

Openings and Retrospectives

TRUMP, RACE, AND REPRODUCTION IN THE AFTERLIFE OF SLAVERY

DÁNA-AIN DAVIS

Graduate Center, City University of New York

 <https://orcid.org/0000-0001-7305-709X>

I want to come at the question of reproduction in the era of Donald Trump via my own work on racism and reproduction. To be sure, the unjust policies inflicted by Trump hold all bodies hostage. But I take a Black feminist approach to explore some of the reproductive issues facing Black and brown women in the United States to make the point that this moment of reproductive control has been rehearsed in earlier periods of U.S. history. I place two examples in conversation to trace racism's imprint in the realm of reproduction. The point is to show that contemporary Black and brown bodies are inextricably entangled with past articulations of white supremacy and power. These issues are complicated and require a bit of unpacking; let me begin with an event shared with me.

In November 2017, I received a message from Efe, who works as a doula—a term coined by Margaret Mead's student [Dana Raphael \(1973\)](#) to describe those who support a birthing mother. Efe forms part of a growing group of politically engaged Black cisgendered, trans*, and queer birth workers currently participating in major debates around the causes of and strategies to address Black women's ad-

verse birth outcomes. According to the [March of Dimes \(2017\)](#), Black women are 49 percent more likely to give birth prematurely, and their infants twice as likely to die than white women and their infants.

Efe and the nearly one dozen Black birth workers with whom I examined pregnancy, prematurity, and race as part of a research project attribute these statistics to racism, defined as the “structures of power that emerge through processes of accumulation and dispossession within local and transnational processes” ([Mullings 2005](#), 668). From their perspective, the medical system treats Black women as disposable and irrelevant. The irony, of course, is that Black women and anti-Black discourse are also fundamental to perpetuating ideologies of white supremacy—the interlocking systems of racism, patriarchy, homophobia, ultranationalism, xenophobia, anti-Semitism, and religious fundamentalism that create a complex matrix of oppressions as a tenacious ideology in practice ([Washington 2008](#)).

Efe was disturbed by an incident she encountered at a public hospital. She had arrived to train health educators about the services offered through a program at the Department of Health, where she was employed. She told me that when she arrived, the health educators were just completing a prenatal session with a group of Black women by promoting the benefits of tubal ligation. She recalled, “All the women were just sitting there looking blank. No one was saying anything, and I thought to myself, ‘This is not normal. This should be a private conversation that *they* [the women] bring up.’”

A conventional reading of this incident would say that, in keeping with the neoliberal ideological imaginary of choice and reproduction that I and others have discussed elsewhere ([Davis 2009](#); [Richie, Davis, and Traylor 2012](#)), the women were receiving information about reproductive *options*. Taking advantage of the group prenatal care model, which has been shown to help bring Black women’s pregnancies to term ([Carter et al. 2016](#)), health educators were simply imparting information. However, although birth control is not an off-limits topic, most of the group prenatal sessions I have attended focus instead on stages of pregnancy. I mentioned the incident to Shakina, an African American former nurse who runs a birth center in the Midwest. Her response: “I smell bullshit. While a robust discussion on contraceptives is certainly appropriate, there are some methods that Black women are targeted for. This is one of them.”

In light of Shakina’s comment, I want to offer another reading that refracts the targeted control of Black women’s reproduction, a racial politics of reproduction, through the afterlife of slavery framework. The historian and literary scholar [Saidiya Hartman \(2007, 6\)](#) defines the afterlife of slavery as the circumstance of

having “established a measure of man and a ranking of life and worth that has yet to be undone.” Consequently, “Black lives are still imperiled and devalued by a racial calculus and a political arithmetic that were entrenched centuries ago” (Hartman 2007, 6). She goes on to say that the afterlife of slavery encompasses “skewed life chances, limited access to health and education, premature death, incarceration, and impoverishment” (Hartman 2007, 6). I use the afterlife of slavery as a critical framework to discuss a method of reasoning and knowledge production about the medical management of Black women’s reproduction. It draws on archives and documents of the past to uncover how the precarities of chattel slavery are imposed on contemporary conditions of Black life. As Dorothy Roberts (2014) reminds us, the politics of reproduction are indeed linked to slavery.

Using the afterlife of slavery, we can read the incident Efe described as an expression of reproductive abuse—a lingering reference to earlier moments of population control. Specifically, nineteenth- and twentieth-century eugenic projects viewed particular groups of people as inferior and dangerous, and they ultimately subjected to sterilization people deemed unfit because of their (dis)ability, poverty, ethnicity, or race.¹ The archives offer instructive sources as I seek to unpack what is so disturbing about a discussion of tubal ligation with a group of pregnant Black women attending a prenatal care session. We need only remember the Relf sisters.

Mary Alice and Minnie Relf, aged fourteen and twelve, respectively, were sterilized in 1973. Deemed mentally disabled, they were targeted for sterilization along with a disproportionate number of African American, American Indian, Puerto Rican, and Mexican women (when compared to European American women). The abuse they endured became a rallying point for reproductive activists, and it was the Relf case that brought racially targeted sterilization abuse to national attention. To Shakina and Efe, the discussion of tubal ligation in prenatal care evoked the Relf incident as iconic of population control: an apparition of that past.

A second example of how we can analyze the politics of reproduction through the afterlife of slavery framework comes from a little-discussed moment on March 29, 2011, when former U.S. Senator Rick Santorum appeared on a New Hampshire radio show called “The Advocates.” Although Santorum’s most notable legislative accomplishment was ushering through a bill banning late-term abortions and then pushing to prohibit the use of fetal tissue for research purposes on moral grounds, this conversation underscored a financial impetus for his antiabortion position. A caller erroneously claimed that 50 million abortions occurred in the United States every year, pointing out that if half that number instead represented future workers who paid Social Security taxes and Medicare, those two systems

would be solvent. The actual number of abortions performed each year in the United States is closer to 1 million. Nonetheless, Santorum agreed, commenting that “the reason Social Security is in big trouble is we don’t have enough workers to support the retirees. Well, a third of all the young people in America are not in America today because of abortion, because one in three pregnancies end in abortion” (Kiely 2011). Santorum’s assessment contradicts data showing the U.S. abortion rate at 1.5 percent, meaning roughly 15 abortions per 1,000 women aged fifteen to forty-four (Guttmacher Institute 2018).

Social Security, according to the Urban Institute (Steuerle, Smith, and Quakenbush 2013), when considered across many decades, redistributes money from Hispanics, Blacks, and other people of color to whites. This is less ambiguous when examining old age and survivors’ benefits, although disability payments do restore some progressive redistribution to Blacks. This happens, for example, through forced annuitization, “the requirement to claim benefits as a perpetual stream of payments after reaching the age of eligibility rather than as a lump sum” (Steuerle, Smith, and Quakenbush 2013, 2). Here, we clearly see the redistribution of capital from those with shorter lifespans—often Black people—to those with longer lifespans. Deploying Black reproducing bodies to uphold the redistribution of money through actuarial analyses in Social Security resembles the racialized actuarial practices found in insurance policies during enslavement.

The historian Dania Ramey Berry (2017) argues that the value of enslaved laborers is calculable through analyses of life insurance policies. According to Berry, enslavers protected their investment by purchasing policies based on an appraisal to determine the premium connected to death averages and mortality tables. Yet processes of commodification capitalized Black women’s preconception. Indeed, reproduction was crucial to the expansion of slavery. In the database that Berry compiled, we find that insurance coverage for young women from ages twelve to seventeen ranged from \$1,800 to \$2,600, with interest rates between 2.25 and 2.75 percent. Enslavers capitalized on enslaved people’s value and factored in the time from which they were able to reproduce. The Black body, Berry (2017, 89) claims, was a “well-thought out” enterprise.

The value of reproduction through the actuarial narratives of Social Security and insurance appraisals described above aligns with both abortion and antiabortion positions. According to the historian Marie Jenkins Schwartz (2006), slaveholders generally wanted enslaved women to bring infants to term. This held especially true after Congress ended the importation of slaves in 1808. The value of enslaved children led doctors to pay increased attention to preventing spontaneous and de-

liberate miscarriages in the slave quarters and prompted medical professionals to become “more sensitive to debates surrounding abortion” (Schwartz 2006, 108). Yet debates about abortion were drawn along racial lines and structured in relation to morality. Black women—already degraded by race and class—were not really viewed as debasing themselves by performing abortions. That moral repugnance, Schwartz argues, was reserved for white women who avoided childbirth for selfish reasons. This observation resonates, albeit imperfectly, with a point Faye Ginsburg (1998, 128) makes in her book *Contested Lives*, in which she describes how “many pro-life women . . . viewed liberated women as a symptom of an increasingly selfish and materialistic society.”

Returning to the controlling dimension of restricting abortion, the issue was that Black women performing their own abortions challenged slaveholders’ authority. By regulating their own fertility, enslaved women undermined owners’ power over them and interfered with potential capital accumulation. Slaveholders therefore castigated abortion when initiated by the mother, but paradoxically utilized the procedure when the life of the mother was in jeopardy, because her future fecundity was measured against the financial gain of her having a child (Schwartz 2006).

The paradox of race and reproduction in the Trump era is that reproductive restrictions simultaneously protect whiteness and determine power over non-whites. As the reproductive justice activist and scholar Loretta Ross (2016, 53) points out, the concurrent narrowing and expansion of reproduction exemplifies how “white supremacy constructs different destinies for each ethnic population of the United States through targeted, yet diffuse policies of population control.” At the intersection of Ross’s and Berry’s analysis rests a complex explanation for Santorum’s comment—restricting abortion access represents power over Black and brown bodies and facilitates the capitalization of Social Security with more workers.

Most recently, we see the entanglement of race and reproduction in the afterlife of slavery in Trump’s proposal to use an executive order to strip the children of undocumented immigrants born in the United States of their birthright citizenship. This breach resonates with the 1857 *Dred Scott* case, which held that no Negro could ever be a citizen. In 1868, however, the Fourteenth Amendment settled the question of citizenship for Black Americans, affirming citizenship not as a racial matter (of “blood”), but as a matter of birth in the United States (i.e., on American “soil,” which at the time excluded Indigenous Americans living in tribal territories). In other words, what Trump proposes to do is legitimize the excision

of reproducing others by invoking anti-Black racism through the reversal of the Fourteenth Amendment.

With regard to white women's reproduction, certain conservatives see hegemonic masculinities and femininities as under threat, while right-wing activists are upheld as saviors of the nation. Although she was referring to the discourse leading up to the Brexit vote, the sociologist [Umut Erel \(2018\)](#) is correct in suggesting that the analytic lens of reproduction offers a productive way of understanding the centrality of gender, race, and nation. Within this discourse, the desired nation or type of nation can be achieved by controlling the (re)production of particular families. Here, the politics of appropriate reproduction depends on the maternal citizenship of white women. Relatedly, anxieties about the reproduction of Black bodies gain purchase through discourses of white vulnerability and nation-building ([Belew 2018](#); [Kelly 2018](#)).

Thus we see that differing destinies for controlling reproduction exist for white women. In both the United Kingdom and the United States, white women are instrumental in the construction of national identities, serving as symbols of the nation and as mothers for the biological or assisted technological reproduction of the group. Controlling Black and brown women's reproduction may be viewed as power plays. So, reproduction in the era of both Brexit and Trump is a culminating expression of xenophobia and racism.

Across the United States, however, individually and in partnership with community-based organizations, radical Black birth workers form part of what might be seen as an abolitionist movement to end the high rates of premature birth and infant and maternal mortality among Black women, a movement that also addresses issues such as access to abortion, housing, and other human rights. I use the term *abolition* here to signal what I see as the political alignment of those who want to decolonize birth with the Critical Resistance movement. Critical Resistance seeks to abolish not only the carceral state, but as Angela Davis reminded us in a lecture at the 2017 annual meeting of the National Women's Studies Association, all structures of oppression, including the medical-industrial complex and any complex that compromises Black women or disrupts the radical possibility of living a free life.

NOTE

1. Recall the statement by [Margaret Sanger \(1919, 11\)](#) that "we who advocate Birth Control, on the one hand, lay all our emphasis upon stopping not only the reproduction of the unfit but upon stopping all reproduction when there is not economic means of providing proper care for those who are born in health."

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