21A.216J Dilemmas in Bio-Medical Ethics
2005/3/30 (W), Week 8, Class 15

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

Class Business
Short Paper 1 handout.

Blackboard
Feb. 2004
Author: Allan Guttmacher institute: [www.guttmacher.org](http://www.guttmacher.org)
Data: Census, National Center for Health Statistics, Center for Disease Control

Student Presentation:

“Killing the Black Body: Race, Reproduction, and the Meaning of Liberty”
Chapter 3
Norplant
- Welfare affects more blacks than whites. The perception is that welfare is about changing blacks.
- Was it racially motivated? Was it for poor women or black poor women? No one would propose that every teenager should get Norplant—clearly ridiculous for a *white* person, but not for *black* people. This is the “best” option.
  - Race and class is hard to separate
  - Page 106: the main reason that black people are living in poverty reputed to be because they have way too many children
- Increase choice versus reducing choice
- Problem of teen pregnancy—they got it backwards. Social problems causing teen pregnancy, versus teen pregnancy causing social problems
  - Medicalization—how biology is targeted when social inequalities, politics, economic disparities and racism should be looked at
  - Norplant doesn’t prevent STDs and doesn’t require regular check-ups
  - Coercion to using Norplant: pay for implant, but not removal. Doctors weren’t trained in removing it. Doctors were unwilling to remove it in the first place. The torture of Norplant with horrible side-effects
  - Norplant used as population control to make sure that people used it for the full length of time. Creation of Norplant was created by population council=eugenics organization
- Transfer from third world is clearly limiting the choice of women
• Issues of consent: forced to use Norplant to keep employment. Issues of autonomy and the power of the individual—one’s socioeconomic status

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

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

Transracial adoptions
• Where white babies go to, black babies go to
• Genetic rights make the parents—yet egg donors are not the genetic. Parentage is not a consistent practice
• Early 20th century ideas of races: commodified, market form of quality of race
• Cross-cultural and international settings
• An industry for poor women who need money and become bearers of children for others but were not their own.
• Biopolitics shifts through time
• Genetic screening—is it ethical to choose the sex of one’s child?
• Should commercial surrogacy be legal? How can human devaluation be prevented?
• Policies come from people determined by their social location
• Racial assumptions and stereotypes—they do shape our policies

Film: Skin Deep