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Claiming Back the Womb: An analysis of the Third World Women Alliance's strategies to harness women of color in the United States against reproductive injustices during the 1970's

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Claiming back the womb

An analysis of the Third World Women Alliance's strategies to harness women of color in the United States against reproductive injustices during the 1970's.

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North American Studies

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Introduction

The standard narrative of the Reproductive Rights Movement of the 1970s suggests that feminists were collectively striving for reproductive rights. The legalization of abortion is often portrayed to be the most prominent of these rights. This mainstream narrative is too limited in scope, however, since reproductive rights are an umbrella term for many rights regarding one's reproductive life. This may look different for women from different backgrounds and in different circumstances. 'The' Reproductive Rights movement did not consist of one big unified group of women who were striving for the same set of goals.

By the end of the 1960s, black feminists started to publicly critique feminist organizations by white women, arguing that they did not pay enough attention to issues such as racism and classism. These issues highly influenced the reproductive experiences of women of color.¹ The most prominent campaigns to raise awareness were organized by a majority of white feminist organizations which generalized white women's experiences, while insinuating to represent all women in the United States. In order to complicate this view, women of color sought to redefine reproductive justice, shifting the focus from solely abortion rights and access to contraceptives, to also the right to have children and to protect the non-white female body against reproductive injustices.² Women of color shifted the conversation towards reproductive justice, which includes not only legal rights, but also recognizes racially motivated reproductive oppression and social and environmental factors that influence reproductive health and the resources that one needs to parent in a dignified way. This interpretation links women's health but also the health of the community to issues that impact reproductive freedom.³

Women of color during the Reproductive Rights Movement fought for the idea that Reproduction Rights should also suggest the actual right to reproduce and not only the right to choose not to. They faced injustices such as coerced sterilization where physicians or social workers forced sterilizing operations upon women whom they considered too poor or otherwise incompetent to raise children. These judgements were racially motivated.⁴ Many women of

¹ Jennifer Nelson, *More Than Medicine : A History of the Feminist Women's Health Movement* (New York University Press, 2015), 162.

² Jennifer Nelson, *Women of Color and the Reproductive Rights Movement* (New York: New York University Press, 2003), 28.

³ Barbara Gurr, *Reproductive Justice* (Rutgers University Press, 2014), 31-32.

⁴ Ellie Smith, et al. "Listening to Women: Understanding and Challenging Systems of Power to Achieve Reproductive Justice in South Carolina." *Journal of Social Issues* 76, no. 2 (2020): 364; Carol Mason. "How Not to Pimp Out Reproductive Justice: Adventures in Education, Activism, and Accountability." *Frontiers (Boulder)* 34, no. 3, (2013): 226; Patricia Zavella, *The Movement for Reproductive Justice* (New York University Press, 2020), 3-10.

color were sterilized against their will and sometimes even without their knowledge and without any explanation between 1900 and the late 1970s.⁵ This was especially prominent when during this period the so called population control programs were implemented in order to fight poverty and cut state costs.⁶ Many of these sterilizations were federally funded.⁷ The legislation that allowed sterilization for the health of the state and the fight against poverty did mention income instead of race, but family planning centers were most often located in poor African-American communities and targeted them disproportionately.⁸ On the contrary, white women were often denied voluntary sterilizations. Therefore, they pressured the government into liberalizing sterilization-guidelines in 1970.⁹ For women of color, liberated guidelines meant even easier ways for physicians to misuse these methods to meet their own racist or paternalistic views. As a result, sterilization related issues divided women of color from white women in terms of their approach towards reproductive rights.¹⁰

One of the organizations by people of color that participated in the fight against reproductive injustices against their people is the Third World Women Alliance (TWWA). Originating from the Student Nonviolent Coordinating Committee (SNCC) the organization first became the Black Women Alliance (BWA) in 1969, and one year later transformed itself to become the TWWA to include Latin and Asian American women.¹¹ This inclusion did not alter the organization's focus, but actually reinforced what the group was striving for with a larger and more inclusive group of women.¹² The organization located itself within both the Black Power Movement and the Feminist movement but decided to be exclusively for women of color. They created a space for women of color to discuss all topics that spoke to them, including reproductive health and justice.

⁵ Lisa Harris, and Taida Wolfe, "Stratified Reproduction, Family Planning Care and the Double Edge of History." *Current Opinion in Obstetrics & Gynecology* 26, no. 6 (2014): 539; Alexandra Minna Stern, "STERILIZED in the Name of Public Health: Race, Immigration, and Reproductive Control in Modern California." *American Journal of Public Health* (1971) 95, no. 7 (2005): 1133; Marian McDonalds, "Anti-Sterilization Abuse Organizing: A Retrospective Examination." *International Quarterly of Community Health Education*, vol. 9, no. 2, (1988): 112.

⁶ Nelson, *Women of Color*, 16; McDonald, "Anti-Sterilization Abuse Organizing", 112.

⁷ Harris, "Stratified Reproduction", 540.

⁸ Carole Joffe and Willie J Parker, "Race, Reproductive Politics and Reproductive Health Care in the Contemporary United States." *Contraception (Stoneham)* 86, no. 1 (2012): 1.

⁹ Linda Gordon. *Woman's Body, Woman's Right : A Social History of Birth Control in America*. (Harmondsworth [etc.]: Penguin, 1977), 343.

¹⁰ Zakiya Luna, "'Truly A Women Of Color Organization': Negotiating Sameness and Difference in Pursuit of Intersectionality." *Gender & Society* 30, no. 5 (2016): 46.

¹¹ Assata Sankofa Kokayi, "On the Other Side of Babylon: Black Women and Epistemologies of Resistance in the Third World Women's Alliance" (PhD diss., University of Evanston, Illinois, 2020), 80- 85, Proquest Dissertations & Theses Global.

¹² Stephen Ward, "The Third World Women's Alliance; Black Feminist Radicalism and Black Power Politics" in *The Black Power Movement: Rethinking the Civil Rights – Black Power Era*, ed. Peniel E. Joseph (Florence: Routledge, 2006), 134.

Some people at the time accused the TWWA of not being so much an activist group, but more an educational group. Patricia Romney, a member of the group, has concluded in hindsight that she indeed thinks that they were.¹³ This does actually make the TWWA attractive to study female empowerment through education. The leading research question in this thesis is therefore: *How did the Third World Women Alliance empower and educate women in their campaign for reproductive justice for women of color in the United States between 1970 and 1975?* The time period is chosen based on the periodization of the feminist Reproduction Rights Movement and on the organization's most active years wherein they published their bimonthly edition of *Triple Jeopardy*. This research will look at how women empowered each other by creating a safe space to learn about reproductive related issues.

The TWWA Put effort into making information accessible to people of different racial backgrounds, ethnicities and social classes. *Triple Jeopardy* has in multiple cases been given away for free so they were able to reach many women regardless of their financial situation. Where former research discussed the TWWA either in context with other organizations within the Reproductive Rights Movement, the context of black feminism or studied its general feminist ideology, this research will focus on the ways in which the organization fought for reproductive justice and attempted to give women a stronger position in the face of related injustices. Important to note is that reproductive justice was not their main objective. The TWWA was not an solely reproductive justice advocacy group. Nevertheless, their anti-sterilization abuse campaign has often been described as their most successful one which means that the amount of the primary source material available is sufficient to study the organization from this angle.¹⁴

This research will attempt to focus on the effort to increase the sense of agency of the women who were likely to encounter medical racism. Whereas a sense of agency seems vague in definition, it is important for this research and reproductive healthcare in general. Naila Kabeer argues that agency is about the motivation, meaning, and purpose which they can bring with them when they are about to exercise their agency. These aspects create a sense of agency which she also defines as 'the power within'. This power does not necessarily have to lead to actions or different choices but they can if the actor wants to.¹⁵ Kabeer has defined power as 'the ability to make choices' and argues that "empowerment is [...] inescapably bound of with

¹³Joon Pyo Lee, "The Third World Women's Alliance, 1970–1980: Women of Color Organizing in a Revolutionary Era." (Phd diss., Sarah Lawrence College, 2007), 47, ProQuest Dissertations & Theses Global.

¹⁴ Kokayi, "On The Other Side of Babylon, 114.

¹⁵ Naila Kabeer. "Resources, Agency, Achievements: Reflections on the Measurement of Women's Empowerment." *Development and Change* 30, no. 3 (1999): 438, 441.

the condition of disempowerment and refers to the processes by which those who have been denied the ability to make choices acquire such an ability.”¹⁶ When studying the TWWA this thesis will therefore look at how the organization attempted to enhance the ability to exercise choice and self-efficacy in health care context for women who were in a vulnerable position during that time. Health interventions that solely focus on the increase of knowledge or self-efficacy of women are considered empowering, but in order to be successful in creating better health outcomes for women these interventions have to be combined with political and institutional changes as well as increased access to relevant resources.¹⁷ Importantly though this also works the other way around. When structural changes take place, health outcomes for marginalized groups can still be significantly worse. Amongst other things, feelings of powerlessness has a significant influence in this.¹⁸ Therefore it is important to state that the TWWA did not only focus on educating women but also did public awareness campaigns, strived for political changes and fought for better situations in healthcare. All this is situated in a period of time in which multiple Black Power organizations were pressing for political, institutional and above all structural changes in health care for people of color.

Historiography

Multiple studies in different contexts and countries proved that focusing on self-efficacy and empowerment has a positive impact in autonomous sexual and reproductive decisions.¹⁹ It is also proven that strong social support and community linkages have a positive effect in improving health outcomes for oppressed and marginalized groups.²⁰ Even though these studies have been done in more recent times, it is interesting to study if and how a progressive organization implied those ingredients for female reproductive empowerment in the 70’s. It is not an attempt to put the responsibility for proper healthcare on the victims of a system that oppresses them. It is an effort to reverse damage already done by the system and an effort to keep them as unharmed as possible whilst the fight against the actual problem is not yet won.

The angle for this research is chosen because the educational efforts in terms of teaching

¹⁶ Kabeer, “Resources”, 436-437.

¹⁷ Shari Dworkin, Monica Gandhi, and Paige Passano, *Women's Empowerment and Global Health : A Twenty-First-Century Agenda*. (2016), 19.

¹⁸ Tiffany D Baffour, and Jill M. Chonody, "Do Empowerment Strategies Facilitate Knowledge and Behavioral Change? The Impact of Family Health Advocacy on Health Outcomes." *Social Work in Public Health* 27, no. 5 (2012): 510.

¹⁹ Smith, “Listening to women”, 369.

²⁰ Baffour and Chonody, “Do empowerment Strategies Facilitate Knowledge”, 509.

women about their bodies to create a sense of agency is underrepresented in research about the organization and about black feminist resistance against reproductive injustices in general. This is especially relevant since this angle has not been taken before in studying the TWWA, whereas attention for the physical body became central in the Women's Health Movement of the time. This movement which was connected to the broader feminist movement of the time, focused on the female body and its health. It focused to tackle the lack of knowledge thereof and making women comfortable with taking care of themselves. Knowledge and authority over one's body was considered essential for women in order to have equality to men. Many white feminists within this women's health movement expected that focusing on the physical body in order to empower women and battle female repression would bridge the division between white and non-white feminist groups. This was not the case since especially the experience connected to the body was significantly different between white women and non-white women.²¹

Over the last twenty years female reproductive injustices towards women of color received more attention by scholars. Especially the position of women of color within the broader reproductive rights movement has been a topic of debate. Whereas historians who focused on Reproductive Rights Movement have in some cases concluded that women of color were not truly part of the movement, more recent works have proved that they actually were very much present but mostly in their own Black Power originated organizations rather than in predominantly white organizations. Still their political efforts and their relation to white feminism are still mostly studied, whereas their work within their community has taken a backseat. Using white middle class feminism as a template of what feminism is, has resulted in researchers in the 1970's claiming that for instance black women did not embrace feminism because white feminists focused their fight for equality mostly on injustices compared to men, whilst the black community was considered more equal in terms of gender, and thus black women were not interested. Besides the fact that the resurgence of black masculinism actually did cause more gender inequality in black communities, using only one template to measure feminism here causes a misinterpretation of feminism amongst black women.²² This thesis will help to close this lack in historiography.

Benita Roth states that black feminism, Chicana feminism and white feminism (of the second wave) should be examined separately, and that comparative research can be done but should only be done with the right amount of context. Still it has to be clear that there are

²¹ Wendy Kline, *Bodies of Knowledge Sexuality, Reproduction, and Women's Health in the Second Wave*. (Chicago ; London: University of Chicago Press, 2010), 2-4.

²² Roth, *Separate Roads to Feminism*, 9-10.

common factors in their emergence. These feminist movements are usually rooted in other mixed-gender oppositional social protest movements, such as the Black Power movement, the Chicano Movement and the New Left.²³ But the most important difference to take into account, Roth argues, is the access to resources that enabled mobilization and growth. These are resources such as money, education, spare time and support systems. These were unequally divided between women of color and white women. Furthermore white middle class was significantly different from for example black middle class in terms of resources, status and oppression. Furthermore racial and economic barriers often prohibited women of color from participating in the public sphere.²⁴ By focusing solely on the TWWA this thesis will actively try to avoid the pitfall of measuring black women's activism towards reproductive justice in terms of white women's activism.

Notably, the TWWA has been a topic of interest for dissertations over the last few years. Joon Pyo Lee conducted a research on the TWWA and its ability to organize solidarity across racial and ethnic boundaries. Her main argument is that the historiography focusses mainly on their African American members whilst ignoring "what is arguably the group's most significant achievement – its pioneering work in defining common ground amongst women of color".²⁵ She also emphasizes the political education that the organization provided for its members and how consciousness-raising around reproductive rights for women of color fitted into this. The organization paid a lot of attention to the connection between reproductive issues and race and class, especially in their paper *Triple Jeopardy*.²⁶ Although Lee paid some attention to the role of TWWA in fighting sterilization abuse, it is one of the many topics she touches upon, which results in a limited amount of information on the topic of reproductive justice activism. This leaves room for further research.

Even though the educational efforts of the TWWA are mentioned by multiple authors, there is a lack in literature upon what this education entailed. Beside consciousness raising efforts to make people aware of injustices, this thesis will elaborate on lived experiences, the education about the female reproductive system and education on how to navigate reproductive health care. These educational efforts of the TWWA are lacking in the historiography, whilst they were part of the holistic approach of the organization. Women of color were not only fighting reproductive injustices in the political arena, they were also facing them in their daily

²³ Roth, *Separate Roads to Feminism*, 5-27

²⁴ Idem, 10,15

²⁵ Lee, "The Third World Women's Alliance", 6.

²⁶ Idem, 56—57.

lives. The efforts of the TWWA to harness women against these injustices by educating them on a multitude of facets that would contribute to increased safety during their hospital visits and having better reproductive health outcomes are just as relevant as their political efforts and their position in the wider context of the reproductive rights movement.

Methodology and source material

In order to answer the research question, the monthly issues of TWWA's *Triple Jeopardy* will be analyzed as main primary source. In total sixteen issues published between September 1971 and July 1975 are studied. These publications were the communication tool between the organization and its members and anyone who wanted to read them. They were distributed in female prisons as well. They were mostly but not exclusively read by women of color. Some of the correspondence with men published in the editorials suggests that the articles were to some extent also read by men of color. Stephen Ward described *Triple Jeopardy* as the organization's space where they explored "the relationship between theory and practice", its "most enduring" project and a "vehicle for empowerment".²⁷ Exactly this combination is what makes these papers the most important source for this research. The consistency of the existence of publications over the years enables us to see changes overtime, discussions and its continuation. The exploration of the relationship between theory and practice enables us to see strategies in theory and how they were implemented in conversation with the readership.

The papers will be analyzed on the inclusion of topics that either include reproductive justice activism, consciousness raising, reproductive and sexual health information and education. This research will make a distinction between more political activism and consciousness raising on the one hand, and more personal education and empowerment on the other. The articles are generally published in the name of the TWWA, or by cofounder and editor Frances Beal in the form of editorials. In some cases interviews, letters or signed articles written by other members were published, in which case this thesis will state the name and possibly role of the author.

The first chapter will provide the reader with the necessary history and context regarding reproductive injustices against women of color in the U.S. Important to note is that this chapter covers these injustices in chronological order up until the 1970's, but not onward. The second chapter connects the TWWA to both the reproductive Rights Movement and the Black Power

²⁷ Ward, "Black Feminist Radicalism", 137-140.

Movement and focuses on the ways the TWWA worked on consciousness raising within their community and called for collective action in order to strive for reproductive justice.

The last chapter focusses on collective and individual female empowerment, analyzing the education *Triple Jeopardy* provided in terms of sexual and reproductive health, the functioning of female reproductive organs and self-care as well as protection. Whereas the emergence of self-help groups focusing on sharing information and educating oneself about the female body is often assumed to be a majority white middle class practice during the Women's Health Movement, this research argues that especially this practice was of great relevance and importance for women of color.²⁸ The TWWA connected self-knowledge to "knowledge of the body", which suggests that teaching women about their bodies endorses self-knowledge of their definition.²⁹ This is especially relevant in this research since they describe physiological and anatomical information about the female body as "a weapon without which we cannot begin the collective struggle for control over our own bodies."³⁰ Controlling one's own body was a sentiment in the Womens Health Movement in general, but it held extra relevance for African American and Native American women because of the multitude of injustices against their bodies and their (legal) ownership thereof all throughout the history of the US.

Note on Terminology

Some notes on terminology have to be made. First of all, inclusive writing about women of color is a real challenge in terms of deciding when one writes 'women of color' and when one addresses a specific racial or ethnic group within that overarching term. Some statements about African American women for example can be generalized for the majority of women of color in the US, but some will not. When using the term a combination of women of different racial and ethnic backgrounds can be implied and this combination is not always the same.³¹ One could talk about both African American women and Latin American women or about Arab women and Asian women and in both cases use the term women of color. It has been argued that the main binding factor is that women of color collectively have to deal with white supremacy, there is a main form of oppression hovering above everyone included in this

²⁸ Terri Kapsalis *Public Privates : Performing Gynecology from Both Ends of the Speculum*. (Durham & London: Duke University Press, 1997), 161.

²⁹ *Triple Jeopardy*, (Vol 1, Issue 1, Sept-Oct 1971), 9.

³⁰ *Idem* 7.

³¹ Luna, ""Truly A Women Of Color Organization", 773.

group.³²

Since the TWWA is originated within the Black Nationalist Movement but grows more inclusive to other groups later on, its historiography often relies heavily on literature focusing on the African American identity of the group, even though this is only part of the identity of the organization.³³ The term women of color is often defined only to include African American and Latin American Women. Many women of Indigenous Peoples of America have argued that the term does not really apply to them, and the relatively little attention to them by the TWWA makes that indeed the case in this research.³⁴ This thesis will sometimes shift back and forth between terms but only when appropriate.

The term 'women of color' is sometimes problematized since it in some way creates the idea that non-white women form a homogenous group.³⁵ The status of 'the other' which is tied to women of color has been problematic. The term 'women' is often unjustly used to only include white women's experiences and thus created the urgency to use the term 'women of color.'³⁶ This theses focusses on women of color who have in the 60's and 70's experienced reproductive injustices based on their race or ethnicity and in many cases also their class position. Overall this means African American women, Latin American women and Native American women.

Sociologist Zakiya Luna conducted research on the construction of the collective identity of women of color and the encouragement of solidarity between women crossing race and class. The research studied women of color organizations within the reproductive justice movement. She concluded that the collective identity of women of color relies on the presumption of what she calls 'same difference' and later on the recognition of 'difference-in-sameness'. The former means that women of color all have experiences that are collectively different from those of white women. The latter emphasizes that within that overarching sameness there are differences and thus organizations who operate under the label of 'women of color' are doing cross racial work and have to continuously be sensitive to these differences.³⁷ The TWWA is one of these organizations that was representing a wide variety of women who had different statuses and reproductive experiences, even though these experiences were collectively different from those middle class white women generally had.

32 Loretta J. Ross and Rickie Solinger, *Reproductive Justice : a New Vision for the Twenty-first Century* (Berkeley: University of California Press, 2017), 111.

33 Lee, "The Third World Women's Alliance".

34 Luna, ""Truly A Women Of Color Organization"", 773.

35 Kokayi, "On The Other Side of Babylon", 41-44.

36 Bell Hooks, *Ain't I a Woman: Black Women and Feminism* (Boston: South End Press, 1981).

37 Luna, ""Truly A Women Of Color Organization"".

Whilst the term ‘women of color’ was first coined in the 1980’s, this thesis uses it to talk about women in the 1960’s and 70’s.³⁸ One of the terms that was used to cover partially the same group of women in the US in those decades was ‘Third World Women’. The idea behind this term is that there is a connection between the experiences of women in former colonized nations and minority women who do live in western countries and/or who are victim of so called in-state colonization.³⁹ Given the anti-imperialist nature of TWWA’s identity and their relationship with the decolonization struggle it was an almost inevitable choice of name for them.⁴⁰ They themselves described that even though there are cultural differences “this common historical oppression unites us in the struggle to eradicate these evils”.⁴¹ Women of third world countries have been repeatedly used to test new contraceptive technologies for western countries and have been forced to use more permanent forms of contraception in order to receive aid.⁴² Therefore the term is especially relevant in the context of reproductive justice.

³⁸ Moya, "Chicana Feminism and Postmodernist Theory." *Signs: Journal of Women in Culture and Society* 26, no. 2 (2001): 449.

³⁹ Julie R Enszer, and Agatha Beins, "Inter- and Transnational Feminist Theory and Practice in Triple Jeopardy and Conditions." *Women's Studies* 47, no. 1 (2018): 24; Nelson, *More Than Medicine*, 196.

⁴⁰ Kokayi, "On The Other Side of Babylon", 3.

⁴¹ *Triple Jeopardy*, (Volume 1, Issue 2, November 1971), 16.

⁴² Kapsalis, *Public Privates*, 55; Carole Joffe and Willie J. Parker "Race, Reproductive Politics", 1.

Chapter 1: The historical context of reproductive injustice towards women of color in the United States

To understand why women of color in the sixties and seventies organized their reproductive rights activism separately from predominantly white feminists organizations, one must understand the complicated history of reproductive injustices and coerced sterilization that these women experienced in the United States over a long period of time. This chapter therefore examines the question of what reproductive injustices were imposed onto women of color in the United States up until the 1970's.

White men's interference with the reproductive systems and sexual lives of black women in the US started during slavery. Initially pregnancy amongst enslaved women was often discouraged and punished. Even though natural growth of the enslaved population was considered viable to some slave-owners, pregnancy and childbirth also decreased a women's productivity in physical labor. At the same time slave trade was still an economically viable way to expand a slave-owners' property.⁴³ This changed after the abolition of the trade in African-born people to be enslaved in 1808. Gynecology and reproductive medicine started to expand because this was essential for the maintenance of southern slavery, since the better the reproductive health of enslaved women, the more children they could possibly have. The construction of the stereotype of black people as hypersexual and sexually insatiable helped to legitimize the sexual exploitation of enslaved people. Forced breeding practices were common in order to make enslaved women have as many children as possible. The children of enslaved women would also be enslaved from birth. Fertile enslaved women were therefore considered a source of stability for slaveowners and even the wealth of the entire white community.⁴⁴

Physician James Marion Sims, who lived in Montgomery experimented on enslaved women in his backyard hospital during the mid-1800's. He later became well known to be the founding father of American Gynecology. The women he experimented on were sent to him by slave masters in order to cure their reproductive 'defects'. Enslaved women who had health issues concerning their reproductive organs were both less able to work effectively, but most importantly, considered to the owners, less likely or even completely unable to reproduce. Since reproducing was one of the duties of enslaved women, this highly impacted their economic

⁴³ Harris, "Stratified Reproduction", 541.

⁴⁴ Jennifer Leyle Morgan. *Laboring Women : Reproduction and Gender in New World Slavery*. Early American Studies (Philadelphia, Pa: University of Pennsylvania Press, 2004), 83; Gurr, *Reproductive Justice*, 29-30; Kelly Brown Douglas. *Stand Your Ground : Black Bodies and the Justice of God*. (2015), 62.

value. Finding cures for these illnesses changed them into being a reparable commodity. Curing them would mean that they were again suitable to answer their duties as both workers as well as breeders.⁴⁵

Besides the slave owners' financial interests, physicians viewed enslaved women as the ones upon whom experimentation was morally justified and whose bodies they could use to study the female reproductive system to expand their knowledge and develop gynecology.⁴⁶ This had to do with an assumed triple pathology these women possessed, according to physicians at the time. They were both women, black as well as ill. Towards blackness other characteristics were being ascribed such as promiscuousness and sexual voraciousness. Being able to experiment on enslaved women solved a prominent problem in medical research. The ethical problem surrounding examining and researching the female reproductive organs was the idea that the physician had to penetrate the area that was considered traditionally reserved for the patient's husband. By directing the research to enslaved women, the combination of their assumed pathology connected to blackness, as well as their position as white man's property legitimized the research.⁴⁷

Cures found by experimentation on black women would be used to help white women. Black women would be used as Deidre Owen writes "for the benefit of white women's reproductive health."⁴⁸ Physicians at the time would operate on a simultaneous idea of sameness and difference. The blackness of their patient and their position of being enslaved made them different from white women. Still they knew that any medical procedures that worked for black women, would also work for white women. This idea made enslaved black women the ideal guinea pigs for experimentation. This same approach was applied a decade later to numerous testing rounds of contraceptives.⁴⁹

Besides justification by devaluation of the black body by white physicians, slavery also provided them with extensive access to black women's bodies. Despite attempts of many enslaved women to hide their health issues and heal by themselves without interference, slave owners did in most cases have the power to force women to see physicians. Myths about black women's ability to bear more pain or even inability to feel pain at all and them being considered

⁴⁵ Kapsalis, *Public Privates*, 31, 35, 38, 43; Nicole Ivy. "Bodies of Work: A Meditation on Medical Imaginaries and Enslaved Women." *Souls (Boulder, Colo.)* 18, no. 1 (2016): 11-31.

⁴⁶ Deirdre Cooper Owens. *Medical Bondage : Race, Gender, and the Origins of American Gynecology* (University of Georgia Press, 2017) 4. 5. 15; Gurr, *Reproductive Justice*, 40.

⁴⁷ Kelly Brown Douglas. *Stand Your Ground* : 62; Marie Jenkins Schwartz. *Birthing a Slave : Motherhood and Medicine in the Antebellum South*. (Cambridge: Harvard University Press, 2006), 228-232.

⁴⁸ Owens. *Medical Bondage*.

⁴⁹ Kapsalis, *Public Privates*, 43, 83; Schwartz. *Birthing a Slave*, 239.

hypersexual beings developed alongside the medical experimentations on them and have prevailed to this day.⁵⁰

Experimentation on enslaved women has resulted in United States being the top leader in modern gynecology.⁵¹ Black female reproductive health was thus of importance for the maintenance of the institution of slavery as well as for the development of medicine and gynecology. Both institutions were mostly focused on curing reproductive defects for their own good rather than for the women themselves. The autonomy of enslaved women over their reproduction was completely denied as well as their right to fully experience motherhood.⁵²

Whilst during slavery the main aim was to make black women have as many children as possible, this changed drastically over time. In the 1970s the efforts to control Black women's and other non-white women's fertility peaked. Dorothy Roberts stated that there is an overarching theme that is that black women's childbearing was being "regulated to achieve social objectives".⁵³ These social objectives might have changed over time but both were decided by the objective to keep the status quo of white supremacy intact.

Motivations for sterilization

Many physicians believed that they were obliged to decide who was allowed to have children and who was not in order to improve the state's overall wellbeing. These views were based on neo-eugenicist beliefs. Where eugenicist believed that 'defects' (e.g. poverty, illness, bad behaviour) that would cause someone to be unfit to reproduce were solely genetic, neo-eugenicists believed these defects were cultural.⁵⁴

Involuntary sterilization programs in the US in the beginning of the twentieth century initially focused on so called defects that were considered genetic. The people that were targeted by this were predominantly white and had physical or mental conditions that eugenicists considered genetic and undesirable. Both women and men were forced into different kind of surgeries that would result in infertility. During the 1950's and 60's the shift toward neo-eugenicist ideas took place and the target group for sterilizations became poor women, most of them non-white. The paternalistic discourse changed from protecting people against themselves

⁵⁰ Owens. *Medical Bondage*, 45; Gurr, *Reproductive Justice*, 30; Nicole Ivy. "Bodies of Work", 17.

⁵¹ Owens. *Medical Bondage*, 4-7.

⁵² Roberts. *Killing the Black Body*, 24, 33; Schwartz. *Birthing a Slave*, 256.

⁵³ Roberts. *Killing the Black Body*, 56.

⁵⁴ Mark A. Largent, *Breeding Contempt* (Rutgers University Press, 2007), 6-9, 11 ,31.

on a biological level to a social environment approach of protecting the taxpayer from the expenses of overpopulation and the costs of welfare.⁵⁵ Neo eugenicists focused on social and cultural conditions that they considered undesirable. Sterilization became a tool to permanently make sure that poor women of color would not reproduce in order to limit the population that relied on welfare or was otherwise considered unfit. The latter could for example include women who already had children out of wedlock or lived in densely populated areas, which almost always had a predominantly black demography. Neo-eugenic family planning and population control programs focused mainly on poor black women, Native American women, Puerto Rican women and women of Mexican descent.⁵⁶ In the public discourse these women were framed as being too irresponsible and suffering from a lack of self-control to make reproductive decisions themselves and were thus determined to be depended on the decision-making of physicians and social workers.⁵⁷

Neo-eugenic ideas were sparked by political occurrences. The Civil Rights movement and the emergence of Black Nationalism for example created a threat to white power and white privilege, sparking motivation to find ways to keep people of color down. Neo-eugenicist helped create a basis on which people could be kept in their place, this by claiming that their culture was polluted and thus the cause of defects.⁵⁸ The costs of social welfare also motivated these ideas, suggesting that people of color were often poor and because of that unable to care for their children. This presumably caused a burden on taxpayers and the state to provide welfare, which in turn made a lot of physicians feel entitled to take matters in their own hands to prevent this by sterilizing women on welfare.⁵⁹ At least 13 states have tried to punish women for having multiple or “too many” children whilst relying on public assistance for their housing, day-care and health care by attempting to pass laws that would legalize their sterilization for these reasons.⁶⁰ On the contrary, arguments about women of color being able to benefit the state when they do not have children have been made as well. Women of color have often been considered a cheap labor force and keeping them available to work full time was, considered to

⁵⁵ Serena Sebring, "Reproductive Citizenship: Women of Color and Coercive Sterilization in North Carolina 1950–1980." (2012): 155-159; Stern, “STERILIZED”, 1132.

⁵⁶ Sebring, "Reproductive Citizenship", 159.

⁵⁷ Idem, 12; Johanna Schoen, *Choice and Coercion Birth Control, Sterilization, and Abortion in Public Health and Welfare*. Gender and American Culture. (Chapel Hill: University of North Carolina Press, 2005), 109-111.

⁵⁸ Rebecca M. Kluchin. *Fit to Be Tied: Sterilization and Reproductive Rights in America, 1950-1980* (New Brunswick, N.J. [etc.]: Rutgers University Press, 2009), 3.

⁵⁹ Kluchin. *Fit to Be Tied*, 162; Randall Hansen, and Desmond S. King. *Sterilized by the State : Eugenics, Race, and the Population Scare in Twentieth-Century North America*. (2013), 238; Paul A. Lombardo *A Century of Eugenics in America from the Indiana Experiment to the Human Genome Era* (Indiana University Press 2010)148-151.

⁶⁰ Ross & Solinger, *Reproductive Justice : An Introduction*, 50.

some, of economic ‘importance’.⁶¹

Constructed stereotypes that illustrate the connection between state costs and sterilization are: the ‘Welfare Queen’ and the ‘Pregnant Pilgrim’. The first suggests that African American women were trying to have as many children as possible to be able to get as much money from the state as they could.⁶² The latter was aimed at Mexican women who crossed the border to give birth on US soil to be able to ‘extract’ money from the US. Another stereotype was also connected to the latter, namely the idea that Mexican women were highly unable to control their fertility, and so white male doctors had to ‘help’ them, without permission, of course. These stereotypes helped to legitimize physicians decisions for sterilization and states support for those practices.⁶³

Besides racism, medical paternalism thrived in the first half of the twentieth century which resulted in physicians making decisions for patients which they believed would be the best for everyone involved. This happened ofcourse without consulting the patient.⁶⁴ It was even the case that interns sterilized women in order to practice their skills, which fits into a long history of viewing the black female body as the field for medical practice and experimentation in order to learn and on which damage was allowed to be done.⁶⁵ Furthermore the US tested its contraception methods such as the pill and the IUD in areas abroad and, after first approval, prescribed them to women of color in poor areas in the US. This first post approval phase is known to be the time where serious side effects occur and thus many women of color have unknowingly been part of a last testing round.⁶⁶ On top of that, women of color have been more likely, and still are, to be prescribed and in cases mislead to either more permanent forms of birth control or forms of birth control that is more easily controllable by physicians and less so by the women.. They will for example be pushed towards using an IUD instead of the pill, since the IUD requires a medical worker to remove the device, whilst anyone can stop taking the pill at any time one prefers to do so.⁶⁷

⁶¹ Kapsalis, *Public Privates*, 56.

⁶² Smith, “Listening to Women, 368; Zavella, *The Movement for Reproductive Justice*. 36-37.

⁶³ Kluchin, *Fit to Be Tied*, 74-85; Roberts, *Killing the Black Body*, 17; Largent, *Breeding Contempt*. 37-38.

⁶⁴ Kluchin. *Fit to Be Tied*, 111.

⁶⁵ Nelson, *Women of Color*, 71; Lombardo, *Century of Eugenics in America*, p 175.

⁶⁶ Harriet, A. Washington. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans From Colonial Times to the Present* (Harlem-Moon 2006), 203.

⁶⁷ Washington. *Medical Apartheid*, 204.

Coerced sterilization

In 1972, a congressional hearing concluded that sixteen thousand women had been sterilized with funds provided by the federal government, amongst which the majority were women of color and over three hundred of them had been younger than 21.⁶⁸ Puerto Rican women have been sterilized in immense numbers. A campaign for population control resulted in a third of the women of childbearing age in Puerto Rico in 1968 to be sterilized. Most of them were not informed about the irreversible nature of the procedure.⁶⁹ During the 1970's more than one in four American Indigenous women on reservations were sterilized. Between 1973 and 1976 statistics show that four hospitals for these women had over 3000 unconsented sterilizations performed in them per hospital.⁷⁰ There are reservations on which during the 1970's 80 percent of women of childbearing age were sterilized.⁷¹

The first and foremost sterilizations which are considered coerced are those which took place without the women being aware of the procedure. They usually took place during abdominal surgeries and are therefore often referred to as "Mississippi Appendectomies" and were common in the 1950's and 1960's.⁷² Many women only found out what had happened to them years later in life, often after visiting their doctor because they were unsuccessfully trying to become pregnant for a long time. This resulted in the massive distrust of women of color towards hospitalization. As a result many of them avoided hospitals or any medical facilities altogether, resulting in worse general health and long term worse health outcomes due to avoidable complications.⁷³

The second way women were forced into sterilization was by misinformation and pressure. This increased after laws had been passed that prohibited sterilization without knowledge of the subject. Many women recalled being told that the procedure was reversible and thus thought that sterilization was not permanent. Extensive amounts of records of women who questioned their fertility years after receiving a procedure or requested another form of contraception show that women were not sufficiently informed on the permanent nature of the

⁶⁸ Laura Briggs. *Reproducing Empire: Race, Sex, Science, and U.S. Imperialism in Puerto Rico*. (1st ed. Vol. 11. American Crossroads. University of California Press, 2002), 146.

⁶⁹ Kapsalis, *Public Privates*, 56; McDonald. "Anti-Sterilization Abuse Organizing", 120; Philip R Reilly.

"Eugenics and Involuntary Sterilization: 1907-2015." *Annual Review of Genomics and Human Genetics* 16, no. 1 (2015): 363.

⁷⁰ Roberts. *Killing the Black Body*, 95.

⁷¹ Gurr, *Reproductive Justice*, 125.

⁷² Kluchin. *Fit to Be Tied*, 73; Lombardo, *A Century of Eugenics in America*, 174.

⁷³ Nelson, *Women of Color*, 80.

procedure they signed for.⁷⁴ Social workers would pressure women to have a sterilizing procedure instead of using other temporary forms of contraception and would in some cases even threaten to retreat social aid and/or their obstetrician's services when women would decline.⁷⁵ Ruth Nial Cox became pregnant with her first child in 1965. Since Ruth still lived with her parents and siblings, their social worker threatened that welfare would be withheld from the entire family if Ruth did not agree to have a procedure to become infertile after the birth of her first child. After a lot of resistance Ruth agreed to have the procedure done under the false pretense that the procedure was temporary. Little did she know that at the age of eighteen years she became infertile for the rest of her life.⁷⁶

Paternalistic discourse around assumed incapability to take proper care of children as presumably proven by the fact that women were on welfare were used to legitimize the decisions of social workers and physicians to force or pressure women into having a sterilization when they deemed them unfit to reproduce.⁷⁷ For instance a physician in South Carolina, Dr. Clovis H. Pierce of Aiken, had been exposed by a woman after he had pressured many of his patients under Medicaid to have a sterilization by refusing to give them prenatal care if they declined.⁷⁸ This was not an isolated incident. Entering a hospital was outright dangerous for women of color. The odds of being in contact with a physician who disregarded their right to reproduce were high. Nearly half of the physicians who participated in a study in 1972 confirmed that they were supportive of compulsory sterilization of welfare recipients.⁷⁹

Misinformation also took place in the form of exploiting the language barrier. This could either mean that the documents women had to sign were so packed with jargon that the average American could not process the information, or that the documents were entirely in English while the person about to sign them was for example Mexican, Native American of Puerto Rican and did not have a sufficient understanding of that English.⁸⁰ On top of that it was very likely for physicians to make women sign these documents whilst they were in labor and in

⁷⁴ Reilly. "Eugenics and Involuntary Sterilization", 360. AND Rosalind P. Petchesky, and American Council of Learned Societies. *Abortion and Woman's Choice the State, Sexuality, and Reproductive Freedom*. Rev. ed. Northeastern Series in Feminist Theory. (Boston: Northeastern University Press, 1990),179.

⁷⁵ Linda Gordon, *Woman's Body, Woman's Right : A Social History of Birth Control in America*. (Harmondsworth [etc.]: Penguin, 1977), 345; McDonald. "Anti-Sterilization Abuse Organizing", 113.

⁷⁶ Sebring, "Reproductive Citizenship", 1.

⁷⁷ Idem, 5.

⁷⁸ *Triple Jeopardy*, (Vol 3, Issue 2, November-December 1973), 12; Emily Diamond, "Coerced Sterilization under Federally Funded Family Planning Programs." *New England Law Review* 11, no. 2 (1976): 596.

⁷⁹ Harris, "Stratified Reproduction", 541

⁸⁰ Rosalind P. Petchesky, *Abortion and Woman's Choice the State*, 180.

many cases drugged.⁸¹ The document would for example be given to them accompanied with the documents that they had to sign in order to get pain-killers or after the procedure when signing for a cesarian section.⁸² There were cases where this happened right before a caesarean section during which they would perform the sterilization right away.⁸³ One can only imagine that these women were in a lot of pain and under a great amount of pressure, and thus not aware that they were signing to never be able to give birth again. In 1977, a group of ten Mexican American women did an attempt to sue a Hospital in Los Angeles because medical staff had made them sign consent papers whilst in labor. Furthermore these papers had been completely in English even though the women only spoke Spanish.⁸⁴ Also the ACLU found many instances of women being asked to sign consent papers right after having an abortion when they were in an emotional and stressed state.⁸⁵

The third way is more debated but not less relevant. When not having the option to raise children free from poverty, one would be more likely to opt for sterilization which in that case would be officially voluntary. When not having proper access to health care in general and reproductive health care specifically, sterilization can be a last resort. There is a fair chance that these women would have never chosen this option when given proper health care and the needed support to raise children. Especially when taken in consideration that Medicaid often paid for sterilization but not for abortion, it is likely that women's so called voluntary decision for sterilization was caused by the lack of the preferred alternative.⁸⁶

‘Choices’ of birth control influenced by doctors and social workers

Besides sterilization abuse, other forms of contraception were also entangled in a similar web. The position of women of color to contraceptives is an ambivalent one. On the one hand they, like every women, desired to have equal and easy access to them. Besides the common reasons such as being able to plan your family, black women had extra motivations. They were disproportionally more likely to have unsafe abortions before the legalization of abortion in

⁸¹ Gordon, *Woman's Body, Woman's Right*, 345; Stern, “STERILIZED”, 1134.

⁸² Kluchin. *Fit to Be Tied*, 103; Meg Devlin O’Sullivan, “Informing Red Power and Transforming the Second Wave: Native American Women and the Struggle Against Coerced Sterilization in the 1970s.” *Women's history review* 25.6 (2016): 972.

⁸³ Reilly. “Eugenics and Involuntary Sterilization”, 360.

⁸⁴ Briggs. *Reproducing Empire*, 146.

⁸⁵ Rosalind P. Petchesky, *Abortion and Woman's Choice the State*, 180.

⁸⁶ Schoen, *Choice and Coercion Birth Control*, 113-114; Rosalind P. Petchesky, *Abortion and Woman's Choice the State*, 181.

1973. For example, unsafe abortions accounted for fifty percent of the maternity related deaths among black women in New York in the 1960s.⁸⁷ Also after legalization, black women were still more likely to end up in unsafe situations with illegal abortions due to economic barriers to proper care in hospitals and clinics. Being able to prevent unwanted pregnancy was thus very high on their agenda as well. But on the other hand they have been pray to having birth control methods imposed on them in order to reduce their fertility because the physician or even state preferred that to be so.⁸⁸

Women of color have problematized the use of the word “choice”. Where many white women focused on free choice in regard of birth control and abortion, women of color realized that only being granted a legal choice does not necessarily result in having an actual choice. Economic circumstances highly influence the ability to choose the option you truly want.⁸⁹ Lack of healthcare, lack of pre- and post-natal care and birth care are highly impacted by ones financial situation and have an influence on the kind of choice one is able to make. Being pregnant itself as a women of color in the US has throughout history been more of a risk than being white and pregnant. Health situations for them are often worse due to lack of access to proper healthcare even before conception. The lack of proper care results in higher maternal death rates.⁹⁰ The Hyde amendment which has been in place ever since 1976 denied women who rely on Medicaid to have abortions.⁹¹ The bill only left exceptions for cases that were life threatening or pregnancies that were a result of rape or incest.⁹² This created a situation in which economic resources became a prominent factor in one’s ability to receive an abortion. The amendment made sure that this is not covered by the fund and it was thus, and still is, of massive influence on many women’s “choice” even though abortion is technically legal since 1973.⁹³

On the contrary, social workers and general practitioner have influenced women’s choices by pressuring them into certain directions that they considered more appropriate, meaning the direction that resulted in less children being conceived. Women of color were usually more likely to be steered towards contraceptive methods that were less in their control and more in the control of the physician. White middle class women were more likely to be prescribed the Pill, which requires a women to take the pill every day and enables them to stop using it whenever they prefer, while at the same time poor women and women of color were

⁸⁷ Roberts. *Killing the Black Body*, 101.

⁸⁸ *Idem*, 57.

⁸⁹ Ross & Solinger, *Reproductive Justice : An Introduction*, 102; Luna, *Reproductive Rights*, 19.

⁹⁰ Ross & Solinger, *Reproductive Justice : An Introduction*, 187.

⁹¹ *Idem*, 128.

⁹² Luna, *Reproductive Rights*, 47.

⁹³ *Ibidem*.

more likely to be prescribed an IUD, which required a physician to place it for them and more importantly, also required a physician to remove it.⁹⁴ This phenomenon ties into the concept of medical paternalism where doctors considered the latter category unable to make important decisions about their own health and fertility and thus stepped in to make it for them whilst creating a form of dependency.

Puerto Rico

Ever since the first World War the U.S. pressed birth control treatments of many forms on the island of Puerto Rico, claiming that poverty was caused by overpopulation.⁹⁵ During the Cold War, these practices were pressed even further when the U.S. Started to interfere in multiple Third World countries. Fighting poverty by preventing Third World women from having babies was a strategy to prevent people from becoming communist.⁹⁶ Puerto Rican women have not only been victim of massive sterilization practices, they have also been the testing group for the pill. The first trials with the pill were done on psychiatric patients in the US that were hospitalized. These women were non consenting, often unaware of the medication they were being guinea pigs for. After these tests, the second testing ground was the Island of Puerto Rico. Puerto Rico was chosen because it was considered a close by and easily accessible under developed country for the U.S. that was struck by poverty due to overpopulation. The women were seen as easy to mislead and unlikely to resist. On top of that there was already a network of birth control clinics in place since the elite of the island tried to control the population in the decades prior to the pill tests.⁹⁷ The pill tests affected Puerto Rican women's health. Many women in the trials fell sick and dropped out of the program.⁹⁸ Furthermore did the test include a control group which was prescribed placebo's. These women were promised contraceptives which means that they were being lied to, as a result many became pregnant.⁹⁹

⁹⁴ Kluchin. *Fit to Be Tied*, 52.

⁹⁵ Briggs, *Reproducing Empire*, 74.

⁹⁶ Idem, 110.

⁹⁷ Gordon, *Woman's Body, Woman's Right*, 287, 288

⁹⁸ Briggs. *Reproducing Empire*, 137.

⁹⁹ *Triple Jeopardy*, (Volume 4, Issue 2 Jan-feb, 1975), 3-4.

Medical Racism

The topic of forced sterilizations and birth control fits within a wider framework of medical racism that is still of major influence on the health of people of color in the U.S. in this day and age. Medical racism has a complicated history with a wide range of factors that influenced and strengthened it as well as an even wider range of consequences on different forms of health care. African Americans have been subject to experimental exploitation at least since the eighteenth century. Medical ethicist and journalist Harriet Washington claimed that in the US one could speak of ‘medical apartheid’ where the “racial health gap is not a gap, but a chasm wider and deeper than a mass grave” where the health profiles of people are so different that it appears as if “we were considering [...] two different countries”.¹⁰⁰

The distrust that medical racism induced in communities of color has had detrimental effects. Many people decide not to go to medical facilities out of fear of mistreatment and disrespectful encounters. Medical literature describes the tendency of people of color to ignore symptoms and delay treatment. This often results in worse long term health outcomes and late treatment of very treatable diseases.¹⁰¹ The late treatment of diseases in African Americans also results in them receiving relatively more emergency room care. Since it is easier to force people in emergency rooms into types of treatment that have to be done quick and in some cases is still experimental results in them having on average less time to consider other forms of treatment and on average higher chance to end up in experimental treatment.¹⁰²

Historian John Hoberman writes that medical racism never really had the same public outrage like other racial injustices.¹⁰³ When there are publications on medical racism it usually focusses on statistical issues. Hoberman states that the latter results in the statistical depersonalization of black people which is especially triggered by the magnitude of African American health disasters. He writes that this on its turn results in emotional detachment and the dehumanizing “sociological reduction of black life to its bleakest essentials”.¹⁰⁴

Medical racism is partially influenced by biases about physical differences and social behaviors, such as a lower sensitivity to pain resulting in less pain relieve and biases around hyper fertility and hyper sexuality. The result of the stereotype of the hyper fertile black women

¹⁰⁰ Washington, *Medical Apartheid*, 11,22.

¹⁰¹ Hoberman, *Black and Blue*, 18, 23.

¹⁰² Washington. *Medical Apartheid*, 403.

¹⁰³ Hoberman, *Black and Blue*, 18.

¹⁰⁴ Idem, 5.

and their presumed hyper sexuality have contributed to motivations for sterilization and forced birth control in a direct way but also in an indirect way.¹⁰⁵ The latter takes place when black women are misdiagnosed by gynecologists based on hyper sexuality biases resulting in treatment with sterilization which would not have been the treatment if they were rightly diagnosed with the disease they actually have. For example there have been many instances of African American women being diagnosed with pelvic inflammatory disease instead of endometriosis based on that the first disease is more easily triggered by ‘promiscuous’ sexual behavior.¹⁰⁶ The treatment of pelvic inflammatory disease could mean sterilization, so this misdiagnosis resulted in mistreatment which resulted in unnecessary sterilization. The lack of cautiousness in certainty about the need for sterilization in the treatment of women of color compared to white women says something about the value that was given to their rights and wishes to have children. This lack of care even resulted in conscious misdiagnosis based on the presumption that black women would not know what the proper procedure would look like, so gynecologists could just give the treatment that they liked best or wanted to practice.¹⁰⁷

Health inequities based on race in the US still result in this day and age in a higher infant mortality rate amongst African Americans, and a higher rate of mothers passing away during or shortly after childbirth.¹⁰⁸ Black women in the hands of white physicians are still on average screened less effectively and are not educated as well on preventive care as non-Hispanic white women.¹⁰⁹ Also a study of 2016 shows that women of color are still more likely to be steered towards Long Acting Reversible Contraception (LARC) than their white counterparts, which results in doctors having more control over their fertility.¹¹⁰

As we have seen, the historical context of white interference in the fertility and reproduction of women of color is extensive. Where black women’s fertility was exploited during slavery and was used to develop modern gynecological practice, their right to reproduce has often been denied and their wish to have children devalued. Women of color in the United States have been sterilized in different contexts and in different ways, motivated by neo-eugenicists ideas and attempts to keep white supremacy intact. They have been unknowingly

¹⁰⁵ Idem, 144, 97.

¹⁰⁶ Newton G Osborne, and Feit, Marvin D. "The Use of Race in Medical Research." *JAMA : The Journal of the American Medical Association* 267, no. 2 (1992): 277.

¹⁰⁷ Hoberman, *Black and Blue*, 65.

¹⁰⁸ Maeve E Wallace, et al. "'Look at the Whole Me': A Mixed-Methods Examination of Black Infant Mortality in the US through Women's Lived Experiences and Community Context." *International Journal of Environmental Research and Public Health* 14, no. 7 (2017): 727.

¹⁰⁹ Joe Feagin, and Zinobia Bennefield. "Systemic Racism and U.S. Health Care." *Social Science & Medicine* (1982) 103 (2014): 9.

¹¹⁰ Marsha Kaitz, et al. "Long-Acting Reversible Contraception: A Route to Reproductive Justice or Injustice." *Infant Mental Health Journal* 40, no. 5 (2019): 676.

sterilized, forced into involuntary sterilization in a multitude of ways by health professionals and social workers, and been tricked into signing consent papers. Medical disregard for non-white bodies in general and women in particular has been a central pillar in every situation.

Chapter 2: Consciousness raising and political action by the TWWA

The position of women of color within the national feminist Reproductive Rights Movement was important but complicated. A multitude of factors contributed to this complicated position. This chapter will first put women of color's feminist and especially TWWA's stance in regard to reproductive rights in the context of both the mainstream white feminist movement as well as the Black Power movement. Then it will continue to answer the question of how the TWWA strove for reproductive justice with the use of consciousness raising and organizing political action. This is answered whilst keeping the complicated context in mind.

When sterilization caught importance and public acceptance between 1965 and 1975 as a birth control method, a lot of white women indeed began to see the method as something to liberate guidelines for so it would be easier accessible for anyone who aspired to end their fertility. White women were often prohibited the surgery by doctors who refused to sterilize them. Physicians used calculations in order to calculate if a middle class white woman was old enough or had enough children already to even be allowed to be sterilized, considering them prosperous and ideal parents providing the US with the kind of people they wanted.¹¹¹ Influenced by the fears of 'race suicide', originating in the beginning of the century, many influential white people, including politicians, were afraid that birth control of any kind would mean that the white population would shrink incredibly in size.¹¹² Irreversibly sterilizing forms of birth control had the most resistance from physicians when they were asked to provide it for wealthy white women.

On the other hand, many women of color and of poor social status still experienced the previously discussed eugenic legacy of the method and thus wanted to complicate the access to the surgery by including guidelines such as written informed consent and demanded waiting time. Liberated guidelines could mean that physicians would have less obstacles in forcing the procedure onto people. The concerns of a lot of black and Latina feminists, who wanted to create regulations for sterilizations, was to make sure that women could not be tricked or forced into having sterilizations without knowing what the effects were.¹¹³ A demanded waiting time for example would complicate post-delivery sterilization signed whilst in labour. It would also grant women time to get informed by other sources than just their doctor or social worker. By

¹¹¹ Gordon, *Woman's Body, Woman's Right*, 343.

¹¹² Joffe, "Race, Reproductive Politics", 1.

¹¹³ Luna, *Reproductive Rights*, 48.

emphasizing this problem and problems surrounding childcare and its expenses, women of color shone light on problems connected to stratified reproduction. The latter is the difference in value, experience and reward a society decides to give to reproduction of people based on inequalities in class, race, ethnicity, gender and migration status.¹¹⁴ This greatly influenced the behaviour of physicians. Matters such as these created the need for women of color to organize amongst themselves in order to centralize their specific experiences.

Both white women and women of color faced obstacles in their freedom of choice regarding sterilization, but both in a very different way requiring different, and often opposing, solutions.¹¹⁵ In the experience of all women regardless of race or ethnicity, the center of the issue is arguably the paternalistic attitude of the physician who either withholds permanent birth control from a patient or forces this upon one.¹¹⁶ The results and effects on the actual experience on the other hand was drastically different.

The significantly different experience of many women of color opposed to the experience of white women under the wider scope of reproductive experiences created discussions around the organization of activist groups. In the beginning of the TWWA lifespan, January 1972, the organization organized a session in order to discuss the connection between Third World women and white women's liberation. The session's announcement tells the reader that they will be discussing questions such as "does sisterhood transcend economic, racial and political differences?", "Is the women question a "class" question, men in one class and women in another" and "Is there any basis for working coalition with white groups?".¹¹⁷ Even though there are no written records available on how the discussion turned out, the fact that the TWWA stays an exclusively non-white organization up until the late 1970's suggests that the answer to especially the last question was something in terms of 'no'.

Where women of color were striving for understanding about sterilization abuse within the broader feminist movement, they were also striving for understanding for abortion and contraceptives within the black and Puerto Rican Nationalist movements. As the men in these movements were very much supportive in the fight against sterilization abuse, many of them were against contraceptives, abortion and voluntary sterilization. These men claimed that all forms of contraception were tools of genocide and would in the end lead to the extinction of

¹¹⁴ Collin, *Conceiving the New world order*, 78.

¹¹⁵ Luna, *Reproductive Rights*, 48.

¹¹⁶ Margaret Brazier and Mary Lobjoit. *Protecting the Vulnerable Autonomy and Consent in Health Care*. (Routledge, 1991), 77.

¹¹⁷ *Triple Jeopardy* (Volume 1, Issue 2, January 1973) 17.

African American people.¹¹⁸ The Black Panthers for example played a major part in the public awareness of coerced sterilizations, but they also experienced pushback from black feminists within their own party regarding their stance towards birth control. Their anti-contraceptive rhetoric was a topic of debate. Furthermore, many of the male Panthers were suspicious towards the U.S. government. In the context of the Civil Rights Movement any legal right granted towards black people was seen through a lens of suspicion. There was always the question whether a change in policy really was a right, or if it was the government performing the act of granting a right whilst actually creating a loophole for repression. This was strengthened by the idea that many white people were scared of the uprising of black people during the 60's and were therefore motivated to try keep the size of the black population under control.¹¹⁹ Planned parenthood clinics in majority black neighborhoods that were aimed at controlling black population size were more often used by white people rather than black people, which shows the distrust of the community towards these kind of organizations.¹²⁰ The suspicions make perfect sense considering the eugenic past of the U.S and also the current research on mass incarceration which all connect to the idea of limiting either black people's existence or their ability to be present in society.¹²¹

The TWWA was in conversation with black nationalists about the role of women as well as the general black nationalists standpoint on birth control in their *Triple Jeopardy* issues. Whenever questioned on the exclusion of men, their reaction included critique on male chauvinism within revolutionary organizations led by men.¹²² As towards birth control, the TWWA indeed often shared the concerns that the black nationalists organizations expressed in terms on genocidal intentions and racist motivations behind birth control provided by social workers and doctors. Still they resisted prevailing ideas of it being a woman's duty to provide the liberation struggle with fighters by having as many children as possible. Many women critiqued this concept of having babies for the revolution. In *TJ* the Frances Beal wrote:

“To be told to sit at home and have babies for the revolution and not become involved in the political struggle may be an ideal theory for the white ruling class, but it hardly has a place in organizations and groups that are serious about bringing about an end to exploitation and oppression in this country. Not only are these ideas theoretically

¹¹⁸ Nelson, *Women of Color*, 85.

¹¹⁹ Nelson, *Women of Color*, 87.

¹²⁰ Gordon, *Woman's Body, Woman's Right*, 251.

¹²¹ Michelle Alexander, *The New Jim Crow: Mass Incarceration in the Age of Colorblindness* (New York: The New Press, 2012).

¹²² *Triple Jeopardy*, (Volume 1, Issue 3, January 1972) 16.

unsounds, but they are an indirect contradiction to the reality of the black woman's life, both historically and at present.”¹²³

This excerpt is part of a larger article titled “Slave of a Slave” where Beal critiques the attitude of many black man in Black Nationalist organizations and emphasized all the work that black women did throughout U.S. history in terms of resistance. The main message of the article is that women are just as capable as men to be part of revolutionary organizations but they are often pushed away by men and forced into the role and responsibility of motherhood, even when they might preferred to use their energy, time and skills otherwise.

Whereas the initial discourse around Black Nationalist men is that they were unanimously against birth control and changed their views during the seventies, there were other voices too. These counter voices usually stressed the notion of withholding birth control from black women as being a form of forced breeding comparable to antebellum slaveholders' ways of treating women as reproduction machines. They argued that women would make themselves way more useful for the nationalists cause by postponing family live and being able to fully participate.¹²⁴ Opinions also changed over time. feminist organization within the scope of black feminism, including the TWWA, were both reactions to masculinism in the Black Power movement as well as influencers on this movement. Black women experienced sexism as Black Power's main flaw and asserted a gender/race analysis but also managed to stay in active conversation with men in these organizations, which influenced them to change their opinions.¹²⁵

The TWWA 's approach to awareness raising and political action

In the first issue the goals and objectives of the organization were clarified to the reader. These goals covered multiple facets of life such as family, employment, education and gender roles. The goal on family matters was the following:

“Women must have the right to decide if and when they want to have children. There is no such thing as an illegitimate child. There should be free and safe family planning methods available to all women, including abortions if necessary.

¹²³ *Triple Jeopardy*, (Volume 3, Issue 2, November - December 1973).

¹²⁴ Nelson, *Women of Color*, 91-92.

¹²⁵ Kimberly Springer, “Black Feminists Respond to Black Power Masculinism.” In *The Black Power Movement: Rethinking the Civil Rights – Black Power Era*, ed. Peniel E. Joseph (Florence: Routledge, 2006), 109.

There should be no forced sterilization or mandatory birth control programs which are presently used as genocide against third world women and against other poor people.”¹²⁶

This objective addresses both issues that were relevant at the time. It includes the more complicated interpretation of reproductive rights, stating that safe family planning methods should be available and free for every woman. This goes beyond legalization of methods such as abortion and emphasized the role of discrimination and income status as important factors in one’s ability to access these methods. The second part of the quote addresses the complicated relationship between women of color and birth control programs which white feminists often interpreted as positive because of their birth control providing nature. Creating a spotlight for the underlying intention of these programs calls for a more critical inspection of them. At the same time the TWWA stated abortion and other forms of voluntary contraception to be an important right for all women, despite of the conflict about this in the Black power movement they were part of.

The TWWA raised awareness to poor gynecological care in both the US and Latin America and multiple injustices in reproductive health and anti-conception in and outside of the mainland of the U.S.¹²⁷ They raised awareness to the testing of the contraceptive pill on women in Puerto Rico and Brazil where they explained to the reader that most of the women either did not know that they were receiving these medication or that they indeed explicitly asked for contraceptives and received placebo’s which resulted in many unwanted pregnancies. Titles of these articles are for example “Brazillian Women used as Guinea Pigs” and “Puerto Rican Women Sterilized”. They emphasized the involuntary nature of these abuses and how they were established. Besides informing the reader about the lack of consent papers in many instances in Puerto Rico, they also explain that there are very few alternatives and that sterilization is presented as the main form of birth control, leaving women very little choice in the matter.¹²⁸

They raised awareness for problematic or complete lack of healthcare and especially pre-natal care in prisons. In a published letter by Kisha Shakur whom was taken into custody during activist activities and who was at the time seven months pregnant whilst in prison Kisha writes “Two other sisters beside myself are pregnant and haven’t had the first examination by

¹²⁶ *Triple Jeopardy*, (Volume 1, Issue 1, September – October 1971), 9.

¹²⁷ *Triple Jeopardy*, (Volume 2, Issue 3, March – April 1973), 8, 12.

¹²⁸ *Triple Jeopardy* (Volume 2, Issue 4, May – June 1973), 15; *Triple Jeopardy*, (Volume 4, Issue 2, January – February 1975), 3-4.

the doctor or even been given any of the necessary vitamins.” The combination of information in the letter about the nature of the arrests of the incarcerated women, which are civil rights activist activities, the fact that in this specific female prison all women are women of color, and the fact that none of them received proper prenatal care, informs the reader about the racially oppressive motivation behind this neglect.¹²⁹

The TWWA raised awareness about a more complicated and cautious approach to on first sight seemingly positive changes. As seen in the broader Black Nationalist movement, many granted rights or changes were viewed with caution, awaiting the long term outcome to see if the particular change was really a step forward or just a form of repression in a façade. On the legalization of abortion they wrote that they considered this a very important right but that they also wanted attention to the fact that it is mostly wealthy women who can afford these services and that it is women of color who still depend on back alley abortions. They also called for caution of the potential for abuse and punishment that legalization of abortion might entail. A connection to forced sterilization is made here by suggesting that abortion has the same potential to be used as a tool to limit births amongst people of color. They wrote:

“While this historic decision seems to be a total victory and vindicates the right of a women to have a safe and legal abortion if she so chooses, a note of caution must be sounded. The key words are ‘if she so chooses.’ Bitter experience has taught the third world women that the administration of justice in this country is not color blind.”

This excerpt clearly shows that the organization calls for caution taking the historical context in mind. As an example of what might go wrong they inform the reader about a case of a young woman protesting for civil rights that was convicted in North Carolina and was told that as a punishment she would have to undergo an abortion. The article ends with the sentence “We must be very vigilant that what appears to be on the surface to be a step forward, does not in fact become another method of enslavement”.¹³⁰ Similar sentiment is found in other articles covering lawsuits to end sterilization abuse. Even when the articles first state the positive changes, such as demanded uncoerced consent in order to be legally allowed to sterilize a woman or the plans to open health clinics to tackle breast cancer among women, most articles end with a note of caution and an explanation of how these changes still have the potential to be either ignored or intentionally misinterpreted.

¹²⁹ *Triple Jeopardy*, (Volume 1, Issue 1, September – October 1971), 4, 5, 10; *Triple Jeopardy* (Volume 2, Issue 1, November – December), 11.

¹³⁰ *Triple Jeopardy*, (Volume 2, issue 2, January – February 1973), 1.

The most important and present topic they raised awareness for is coerced sterilization. Throughout the issues the topic of sterilization reoccurs in articles covering a minimum of one page and in most instances two pages. Besides warnings and information about the motivation of physicians to sterilize women, such as practicing skills, financial benefits and positive peer responses, the organization also focusses on circumstances that often led to sterilizing operations.¹³¹

The largest article is published twice, once in November 1973 and once in the following issue translated to Spanish. This particular article contains interviews with Dominican women in the U.S. about their personal experiences with unwanted sterilizations. Publishing it another time in Spanish instead of English illustrates the importance of the information this article contained. By translating it the organization made sure that as many people as possible could read and understand it. Especially notable in this article is that the awareness raising is focusing on the black female experience. Both in terms of what is explicitly the experience of black women as opposed to white women, but also the effects on their mental health and experience of life after being undesirably sterilized. They write as a conclusion on one of the interviews:

“If this women would not have been Latin, the mother of seven and on public assistance we could be sure that the cure for the medical neglect would not have been the final and irreversible sterilization. But we can also conclude that there would not have been a case of medical neglect in the first place”.¹³²

Here the organization connects the black female experience within gynecology with the more fundamental issue within health care for people of color in general. To emphasize how life altering the experiences are, they write that many women did not feel like a complete woman anymore after the procedure and that many men felt the same about this, resulting in insecurity and psychological problems for women as well as men leaving their partners. They emphasize: “in many cases not only is a sterilized woman’s right to have children taken away from her, but the very fiber of her family and self-image is destroyed.”¹³³

The articles covering coerced sterilization do not only raise awareness. In multiple instances they include a call to political action either within the organization or separately from them. They for instance redirected their readers towards the Committee to End Forced

¹³¹ *Triple Jeopardy*, (Volume 3, Issue 3, January – February 1974) 1, 10; *Triple Jeopardy*, (Volume 3, Issue 2, November – December 1973); *Triple Jeopardy*, (Volume 3, Issue 4, March – April 1974), 3.

¹³² *Triple Jeopardy*, (Volume 3, Issue 2, November – December 1973), 8-9.

¹³³ *Ibidem*.

Sterilization which was originated in Los Angeles.¹³⁴ The massive anti-sterilization campaign of the TWWA was called into action following the before mentioned interview article about Dominican women that were sterilized. The goal of the campaign was exposing medical and legal atrocities against women of color in order to keep their birth rate down and to change circumstances of a situation that were affecting all of them. They asked for women who were either interested in the medical or legal aspects of the campaign and women who were sterilized against their will or knew someone who was to contact them and join the campaign.¹³⁵ They stimulated women to actively participate, but explicitly did this by enabling them to do this in a way that suited them best.

The TWWA throughout its issues included the importance of proper and free or affordable daycare. Often overlooked in the mainstream white feminist reproductive rights struggle, women of color's freedom in terms of being able to have and care for their children, financial hurdles were often in the way. Besides emphasizing the practical problems people faced such as not being able to provide for their children since daycare fees were too high compared to women's wages, or refusal of proper maternity leave, the TWWA took a more fundamental approach. They emphasized that the struggle of finding daycare also influenced women's ability to have any energy for other issues such as feminism, health injustices and other forms of oppression. They explained this with the help of the jellybean theory, put forth by Ted Taylor who was the black National Chairman of the National Council of Day Care. The theory used a metaphor of throwing 10 jellybeans into a crowd of 1000 children and how this would result in them fighting for the privilege of having a jellybean rather than them demanding enough jellybeans for everyone.¹³⁶ This article first raised awareness to the real problem, which was inequity in the ability to have proper daycare for one's children, but also emphasizes the profound effect on women's ability to develop and grow in other aspects of their lives and being. As they wrote in an earlier issue: "Circumstances have forced some of our sisters into a state of semi-paralyzation. They cannot move directly into the struggle because they are overburdened with the daily struggle of survival in capitalist society." The issue of daycare was one of these circumstances. Multiple articles raised awareness to the issue of daycare and how this should be provided by the government. One of the articles for example is titled "Day care centers: a problem for whom?" which argues that the problem of day care should be solved by

¹³⁴ *Triple Jeopardy*, (Volume 4, Issue 2, January – February 1975), 15.

¹³⁵ *Triple Jeopardy*, (Volume 3, Issue 2, November – December 1973), 8-9.

¹³⁶ *Triple Jeopardy*, (Volume 1, Issue 4, February – March 1972), 11.

the state and not by women who are forced to work to make ends meet.¹³⁷

Both raising awareness of the problem as well as setting in motion resistance to this problem were part of the strategy of the organization to tackle this problem. In an article covering welfare rights the organization for instance provided the reader with all the relevant rights regarding childcare and how to make sure that these rights are properly met.¹³⁸

Subconclusion

To conclude, this chapter made clear that the TWWA worked on consciousness raising about reproductive injustices towards women of color in the United States but focused for a great part on lived experiences, rather than mere factual information. As a result they gave a more complicated and complete view of reproductive injustices. The reader was informed about the existence of the injustices, the ways in which they took place, the scale on which they took place and the effects on the lives of the individuals who experienced them. Dragging the attention into the lived experience and the continuous effect of injustices is also seen in their attention to daycare. Women's lived experiences as a result of injustices were at the center of the TWWA's consciousness raising. Out of these consciousness raising efforts came forth the calls for action. Asking women to join campaigns, gather evidence or contribute in other ways that suited them best in order to change things for the better were part of the TWWA's strategy. By raising awareness amongst women of color themselves about reproductive injustices, acknowledging their experiences and actively including them in resistance and campaigns for change they both educated and empowered women. They were not only informed but also included in striving to end these injustices, making them well informed and active agents in the struggle for reproductive justice.

¹³⁷ *Triple Jeopardy*, (Volume 1, Issue 4, February – March 1972), 11; *Triple Jeopardy*, (Volume 1, Issue 1, September – October 1971), 6.

¹³⁸ *Triple Jeopardy*, (Volume 1, Issue 3, January 1972), 4.

Chapter 3: Empowerment by education about the female reproductive system and its health

Compared to the previous chapter, this chapter will focus on the more personal approach that the organization took in order to empower and educate women. It will answer the question of how the TWWA educated *TJ's* readership female reproductive health in order to empower women to reclaim the power over their bodies. It will discuss the articles covering physiology and anatomy, articles about navigating healthcare encounters, the explicitly stated motivations behind these articles and their context. The TWWA clearly explained knowledge of the body as an important part of self-knowledge. Education on self-knowledge was one of the main objectives of the organization because they found that women were wrongly educated and misinformed on many subjects in order to benefit the ruling powers.¹³⁹ The latter is especially relevant in the context of reproductive justice. In the first issues of *TJ* an elaborate article on the female reproductive system states: “The information is a weapon without which we cannot begin the collective struggle for control over our own bodies”.¹⁴⁰ The claim that self-knowledge regarding the female body is central to the struggle against medical racism and racially motivated injustices in term of reproductive justice is the key motivation to study this elaborately.

As an organization exclusively for women they were able to create a safe space for women to have conversations about female health and care. They emphasized this in multiple editorials by Frances Beal where she explained their exclusivity. Multiple editions of the papers state the objectives of the TWWA, one of which is:

“An independent third world women’s group creates an atmosphere whereby women who are overly shy about speaking in a mixed [gender] group about ‘women’s problems’ would not have that same hesitation in an all-women’s group.”¹⁴¹

This statement in combination with the amount of articles about female health, sexual health, and reproductive organ’s physiology shows that the organization put great effort into empowering women in their ‘womanhood’ by creating a save space to learn about everything that might entails, covering subjects that might trigger shyness and shame in people in order to create confidence and empowerment in the end.

¹³⁹ *Triple Jeopardy*, (Volume 1, Issue 1, September – October), 9; *Triple Jeopardy*, (Volume 1, Issue 4, February – March 1972), 9.

¹⁴⁰ *Triple Jeopardy*, (Volume 1, Issue 2, September – October 1971), 7.

¹⁴¹ *Triple Jeopardy*, (Volume 1, Issue 1, September - October 1971), 8.

When questioned by men who consider the organization separatist towards the Black Power Movement, they offered a broad explanation why women had very important issues to discuss separate from men. Amongst those issues health care was an important one. They wrote:

“Health or medical facilities have used our bodies for genocidal experiments (testing birth control methods). The ignorance that we have been kept in as far as knowing what our bodies are about have resulted in improper care of ourselves while pregnant, [..]”¹⁴²

They emphasized that women of color were intentionally kept ignorant about their reproductive health, partially in order to use their reproductive health as something to experiment with or make decisions about without informing the woman. Reversing this ignorance in order to harness women against these reproductive injustices was clearly one of the objectives of the TWWA, and one of the motivations to keep the organization exclusively for women is to create a safe space for them to talk and learn about these issues.¹⁴³

There are many articles in *TJ* that educate the reader about the female reproductive system. First and foremost these articles cover the anatomy in a healthy state: the female reproductive system without any interference or health issues. Study shows that focusing on preserving health and vitality is equally important in health empowerment as focusing on preventing or curing illness and debility.¹⁴⁴ This strategy is noticeably present in *Triple Jeopardy*. The first article that suits this approach is a full page article motivated by the idea that “many women cannot even receive clear understandable information from their doctors.”¹⁴⁵ They described that members of the TWWA’s leadership concluded during their pregnancies that they themselves did not have enough knowledge about the functioning of their own bodies. By introducing the article in such a personal manner sends a message of collective learning and collective growth to the reader. Whilst announcing an in person health workshop for members they explained: “We then realized the need to do some intensive study in the area of health.” The writers clearly did not write this in a condescending way, but admitted that they had to learn this too and would like to share their educational journey with other members of the organization and readers of *Triple Jeopardy*. Approaching health education in such a way creates a community based health intervention where people from the community teach other

¹⁴² *Triple Jeopardy*, (Volume 1, Issue 3, January 1972), 16.

¹⁴³ *Triple Jeopardy*, (Volume 1, Issue 1, September – October 1971), 8.

¹⁴⁴ Baffour “Do Empowerment Strategies Facilitate Knowledge”, 517.

¹⁴⁵ *Triple Jeopardy*, (Volume 1, Issue 1, September – October 1971), 8.

instead of having a top down approach by being educated by for example state organized health interventions taught by people from outside their communities.

The information provided in the before mentioned article stems from the book *Women and Our Bodies*. Graphic information shows the female reproductive organs and pelvic organs, the stages of the uterus during the menstrual cycle and the stages of the ovaries. One third of this full page article is dedicated to carefully explaining everything that can be seen in the image whilst focusing on the individual. This is done by using sentences as “when you are standing or sitting” and “feel your own vagina with your fingers and you may be able to feel the folds”. Mentions to daily practices such as “remember your Tampax instructions” are included as well. This approach encourages women to truly understand the information as something that applies to them directly. One third of the article explains the process of ovulation and the interaction with hormones such as estrogen. They defined the purpose of the article clearly to the reader by writing:

“The purpose of this paper is to help us learn more about our own anatomy and physiology, to begin to conquer the ignorance that has crippled us in the past when we have felt we don’t know what’s happening to us.”¹⁴⁶

This important sentence clearly illustrates that the TWWA considered knowledge and understanding of the reproductive system and its functioning essential in the struggle for reproductive justice and connects this to the experiences of women of color in hospital settings where physicians would either refuse to properly inform them or intentionally misinform them and leave them guessing about what is actually done to their bodies. This first article sets the stage for the many articles that follow over the years. Central is the collective journey of learning about the body to end the ignorance they have been kept in whilst at the same time making information personal and relatable.

Many articles cover the natural ecology of the vagina, the influence of bacteria and hormones and the natural resistance to unbalancing influences before explaining destabilizing influences. Broad descriptions of how to prevent yeast infections or what to do to cure them are provided.¹⁴⁷ Similar information can be found in articles that inform the reader about venereal diseases such as gonorrhoea and syphilis. The inclusive interpretation of reproductive justice and health goes beyond care that is focused on reproduction directly or the prevention of that by

¹⁴⁶ *Triple Jeopardy*, (Volume 1, Issue 1, September – October 1971), 8.

¹⁴⁷ *Triple Jeopardy*, (Volume 1, Issue 5, April – May 1972), 6; *Triple Jeopardy*, (Volume 4, Issue Summer, June 1975), 16; *Triple Jeopardy* (Volume 4, Issue 1, January – February), 6.

anticonception and also includes care for sexually transmittable infections and sexual health. In the long run all these facets influence ones reproductive health.¹⁴⁸

The explanation of the diseases include elaborate physiological information. All of these articles include graphic images of either the pelvic organs or reproductive organs, depending on its relevance. Especially the articles on venereal disease include warnings for the health of unborn children or risks to negatively impact fertility of even completely rule out the possibility to have children.¹⁴⁹ The combination of providing information on the body's natural state enables the reader to better understand information about these infections, illnesses and risks. The repetitive showing of images that display the female reproductive organs makes the reader familiar with these images.

Besides information about how these reproductive health threatening diseases occur and how symptoms manifest for women especially, they also include a description of how medical treatment of these diseases should take form.¹⁵⁰ This is extra important in the context of reproductive justice for women of color since it prevents women from being tricked by a doctor into another form of treatment. If women were aware of the kind of treatment they were supposed to have, they would be more likely to be alarmed right away when doctors suggested treatments that threatened their fertility. This strategy is a clear example of how the organization used education to combat a major risk factor for women of color in their contact with health providers.

Furthermore the explanations on how to prevent yeast infections and venereal diseases promote vaginal and reproductive health and the idea that one can influence this herself, both in prevention and in treatment, and thus creates the notion of women being active agents in their vaginal health. The importance of the latter is also found in articles on cosmetics. For example the organization published about unnecessary female hygiene products that were marketed towards women, warning the reader about the negative effects on vaginal health of vaginal deodorants or aggressive cleansing products.¹⁵¹ Preventing women from using these products that could cause problems is beneficial for their health, but these messages also emphasize that women should be critical about what information they can trust and the incentives of the person providing the information.

¹⁴⁸ Smith, "Listening to Women", 368.

¹⁴⁹ *Triple Jeopardy*, (Volume 1, Issue 3, January 1972), 14; *Triple Jeopardy* (Volume 1, Issue 4, February – March 1972), 6.

¹⁵⁰ *ibidem*

¹⁵¹ *Triple Jeopardy*, (Volume 1, Issue 5, April – May 1972), 7; *Triple Jeopardy*, (Volume 3, Issue 4, March – April), 7.

The articles explicitly move away from shame and encourage health care seeking behavior. The article on Gonorrhoea states:

“There’s no shame in catching V. D. We are human and sex is a natural part of our functioning. There is no shame if we are not informed about what to do and how fast it should be done.”¹⁵²

The TWWA told women that they should not feel ashamed and encouraged them to not let shame withhold them from getting help on time. These statements subvert the stereotype of the ‘hypersexual black woman’ that many of their members had to deal with when visiting a general practitioner or gynecologists, which made these visits even more difficult and humiliating.¹⁵³ It is possible that affirmation that people in the community agree that a venereal disease is nothing to be ashamed of improved women self-efficacy when visiting a doctor, even when this doctor still approaches them with biases influenced by these negative stereotypes.

Stimulating women to take proper care of their vaginal health and informing them how to do this both by themselves and by motivating them to visit health facilities on time is connected to the fight against the undesired sterilizations that took place amongst women of color. In one double page article on involuntary sterilization the organization stated the following reason as one of the circumstances that often leads to sterilization for women of color. “Doctors let gynproblems [sic] develop to the point where sterilization seems the only remedy for relief or discomfort to the women”.¹⁵⁴ This connects to the broader framework of people of color more often relying on emergency care due to lack of proper medical care up to that point in order to prevent worse health outcomes.¹⁵⁵ Especially in the case of sterilization the results could have life changing effects. On top of that, pre-conception reproductive health and proper pre-conception care is found to reduce risk factors that can affect birth outcomes.¹⁵⁶ Stimulating women to take care and be aware of their reproductive health even before they might want to conceive strengthens their chances of healthy pregnancies and healthy children. Whilst fighting the system, harnessing women by making them very well informed about their reproductive health and by providing them with the proper information about terminology, diagnosis, treatment and where to find proper health care is a step into preventing escalated health problems resulting in sterilization when this could have been prevented.

¹⁵² *Triple Jeopardy*, (Volume 1, Issue 4, February – March 1972), 6.

¹⁵³ Owens. *Medical Bondage*, 45

¹⁵⁴ *Triple Jeopardy*, (Volume 3, Issue 2, November December 1973), 8.

¹⁵⁵ Hoberman,]*Black and Blue*, 18.

¹⁵⁶ Gurr, *Reproductive Justice*, 46.

Practical information about procedures

When explaining how sterilizations works, the before described information about the reproductive organs is essential in the understanding of the procedures. Only when one is aware of how the system works, how organs are called and what they look like can one properly understand information about interventions within this system.

The issues show multiple instances of explaining what happens in the body during sterilizing procedures both in text and by showing images. In 1973, a big double page article by Priscella Vega titled “Sterilization of Black Women is Common in the U.S” covered involuntary and coerced sterilizations. The writer emphasized the intentional misinformation that was being provided by hospitals and health professionals. The article described multiple cases of women being told that sterilization was temporary, cases of hysterectomies taking place during ‘exploratory’ operations for abdominal surgeries, and health clinics talking women into undergoing sterilization immediately after delivery if they wished to receive pre-natal care.¹⁵⁷ Halfway the article in caps reads: “WHAT OCCURS WHEN A WOMEN IS STERILIZED”. The explanation starts with a reminder of the functioning of the reproductive system, followed by descriptions of ovariectomy (removing the ovaries), the salpingectomy (removing the tubes) and the hysterectomy (removing the womb). A drawn image of the salpingectomy is included showing the tube first being lifted, then being sectioned and the end result. The graphic clearly shows that after the surgeries the ovaries are not connected to the womb anymore. The article emphasizes that for the other surgeries, pregnancy is not possible anymore in any way. It also explained that in case of a salpingectomy there is a slight chance to reverse the operation as soon as possible after the operation, encouraging women to act quick. Central to this article is the message that these procedures often take place without women being well informed and the emotional damage this does to those who fall victim to this. Vega writes:

“[...]she is victimized by a racist society and she is sterilized without her knowledge and she finds out too late. The procedures all require signed permission before the operation can be performed, but often women do not understand that the operation is irreversible or they are forced into having the operation by economic and social pressures which leave the women no choice in the matter.[...] She has the right to

¹⁵⁷ *Triple Jeopardy*, (Volume 3, Issue 1, September – October 1973), 1.

demand that a doctor and nurse give her a total picture of why the procedure is necessary and what is involved.”¹⁵⁸

By saying this she moves away from blaming women for not being informed and acknowledges that they are victims of a systems that intentionally misinforms them. This article both in text and in images informs women on what these operations are, what actually happens, how they could be forced or persuaded into it and empowers them to demand explanations in health care settings. Clear explanations on a variety of procedures that medical professional often do not properly explain is provided. Women were informed about these procedures and about possible bad intentions of health professionals. A year later similar information is provided in an article titled “What you don’t know may hurt you” which emphasized that being informed enables women to demand full information on all aspects of sterilization in medical care.¹⁵⁹

On navigating health care

The TWWA made an effort to help women navigate the world of health care, both in general and focused on reproductive health. Besides literally helping them to navigate by telling them where to find trustworthy health care facilities, they educated them on how to navigate actual visits.¹⁶⁰

The main message in many articles covering women’s reproductive health is one that may seem contradictive at first because it combines both the message to go and get health care but also to be cautious of malpractice. This is an important combination since besides medical malpractice and racism, lack of health seeking behaviour due to distrust has had a negative influence on the health of women of color.¹⁶¹ The complicated situation in female health care that this created a challenge for the organization. Helping women to navigate this care by keeping both ends of the spectrum in mind can be interpreted as an attempt to empower women to be informed active agents in their health care who are able to exercise choice in a complicated and untransparent health care landscape.

The complicated message is mainly seen in the articles regarding anti-conception medication and devices. Warnings about health issues regarding the pill such as cancer and what to do when complications occur, or health warnings about lack of safeness of new IUD’s

¹⁵⁸ *Triple Jeopardy*, (Volume 3, Issue 1, September – October 1973), 10.

¹⁵⁹ *Triple Jeopardy*, (Volume 3, Issue 3, January – February 1974), 15.

¹⁶⁰ *Triple Jeopardy*, (Volume 1, Issue 4, February – March 1972), 15.

¹⁶¹ Gordon, *Woman's Body, Woman's Right*, 251.

are present in articles over the years.¹⁶² Some of these articles go beyond a practical warning and touch upon the more fundamental issues specifically targeting the experiences of women of color and their reproductive health.

This is for example the case in an article covering the link between the pill and breast cancer. The article informs women on clinics that are about to be opened all over the U.S. which would focus on detecting breast cancer early on. About the opening of these clinics they write: “We hope that these clinics will also serve third world communities, but not in the capacity of genocidal experiment centers”¹⁶³. After this brief but important mention of caution, the article moves onwards to awareness and agency by saying that more Third World women should be aware of their choice in terms of breast removal and should be informed about simpler operations that were possible. They explained that women were often not informed about alternatives because physicians made more money on extensive surgery, and once Medicaid covered it, they preferred to do this. The article states “This is not to scare third world people from seeking medical care, but we must be aware of unscrupulous practice within third world and poor communities.”¹⁶⁴ They explained most third world women were not properly informed and advised by doctors because they were “usually only able to go to municipal hospitals where doctors do not believe that we understand and have a right to know all the facts concerning our bodies.”¹⁶⁵ Subverting this phenomenon is central to most of the health care education the TWWA provided.

More examples of these warnings of medial neglect or wrong intentions are present throughout the issues. An article on unnecessary sterilization of women of color as part of medical training for example ends with “If they say you need to be sterilized, WATCH OUT! The doctor may be telling you this simply because they need the experience of performing this operation.”¹⁶⁶ In a previously mentioned article covering tubal ligation they wrote “She has the right to demand that a doctor and nurse give her a total picture of why the procedure is necessary and what it involved” this leads to the central message of the right to know that is happening to their body in medical care.¹⁶⁷

The combination of both messages is central for the TWWA: Beware of healthcare providers who are not telling the whole story or telling a completely wrong story and know that

¹⁶²*Triple Jeopardy*, (Volume 4, Issue 2, January – February 1975), 6, 15; *Triple Jeopardy*, (Volume 2, Issue 1, November – December 1972), 7; *Triple Jeopardy*, (Volume 4, Issue Summer, June 1975) 16.

¹⁶³ *Triple Jeopardy*, (Volume 2, Issue 1m November – December 1972), 7.

¹⁶⁴ *ibidem*

¹⁶⁵ *ibidem*

¹⁶⁶ *Triple Jeopardy*, (Volume 3, Issue 3, January – February 1974), 16.

¹⁶⁷ *Triple Jeopardy*, (Volume 2, Issue 4, May – June 1973), 10.

it is ones right to be fully informed. This signals to women that they are in their full right to demand more knowledge and should try to not allow physicians to make them feel incompetent. The knowledge about the body as mentioned before and the knowledge about possible treatments is of great importance to establish both the factual knowledge to know when one is being lied to as well as the sense of agency to resist. These messages are combined with the message to still go and get health care. This seems like a mixed message but when taken in consideration that early treatment is key in preventing worse health outcomes and sterilization this message is very important.¹⁶⁸ The earlier a women sought help for health issues, the lesser the chance that she would find herself in a situation where a doctor is able to force unwanted treatment upon her.

Navigation on childbirth care was provided in a way that focused on the woman having an active role in her own childbirth experience whilst warning women about obstetricians lack of care for a women's experience and wellbeing. The main article about this topic, titled "Painless Childbirth, a mother's experience" did not explicitly cover the issue of race related lack in proper birth care but it did focus a lot on the woman as the one to decide how she would prefer to give birth and more importantly how to demand permission to do so in the delivery room. The article is written in first person but the writer remains unidentified. The information centers around her childbirth experience using the Lamaze method. To start the writer emphasized her own lack of knowledge on childbirth and redirects the cause for that towards both the traumatic experience of mothers which leads to them not talking about their experiences to others as well as lack of proper education. This lack of education she stated is both a lack of general relevant education in the school system as well as medical professionals failure to inform women about childbirth. She writes "[medical professionals] treat her as if her body were their property. They do not encourage her to ask questions about pregnancy. They take tests on her and don't even explain what they are for".¹⁶⁹ By writing this she emphasized that the medical professionals attitude towards these women is actively contributing to women being not actively engaged in their labor.

The article is informing the reader about this method and how it works, but also about the resistance of hospital staff towards any method other than their own in the delivery room. The writer explained that some doctors in the U.S. were resistant towards the Lamaze method because "it takes away a lot of the control over the women that they normally would have."¹⁷⁰

¹⁶⁸ Washington, *Medical Apartheid*, 403.

¹⁶⁹ *Triple Jeopardy*, (Volume 1, Issue 5, April – May 1972), 8.

¹⁷⁰ *Ibidem*.

The central message of the article appears to be that women should indeed take back control, even though doctors do not really seem to like it. After emphasizing that women were often made to have a submissive roll during childbirth, the focus of the article shifts towards actually encouraging women to take on an active role by educating them on the technique. “A woman who is trained by the Lamaze technique plays an active role throughout pregnancy and birth” is written, followed by an extensive explanation of the method.¹⁷¹ Moreover the role of the father or birth partner is included in the story by explaining that they should be educated as well and should join childbirth preparation classes. The last part is important in navigating health care since the article explicitly states that one of the important reasons for them to take these classes is that because of it they will most probably be granted permission to be present in the delivery room and thus will be able to help the laboring women to stay true to her wishes and resists potential pressures from medical professionals.¹⁷² This article educates the reader on both the experience of childbirth itself and on how to navigate around pressure from hospital staff and offers an explanation on why these pressures were there in the first place. At the end it also announces a meeting by the TWWA about the method that women could attend to learn more.

Subconclusion

It becomes clear that the TWWA educated their readership on reproductive health in order to empower women to reclaim the power over their bodies by focusing on a multitude of facets. First and foremost they focused on making women familiar with their reproductive organs by educating them on anatomy and physiology of the female body and reproductive system. They repeatedly showed explanatory images displaying these organs when discussing their functioning. By doing this the organization attempted to both tackle the lack of education and information provided to women of color by medical professionals as well as making women more secure in their bodies. Secondly the organization focused on education about how to keep women’s bodies healthy. They did this by informing women about diseases and infections, followed by explanations on how they should be treated and where to find proper help. Thirdly they informed women on how to navigate the landscape of reproductive health care which was often hostile to them. This they did by explicitly explaining how and what kind of treatment

¹⁷¹ *Triple Jeopardy*, (Volume 1, Issue 5, April – May 1972), 8.

¹⁷² *Idem*, 9.

should take place, what demands women were allowed to make in terms of being informed, and by sharing stories of malpractice and sterilization experiences and thus helping women to notice red flags in health care. Overarching themes in all three of these were moving away from shame, collective learning, knowing ones rights and placing great value on one's reproductive health even when women were made to believe otherwise. These factors combined created an approach that would be able to increase a sense of agency and empowerment by internalizing knowledge of choice and self-worth combined with community support.

Conclusion

The previous chapters have shown the multiple ways in which the Third World Women Alliance empowered and educated women in order to strive to reproductive justice for women of color in the United States between 1970 and 1975. They used a complex and wide set of educational strategies to make women active agents in both the struggle for reproductive justice as well as their reproductive health. The latter mostly to keep them as safe as possible until reproductive justice was reached.

The TWWA contributed greatly in raising awareness about reproductive injustices amongst women of color. They informed women on how these injustices took place, why they as women of color were more vulnerable to fall victim to these injustices and organized them in order to fight these injustices. They complicated the view of the mainstream white feminist reproductive rights movement by focusing on the varying experiences of women of color. They warned women that seemingly positive changes in the context of contraception came with a risk. Even though they were pro-contraceptives, they viewed the politics around this with caution.

The awareness raising laid ground for harnessing women against reproductive injustices. Whilst fighting for completely safe reproductive care and justice, women of color needed to be protected against a health care system that was not keeping their best interest in mind. By making them well informed on both the injustices as well as on their bodies they strove to increase a sense of agency in women and by that attempted to make them active agents with bodily autonomy. By educating women about the female reproductive systems and emphasizing that their reproductive health was of great importance and nothing to be ashamed of, they strove to make doctor and hospital visits safer. When women knew the terms that physicians used and knew their bodies, they were more likely to know when they were being lied to or talked into something that was not necessary. By making women both aware of potential bad intentions and the way treatment for certain illnesses and sexual transmitted diseases was ought to take place, they would hopefully be alarmed when things were not going the way they should. Making women both knowledgeable about their bodies and medical procedures whilst also making them aware of risk factors in medical care such as false intentions and misinformation, they attempted to increase women's ability to make decisions about their bodies separately from what only one physician would tell them. They also pressured women to feel that they were allowed and worthy to do so. Increasing their ability to exercise choice contributes to empowerment.

By stimulating health seeking behaviour whilst at the same time educating women about the right procedures, they strove to reduce risk factors that could possibly lead towards coerced sterilization. Both the focus on lived experience in their consciousness raising and their emphasize on health and care for the body centered around the value of one's life, both physically and mentally. In the context of a long history of injustices to the non-white female body and total disregards of what that meant to the individual this approach was an attempt to heal and empower.

This thesis contributed to the historiography of women of color's activism in regard to reproductive justice by providing an in dept study of the TWWA's educational efforts. The empowerment of women of color in a time that legal and political changes were still to be made gives us great insight on how women of color were refusing to be mere victims of a system that was hostile to them. This angle is of great importance because history shows that legal and political changes to emancipate repressed groups do not change overnight, and every day those changes do not occur, repression is still in place. Studying how resistance and empowerment takes shape under these circumstances shows us how people become or maintain to be active agents in their lives.

Further research may be done on similar organizations that existed in the same time period of were established in the decades after that in order to strive to reproductive justice. To limit the scope of this research it did not examine the direct effects of the strategies of the TWWA on women and reproductive justice, but this would be an interesting follow up that would most probably require a more social science approach.

Bibliography

Books

- Alexander, Michelle, *The New Jim Crow: Mass Incarceration in the Age of Colorblindness* (New York: The New Press, 2012).
- Brazier, Margaret, and Mary. Lobjoit. *Protecting the Vulnerable : Autonomy and Consent in Health Care*. Social Ethics and Policy 090500652. London [etc.]: Routledge, 1991.
- Briggs, Laura. *Reproducing Empire : Race, Sex, Science, and U.S. Imperialism in Puerto Rico*. American Crossroads ; 11 181076179. Berkeley [etc.]: University of California Press, 2002.
- Douglas, Kelly Brown. *Stand Your Ground : Black Bodies and the Justice of God*. 2015
- Dworkin, Shari, Monica Gandhi, and Paige Passano. *Women's Empowerment and Global Health : A Twenty-First-Century Agenda*. 2016.
- Gordon, Linda. *Woman's Body, Woman's Right : A Social History of Birth Control in America*. New York, N.Y.: Grossman, 1976.
- Gurr, Barbara Anne. *Reproductive Justice : The Politics of Health Care for Native American Women*. 2015.
- Hansen, Randall, and Desmond S. King. *Sterilized by the State : Eugenics, Race, and the Population Scare in Twentieth-Century North America*. 2013.
- Hoberman, John. *Black and Blue : The Origins and Consequences of Medical Racism*. Berkeley: University of California Press, 2012.
- Kapsalis, Terri. *Public Privates : Performing Gynecology from Both Ends of the Speculum*. Durham & London: Duke University Press, 1997.
- Kline, Wendy. *Bodies of Knowledge Sexuality, Reproduction, and Women's Health in the Second Wave*. Chicago ; London: University of Chicago Press, 2010.
- Kluchin, Rebecca M. *Fit to Be Tied : Sterilization and Reproductive Rights in America, 1950-1980*. Rutgers University Press, 2009.

- Largent, Mark A. *Breeding Contempt : The History of Coerced Sterilization in the United States*. New Brunswick, N.J. [etc.]: Rutgers University Press, 2008.
- Lombardo, Paul A. *A Century of Eugenics in America from the Indiana Experiment to the Human Genome Era*. Bioethics and the Humanities. Bloomington, Ind.: Indiana University Press, 2010.
- Luna, Zakiya. *Reproductive Rights As Human Rights*. New York: New York University Press, 2020.
- Morgan, Jennifer Leyle. *Laboring Women : Reproduction and Gender in New World Slavery*. Early American Studies 156956721. Philadelphia, Pa: University of Pennsylvania Press, 2004.
- Nelson, Jennifer. *Women of Color and the Reproductive Rights Movement* New York: New York University Press, 2003.
- Nelson, Jennifer. *More Than Medicine: A History of the Feminist Women's Health Movement*. New York University Press, 2015.
- Owens, Deirdre C. *Medical Bondage Race, Gender, and the Origins of American Gynecology*. University of Georgia Press, 2017.
- Petchesky, Rosalind P., and American Council of Learned Societies. *Abortion and Woman's Choice the State, Sexuality, and Reproductive Freedom*. Rev. ed. Northeastern Series in Feminist Theory. Boston: Northeastern University Press, 1990.
- Roberts, Dorothy. *Killing the Black Body : Race, Reproduction and the Meaning of Liberty*. New York: Pantheon Books, 1997.
- Ross, Loretta J, and Solinger, Rickie. *Reproductive Justice*. 1st ed. Vol. 1. Reproductive Justice : a New Vision for the Twenty-first Century. Berkeley: University of California Press, 2017.
- Roth, Benita. *Separate Roads to Feminism*. West Nyack: Cambridge University Press, 2003
- Schoen, Johanna. *Choice and Coercion Birth Control, Sterilization, and Abortion in Public Health and Welfare*. Gender and American Culture. Chapel Hill: University of North Carolina Press, 2005.

Schwartz, Marie Jenkins. *Birthing a Slave : Motherhood and Medicine in the Antebellum South*. Cambridge, MA [etc.]: Harvard University Press, 2006.

Springer, Kimberly. "Black Feminists Respond to Black Power Masculinism." In *The Black Power Movement: Rethinking the Civil Rights – Black Power Era*, ed. Peniel E. Joseph. Florence: Routledge, 2006.

Ward, Stephen "The Third World Women's Alliance; Black Feminist Radicalism and Black Power Politics" in *The Black Power Movement: Rethinking the Civil Rights – Black Power Era*, ed. Peniel E. Joseph. Florence: Routledge, 2006.

Washington, Harriet, A. *Medical Apartheid : The Dark History of Medical Experimentation on Black Americans From Colonial Times to the Present*. Harlem-Moon, 2006.

Zavella, Patricia. *The Movement for Reproductive Justice : Empowering Women of Color through Social Activism*. Social Transformations in American Anthropology. New York: New York University Press, 2020.

Articles

Baffour, Tiffany D, and Chonody, Jill M. "Do Empowerment Strategies Facilitate Knowledge and Behavioral Change? The Impact of Family Health Advocacy on Health Outcomes." *Social Work in Public Health* 27, no. 5 (2012): 507-19.

Currie, Dawn, and Wiesenberg, Sara. "PROMOTING WOMEN'S HEALTH-SEEKING BEHAVIOR: RESEARCH AND THE EMPOWERMENT OF WOMEN." *Health Care for Women International* 24, no. 10 (2003): 880-99.

Diamond, Emily. "Coerced Sterilization under Federally Funded Family Planning Programs." *New England Law Review* 11, no. 2 (1976): 589-614

Enszer, Julie R, and Beins, Agatha. "Inter- and Transnational Feminist Theory and Practice in Triple Jeopardy and Conditions." *Women's Studies* 47, no. 1 (2018): 21-43.

Feagin, Joe, and Bennefield, Zinobia. "Systemic Racism and U.S. Health Care." *Social Science & Medicine* (1982) 103 (2014): 7-14.

Harris, Lisa H, and Wolfe, Taida. "Stratified Reproduction, Family Planning Care and the Double Edge of History." *Current Opinion in Obstetrics & Gynecology* 26, no. 6 (2014): 539-44.

Ivy, Nicole. "Bodies of Work: A Meditation on Medical Imaginaries and Enslaved Women." *Souls (Boulder, Colo.)* 18, no. 1 (2016): 11-31

- Joffe, Carole, and Parker, Willie J. "Race, Reproductive Politics and Reproductive Health Care in the Contemporary United States." *Contraception (Stoneham)* 86, no. 1 (2012): 1-3.
- Kabeer, Naila. "Resources, Agency, Achievements: Reflections on the Measurement of Women's Empowerment." *Development and Change* 30, no. 3 (1999): 435-64.
- Kaitz, Marsha, Mankuta, David, and Mankuta, Lihi. "Long-acting Reversible Contraception: A Route to Reproductive Justice or Injustice." *Infant Mental Health Journal* 40, no. 5 (2019): 673-89.
- McDonald, Marian. "Anti-Sterilization Abuse Organizing: A Retrospective Examination." *International Quarterly of Community Health Education* 9, no. 2 (1988): 111-24.
- Mason, Carol. "How Not to Pimp Out Reproductive Justice: Adventures in Education, Activism, and Accountability." *Frontiers (Boulder)* 34, no. 3 (2013): 226-41.
- Moya, PML. "Chicana Feminism and Postmodernist Theory." *Signs: Journal of Women in Culture and Society* 26, no. 2 (2001): 441-83.
- Osborne, Newton G, and Feit, Marvin D. "The Use of Race in Medical Research." *JAMA : The Journal of the American Medical Association* 267, no. 2 (1992): 275-79.
- O'Sullivan, Meg Devlin. "Informing Red Power and Transforming the Second Wave: Native American Women and the Struggle Against Coerced Sterilization in the 1970s." *Women's history review* 25.6 (2016): 965-982. Web.
- Reilly, Philip R. "Eugenics and Involuntary Sterilization: 1907-2015." *Annual Review of Genomics and Human Genetics* 16, no. 1 (2015): 351-68
- Smith, Ellie, Sundstrom, Beth, and Delay, Cara. "Listening to Women: Understanding and Challenging Systems of Power to Achieve Reproductive Justice in South Carolina." *Journal of Social Issues* 76, no. 2 (2020): 363-90.
- Stern, Alexandra Minna. "STERILIZED in the Name of Public Health: Race, Immigration, and Reproductive Control in Modern California." *American Journal of Public Health (1971)* 95, no. 7 (2005): 1128-138
- Wallace, Maeve E, Green, Carmen, Richardson, Lisa, Theall, Katherine, and Crear-Perry, Joia. "'Look at the Whole Me': A Mixed-Methods Examination of Black Infant Mortality in

the US through Women's Lived Experiences and Community Context." *International Journal of Environmental Research and Public Health* 14, no. 7 (2017): 727.

Dissertations

Kokayi, Assata Sankofa. *On the Other Side of Babylon: Black Women and Epistemologies of Resistance in the Third World Women's Alliance*, 2020.

Lee, Joon Pyo. *The Third World Women's Alliance, 1970–1980: Women of Color Organizing in a Revolutionary Era*, 2007.

Sebring, Serena. *Reproductive Citizenship: Women of Color and Coercive Sterilization in North Carolina 1950–1980*, 2012.

Luna, Zakiya. “ “Truly a Women of Color Organization”: Negotiating Sameness and Difference in Pursuit of Intersectionality.” *Gender & Society* 30, no. 5, (2016) 769–90.

Primary Sources

Triple Jeopardy, Volume 1, issue 1, September - October 1971.

Triple Jeopardy, Volume 1, issue 2, November 1971.

Triple Jeopardy, Volume 1, issue 3, January 1972.

Triple Jeopardy, Volume 1, issue 4, February – march 1972.

Triple Jeopardy, Volume 1, issue 5, April - May 1972.

Triple Jeopardy, Volume 2, issue 1, November - December 1972.

Triple Jeopardy, Volume 2, issue 2, January - February, 1973.

Triple Jeopardy, Volume 2, issue 3, March - April, 1973.

Triple Jeopardy, Volume 2, issue 4, May - June 1973.

Triple Jeopardy, Volume 3, issue 1, September - October 1973.

Triple Jeopardy, Volume 3, issue 2, November - December 1973.

Triple Jeopardy, Volume 3, issue 3, January - February 1974.

Triple Jeopardy, Volume 3, issue 4, March - April 1974.

Triple Jeopardy, Volume 3. Issue 5, June 1974.

Triple Jeopardy, Volume 4, issue 2, January –February 1975.

Triple Jeopardy, Volume 4, issue summer, June 1975.