporate partners by providing, and subsidizing, a market for the increasingly unmarketable technology. Politicians and editors of the capitalist press once again joined together to target explicitly poor black women for Norplant distribution. These media myths rarely have white counterparts in their representations. They play upon deeply manipulated fears in the US about black reproduction. Norplant was primarily distributed in centers with higher proportions of black welfare recipients, even though most women receiving welfare are not black. Because black women are five times more likely to live in poverty or receive welfare and three times more likely to be unemployed than white women in the US, policies directed at women receiving welfare and poor women are a not so sly way of targeting and controlling the lives of black women.

This plays into longstanding welfare ideology or propaganda that blames black single mothers for everything from “deviant lifestyles,” welfare “dependency,” “moral “degeneracy” and other terms that cover up what are really systemic socio-economic failings of capitalism. Rather than being a condemnation of capitalist economies these issues blame women for the viciousness of capitalist relations that brutalize them. Thus race and class politics work together to propel coercive birth control policies.¹²

As the case of Norplant further illustrates, these politics are played out globally. Most clinical testing for Norplant took place in Brazil, Indonesia and Egypt. Numerous ethical breaches occurred in testing of extremely poor and often illiterate women.

¹² *ibid*, pg. 112

at native women, new immigrants, the disabled, unwed mothers, women accused of lesbian ‘tendencies’, and so on. It was only finally ended in 1972, after sterilizing more than 2,000 Albertans.

In the US, Margaret Sanger, a founder of Planned Parenthood who was championed as an early feminist by some in the 1970s, proposed in “A Plan for Peace” (1932) that Congress establish a special department for the study of “population problems” and appoint a Parliament of Population to direct and control the population through a directorship representing various branches of science. Sanger insisted that among the main objectives of the Population Parliament would be “to keep the doors of immigration closed to the entrance of certain aliens whose condition is known to be detrimental to the stamina of the race, such as feeble minded, idiots, morons, insane, syphilitic, epileptic, criminal, professional prostitutes, and others in this class barred by the immigration laws of 1924.” Once controlling “the intake and output of morons, mental defectives, epileptics” Sanger suggested that “the second step would be to take an inventory of the second group such as illiterates, paupers, unemployables, criminals, prostitutes, dope-fiends; classify them in special departments under government medical protection, and segregate them on farms and open spaces as long as necessary for the strengthening and development of moral conduct.”⁵

Following World War II, eugenics was largely discredited, through scientific criticism and the opposition of civil libertarians as well as the stigma of its deep connection with the Nazi regime. Still sterilization programs persisted in Canada and Sweden until the 1970s. In addition, echoes of eugenics can be found in recent controversies such as attempts in the US to compel poor women, especially welfare recipients, to undertake risky birth control devices such as Norplant. Eugenics brought together the economic and moral regulation of women’s lives, bodies and labor.

⁵ Sanger, Margaret. “Plan for Peace.” *Birth Control Review*, 1932, 107–8

A key element that propped up the attempts to justify these sterilizations was an explicit “ableism,” the belief that those who for whatever reason, and in whatever manner, are less “abled” should also be stopped from procreation, by whatever means necessary. Here there has always been a complaint about “burdens to society,” or reference to saving “tax-paying citizens.” As Kigvamasud Vashti puts it, “The value of people with disabilities is too often measured in capitalists terms — in fact, when officials are determining if a person meets the [US] federal definition of disability of the ten criteria considered is whether the person is economically self-sufficient.”

The group known as “Project Prevention” (formerly known as C.R.A.C.K., Children Requiring A Caring Kommunity [sic]) plays on exactly these types of able-bodied supremacist notions. Since the early 90’s, this organization has targeted poor women in many major US cities. Started by a white woman who adopted from the same mother four black children with prenatal exposure to crack, their main project is “cash for birth control for drug and alcohol addicts.” They offer \$200 to women who agree to sterilization or long-term birth control (you get the \$200 immediately if you have your tubes tied or get a Norplant implant or \$200 in installments over one year if you go with Depo-Provera or Lunelle). Acknowledging that more poor women are going to go for the \$200 than rich, they flier poor, Latino and Black neighborhoods, at homeless drop-ins and shelters, and wherever they feel prostitutes or drug users might frequent. Without any concern for the short or long term health, safety or well being of the women, they use coercion, intimidation and essentially guilt them into giving over direct control over their reproduction. With all Project Prevention’s fund raising and venture capitalist support, they give nothing to rehab treatment or housing programs where they recruit. They ignore the fact that if a woman is chemically addicted and in poverty, then she’s also more likely to be homeless and at greater risk of rape. By telling these women they’re “out of control” and that they and their children a “burden on society,” C.R.A.C.K. lays down a lot of

plant. Bills proposed in Maryland, Mississippi and South Carolina would have made Norplant mandatory for women on welfare.

In case there was any doubt about the eugenic basis of Norplant distribution, Nazi and former-KKK Grand Wizard and Louisiana state representative, David Duke put forward a bill paying women receiving welfare \$100 a year to use Norplant as part of his “concrete proposals to reduce the illegitimate birthrate and break the cycle of poverty that truly enslaves and harms the black race” by “promoting the best strains, the best individuals.”¹¹

Other experimental measures (such as the “contraceptive vaccine”) will likely follow Norplant as methods to reduce the fertility of black women in the US. Such contraceptive vaccines, administered by injection, can be given without a woman’s full knowledge or consent. In addition, the contraceptive effect cannot be reversed once the “vaccine” is put into a woman’s bloodstream. Clearly, such technologies are a threat to women’s re/productive autonomy.

For Norplant, Depo-Provera or IUD, women cannot simply stop using it when they want to. This so-called convenience contributes to its coercive application. The provider controls it, not the women who use it. Once it is implanted it does not rely on a woman’s consent and it is easily monitored: the rods are in or not. Health care providers can impose their moral decisions on poor women by refusing to remove it. Ensuring that implants remain in is easily done if governments mandate use. Day-to-day management of birth control is removed from women and given to a technology and the health care system that so badly services poor women. It is not about reproductive freedom but rather about pushing technologies on specified groups in order to achieve social outcomes favorable to elites.

Welfare policy is clearly dictated by capitalist economics and radicalized class politics as the struggles over Norplant show.

¹¹ *ibid*, pg. 109

The public media pressure put Norplant at the center of a new program of population control politics and government programs for poor women. At the same time that neoliberal governments across the US were cutting social programs, public funding for Norplant became a popular budget item. It costs up to \$500 to implant, \$365 for the capsules and \$500 to remove, and was directed towards poor women through Medicaid.

By 1994, otherwise cost-cutting governments had managed to spend \$34 million on Norplant-related benefits. Half of the women in the US who used Norplant were Medicaid recipients. States also made millions of dollars available to provide Norplant to low income women who were ineligible for Medicaid. Wyeth-Ayerst set up The Norplant Foundation contributing almost \$3 million per year to get Norplant kits to poor women. The company profits partly by targeting the devices at women who cannot “control discontinuation of the product.”¹⁰

Norplant was becoming the only acceptable form of welfare expenditure, as if poor women were poor only because they had children. Never mind that having Norplant inserted did nothing to pay the rent or buy food. Of course, this was primarily about moral regulation and the social control of poor women’s bodies since it was directed, even as food and housing provisions were being cut, at women who were already poor but had no children.

Incentives were not enough for some governments. Within two years of Norplant’s release, several state legislatures put forward measures either offering financial bonuses for Norplant use or even requiring implantation as a condition of receiving welfare benefits. In 1993 Tennessee passed a law requiring anyone receiving public assistance to be notified in writing about the state’s free provision of Norplant. A North Carolina bill would have required all women having a state-funded abortion to be implanted with Nor-

shame and discouragement just when a woman may be ready to seek treatment and support, and reinforces instead that her life is not so valuable, and she should just take the \$200.

Knowing that ‘tax-paying capitalist’ evaluations of life are often completely ass-backwards, feminist activists in Seattle and other cities organized themselves to tear down the Project Prevention flyers. Still, they keep on coming, and also keep trying to pass legislation to make “prenatal crimes” punishable by jail and sterilization.

United States’ legislation targeting poor mothers has really taken off in the area of welfare reform. In August of 1993, New Jersey was the first state to impose the family cap for welfare recipients, and by 1998, there were 21 states with some form of capping policy, whereby a (often single) woman with children receiving assistance wouldn’t find any additional support if she bore another child. By 1998, 20,000 children were denied benefits in New Jersey, but it hadn’t had any real effect on birthrate, and of course, served to drive many women-led families into deeper poverty.

Also starting in the 1990s, Norplant was favored by politicians and legislators as a means of population control. Underlying the distribution and administration of Norplant were racial and class based politics geared towards the control of poor women and especially poor black women.

These plans to require women on welfare to use birth control are nothing new. They have long circulated as part of neo-conservative capitalist policy to regulate the working class. For example, part of Margaret Sanger’s Plan for Peace, Part E reads: “To insure the country against future burdens of maintenance for numerous offspring as may be born of feeble minded parents by pensioning all persons with transmissible disease who voluntarily consent to sterilization.”

¹⁰ *ibid*, pg. 128

In 1973, University of Chicago physiologist Dwight Ingle, in his sweetly titled book, *Who Should Have Children?*, advocated population control as an alternative to the welfare state.

Ingle proposed that individuals who could not provide their children with a healthy environment or biological inheritance — including people with genetic defects or low intelligence, welfare recipients, criminals, drug addicts, and alcoholics — should be encouraged, or forced if necessary, to refrain from childbearing.⁶

Incredibly, Ingle fantasized about a future age in which tech advances would see the insertion of pellets containing an “anti fertility agent” under the skin of every woman of childbearing age. In order to have the pellets removed women would have to apply for a license. The state would determine who was qualified for parenthood under the guidelines provided above by Ingle. With the invention and dissemination of Norplant in the 1990s, Ingle’s nightmarish plan seemed to stand at the threshold of realization.

Thousands of poor black women in the US were targets of an aggressive campaign to have Norplant inserted for reproductive control, with the goal of decreasing their birth rate. The Population Council, a non-profit organization that pushes so-called “family planning” in poorer countries, originally developed Norplant. Pharmaceutical giant Wyeth-Ayerst Laboratories distributed it in the US. Norplant is made up of six silicone capsules filled with the synthetic hormone levonorgestral, which are implanted just under the skin of a woman’s upper arm. Once inserted Norplant prevents pregnancy for up to five years. Only sterilization has a better record of preventing pregnancies.

Immediately upon its approval by the US Food and Drug Administration (FDA), politicians and social commentators seized upon Norplant as a useful way to control the birth rates of poor black women. If its long-acting, effective and convenient character made

⁶ Roberts, Dorothy. *Killing the Black Body: Race, Reproduction and the Meaning of Liberty*. Pantheon Books, 1997, page 110

it the perfect contraceptive, as its advocates claimed, it also made it the ideal tool for governments to control the reproduction of poor women.

Only two days after Federal approval of Norplant, the *Philadelphia Inquirer* ran a chilling editorial entitled, “Poverty and Norplant: Can Contraception Reduce the Underclass?” The editorial explicitly put forward a racist and eugenic position, offering a coercive combination of contraception and race. It went on to propose Norplant as a solution to inner-city poverty, suggesting that “the main reason more black children are living in poverty [itself a statistical lie] is that people having the most children are the ones least capable of supporting them.”⁷ The editorial finished by endorsing the use of financial incentives to “encourage” women on welfare to use Norplant.

Not surprisingly, journalists around the country, from *Newsweek* to the *New Republic* leaped to the *Inquirer*’s defense to take up the call for coercive Norplant incentives. David Frankel, director of population sciences at the Rockefeller Foundation, was even more aggressive: “Despite the infantile reaction of some black staffers [who opposed their boss’ editorial]...birth control incentives would not be genocide. Such incentives would be a humane inducement to social responsibility.”⁸ Here again is the racist mythology that poverty is a result of personal irresponsibility and the only solution is “tough love” to force the negligent to “be responsible.” Given the class character of battles over reproduction, of course, not all supporters of Norplant incentives were white. DC Mayor Marion Barry asserted that, “when you start asking the government to take care of [your babies], the government now ought to have some control over you.”⁹

⁷ *ibid*, page 106.

⁸ *ibid*, pg. 107

⁹ *ibid*, pg. 108