Part 3: The Social Context for Who “Should” Use This Organ in the Context of White Supremacy

SHORT DESCRIPTION OF THE SECTION HERE

- The Social Context for Who “Should” Use This Organ in the Context of White Supremacy
- Discussion Questions for Part 3: The Social Context for Who “Should” Use This Organ in the Context of White Supremacy

The Social Context for Who “Should” Use This Organ in the Context of White Supremacy

In the previous section, we tried to avoid saying things like “the function of a uterus is” or “normally, the egg matures”. Instead we attempted to frame things with a range of possibilities. We did this because we reject discussions of reproduction in biology that tend to use a “should” framework. A uterus should be able to gestate a fetus; if it doesn’t, it is sick. We also did this because the uterus is a part of the body of a person - a person who has independent actions and ideas but also lives in a social context. As part of our ongoing theme of the uterus as a special organ we should examine societal ideas about the appropriate “uses” of the organ for different people. Again, notice here that there are no laws, government policies or corporate campaigns that regulate the use of your pancreas or thalamus.

The premise that uteri “should” be used to make children is not universal. This “should” varies throughout history, by the country in question and by individual identities. Examples of times when people with uterus were strongly encouraged or even forced to have more children are numerous. In Nazi Germany, people who were considered genetically “fit”, received marriage loans and birth grants to encourage large families. The judgement of humans is more or less genetically fit is called eugenics and has been practiced in various forms all over the world. In Germany, this eugenicist campaign was occurring side by side with the Holocaust and murder of approximately 1.5 million children deemed “unfit”. In the Americas and Caribbean, enslaved Africans were punished, even up to death, for refusing to bear children who the enslaver considered his valuable property.

Less extreme examples can be found in many countries where people argue for increasing childbirth for moral, religious, or demographic reasons. Discussions of how certain nations are “dying out” while other nations are “overpopulated” are common in Europe and the United States. These can sometimes correspond to government-sponsored financial incentives or used as justification for limiting access to birth control or abortion. The encouragement to have more children inside the context of a family is sometimes called pro-natalist or simply natalist.

Discouraging or disapproving of childbirth is called anti-natalism. Two examples may be familiar. There are people who argue overpopulation and ecological collapse means it is irresponsible to

birth more babies. You may also know about the policy once implemented in China called the “one child policy”. Less known is the policy in British-occupied Hong Kong where government health officials created a campaign to limit all families to only two children. Similar ones were implemented in Iran and India as well. In India, cash bonuses were given to couples who delayed having children. Financial incentives are widely considered coercive because they disproportionately target low income and working class people.

Sometimes anti-natalist policies involve forced sterilization. Methods can include a hysterectomy, e[illegible] the u[illegible] or also the ovaries, or a tubal ligation. This procedure can allow c[illegible] ven[illegible] from reaching the uterus.

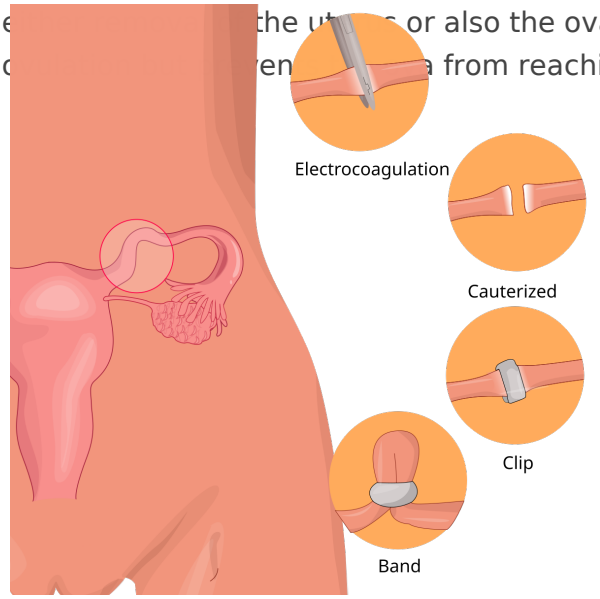

Figure 3: Tubal ligations involve one of the following four methods carried out on Fallopian tubes: an electrode is used to block blood flow, heat used to sever, or clips or bands used to block the passage of ova.

In 2022, a comparative study of forced sterilization was published by Rolands and Regmi. They write, “With an anti-natalist government policy framework in place, roughly one-third to one-half of candidates have been sterilized without valid consent”.

In Puerto Rico, a law was passed in 1937 that opened free sterilization clinics which were overseen by a famous American eugenicist, Dr. Clarence Gamble. By the 1950s, nearly one-third of people who might have used their uterus to gestate a fetus had been sterilized. This frequently occurred through coercion involving economic incentives, conditions for employment, or direct deception about if the procedure was reversible. As recently as 2020, a nurse in an Immigration and Customs Enforcement detention facility became a whistle-blower about medical neglect. About the doctor she called “the uterus collector”, she said, “Everybody he sees has a hysterectomy—just about everybody.”

In the context of the United States, people with uteri receive deeply different messages and have profoundly different interactions with the state and medical community about if they “should” have children. Although outside of the scope of this module, there are also very disparate systems for if parents are allowed to rear the children they have. Examples include the foster care system as

well as the boarding school system used on indigenous communities. We encourage learners to explore this topic independently.

Earlier we noted uteri exist inside bodies of people - people who have independent actions and ideas but also live in a social context. The actions that have been taken by people with uteri who have experienced this part of a social context have been monumental. From the Sojourner Truth speech “Ain’t I a woman?’, to the Comahee River Collective, to the work of scholars like Dr. Dorothy Roberts (see below), resistance and resilience are an equal part of the social context for some people with uteri.

Before next class, please listen to the podcast linked below on types of reproductive control implemented against Black women. We will discuss the introduction above and the supplemental material in the next session. For transcription services of the mp3, we recommend Oter.ai.

> https://www.science.org/doi/10.1126/science.adj1265

Discussion Questions for Part 3: The Social Context for Who “Should” Use This Organ in the Context of White Supremacy

Discussion Questions

1. The title of this section includes the phrase “white supremacy”. How would you define this term? Do you think it applies to the information here? Why or why not?

2. Those who have learned about Eugenics think of it primarily within the context of Nazi Germany. However, it is older, founded by a contemporary of Darwin, Francis Galton. And its popularity spanned the globe, including many famous US biologists and medical professionals. What was happening in the US within that time frame (1890-1930) that might have made this an attractive idea to those sectors of society?

3. What have you heard about overpopulation? What does the word mean to you in the context of the US versus nations in the Global South (formerly called Third-World countries)?

4. What is the Mississippi appendectomy? Black women have a maternal mortality rate of 50.3 deaths per 100k live births while it was 14.5 for white women. How does that history interact with the “Mississippi appendectomy”?

5. Do you think the history behind birth control in non-White communities still influences people? If so, how?

6. Simply based on the introduction to the module and Dr. Robert’s podcast, how would you define “racialized capitalism”? Does that firework make sense to you? Why or why not?

7. Some people use the words “reproductive rights” and others talk about “reproductive

justice”. What, if any, difference do you see?

8. What pressures, if any, do you, or people with a uterus who you know, feel about how a uterus “should” be used? Where could this pressure come from? Why do you think it might occur?