

Readings

Continuing Robert's *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*

Class Business

Short Paper 1 handout.

Blackboard

Feb. 2004

US Teenage Pregnancy Statistics: Overall Trends, Trends by Race and Ethnicity and State-by-State

Author: Allan Guttmacher institute: www.guttmacher.org

Data: Census, National Center for Health Statistics, Center for Disease Control

Student Presentation:

“Killing the Black Body: Race, Reproduction, and the Meaning of Liberty”

Chapter 3

Norplant

- Welfare affects more blacks than whites. The perception is that welfare is about changing blacks.
- Was it racially motivated? Was it for poor women or black poor women? No one would propose that every teenager should get Norplant—clearly ridiculous for a *white* person, but not for *black* people. This is the “best” option.
 - Race and class is hard to separate
 - Page 106: the main reason that black people are living in poverty reputed to be because they have way too many children
- Increase choice versus reducing choice
- Problem of teen pregnancy—they got it backwards. Social problems causing teen pregnancy, versus teen pregnancy causing social problems
 - Medicalization—how biology is targeted when social inequalities, politics, economic disparities and racism should be looked at
 - Norplant doesn't prevent STDs and doesn't require regular check-ups
 - Coercion to using Norplant: pay for implant, but not removal. Doctors weren't trained in removing it. Doctors were unwilling to remove it in the first place. The torture of Norplant with horrible side-effects
 - Norplant used as population control to make sure that people used it for the full length of time. Creation of Norplant was created by population council=eugenics organization
- Transfer from third world is clearly limiting the choice of women

- Issues of consent: forced to use Norplant to keep employment. Issues of autonomy and the power of the individual—one's socioeconomic status

Long term contraceptives

- No control of medical treatment and women don't have control
- Large danger of abuse
- There is always a danger of abuse for all medicines—even contraceptives
- Could be useful and beneficial for people who would appreciate it as long as it is not abused
- Testing causes abuse...
- May require more surveillance to ensure prevention of abuse
- *How do you regulate the creation of industry of commodification of bodies? Who is going to oversee it?*
- The extent to which the state is interfering on the body—to prevent or support procreation—targeting them because of perceived attributes

In vitro fertilization

- A child could have as many as five parents
 - New reproductive technologies reinforce family structures
 - Poor black women... should not have children?
 - Clinics only take who they view are good candidates
- Early 1980s—Surrogate mother wanted to keep the baby and litigation to determine the real mother, the genetic or gestational mother.
 - Genetic tie—father is fertile, wife was not. Partially infertile.
- Influenced as race—whites are twice as likely to use it. Babies produced are white
 - Blacks are more infertile than whites; does not explain why blacks do not use IVF
 - Economics another factor into IVF
 - Not covered by Medicaid
 - Racial steering—will define infertility differently for black women than for women. Endometriosis versus pelvic inflammatory
- Sickle-Cell screening—mandatory for all black people: people lost jobs, opportunities, insurance
 - To what extent should genetic screening be public and to what extent should that affect the rest of your life?
 - *Or rather... why is screening only on black people and only for this black specific disease?*
 - Distrust of doctors
 - Black cultural identity rather than a genetic identity

Transracial adoptions

- Where white babies go to, black babies go to
- Genetic rights make the parents—yet egg donors are not the genetic. Parentage is not a consistent practice
- Early 20th century ideas of races: commodified, market form of quality of race
- Cross-cultural and international settings
- An industry for poor women who need money and become bearers of children for others but were not their own.

- Biopolitics shifts through time
- Genetic screening—is it ethical to choose the sex of one’s child?
- Should commercial surrogacy be legal? How can human devaluation be prevented?
- Policies come from people determined by their social location
- Racial assumptions and stereotypes—they do shape our policies

Film: **Skin Deep**