

A Black Woman's Choice: Depo-Provera and Reproductive Rights

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“That’s your right. Demand from these doctors and nurses what you’re taking- ask! You have a lot of doctors and nurses don’t even want to tell you, but that’s their job. And it’s your job to ask. You wants to know what’s going in your body, and what it’s doing to it.”¹

In February 2011, the anti-abortion organization Life Always placed a billboard in the New York City neighborhood of Soho featuring the image of an African American girl, four-year-old Anissa Fraser, below the slogan “The most dangerous place for an African American is in the womb.” According to the press release accompanying the billboard campaign, the organization was formed to publicize “the tragedy and the truth that abortion is outpacing life in the black community.”² In the media frenzy surrounding the billboard’s unveiling, the group’s spokesman Pastor Stephen Broden relied on the shocking statistics that in “2009... 59.82 percent of black pregnancies ended in abortion...[which] means that 1,489 black babies are aborted in New York City for every 1,000 born alive.”³ The organization maintains that their campaign is meant to “heighten awareness and save lives.”⁴ In fact, Life Always has all but called these abortion statistics the evidence of genocide.

The outrage against this campaign has included statements from Planned Parenthood, as the billboard was meant to draw attention to the Planned Parenthood facility a few blocks away, as well as pro-abortion advocates, Black feminists, women’s health workers, and human rights

¹ Dorothy Green in *The Ultimate Test Animal* (1985)

² Life Always, Press Release, February 24, 2011.

³ Ibid.

⁴ Ibid.

activists. Life Always has subsequently been accused of attempting to incite fear in the Black community, of blaming Black women for having abortions and in a few instances, of racism. However, very few of their detractors have acknowledged that the organization's argument is not new. In fact, the belief that abortion and contraceptives have been used as a form of population control has a long history in the African American community and has been put forth by numerous other Black communities throughout the African Diaspora. At the same time, the African American Pastor Broden and his organization are also perpetuating a historical trend whereby Black men, and sometimes White women, speak for and about Black women as subjects, while ignoring Black women's articulations of their experiences. Had Life Always been more astute in considering Black women's involvement in reproductive rights and women's health debates they might have been less eager to blame Black women for New York City's high abortion rates as seemingly a part of some duplicitous scheme to depopulate Black America. In reality Black women have walked a tightrope to advocate for, while actively criticizing, birth control and their care in doing so can be instructive to any meaningful consideration of reproductive justice for women of color.

One of the unexpected but beneficial outcomes of feminist activism of the 1960s and early 1970s was women's health activism. Emerging, at least partially, from women's consciousness raising and feminist organizing, women's health activism focused on education and advocacy. This work, especially the impetus placed on education, led women "to take their health care into their own hands, to wrest back some control over their sexuality, their

reproductive lives, and their health from their doctors.”⁵ The early activism focused on abortion, and the issue has in the popular media come to overshadow the full legacy of this period. This is an incomplete history that separates reproductive justice from the larger women’s health movement, which unwittingly separates poor women of all races, but especially women of color, from their White middle-class counterparts. In reality, abortion advocacy was but one incarnation of women’s health activism and all of the women engaged in women’s health work sought to expand women’s control over their bodies, even if they defined the nature of that control in various ways.

The coat hanger has become popularly representative of the illegal abortions women endured before the passage of *Roe v. Wade* in January 1973. But the coat hanger does not adequately encompass the long history of exploitation inflicted on the reproductive capabilities of African American women, and to a lesser degree, men, by the medical profession. For the Black community, the story of the Relf sisters of Montgomery, Alabama might be a more adequate entry into a discussion of Black women’s reproductive rights activism. For many members of the Black community, this case overshadowed the legalization of abortion and placed in stark relief the problem of reducing reproductive rights to increased access to birth control.

When Minnie Lee, aged twelve, and her sister Mary Alice, fourteen, the daughters of sharecroppers, left their family home to find work in Montgomery they turned to the local government for financial assistance. In 1973, the sisters were receiving Depo-Provera injections

⁵ Sandra Morgen, *Into Our Own hands: The Women’s Health Movement in the United States, 1969-1990* (New Brunswick and London: Rutgers University Press, 2002), 3.

every three months as part of their welfare packages, roughly twenty years before the Food and Drug Administration (FDA) approved the drug. However, when the Department of Health Education and federal-funded Montgomery Community Action Committee discovered that the drug might cause cancer, the clinic decided to permanently sterilize the girls. The Southern Poverty Law Center's (SPLC) investigation revealed that the Community Action Committee had not obtained the consent of the girls' illiterate mother. Mrs. Relf placed an "X" on the consent form in lieu of a signature but was not told that her daughters would be receiving tubal ligations rather than the Depo-Provera injections that they had been receiving for some time. In the end, both girls lost the right to become biological mothers before they had an opportunity to truly consider the possibility.

It is not known exactly how Minnie Lee and Mary Alice found out that they had been sterilized, although the story might have been similar to the way in which Fannie Lou Hamer was informed about her hysterectomy: through word of mouth.⁶ Angela Davis describes what happened to the Relf sisters as "casual sterilization" demonstrating that what was known as a "Mississippi appendectomy" was not an aberration.⁷ In its investigation the SPLC discovered that somewhere between 100,000 and 150,000 poor women had been sterilized using federal funds. And "by 1983, when blacks constituted only 12 percent of the population, 43 percent of

⁶ In 1961, Mississippi resident Fannie Lou Hamer was diagnosed with a uterine tumor and in the surgery ostensibly to remove the tumor, her physician performed a hysterectomy without her consent or knowledge. When her cousin overheard the White mistress of the plantation on which the Hamers were sharecroppers discussing the procedure she relayed the devastating news that Mrs. Hamer would never be able to become a biological mother.

⁷ "Mississippi appendectomy" refers to the sterilization of poor Black women by medical professionals without the women's consent or desire and without any medical need.

the women sterilized in federally funded family planning programs were African Americans.”⁸

In fact it was often commonplace, especially in the rural South, for Black women’s reproductive rights to be trampled upon and disregarded altogether. Thus, Black women activists’ cautious optimism towards *Roe v. Wade* and newfound access to abortion, and even to the pill to a lesser extent, stemmed from a history that recognized that Black women’s concern with birth control was more complex than a lack of access. In fact, history demonstrated that Black women in America encountered a medical community willing to limit their reproduction in the effort to control the African American population. This early discomfort with birth control access focused almost immediately on Depo-Provera, a drug that came to be understood by women of color as a threat to their ability to effectively control their own reproduction.

Depo-Provera (also known by its shortened name of Depo), a three-month injectible contraceptive developed by the American pharmaceutical company Upjohn, was submitted for FDA approval as a contraceptive but was rejected in 1973, 1975, and 1978. However, before submitting the drug to the FDA, Upjohn organized medical trials in Atlanta’s Grady Clinic between 1967 and 1978. When the details of the trials emerged in the FDA hearings, opponents of the drug charged that the patients had been given the drug without being aware that it was still in the testing phase, nor were they all given proper warning of the drug’s side effects. Furthermore, as the pool of women injected with the drug was fifty percent African American and many of the women in general were poor, the Grady trial exemplified the ways in which contraceptive innovation could be used to limit or take away reproductive choice for poor women of color.

⁸ Harriet Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Harlem Moon, 2006), 203.

But women of color in the United States were not the only group who saw themselves as victims of the medical profession's use of Depo-Provera. In the late 1970s and early 1980s, Afro-Caribbean and Asian women in Britain organized a campaign against the use of Depo-Provera among im/migrant women as a form of population control.⁹ In 1978, Depo was approved for short-term use (six months) in Britain and in 1984 it was approved for long-term use. The decision to give women access to the drug was not a resounding triumph of contraceptive choice. Rather, the Committee for the Safety of Medicines recommended that the drug should be used as a contraceptive of last resort.¹⁰ However, just the previous year the Health Minister, Kenneth Clarke, refused to grant the drug a license amid "fears that it would be given to poorly-educated women or ethnic minorities, without their informed consent."¹¹ This fear over the potential for abuse by the medical profession was echoed by women's groups in the United States concerning the Grady trials and illustrates that Black women's uncertainty centered on a deep-seated distrust of the medical community in both countries.

Depo-Provera's checkered past in both countries was compounded with news of the drug's side effects. Some of these included depression, weight gain, increased risk of cervical and breast cancer and irregular menstrual bleeding. The knowledge of these side effects were, however, not readily available in the 1970s or early 1980s and some argued that doctors did not inform patients of the risks; unfortunately the side effects themselves were all too familiar to the

⁹ In 1970s and 1980s activist groups "black" became a term used for Afro-Caribbean and Asian people in recognition of their similar experiences in the United Kingdom. While this paper is about women of African descent I will also, in the British context, refer to the experiences of Asian women in deference to this fact. The use of "im/migrant" denotes the reality that even though framed as immigration, most of these migrants actually came from within the British commonwealth and held Commonwealth citizenship, the same as an English person born in London.

¹⁰ "Long-Term Depo Use Approved by UK: More Research is Suggested," *International Family Planning Perspectives* 10 no. 3 (September 1984): 102.

¹¹ "Britain bites the bullet over Depo-Provera," *New Scientist* 98 no. 1345 (April 21, 1983): 136.

patients. Also, no long-term study of the drug had been undertaken at that time. These realities only supported the idea that “the immediately postapproval use of contraceptive methods in large numbers of closely monitored poor women of color constituted a final testing arm, so that they were unwittingly participating in a research study... In patterns too consistent to be accidental, reproductive drug testing makes poor women of color, at home and abroad, bear the brunt of any health risks that emerge.”¹² Eventually Black women activists began to wonder, if Depo-Provera was a safe drug, why was it not prescribed to White middle class women in either country in numbers proportionate to their presence in the population?

This distrust of the motives for prescribing Depo was fed not by paranoia, but by a larger knowledge of the history of abuses of Black people by the medical profession.¹³ While in the United States Black women and poor women of all races could point to a history of reproductive abuses similar to those of the Relf sisters or Hamer, in England im/migrant women developed a distrust of British medical professionals through their migratory experience. Descending on Britain from Africa, the Caribbean and South Asia after World War II, colonial im/migrants encountered a metropole that was overwhelmingly hostile, sometimes violently to their presence. While there has been considerable research on the ways in which male migrants experienced their migration, the ways in which women encountered a violation of their bodies as the price for entry is less well-known. The most invasive example of this behavior was perpetrated on Asian women, often termed “immigrant brides,” who were forced to endure “virginity tests” before being allowed into the country. During a virginity test, a medical professional probed a woman’s

¹² Washington, *Medical Apartheid*, 202.

¹³ For further reading on this history of medical abuses in the African diaspora consider Harriet A. Washington’s *Medical Apartheid* for the United States and Londa L. Schiebinger *Plants and Empire: Colonial Bioprospecting in the Atlantic World* for the Caribbean.

vagina to ensure that her labia was in tact, ostensibly to make sure that Asian women were in fact migrating to marry, rather than for prostitution.¹⁴ For many women, then, sexuality was at the center of the immigrant experience. Reproductive abuse by the medical profession and the British government became foundational for Black women's lives in England and informed their interactions with, and perceptions of the health care they did or did not receive. This knowledge created deep-seated sentiments of fear and distrust.

In both countries, Black women activists discuss confrontations with medical professionals, often cast as White and male, who saw them as unintelligent and incapable of making their own decisions. In March 1974, a group of professionals and community activists gathered in Washington D.C. to discuss Black women's health care. Their subsequent report, "The Miniconsultation on the Mental and Physical Health Problems of Black Women," is a guide for how to deal with doctors as much as it is an accounting of problems they faced in these encounters. For instance, at the end of their section on sterilization, they provide a script for women to follow to make sure that the procedure the doctor recommends is appropriate to their diagnosis. In various circumstances where sterilization might occur they suggest that women should ask clear questions and make sure that they are answered.

What, specifically, and in understandable layman's terms, is the nature of my condition? Is surgery the only approach to my problem? What, specifically, will be the effects of the proposed procedure? Will I suffer hormonal changes? Will my menstrual cycle be affected? Will my capacity to bear children be affected in any way? Does my condition require immediate medical attention?¹⁵

¹⁴ Beverly Bryan, Stella Dadzie & Suzanne Scafe, *The Heart of the Race: Black Women's Lives in Britain* (London: Virago, 1985), 172.

¹⁵ Black Women's Community Development Foundation, "Miniconsultation on the Mental and Physical Health Problems of Black Women" (Washington, D.C., 1975), 21.

The entire section on sterilization is clearly influenced by the fact that Black women's reproductive freedoms were virtually non-existent. While Black women should have decided what to do with their bodies, and when, it was doctors who did so without consideration of what their patients might have wanted for their own lives.

In a similar vein, Black British women considered their relations with doctors more akin to a battle or test of wills. In recounting her troubles with finding an effective birth control method, one Black British woman remembers her frustration with her doctor's birth control advice. After prescribing her numerous different pills, which all made her sick, and an intrauterine device (IUD), which became irritated, she eventually turned to her friend who informed her about a low-estrogen pill. She says: "I went back to the clinic and asked if I could try it out. I really had to put up a fight to get them to prescribe it for me. You know why? Because it was a low dosage pill and they didn't think I was responsible enough to take it regularly at the same time every day."¹⁶ In many ways this sentiment speaks to the chasm between middle-class White women and poor women of all races, particularly Black women. The fight for contraceptive choice and abortion seemed to overlook the necessary battle that women of color had to fight to connect their right to motherhood with their right to self-determination. In other words, the movement for reproductive justice was a movement for women of color to become mothers as much as a movement to forestall motherhood.

Black women were uncomfortable with the suggestion that "choice" in terms of more kinds of contraceptives or increased access to abortion facilities automatically gave Black women the kind of reproductive freedom they needed or wanted. If those choices could be

¹⁶ Bryan, et al, *The Heart of the Race*, 102.

controlled by a largely White, male medical profession was it really choice? As African American female social worker, Urelia Brown, stated the issue in 1972, ““Negroes don’t want children they can’t take care of, but we are afraid to trust you when your offered help has so often turned out to be exploitation.””¹⁷ In many ways, Black women’s wariness towards the medical profession centered on control. To systematically divest thousands of Black women of their ability to become birth mothers without their knowledge does more than suggest a medical profession assured in the belief that White male doctors knew best who should and who should not have children. Thus, when Black activists argued for reproductive rights and reproductive choice, they rarely limited their discussion to abortion. Rather, they were making a clear argument for their right to be mothers, of however many children they chose, clearly challenging the belief of Black reproduction was pathological. As Bryan et al assert: “Black women’s ability to reproduce has come to be viewed as an amoral flaw, to be frowned upon and controlled – so much so that doctors frequently take it upon themselves to exercise control over our fertility in the interests of (white) society.”¹⁸

However, Black women in both contexts were not unanimously or even completely against birth control. Rather, one sees Black activists making a very strategic argument, which articulated their spaces in between the Black activist community, often dominated by the voices of men, and the women’s activists, often dominated by the voices of White middle-class women. In her groundbreaking anthology, *The Black Woman*, Toni Cade Bambara takes on the issue of the birth control pill and the question of genocide. The piece reads less like a pro-birth control pamphlet and more like a castigation of Black Power rhetoric. Bambara counters the idea that

¹⁷ Quoted in Washington, *Medical Apartheid*, 200.

¹⁸ Bryan, et al., *The Heart of the Race*, 103.

birth control was a plot to undermine the reproduction of the Black community and Black resistance to white hegemony, an argument Life Always has attempted to revive. “Seems to me the Brother does us all a great disservice by telling her [the Black woman] to fight the man with the womb. Better to fight with the gun and the mind. Better to suggest that she use all that time, energy, money for things other than wigs, nails, and clothes.”¹⁹ An essential tool to this fight, then, was control over reproduction placed squarely in the hands of Black women.

If Black women were not necessarily and only looking for increased access to abortion or new forms of contraception, what then did they want? It seems clear that Black women wanted two things in terms of reproductive rights: reproductive options that they could control and a serious commitment to the total health of Black women specifically, and Black communities in general. Thus, Black women who advocated reproductive choice did so in a constrained manner, very often discouraging irreversible surgical options, especially for the young as in the case of the Relf sisters. They viewed these methods (tubal ligations, hysterectomies, oophorectomies) as inherently based in discriminatory practices by medical practitioners on Black patients. They also remained wary of drugs that were still experimental or were prescribed in a coercive manner, as they charged had been done with Depo-Provera.

Black women’s stance on abortion was varied, but those who emerged as early supporters of abortion access also attempted to focus attention on the socio-economic circumstances that placed women, especially women of color, in need of abortion services.²⁰ Low-wage employment, inadequate education and dismal access to good health care were considered more

¹⁹ Toni Cade Bambara, “The Pill: Genocide or Liberation” in *The Black Woman: An Anthology* (New York: Washington Square Press, 1970), 210.

²⁰ Angela Y. Davis, *Women, Race & Class* (New York: Vintage Books, 1983), 204.

deleterious to Black women and children's total health than abortion, they argued. And as Angela Davis asserts, the focus on abortion, both for and against, misses the fact that there are other more pressing issues.

During the early abortion rights campaign it was too frequently assumed that legal abortions provided a viable alternative to the myriad problems posed by poverty. As if having fewer children could create more jobs, higher wages, better school, etc... This assumption reflected the tendency to blur the distinction between *abortion rights* and the general advocacy for *abortions*. The campaign also failed to provide a voice for women who wanted the *right* to legal abortions while deploring the social conditions that prohibited them from bearing more children.²¹

Reproductive rights then became connected to the overall health of the Black community.

In the same way, Black British women identified health as an organizing principle, not reproductive rights. Black women active in the Organisation for Women of Asian and African Descent (OWAAD) understood that reproduction was only one of the factors having a deleterious effect on Black women's lives. For instance, they also fought for sickle cell anemia testing and to improve the nutritional health of prisoners because, as Bryan et al suggest "Whether we are healthy... is determined almost exclusively by our working conditions, the standard of our housing, our access to health and welfare services and the treatment we receive from them."²² The ability to have, or not have, a child is tied to issues of control, racism, and economic exploitation, which all speak to the matrix through which Black women understood contraceptives like Depo-Provera, abortion and the idea of reproductive rights.

The importance of the above critiques lay in activists' ability to make explicit connections between race, control and the possibilities for choice available to Black women. The

²¹ Ibid, 205-206.

²² Bryan et al., *The Heart of the Race*, 91.

utility of such a critique was immediately evidenced by the outcry over some states' use of Norplant injections for women on welfare or female drug abusers in the United States beginning in the early 1990s.²³ However much of this history of Black women's activism has been obscured, if only because it is still not public knowledge how, when and where poor women of color experienced this very personal form of abuse. In 2010, North Carolina Governor Bev Perdue established the N.C. Justice for Sterilization Victims Foundation to investigate possible compensation for victims of the state's eugenics board, in operation from the early 1930s into the 1970s. It is estimated that 7,600 women were sterilized for being feeble-minded, promiscuous or poor, including many African American women. Much of the horror about the investigations into North Carolina's history of forced sterilizations lies in how recently it occurred and that some of the state's victims, roughly 2,000 are still living with the pain of the violation they suffered and have used the state's hearings as venues to recount this too-long-forgotten history. The divulgence of North Carolina's crimes coincides with a range of new scholarly studies on women of color in the U.S. and reproductive justice.²⁴ This work demonstrates that there is still much that we do not know about the ways in which women have been stripped of the most basic right to control their bodies, while at the same time privileging their work on their own behalf.

Sadly there has not been a concurrent flourishing of studies regarding the health activism of women of color in the United Kingdom. As early as the late 1970s Asian women used experiences of "virginity testing" to reconstruct masculine im/migrant narratives, but it was only recently that the general public was made aware of this history, even though anyone even

²³ For a comprehensive discussion of the connection between race, reproduction and state control in the U.S. see Dorothy Roberts *Killing the Black Body: Race, Reproduction and the Meaning of Liberty*.

²⁴ See Jennifer Nelson, *Women of Color and the Reproductive Rights Movement*, Jael Sillman et al *Undivided Rights: Women of Color Organizing for Reproductive Justice*, and Iris Ofelia Lopez, *Matters of Choice: Puerto Rican Women's Struggle for Reproductive Freedom*.

marginally aware of Black and Asian women's activism and writings over the past four decades could hardly have escaped references to such occurrences.²⁵ That Black women's social criticism has been generally marginalized in modern England, especially in the areas of health resources, education and housing is hardly surprising, but that this marginalization seems to have had a deleterious effect on a national Black women's movement is quite tragic. While it is likely that local groups have continued Black women's activism from previous decades, a national movement to connect these disparate groups might go a long way in revitalizing a unique documentation of Black British women's health needs.

When now six-year-old Anissa Fraser's mother learned from a friend that her daughter had become the face of an anti-abortion campaign she was horrified. When she took her daughter to a modeling agency and signed a consent form she could not have known that her child's image would be used in such a way. She has said publicly that she wants her daughter's image removed from the ads, but Life Always has pointed out that they obtained Anissa's image legally. It is curious that an organization would use Anissa's image spread its message since it relies on the idea that Black women are contributing to the depletion of the Black community. Using a girl like Anissa would seem in bad taste, if not counterproductive to their argument, since her own mother is clearly loving and taking care of her. But maybe that's the lesson and the warning in the campaign. As they speak for Black women, they contribute to the objectification of Black women and their bodies while denying Black women's agency and capability to speak for themselves.

²⁵ Alan Travis, "Virginity tests for immigrants 'reflected dark age prejudices' of 1970s Britain." Sunday, May 8, 2001, [guardian.co.uk](http://www.guardian.co.uk), accessed August 21, 2011
<http://www.guardian.co.uk/uk/2011/may/08/virginity-tests-immigrants-prejudices-britain>

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