

WE WERE NEVER MEANT TO SURVIVE: THE IMPERILMENT OF BLACK
WOMEN'S HEALTH IN THE TWENTIETH AND TWENTY-FIRST CENTURIES

By

Lisa M. Waldron

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CAPSTONE ABSTRACT

We Were Never Meant to Survive: The Imperilment of Black Women's Health in the
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Capstone Director:

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The goal of this Capstone is to reveal that virtually nothing has changed regarding the medical care of black women since the early twentieth century because of the racist notions baked into the healthcare system.¹ Audre Lorde's provocative statement about black women, "We were never meant to survive,"² while daunting, tells the story of how difficult it remains for a black woman to receive equitable treatment from healthcare professionals and the life-threatening indifference they encounter because of the color of their skin.

This paper examines eugenics, racist tropes, governmental intervention into black women's reproductive rights from the 1970s through the 1990s, the neglect of black women's childbirth and breast cancer issues, and the stress of racism contributing to

¹My interest in this topic is not purely academic. I have worked in the healthcare field for 16 years, and during that time, I have taken notice of doctor's indifference towards their patients, sometimes due to profiling. On December 26, 2021, I received an electrocardiogram tracing that showed a life-threatening rhythm. The on-call physician, while pleasant, disregarded the rhythm and my alarm, and commented that the patient, a 32-year-old man, was most likely sleeping. Our company activated EMS. Paramedics attempted to revive the patient, but it was already too late.

²Audre Lorde, *The Cancer Diaries* (New York: Penguin Books) 1980, 14.

potentially detrimental health issues. The concluding analysis examines that the stress from racist treatment appears to act as a type of eugenics, in that if black women continue to grow sicker because of poor treatment from medical professionals, the “bad genetics” will be weeded out.

Introduction

In the twenty-first century, black women still receive substandard health care, especially when medical issues pertain to women's health, most notably childbirth and breast cancer. While the evidence that black men have been experimented on and allowed to die is well documented, for example the Tuskegee Experiment,³ black women have been targeted by white America for decades, at times to either diminish or eliminate blacks in the United States. In her memoir *The Cancer Diaries*, writer and activist, Audre Lorde, while chronicling her own experience battling breast cancer, asserts something quite emphatically about black women, "We were never meant to survive."⁴ While Lorde's statement could strike some as hyperbolic, history paints an accurate portrait of the harsh way black women were treated in the United States regarding their health care, a practice that continues today.

The eugenics movement of the early twentieth century set the wheels in motion regarding the mismanagement of black women's medical issues. Contraceptive advocate Margaret Sanger, a pioneer for women's reproductive rights, was seduced by the eugenics movement.⁵ The eugenicists' aim was to rid humanity of "bad" traits. Margaret Sanger, while perhaps not a racist,

³For more information, please see Fred D. Gray's *The Tuskegee Syphilis Study* (Montgomery: New South Books, 2013).

⁴Lorde, 14.

⁵Please see Dorothy Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York Vintage Books, 2017), 72-73.

allied herself with eugenicists' views in order to push her agenda regarding contraception,⁶ which indirectly defined being black as a bad genetic trait, and this will be argued further down.

During the twentieth century, black women were sterilized without their knowledge or consent or coerced into sterilization.⁷ What made this acceptable to the medical community were the racist tropes about black women that have existed since the time of slavery. Depictions such as the Jezebel, the hypersexual black woman, and the Sapphire, a loud, angry, controlling black woman, were two common portrayals. Like many stereotypes of people who fall out the lines of the Anglo-Christian majority of the United States, these characterizations depicted black women as dangerous, which prompted white people's attempts to control them.

In the latter half of the twentieth century, other racist tropes flourished to demonize black women. These included the Welfare Queen, a black woman who continued to have children so she could live lavishly off the government, and the crack mother, a drug-addicted black woman who brought drug-addicted children into the world. These new racist stereotypes incensed white America, making them amenable to curtailing what black women did by condoning the use of drastic medical interventions. These racialized views of black women also play into the neglect and misdiagnosis of breast cancer. According to the Breast Cancer Preventative Partners website,

⁶Charles Valenza, "Was Margaret Sanger a Racist?," *Family Planning Perspectives* 17, no.1 (January-February 1985): 44, https://www-jstor-org.proxy.libraries.rutgers.edu/stable/2135230?sid=primo&origin=crossref&seq=2#metadata_info_tab_contents.

⁷For further reading on this topic, I recommend Harriet A. Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Anchor Books, 2006).

black women have a “31% mortality rate from breast cancer- the highest of any U.S. racial or ethnic group.”⁸

Preconceived notions about who and what black women are due to prevalent racist tropes cause healthcare providers to view and treat them differently than white women, which has been shown to cause healthcare-related stress. Black women internalize this negative treatment by physicians and nurses, which either contributes to medical conditions related to stress or the discontinuation of medical treatment entirely. The healthcare community in general has adopted the stance that black women’s health is due to their genetic predisposition to poorer health than whites, which revives the eugenics ideology of the twentieth century. My concluding analysis hypothesizes that race-related stress can be viewed as a tool of a twenty-first century version of eugenics by creating inferior health conditions through neglect of black women’s health issues or stress-related illnesses.

Part I: We Were Never Meant to Survive: Margaret Sanger and Eugenics, 1900s-1970s

The desire to decrease the number of black people in the United States due to their race was perhaps not overtly broadcast, but the concept of eugenics, which is the filtering out of bad genetic traits to make a stronger, more viable and desirable human race, was about as racist an ideology as one could implement. “Eugenicists promulgated weeding out of undesirable societal

⁸African American Women and Breast Cancer,” Breast Cancer Prevention Partners, accessed November 3, 2021, <https://www.bcpp.org/resource/african-american-women-and-breast-cancer/>.

elements by discouraging or preventing the birth of children with bad genetic profiles.”⁹ During this time in the United States, one group deemed to have bad genetics were blacks; this will be argued later in this paper.

Margaret Sanger, known predominantly for her feminist views and pioneering work regarding birth control, adopted eugenics as a tactic to further her platform. While she was resolute in her convictions about a woman’s autonomy over her reproduction, she did not have the influence necessary to further her agenda, so she made some unholy alliances with groups whose core tenets were racist. Sanger’s commitment to her cause required her to expand her borders beyond the United States. “Sanger’s experience in exile prepared her to return to America with a broadened perspective and stronger intellectual framework for her arguments. . . . Toward this aim, Sanger would embrace aspects of the eugenics and population control movements,”¹⁰ the latter being the Neo-Malthusians. Eugenicists, as previously noted, believed that bad genetic traits should be filtered out, and one of these groups of people because of centuries-old racist tropes that included laziness, hypersexuality, aggression, and imbecility, were blacks. Unfortunately for Sanger, the fact that she was influenced by the eugenics movement appeared to make her mission about controlling black women’s ability to reproduce.¹¹

⁹Harriet A. Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Anchor Books, 2006), 191.

¹⁰Esther Katz, ed., *The Selected Papers of Margaret Sanger, Volume 4: ‘Round the World for Birth Control, 1920-1966* (Urbana: University of Illinois Press, 2016), 19-20, <https://ebookcentralem-proquest-com.proxy.libraries.rutgers.edu/lib/rutgers-ebooks/reader.action?docID=4792740>.

¹¹Washington, 196.

Though her own work was directed toward voluntary birth control and public health programs, her use of eugenics language probably helped justify sterilization abuse.¹² It is quite possible that Sanger overlooked this particular part of the eugenics and Neo-Malthusian movements in the United States in order to achieve her goal of empowering women through birth control, but it was a choice that tarnished her legacy, even with Planned Parenthood, the organization she herself founded in 1916.¹³

While it can be debated whether or not Sanger was racist, the fact that she focused her crusade for contraception on blacks and other minorities was based on the racism and elitism of the groups with which she aligned herself. She believed that since black women lived in poverty and had limited access to healthcare, they should strongly consider preventing unwanted pregnancies, a sentiment she borrowed from civil rights leader and founder of the NAACP, W. E .B. Du Bois.¹⁴ However, this argument was also made by former Grand Wizard of the Ku Klux Klan, David Duke, decades later with a different intent, which will be covered in Part II.

The eugenics movement branded black women as bad mothers because of the myths promulgated by white men about their genetically predisposed sexual indiscretions and irresponsible natures. Black women, despite being raped by sailors and slave owners, an act that

¹²Valenza, 45.

¹³“The History and Impact of Planned Parenthood,” Planned Parenthood, accessed December 15, 2021, www.plannedparenthood.org/about-us/who-we-are/our-history.

¹⁴Valenza, 45.

if committed by a black man against a white woman would result in his castration or death,¹⁵ bore all of the responsibility for men's deplorable sexual behavior. Since black women were property, white men could treat them in any way they chose.¹⁶ This behavior did not end when slavery was abolished, however, ". . . if we confront the evidence which may sicken but nevertheless informs us, that white supremacists continued the exploitation of black women, clinging to the sexual tactics rampant during slavery as a means of maintaining racial control Freed people clearly understood the hypocrisy of sexual and racial relations in the wake of emancipation. Nearly twenty years later, little had changed."¹⁷

Eugenicists used these falsehoods about what they deemed as the inherent characteristics of black women to make their point. "The sexual irrepressibility and bad mothering were biologically located in the hereditary apparatus"¹⁸ Sanger, as Harriet Washington states, also asserted that, "The 'Negro district' itself . . . is the 'headquarters for the criminal element,' so clearly we are meant to take the black girl's dysfunctional family as representative."¹⁹ While these assertions about the predisposition of black people to be more promiscuous or sexually

¹⁵Please refer to Catherine Clinton, "Bloody Terrain: Freedwomen, Sexuality and Violence During Reconstruction." *The Georgia Historical Quarterly* 76, no. 2 (Summer 1992), https://www-jstor-org.proxy.libraries.rutgers.edu/stable/40582538?sid=primo&seq=1#metadata_info_tab_contents.

¹⁶Washington, 45.

¹⁷Clinton, 315-318.

¹⁸Washington, 191.

¹⁹Washington, 196.

careless than whites do not seem to be based in scientific fact, and because men have been known to blame women for their own reprehensible behavior, “African Americans were roundly disparaged by eugenic theory as scientists continued to seek and find wide physiologic evidence of black inferiority. In a refinement of earlier scientific racism, eugenics was appropriated to label black women as sexuality indiscriminate and as bad mothers who were constrained by biology to give birth to defective children.”²⁰ The movement also depicted black women as unintelligent, impulsive, and prone to insanity, alcoholism, and drug addiction to reinforce their argument that black women are unfit for motherhood.²¹ This argument seems to have convinced many white people in the twentieth century that black women’s sexuality and procreation needed to be curtailed, and the solution to this problem was sterilization, either by hysterectomy or tubal ligation.

In the 1960s, black women were being sterilized without their knowledge or consent. Civil rights activist, Fannie Lou Hamer was one such woman. “One day in 1961, Hamer entered the hospital to have ‘a knot on my stomach’ – probably a benign uterine fibroid tumor- removed. She then returned to her family’s shack on the plantation to recuperate . . . ominous tidings circulated . . . the surgeon had removed her uterus, rendering Hamer sterile.”²² While many women have had uterine fibroids that have been debilitating, my mother being one of them, those

²⁰Washington, 191.

²¹Please see Dorothy Roberts’s “Chapter 2: The Dark Side of Birth Control” in her book *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Vintage Book, 2017).

²²Washington, 189-190.

with white skin at that time would have been consulted about having a hysterectomy. Fannie Lou Hamer was not. Even though Hamer and her family were unable to break the cycle of debt, based on research that exists of so many other families in a similar situation,²³ we can assume that the doctor who performed her hysterectomy knew about Hamer's financial situation and made the decision that she should not have any children since she apparently did not have the means to care for them. This procedure, which was widespread throughout the South at this time, was dubbed the "Mississippi appendectomy."²⁴ The irony of this euphemism is that the appendix, to our knowledge, serves no purpose in the human body and is removed only when it becomes severely infected. Contrarily, the uterus is necessary for the continuation of the human race. However, if those in power wanted the United States to remain a white nation, it was necessary to equate a black woman's uterus to an infected appendix and remove it, thereby reducing the black population in the future.

According to Dorothy Roberts' research, "most of the sterilizations were not performed under the auspices of the eugenic laws. The violence was committed by doctors paid by the government to provide health care for these women. During the 1970s, sterilization became the most rapidly growing form of birth control in the United States, rising from 200,000 cases in 1970 to over 700,000 in 1980."²⁵ Roberts also asserts that these practices were not limited to the

²³Washington, 189.

²⁴Roberts, 90.

²⁵Roberts, 90.

South, as the euphemism “Mississippi appendectomy” would imply. Boston City Hospital, according to Roberts, performed “medically unnecessary hysterectomies on Black patients,” including operations conducted to train medical residents.²⁶ Black women were also subjected to tubal ligations without their knowledge or consent, some performed after giving birth via Caesarian section.²⁷ While these procedures were not performed under eugenic laws, per se, eugenics and the desire to curtail black women from reproducing was a priority for the United States government, and the medical community not only complied, but benefitted from these policies.²⁸

Part II- We Were Never Meant to Survive: Governmental Intervention into Black Women’s Reproductive Rights, the Welfare Queen, and the Crack Mother, 1970s-1990s

As Harriet Washington states in her book, *Medical Apartheid*, “African American women have always been staggeringly overrepresented in the ranks of the sterilized.”²⁹ While sterilization continued throughout the 1970s and 1980s, it was not the only option to decrease black births in the United States. New advances in pharmaceuticals products, such as the birth control pill and implantable birth control, such as Depo-Provera, which was introduced in 1978

²⁶Roberts, 91.

²⁷Roberts, 91.

²⁸According to Roberts, hysterectomies in New York City teaching hospitals were also performed on Puerto Rican women without their consent to train medical residents in the procedure. Also, more hysterectomies were performed than tubal ligations because doctors were paid more by Medicaid for the more dangerous procedure.

²⁹Washington, 203.

and later found to be dangerous for contraceptive use, made it easier for those who sought to keep black women from reproducing.³⁰ The desire to limit black women from having children weaved its way into the United States government. Planned Parenthood, established in 1916 by Margaret Sanger, received federal funding and expanded throughout the United States starting in 1970 after Richard Nixon signed the Family Planning and Population Research Act into law.³¹ Nixon “. . . proposed that U.S. women should have available resources that could aid them in family planning. He further emphasized that their economic conditions should not deter their access to those resources.”³²

Despite the perception that birth control was aimed at the black community in order to control *their* population, due in large part to Margaret Sanger’s alliance with eugenicists and placing family planning clinics in black neighborhoods like Harlem,³³ black women embraced the idea of controlling their own reproduction and did not see these contraception programs negatively. Even though eugenicists supported birth control as a way to stop the growth of the

³⁰Washington, 205-206. Depo-Provera was administered as an experimental contraceptive to 4,700 Native Americans and black patients by Emory University. In 1992, the FDA stated, “Never has a drug whose target population is entirely healthy people been shown to be so pervasively carcinogenic in animals as has Depo-Provera.”

³¹“Our History,” Planned Parenthood, accessed December 15, 2021, <https://www.plannedparenthood.org/about-us/who-we-are/our-history>.

³²Pasty Ciardullo and Nevada Wagoner, “Title X Family Planning Program (1970-1979),” The Embryo Project Encyclopedia, October 21, 2018, accessed December 22, 2021, <https://embryo.asu.edu/pages/title-x-family-planning-program-1970-1977>.

³³“Opposition Claims About Margaret Sanger,” Planned Parenthood, accessed December 18, 2021, https://www.plannedparenthood.org/uploads/filer_public/cc/2e/cc2e84f2-126f-41a5-a24b-43e093c47b2c/210414-sanger-opposition-claims-p01.pdf.

black population and thereby maintaining a predominantly white country, black women believed that birth control would give them the freedom and independence from children that they could ill afford and break out of the cycle of poverty that has plagued them for decades.³⁴ They may have seen it as a step towards freedom.

However, black men and some black women, including, as previously noted, Fannie Lou Hamer,³⁵ had a very different take on these initiatives. They viewed birth control as black genocide, an assumption that was not at all without merit. Prominent black men such as Dr. Julian Lewis, a former professor at the University of Chicago, defined birth control programs as “race suicide” in an article he penned in 1954 for *Jet* magazine. Almost twenty years later, civil rights activist Dick Gregory wrote an article in *Ebony* magazine entitled, “My Answer to Genocide,” in which he spoke in favor of large black families to ensure that black people would not be eliminated.³⁶

In Chapter 7: “The Meaning of Liberty,” Dorothy Roberts states that despite the fact that reproductive decisions are protected by the Constitution of the United States, black women’s rights are not.³⁷

While government neutrality protects citizens against imposition of state orthodoxy, it also means that the definition of liberty must take a color-blind stance in regard to reproductive policies. . . . Government neutrality conceals the racist origins of social practices that do not overtly discriminate on the basis of race. It ignores the way that the

³⁴Roberts, 86.

³⁵Roberts, 99.

³⁶Roberts, 98.

³⁷Roberts, 294.

degrading mythology about Black mothers influences public policy as long as government officials do not explicitly act on the basis of race.³⁸

All women, regardless of race, should have benefitted from the availability and affordability of government-sponsored birth control and the ability to manage their own reproductive health, but this was not the case. Black women were the main target for contraception and sterilization, while white women who wanted these services found it difficult to find doctors who would comply.³⁹ Black women were also forced into sterility in order to continue to receive the welfare benefits they so desperately needed to survive.⁴⁰

Poor black mothers were targeted for these types of programs because they were seen as bearing numerous children to profit from government assistance. The myth of the Welfare Queen, a phrase attributed to Ronald Reagan, was born out of this misconception. While the Welfare Queen was never explicitly identified as black, structural racism and racist tropes about black women made it simple for white Americans to draw their own conclusions about the color of the woman to whom Reagan referred. This characterization of black women by the President of the United States convinced a solid percentage of white America that black women were “. . . more likely to have children to increase their benefits,”⁴¹ and “. . . were poor because of individual choice within a culture that encouraged immoral behaviors, foremost among them

³⁸Roberts, 295.

³⁹Roberts, 95.

⁴⁰Roberts, 205.

⁴¹Tom Mould, *Overthrowing the Queen*, (Bloomington: Indiana University Press, 2020), 22, <https://ebookcentral-proquest-com.proxy.libraries.rutgers.edu/lib/rutgers-ebooks/reader.action?docID=6269710>.

helplessness, laziness, and promiscuity, which undermined the traditional family structure seen as the bedrock to American society and success.”⁴²

According to Harriet Washington, “A 1990 survey revealed that 78 percent of whites think blacks prefer welfare to employment. But most black women are likely to be employed full-time and hold at least one job, and women on welfare are likely to be employed part-time at low-wage jobs with few if any benefits.”⁴³ Despite the findings of this study, white Americans were more willing to believe the racist trope of the Welfare Queen, a woman who wears furs and drives a Cadillac,⁴⁴ all paid for with their copious welfare benefits they receive from having countless children, than the truth. Black women on welfare were not buying furs and cars; they could barely pay their monthly bills.

During the 1990s, when the long-term, implantable contraceptive Norplant was introduced, black women on welfare were forced to have these devices placed to continue receiving their benefits. Former Ku Klux Klan grand wizard and Louisiana state representative, David Duke, wanted to pay women on welfare \$100 annually to use these implantable devices. “Duke’s bill was an attempt to fulfill his campaign promise to enact ‘concrete proposals to reduce the illegitimate birth rate and break the cycle of poverty that truly enslaves and harms the black race.’ “The scheme also reflected his earlier support for what he called ‘Nazism,’ when he claimed in 1985 that ‘the real answer to the world’s problems’ was ‘promoting the best strains,

⁴²Mould, 24.

⁴³Roberts, 203.

⁴⁴Mould, 37.

the best individuals.”⁴⁵ David Duke made his feelings about black people quite clear on numerous occasions, and it had nothing to do with ending the cycle of poverty and more to do with a type of “black genocide” as referenced in Part II. In a 1985 interview with a doctoral student conducting research for her dissertation on the KKK, Duke stated, "What we really want to do is to be left alone. We don't want Negroes around. We don't need Negroes around. We're not asking you know, we don't want to have them, you know, for our culture. We simply want our own country and our own society. That's in no way exploitive at all."⁴⁶

To add insult to injury for black mothers, the crack epidemic caused an outrage among white Americans in the 1980s and 1990s, which seemed to solidify the assertion that black women were unfit mothers. “One of crack’s peculiar qualities appeared to be the drug’s appeal to women. . . . most crack-addicted women are of childbearing age, and many are pregnant, which contributed to a huge increase in newborns testing positive for drugs observed in hospitals during the 1980s. . . . But crack was by no means the only drug involved.”⁴⁷ There is no question that doing drugs during pregnancy is dangerous for both mother and baby, however, those who seized upon the “crack mother” trope had an agenda that had nothing to do with a newborn’s health. “The injury to a fetus from excessive alcohol far exceeds the harm from crack exposure. Heavy

⁴⁵Roberts, 109.

⁴⁶“David Duke: In His Own Words,” Anti-Defamation League, accessed December 9, 2021, <https://www.adl.org/sites/default/files/documents/assets/pdf/combating-hate/David-Duke-long-article.pdf>.

⁴⁷Roberts, 155.

drinking during pregnancy can cause fetal alcohol syndrome, characterized by serious physical malformation and mental deficiencies. . . . Crack does not cause anything near this pattern of severe defects.”⁴⁸ Even though alcohol, a legal substance, causes more long-term damage to a developing fetus than crack, the media focused their attention on the crack epidemic and created a panic over these pregnant mothers and their drug-addicted babies because they were “both irredeemable, both Black.”⁴⁹

The late 1980s witnessed the emergence of an aggressive anti-drug crusade . . . defined as the criminal use and sale of illicit substances . . . special interest groups, politicians, and news agencies turned their attention to the evils of illicit substances . . . Pregnant addicts were subject to special scorn in the media and viewed as particularly deficient in morals . . . Not all drugs received equal attention in the war on drugs; crack most firmly captured the nation’s imagination . . . Despite the sudden burst of alarmist press and the appearance of the war on drugs, the overall prevalence of drug use in the U.S. did *not* increase in the 1980s. What did occur during this period was ‘the practice of smoking cocaine, formerly restricted to middle and upper-classes, spread into the inner-city with the availability of [crack], a new, less expensive form of smokable cocaine.’⁵⁰

Citizens “concerned” about the welfare of “crack babies” made their distaste known in the 1990s. The group Children Requiring a Caring Kommunity (CRACK) made it their mission to both demonize women who smoked crack while pregnant and convince them to either undergo

⁴⁸Roberts,177.

⁴⁹Roberts, 156.

⁵⁰Enid Logan, “The Wrong Race, Committing Crime, Doing Drugs, and Maladjusted for Motherhood: The Nation’s Fury over Crack Babies,” *Social Justice* 26, no. 1 (Spring 1999): 128, https://www-jstor-org.proxy.libraries.rutgers.edu/stable/pdf/29767115.pdf?ab_segments=0%252FSYC-6168%252Ftest&refreqid=excelsior%3Af2a602de10374bd3c424a77bb0d6f295

sterilization or submit to the implantable contraceptive, Norplant, under the guise of protecting the children.⁵¹

During the 1990s, women who use illicit drugs during pregnancy became the subject of intense public attention and social stigmatization. They are regarded as incapable of responsible decision-making, morally deviant, and increasingly, unfit for motherhood. In recent years, the civil courts have terminated parental rights of thousands of women whose infants tested positive for drug exposure at birth. Women have also faced criminal prosecution for prenatal drug use, under statutes including criminal child abuse, neglect, manslaughter, and delivering substances to a minor. For the most part, the women targeted by the courts and the media have been black, poor, and addicted to crack cocaine.⁵²

The welfare of the children born to women addicted to crack cocaine, I believe, was not the aim of these groups. Their purpose was to rile and repulse white America about the skin color of the women giving birth to drug-addicted babies. Media coverage perpetuated the narrative white America clung to, which was that these black women were animals and criminals who needed to be controlled. “We don’t allow dogs to breed. We spay them. We neuter them. We try to keep them from having unwanted puppies, yet these women are literally having litters of children.”⁵³

This quotation from Barbara Harris, equating black women to animals, reveals one of the main intents behind her organization, CRACK, which was to dehumanize drug-addicted black women and attempt to limit their ability to have children. The burden, they believed, would fall on the United States taxpayers to care for children who, in their minds, had no business being

⁵¹Washington, 215.

⁵²Logan, 115.

⁵³Washington, 215.

⁵³Washington, 189.

born. CRACK sought to continue eugenicists' work based on different criteria. The aim of eugenicists was to eradicate "bad" genetic traits. Harris and those like her needed a slightly different tact, so their mission could not solely be based on the concept of racial inferiority, therefore they exploited black women's poverty, living off government assistance, and drug addiction to continue eugenicists' goal of reducing the black population, and essentially make reproduction a crime.⁵⁴

The crack "epidemic" was tailor-made for Barbara Harris, who, for the most part, is a eugenicist. Her purpose was to shock and repulse white America about black women giving birth to drug-addicted babies, leading them to the conclusion that these women needed to have their reproductive rights significantly limited or terminated. Not only did these special interest groups demonize black women who used drugs during pregnancy with their own rhetoric, they also used medical research to further depict black women as unfit mothers, much to the dismay of the scientists who conducted these studies. "Dr. Ira Chasnoff has been a leading scientist in the field of prenatal cocaine exposure research since 1985. When Dr. Chasnoff discovered that his research was primarily being used to stigmatize and punish the women and children for whom he considered himself an advocate, however, he was appalled. In 1992, he stated that on *average*, crack-exposed children 'are no different from other children growing up.'"⁵⁵

The ease with which white America believed the stilted narrative about black women who smoked crack while pregnant is illustrative of their eagerness to believe they should not be

⁵⁴Please see Dorothy Roberts, "Chapter 4: Making Reproduction a Crime," *Killing The Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Vintage Books, 2017).

⁵⁵Logan, 122.

permitted to reproduce. What also raised the panic level of white America was the notion that it would cost the nation “\$100 billion in remedial medical and developmental cost over the next decade.”⁵⁶ Despite the fact that early studies about babies born addicted to crack were flawed and problems with black women’s newborns could have been attributed to poverty, dietary insufficiencies, and lack of prenatal care,⁵⁷ white America only saw that the issues these babies faced were due to *black* women using crack during pregnancy. In their minds, this solidified their preconceived racist notions about black women being unfit mothers. Because crack use was widespread in black, urban communities, CRACK and similar organizations seized on it, declaring the drug and its users as a societal scourge, and pregnant black female addicts criminals. Despite the detrimental effects that the drug had on people and the community, crack was only a convenient excuse, as it “. . . gave society one more reason to curb black women’s fertility.”⁵⁸

Part III- We Were Never Meant to Survive: Old Racist Tropes, Being Black and Female in the Twenty-First Century, and the Detrimental Effects on Breast Health and Childbirth

Stoking fear and disgust about crack mothers did not achieve the goal of suppressing black women’s reproduction as planned. Those who wished to continue reducing the black population needed to find another tactic. What they discovered was old racist tropes regarding black women’s sexuality (the Jezebel) and anger (the Sapphire) had not been forgotten; they

⁵⁶Roberts, 157.

⁵⁷Roberts, 157-158.

⁵⁸Roberts, 157.

were part of the fabric of the United States, and medical professionals were not immune from believing and internalizing them. While racialized treatment was not nearly as overt as it was in the mid- to late-twentieth century, black women are still treated as if their health care does not matter as much as a white woman's and are more likely to receive lower-quality health care regardless of their ability to pay, their income, or their insurance coverage.⁵⁹

In 2005, the National Academy of Medicine (NAM) released a report which, “found racial and ethnic minorities receive lower-quality health care than white people, even when insurance status, income, age, and severity of conditions are comparable. By lower-quality health care, NAM meant the concrete, inferior care physicians give their black patients.”⁶⁰ This study concludes by “describing an ‘uncomfortable reality’: some people in the United States were more likely to die from cancer, heart disease, and diabetes simply because of their race or ethnicity, not just because of their lack of access to health care.”⁶¹ Khiara Bridges details this “uncomfortable reality” in her article, “Implicit Bias and Racial Disparities in Health Care.” Her analysis argues that it is much more detrimental to black women's medical care regarding breast cancer and childbirth, two medical issues that, in theory, affect women regardless of their race or ethnicity, but negatively affect black women at a rate much higher than white women.

⁵⁹Khiara M. Bridges, “Implicit Bias and Racial Disparities in Health Care,” American Bar Association, accessed September 10, 2021, https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/the-state-of-healthcare-in-the-united-states/racial-disparities-in-health-care/.

⁶⁰Bridges.

⁶¹Bridges.

Breast cancer diagnoses in black women are either grossly over or underdiagnosed and they receive more recommendations for mastectomies than white women, even without further investigation as to whether one is necessary.⁶²

In 2015, Ms. M., a 60-year-old, unemployed, uninsured black woman, presented to the emergency department at a Chicago community hospital with a breast lump. The emergency medicine physician suspected an infection and, without diagnostic testing or planned follow-up, discharged her with a prescription for antibiotics. When the lump persisted, Ms. M. obtained a mammogram, which revealed potential breast cancer. She was referred to a general surgeon . . . who excised the cancer and recommended a mastectomy with axillary node dissection. Ms. M. was neither informed of her cancer's stage nor referred to an oncologist.⁶³

Once Ms. M. finally obtained a specialist's opinion, she was informed that she had a stage III infiltrating ductal carcinoma, which did not require a mastectomy.⁶⁴ An overdiagnosis can be as detrimental as an underdiagnosis. Incorrect diagnoses can harm women physically and emotionally.⁶⁵ Ms. M. was first underdiagnosed, being discharged from care with a prescription for antibiotics. She was then overdiagnosed, having a surgeon recommend a mastectomy, two very different recommendations for the same breast lump. These doctors likely saw an unemployed, uninsured, sixty-year-old black woman, and either did not care enough to spend

⁶²Kristen Pallok Fernando De Maio, and David A. Ansell, "Structural Racism- A 60-Year-Old Black Woman with Breast Cancer," *The New England Journal of Medicine Journal of Medicine* 380, no. 16 (April 18, 2019): 1489.
<https://www.nejm.org/doi/pdf/10.1056/NEJMp1811499?articleTools=true>.

⁶³Pallok, De Maio, and Ansell, 1489.

⁶⁴Pallok, De Maio, and Ansell, 1489.

⁶⁵Jolyn Hersh, Alexandra Barratt, Kevin McGeecjan, Jesse Jansen, Nehmat Houssami, Haryana Dhillon, Les Irwig, Kirsten McCaffery, "Informing Women about Overdetection in Breast Cancer Screening: Two-Year Outcomes from a Randomized Trial," *Journal of the National Cancer Institute* 113, no. 11 (November 2021): 1523,
<https://academic.oup.com/jnci/article/113/11/1523/6237906>.

their own time or hospital resources on her, in the case of the first doctor, or opted for the easiest and most cost-effective path, which more than likely was mastectomy.⁶⁶

Even though black women have a lower risk of developing breast cancer, their risk of dying from the disease is higher than that of white women.⁶⁷ Some may proffer the rationale of genetics, but this could not be farther from the truth. “The prevalence of genetic mutations associated with breast cancer in Black and white women is the same, according to a *New JAMA Oncology* study of nearly 30,000 patients led by researchers in the Basser Center for BRCA at the Abramson Cancer Center.”⁶⁸ Since there is no difference in frequency of genetic mutations between black and white women, we can conclude that it is only the skin color difference that puts black women at higher risk regarding breast cancer diagnosis and treatment. “Black women in Chicago were almost 40 percent less likely than white women to receive breast care at a breast imaging center of excellence. Furthermore, they are more likely to have their cancer missed on screening mammograms.”⁶⁹

⁶⁶For more information, please refer to William E. Barlow, Stephen H. Taplin, Cathleen K. Yoshida, Diana S. Buist, Deborah Seger, Martin Brown, “Breast Conserving Therapy for Early Stage Breast Cancer,” *Journal of the National Cancer Institute* 93, no. 6 (March 21, 2001), <https://academic.oup.com/jnci/article/93/6/447/2906502>.

⁶⁷Please see Jill Moormeier, “Breast Cancer in Black Women,” *Annals of Internal Medicine* 124, no.11 (May 15, 1996), <https://www.acpjournals.org/doi/full/10.7326/0003-4819-124-10-199605150-00007>.

⁶⁸Steve Graff, “Black and White Women Have Same Mutations Linked to Breast Cancer Risk,” Penn Medicine News, pennmedicine.org, (June 11, 2021), accessed December 22, 2021, <https://www.pennmedicine.org/news/news-releases/2021/june/black-and-white-women-have-same-mutations-linked-to-breast-cancer-risk>.

⁶⁹Pallok, De Maio, and Ansell, 1490.

A study about medical mistrust and patient satisfaction with mammography conducted in 2014 found that if black women exercised “health-care self-efficacy,” which is defined as “the patient’s perceived ability to obtain, understand, and act on information in medical settings,”⁷⁰ their level of satisfaction with their care would increase. However, this ‘self-efficacy’ by black women has the potential to set them up for being seen as “rude, loud, malicious, stubborn, and overbearing,”⁷¹ since women in general, and black women in particular, are often admonished by medical professionals, particularly male doctors, for questioning or appearing to question their authority.

In her 2019 book *Invisible Visits*, Tina K. Sachs engages in a deep dive into the racial inequities in the healthcare system and how black women, regardless of their age, education, and socioeconomic status, are still viewed through a racist lens. Chene, a Washington, DC-based journalist declares, “On several occasions, I have felt as if my doctor is dismissive or making assumptions because I’m a single Black woman. . . . All I remember was how often I left the office feeling angry and confused. I would go into the doctor’s appointments with my guard up, ready to run down my pedigree so that they knew they were dealing with someone informed, not

⁷⁰Yamile Molina, Sage Kim, Nerida Berrios, and Elizabeth Calhoun, “Medical Mistrusts and Patient Satisfaction with Mammography: The Mediating Effects of Perceived Self-Efficacy Among Navigated African American Women,” *Health Expectations* 18 (2014): 2943. <https://onlinelibrary.wiley.com/doi/epdf/10.1111/hex.12278>.

⁷¹David Pilgrim, “The Sapphire Caricature,” Ferris State University Jim Crow Museum of Racist Memorabilia, accessed November 4, 2021, <https://www.ferris.edu/HTMLS/news/jimcrow/antiblack/sapphire.htm>.

ignorant.”⁷² Sachs continues with Chene’s story by relating what she experienced in the physician’s office.

. . . in spite of Chene’s pedigree, her comments suggest that she often had to deal with doctor’s unnamed set of stereotypes about black women: angry, loud, promiscuous like the ‘sista’ girl from around the way or the fraudulent users of government benefits. One of the most durable stereotypes is the notion that most Black people live in the ghetto or are poor and uneducated. This is a prevailing and purposeful myth designed to erase the contours, context, and humanity of Black Americans as a whole. . . . As a result of her frustration, Chene eventually stopped going to the doctor all together.⁷³

Regrettably, the dismissive nature of medical professionals because of their preconceived notions can have negative and life-threatening, if not fatal, consequences for black women, as has been previously argued and will be further argued below.

While breast cancer misdiagnoses are detrimental to black women, another medical issue that is subject to racial discrimination is childbirth and the perinatal period. Old racist tropes about black women may not be as obvious today as they were in the early- to mid-twentieth century, when eugenicists sought to limit the black population based on what was perceived as inferior genetics, but they managed to infiltrate the healthcare system of the twenty-first century. While I do not believe medical professionals, for the most part, are purposely trying to slow down the rate of black births, their indifferent treatment of black women before, during, and after childbirth could be construed as an unintentional way to limit the black population. One way to take the onus off the medical community for problems concerning black women’s negative

⁷²Tina K. Sachs, *Invisible Visits: Black Middle-Class Women in the American Healthcare System* (New York: Oxford University Press, 2019), 1.

⁷³Sachs, 3-4.

experiences with childbirth is to blame the woman herself for her own medical misfortunes.⁷⁴

“Blaming black women for poor reproductive health outcomes ignores the circumstances, environments, and situations in which each woman seeks to maintain health, to become pregnant, and to safely give birth to children. Healthcare providers may be abdicating their responsibility for providing quality care by implying that negative birth outcomes are unpreventable because black women are coming to pregnancy ‘older, sicker, and fatter.’”⁷⁵

This portrayal of the black mother fits into the age-old stereotypical narrative of the irresponsible black woman, whose selfish nature is antithetical to bearing children, as she does not care about the health of her unborn child or her own health before or during her pregnancy. While the above description may be true for some black women presenting to doctors during pregnancy, it is not the rule, as some medical professionals would have us believe. “Provider bias and racism within the health care system . . . undermine health care access and impose barriers.”⁷⁶ Medical doctors often only see what is right in front of them and blame mothers for

⁷⁴Karen Scott, Laura Britton, Monica R. McLermore, “The Ethics of Perinatal Care for Black Women: Dismantling the Structural Racism in ‘Mother Blame’ Narratives,” *Journal of Perinatal & Neonatal Nursing* 33, no.2 (April/June 2019): 109-110, https://journals.lww.com/jpnnjournal/Fulltext/2019/04000/The_Ethics_of_Perinatal_Care_for_Black_Women_.5.aspx.

⁷⁵Scott, Britton, and McLermore, 109-110.

⁷⁶Jamila K, Taylor, “Structural Racism and Maternal Health Among Black Women,” *The Journal of Law, Medicine & Ethics* 48 (2020): 515, <https://journals.sagepub.com/doi/pdf/10.1177/1073110520958875>.

their condition, rather than assessing what contributed to these factors in the first place, which is the unequal access to quality prenatal care for black women because of structural racism.⁷⁷

This story that white America has told for years still resonates in the healthcare system today and has led to the insufficient care of black expectant mothers. “Currently, in the United States, black women have the highest rates of preterm birth, which is one of the leading causes of infant mortality and is associated with long-term negative health impacts on the cognitive development and adult health of the child.”⁷⁸ With the safety protocols recommended for *all* pregnant women in the late twentieth and twenty-first centuries, both for the woman’s and the fetus’s health, which include taking prenatal vitamins and abstaining from caffeinated beverages, smoking, and hair dying, to name only a few, why do black women in the United States still have higher rates of premature births or death during or shortly after childbirth? In *Reproductive Justice: Racism, Pregnancy, and Premature Birth*, Dána-Ain Davis offers this rationale, “. . . Black women’s prenatal care, labor, birth, and treatment in the medical environments, are extensions of eighteenth-, nineteenth-, and twentieth-century racial thinking. . . . despite the determined efforts of medical personnel, of the staff of agencies working to reduce adverse outcomes, and of birthing and reproductive justice advocates, the power of race and racism cuts across the American class divide”⁷⁹

⁷⁷Taylor, 506.

⁷⁸Scott, Britton, and McLermore, 111.

⁷⁹Dána-Ain Davis, *Reproductive Injustice: Racism, Pregnancy, and Premature Birth* (New York: New York University Press, 2019), 2.

Davis relates a story about Ashley Bey, a nineteen-year-old black woman who had two children born prematurely. “Ashely had an ultrasound during her first trimester, and everything seemed fine. But during her second trimester, Ashley began to sense that something was wrong. . . . Her concern precipitated her request for an additional ultrasound, but she said her doctor told her, ‘No, we don’t want to give you another ultrasound because we don’t want to hurt the baby.’”⁸⁰ However, this physician’s assertion is false. A study conducted by M. R. Torloni, and associates concluded that there is no evidence that ultrasounds harm a developing fetus.⁸¹ Ashley’s doctor could have done another ultrasound to either confirm or allay her concerns, but instead he dismissed her, thereby missing a very serious problem.

Davis delves deeper into Ashley’s account. When she asked if all women and the fathers if they believed they and their children were treated differently due to race,

Ashley responded, ‘I personally don’t think they cared about me’ . . . Ashley also believed that her care was compromised by the fact the fact that she was young and the assumption that the staff made about her education and economic status . . . Indeed, she surmised, ‘I think they looked at me as just another young Black girl receiving aid. And that is why I did not get the second ultrasound. If I had, maybe they would have been able to catch the placenta previa.’⁸²

⁸⁰Davis, 1-3

⁸¹M. R. Torloni, N. Vedmedovska, M. Merialdi, A.P. Betrán, T. Allen, R. Gonzalez, and L.D. Platt, “Safety of Ultrasonography in Pregnancy: WHO Systematic Review of the Literature and Meta-Analysis,” *Ultrasound in Obstetrics and Gynecology* 33, no. 5 (March 17, 2009): 599, <https://obgyn.onlinelibrary.wiley.com/doi/10.1002/uog.6328>.

⁸²“Placenta Previa,” Mayo Foundation for Medical Education and Research, accessed December 30, 2021, <https://www.mayoclinic.org/diseases-conditions/placenta-previa/symptoms-causes/syc-20352768>. Placenta previa occurs when the placenta either covers the cervix partially or completely, which causes severe bleeding during pregnancy or delivery.

Ashley's story is not unique. The assumptions made about black women by professionals in the healthcare field, while perhaps not conscious, are based in preconceived notions about who black women are because of racist stereotypes, including the Welfare Queen, the Jezebel, and the Sapphire, more commonly known today as the angry black woman. "If doctors and nurses give dismissive looks or make a woman feel unworthy . . . It may involve stereotyping a patient, which can lead to a misdiagnosis, or setting aside a woman's concerns about the fears she has for her health, her newborn's health, or the treatment of her partner."⁸³ Ashley believed that she did not receive the second ultrasound because her providers assumed that she was on federal assistance, which feeds into the notion that black women have children so they can continue to live off the government. While this may not have been the thought process of the physician involved, structural racism makes this an easy leap to make.

A personal account written by Sughnen Yongo-Okochi, an immigrant of African descent, conveys that she believed that the "U.S. healthcare system was second to none."⁸⁴ She soon discovered that this was not quite true for someone who looked like her. "On December 21, 2020, I woke up around 12:15 a.m. with a painful ache in my abdomen . . . At the time, I was nine months pregnant and nine days away from my due date . . . In the 28th week, I got diagnosed with gestational diabetes . . . I measured my blood sugar often and followed a healthy diet plan, but most of the questions that I directed towards my healthcare provider were either met with

⁸³Davis, 203.

⁸⁴Sughnen Yongo-Okochi, "Racism in Healthcare: A Black Woman's Childbirth Story," Pavement Pieces, March 23, 2021, accessed July 7, 2021, <https://pavementpieces.com/racism-in-healthcare-a-black-womans-childbirth-story/>.

passive aggression or barely vaguely answered.”⁸⁵ Yongo-Okochi continues with her harrowing story, which occurs after her son was born.

My bed was drenched in blood that I didn’t feel leaving my body, and my husband immediately called for a nurse who came into the room and calmly said she would call the doctor... Later that night, another doctor came into the room . . . By this time, my entire bed was soaked . . . At first, I was unalarmed because of the lax way that the first nurse had approached the bleeding and because I felt no significant pain . . . I am not the only Black woman who nearly lost her life due to a lack of care from healthcare professionals in the United States. And racism, unfortunately, lies at the core of this malpractice.⁸⁶

After her harrowing experience, Yongo-Okochi found that the United States healthcare system was second to none only for some people. She could not have known that she would be dismissed by her caregivers because she was a black woman. While this is never said out loud, black women are all too aware of how medical professionals have internalized racial biases and treat black women much differently than white women, which can cost them their lives.

While Yongo-Okochi did not realize she was hemorrhaging in her hospital bed, one very famous patient knew exactly what was happening to her body and what she required to remedy the problem, but was ignored. In an interview with *Vogue*, tennis phenomenon Serena Williams chronicled her post-birth nightmare that nearly took her life. “Though she had an enviably easy pregnancy, what followed was the greatest medical ordeal of a life that has been punctuated by them. Olympia was born by emergency C-section . . . the surgery went off without a hitch . . .

⁸⁵Yongo-Okochi.

⁸⁶Yongo-Okochi.

and then everything went bad.”⁸⁷ The article goes on to describe what happened to Williams’ physical condition and the reaction of her medical team.

The next day, while recovering in the hospital, Serena suddenly felt short of breath. Because of her history of blood clots, and because she was off her daily anticoagulant regimen. . . . she immediately assumed she was having another pulmonary embolism She walked out of her hospital room . . . and told the nearest nurse . . . that she needed a CT scan with contrast and IV heparin (a blood thinner) right away. The nurse thought that her pain medicine might be making her confused. But Serena insisted, and soon enough a doctor was performing an ultrasound on her legs. ‘I was like, a Doppler? I told you I need a CT scan and a heparin drip,’ she remembers telling the team. The ultrasound revealed nothing, so they sent her for a CT. . . . several small blood clots had settled in her lungs. Minutes later, she was on the drip.⁸⁸

Neither her fame nor fortune swayed Williams’ medical team. What they saw was a black woman, one that has been known to embody both classic black female stereotypes, the Jezebel and the Sapphire (angry black woman). At this time, Williams may not have been yelling at a line judge or wearing one of her famous, form-fitting catsuits, but because of that team’s predetermined notions about who she was and how black women act, or perhaps overreact, they dismissed her, and she nearly died.

Unfortunately, not all black women are as fortunate as Sughnen Yongo-Okochi and Serena Williams, who are still alive today despite their harrowing post-partum conditions. Because of systemic racism in healthcare, some black women pay with their lives. In her article, “Structural Racism and Maternal Health Among Black Women,” Jamilia K. Taylor asserts, “. . . oppression has perpetuated racial inequalities in health care and contributed to poor maternal

⁸⁷Rob Haskell, “Serena Williams on Motherhood, Marriage, and Making Her Comeback,” *Vogue* January 10, 2018, <https://www.vogue.com/article/serena-williams-vogue-cover-interview-february-2018>.

⁸⁸Haskell.

health among Black women . . . and the harmful institutional practices by health care providers which are rooted in negative cultural representations of Black women.”⁸⁹ One such woman was Kira Johnson.

Kira Johnson was also in her prime when she died of preventable pregnancy-related causes. She spoke five languages, worked as a pilot, and loved to travel. . . . she lived a full and active life. Kira made it all of her prenatal appointments and was excited about becoming a mom. . . . Kira gave birth . . . at Cedars-Sinai Medical Center, a top medical facility. . . . Kira’s husband noticed blood in her catheter soon after recovery from her caesarian section. When he alerted Kira’s medical team, his calls for help fell on deaf ears. . . . Kira’s cause of death was postpartum hemorrhage.⁹⁰

Even black women with medical experience are not immune from being ignored by doctors and other medical professionals after childbirth and paying with their lives. Dr. Shalon Irving, a public health official who worked for the Center For Disease Control (CDC), died three weeks after giving birth to her daughter in 2017. “There were red flags. First, a painful, tender lump formed along her C-section incision . . . Then came alarming spikes in her blood pressure . . . of 174 over 118 . . . But when her Jan.19 screening for postpartum pre-eclampsia came back negative, Irving’s doctor sent her home without treatment.” Her alarming symptoms continued over the next several days. “She had gained nine pounds in 10 days. She was given a prescription to treat hypertension, and again she was sent home.”⁹¹ She subsequently died from complications of hypertension.

⁸⁹Taylor, 507.

⁹⁰Taylor, 512.

⁹¹Saralyn Cruickshank, “The Death of a Young Black Mother Brings Attention to the Issue of Racial Health Disparities,” HUB, Johns Hopkins University (February 26, 2019), accessed November 30, 2021, <https://hub.jhu.edu/2019/02/26/shalon-irving-maternal-mortality-symposium/>.

In all the examples referenced in this section of black women being dismissed by medical professionals, it did not matter who they were, what they did for a living, or how much money they had. The fact that they were black exposed them to life-threatening health risks or, in the cases of Kira and Dr. Shalon Irving's, death. "Although the dominant paradigm in American medicine emphasizes the importance of physician objectivity and scientific rationality . . . the research highlights the obvious: physicians are human beings . . . subject to the same socialization that reinforces stereotypes as anyone else."⁹² This socialization cause physicians and nurses to disregard their black female patients' problems or listen to them when they obviously know their own medical conditions, as in the case of Serena Williams.

"The unequal treatment is based, at least in part, in enduring racists cultural beliefs . . . half of White medical students and residents held unfounded beliefs about intrinsic biological differences between Black people and White people. These false beliefs were associated with assessments of Black patients' pain as being less severe than that of White patients and with less appropriate treatment decisions for Black people."⁹³ The narrative of the irresponsibility, carelessness, and brashness of the black woman has existed for decades in the form of racist tropes. Medical professionals are not immune from these portrayals of black women and treat them according to *what* they think they are, not *who* they are.

⁹²Tina K. Sachs, *Invisible Visits: Black Middle-Class Women in the American Healthcare System* (New York: Oxford University Press, 2019), 12.

⁹³Zinzi D. Bailey, Justin M. Feldman, and Mary T. Bassett, "How Structural Racism Works—Racist Policies as a Root Cause of U.S. Racial Health Inequities," *The New England Journal of Medicine* 384, no.8 (February 25, 2021): 770, <https://www.nejm.org/doi/full/10.1056/NEJMms2025396>.

Part IV: Concluding Analysis: The Stress of Racism and a Modern-Day Twist on Eugenics

Black women in the twenty-first century are still dealing with racism when it comes to their health care because of preconceived notions about who they are because of the color of their skin. The racist images that originated during the time of slavery, including the hypersexual Jezebel and the loud, pushy Sapphire, were perpetuated during the eugenics movement and allowed the defamatory stories about black women based on these myths to continue. These stereotypes as well as newer tropes, such as the Welfare Queen and crack mother, continue to jeopardize the health of black women today.

Racist tropes continue to plague the healthcare system and medical professionals, whether there is awareness of or acknowledgement of this bias and put black women in imminent danger. For example, black women are still two to three times more likely to die in childbirth or give birth prematurely⁹⁴ and have a death rate from breast cancer that far exceeds that of white women. There is no reason that the color of a woman's skin should affect how a doctor or nurse treats her, but because of what has been perpetuated for decades, if not centuries, in the United States, doctors have a different set of criteria for treating black women, and it can be either detrimental to their health or lethal.

No black woman, no matter how famous, rich, or well-educated is immune from being dismissed by medical professionals because of the color of her skin. This fact, of which black

⁹⁴For more information regarding this statistic, please refer to Amani Nuru-Jeter, et al. "It's the Skin You're in: African Women Talk about Their Experiences of Racism: An Exploratory Study to Develop Measures of Racism for Birth Outcome Studies," *Maternal and Child Health Journal* 13, no.2 (January 2009), <https://cdr.lib.unc.edu/concern/articles/gq67jz63b>.

women are painfully aware, creates a great deal of stress when interacting with healthcare professionals, which has been shown to cause health issues that can be damaging both to the woman herself and, if pregnant, her unborn child.⁹⁵ What also happens is that the stress of racism contributes to both physical and mental health problems, which can lead to premature aging and “stresses to the body’s regulatory system, also called *allostatic load* . . . chronic stress a constant . . . form of physiological wear and tear that leads to a high allostatic load and ultimately, disease . . . discrimination and stress may tax the body to the point of premature death.”⁹⁶ Stress due to racism appears to corroborate the concept of eugenics, but instead of eugenicists assuming that “bad” traits are innate, the stress that black women experience from medical professionals truly compromises their health, causing higher incidences of disease,⁹⁷ which could be seen as creating these “bad” traits.

Black women become aware of how white people perceive them at a very young age. According to a study performed by Amani Nuru-Jeter and her colleagues in the article “It’s the Skin You’re in: African-American Women Talk about Their Experiences of Racism. An Exploratory Study to Develop Measures of Racism for Birth Outcome Studies,” “Racism experiences occurred throughout the lifecourse, with childhood experiences be particularly

⁹⁵Amani Nuru- Jeter, Tyan Park Dominguez, Wizdom Powell Hammond, Janstu Leu, Marylin Shaff, Susan Egarter, Camara P. Jones, Paula Braveman, “‘It’s the Skin You’re in’: African-American Women Talk about Their Experiences of Racism. An Exploratory Study to Develop Measures of Racism for of Racism for Birth Outcome Studies,” *National Institute of Public Health, Maternal Child Health Journal* 13, no.2 (January 2009): 3, <https://cdr.lib.unc.edu/concern/articles/gq67jz63b>.

⁹⁶Sachs, 25.

⁹⁷Sachs, 25-30.

salient and enduring effects . . . Childhood events of ten represented the women’s first experience of ‘being different’ or receiving negative from others based on their race.’⁹⁸ The treatment that countless black women endured in their youths cannot be diminished. These childhood “slights” have been internalized by black women and causes them to expect a certain type of treatment in their adulthood, which can affect their overall health, both in terms racially biased medical treatment and what stress does to the body in general. “. . . emotional stress responses such as cardiovascular reactivity, which can adversely impact the pregnancy outcomes of African-American women,⁹⁹ as well as other health issues not related to pregnancy.

When black women are interviewed regarding their experiences with doctors and nurses, according to Dàna-Ain Davis, face what anthropologist Christen Smith calls “repertoires.”

The repertoires of racism include ‘gestures, looks, glares, and movements’ that women perceived as disrupting the care they receive during and after their pregnancies...If doctors and nurses give dismissive looks or make a woman feel unworthy, that also constitutes a repertoire of racism. It may involve stereotyping a patient, which can lead to a misdiagnosis or setting aside a woman’s concerns about the fears she has for her health.¹⁰⁰

Along the same lines, Tina K. Sachs relates that “The analysis of Black women’s experience in healthcare settings rests on an understanding of the impact of stereotyping including the concept

⁹⁸Nuru- Jeter et al., 5.

⁹⁹Nuru- Jeter et al., 9.

¹⁰⁰Dàna-Ain Davis, *Reproductive Injustice* (New York: New York University Press, 2019), 203.

of stereotype threat as well as with the socially distributed set of resources Black women use to mitigate these threats . . . and the potentially negative effects on their health.”¹⁰¹

Stress does affect the body’s ability to heal and overcome medical issues regardless of race or social standing. “The elevated basal levels of stress hormones associated with chronic stress also suppress immunity directly affecting cytokine profiles.”¹⁰² Hormones are not race-based. They do, however, react to external forces, and the stress of how black people are perceived by healthcare professionals negatively affects their overall health. What is true is that women’s healthcare issues are often dismissed by medical professionals, and if that woman is black, their issues rate even lower because of racial bias.

Black women have adopted a mechanism called “the politics of respectability,” making certain that they behave in and look a certain way to avoid negative treatment because of the realization that they are perceived through a stereotypical lens “To do so, Black people employ . . . a ‘vigilant coping style’ in which they actively manage their impression to the outside world. . . . This coping style is also characterized by ‘anticipatory and ruminative thoughts and behaviors involved in preparation for discriminatory treatment.’ . . . Black people are often waiting for the other shoe to drop, and . . . it often does.”¹⁰³ Sachs refers to a study done

¹⁰¹Sachs, 12.

¹⁰²Neil Schneiderman, Gail Ironson, and Scott D. Siegel, “Stress and Health: Psychological, Behavioral, and Biological Determinants,” *Annual Review of Clinical Psychology* 1, (April 27, 2005): 617, <https://www-annualreviews-org.proxy.libraries.rutgers.edu/doi/10.1146/annurev.clinpsy.1.102803.144141>.

¹⁰³Sachs, 25.

by H. Lee and M.T. Hicken in 2016, who “demonstrate the specific connection between engaging in impression management or ‘respectability politics’ and poorer health outcomes . . . They document the physiological toll that racism and discrimination take on Black people, including those who are not poor . . . these strategies come at a heavy emotional, psychological, and physiological price.”¹⁰⁴ In order to protect themselves from racism, black women jeopardize their health.

The stress black women endure related to their health care treatment could be seen as a new type of eugenics. If black women are ignored or demeaned enough that they do not seek treatment they need and deserve as human beings or stressed to the point that it contributes to health conditions, such as hypertension and heart disease, that can lead to premature death, they will cease to exist. Whether or not stress is a purposeful tool of this new eugenics, it seems to act as such. It is often reported that black women have higher incidences of diabetes, hypertension, and cardiovascular disease, for example, but very few people ask why. Eugenicists may say that it is because blacks have inferior genetics; however, overall, the reason black women are sicker is largely due to the stress that they endure as a consequence of racism.

In his article, “Human Enhancement: The New Eugenics,” Felipe E. Vizcarrondo asserts, “. . . enhancement attempts to improve traits that are considered normal while treatment attempts to return a condition of illness, defect, or injury to the normal range.”¹⁰⁵ The question we must

¹⁰⁴Sachs, 26.

¹⁰⁵Felipe E. Vizcarrondo, “Human Enhancement: The New Eugenics.” *The Linacre Quarterly* 81, no. 3 (August 2014): 239, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4135459/>.

ask is what is considered normal or a defect. When blacks have historically been considered inferior by whites, the systemic racism that exists in the healthcare system in the United States could very well contribute to this new form of eugenics, which weeds out “bad genetic traits” by creating a sicker population through inferior health care. The only difference between old and new eugenics seems to be the science of genetic engineering. The underlying concept is exactly the same.

In the final pages of *The Cancer Diaries*, Audre Lorde declares, “And what of Women of Color in america over the age of 15 does not live with the knowledge that our daily lives are stitched with violence and with hatred, and to naively ignore that reality can mean destruction?”¹⁰⁶ Whether it is eugenicists attempting to rid the human race of inferior traits through forced sterilization or unknowingly succumbing to structural racism with inferior treatment of or contributing to the stress of their black female patients, healthcare professionals continue to treat black women as if they were unworthy of the same care afforded to white women, thereby endangering their lives and sometimes even contributing to their deaths. If Lorde was correct, and black people were never meant to survive, today’s healthcare providers, because of their inability to acknowledge their own racial biases, are responsible for the “medical apartheid” under which black women live, thereby rendering them “invisible through the depersonalization of racism.”¹⁰⁷

¹⁰⁶Lorde, 68.

¹⁰⁷Lorde, 14.

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