

**All Black Lives Matter. In Every Circumstance. No Matter What - FCLNY 2020**  
See Full Report for a comprehensive overview of systemic racism in the U.S. & Works Cited.

## **Eugenics, Birth Control, Sterilization, and Abortion**

### **SUMMARY:**

*Women of color are over five times as likely to abort their pregnancies than other racial groups. However, simply making this statement is insufficient, as it fails to acknowledge abortion's historical roots in the Eugenics Movement, as well as the underlying, systemic reasons women of color abort. The Eugenics Movement sought to rid the population of undesirable traits, thought to be carried by certain groups of people, through selective breeding. Eugenics promoted forced sterilizations of these groups of people, which included minorities, criminals, and people with disabilities. Margaret Sanger, who would one day found what is now Planned Parenthood, was a eugenicist herself. She advocated for the use of birth control as a way to advance the Eugenics agenda, calling for mandated sterilizations for those who resisted Eugenics' "help" voluntarily. Sanger's positions were not anomalies for the time. However, her legacy of Planned Parenthood has left a lasting impact on American society, particularly on women of color. These two tools of eugenics, birth control and sterilizations, became woven into the fabric of "family planning" policies that are now branded, and widely accepted, as feminist and supportive of the black community.*

*A glimpse into this past, however, reveals the true nature of these policies and the devastating impact they have had on women of color. Mandated sterilization programs, riddled with eugenic rhetoric, were strategically tied to population health, leading to its dominance in American society for most of the 20th century. Hundreds of thousands of women, who were disproportionately poor and women of color, were misinformed, coerced, and forced into sterilizations that were funded by the federal government. Forced sterilizations only subsided when voluntary sterilizations became more popular and abortion was legalized. Today, Planned Parenthood proudly touts of its patient population, which is disproportionately represented by black and low income individuals. While it is doubtful Planned Parenthood's current **intentions** perfectly mirror those of its eugenic past, the fact remains that it continues to have a disproportionate **impact** on communities of color.*

*Additionally, girls of color are disproportionately trafficked, and many victims are subjected to coerced abortions within the U.S. healthcare system, continuing to be exploited right under the noses of health professionals. Educational and training efforts need to be increased to equip healthcare providers with the knowledge and skills they need to identify and safely intercept victims of trafficking when they enter healthcare facilities.*

*A comprehensive approach is needed to address the underlying reasons women of color choose to abort, so women are empowered with real options. Funding for Planned Parenthood and programs that subsidize abortion should be reallocated to comprehensive women's healthcare centers, efforts to disrupt human trafficking rings, affordable housing and childcare initiatives, family leave policies, and powerful non-discrimination legislation that thoroughly protects pregnant women from educational and occupational discrimination on the basis of pregnancy. No woman should feel as though she **needs** to "choose" abortion because she otherwise won't be able to support her own needs and ambitions, or those of her family members.*

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***"Back in the days of slavery, black folks couldn't grow kids fast enough for white folks to harvest. Now that we've got a little taste of power, white folks want to call a moratorium on having children" (pbs.org, n.d.).***

The Eugenics Movement has such strong ties to birth control, sterilization, and abortion, it was necessary to group and discuss them together. The Eugenics Movement encouraged selective breeding for positive traits and the eradication of certain populations of people said to have negative, "undesirable" traits (Bouche & Rivard, 2014). Those designated as having "undesirable" traits included people of color, immigrants, individuals in poverty, criminals, and those with mental and physical disabilities (Ko, 2016). While many people turn to Germany and the Holocaust when they think about eugenics and ethnic cleansing, this movement really began in the U.S. To achieve the goal of eliminating undesirable groups, eugenicists turned to birth control and sterilization (Lombardo, 2011). Once encouraging black women to reproduce to maximize the wealth of plantation owners, white supremacist views abruptly reversed once the economic benefit was removed with the abolition of slavery (pbs.org, n.d.). In 1907, the first involuntary sterilization law *in the world* was passed in Indiana. The law was rooted in eugenic ideology and mandated sterilization for "criminals, idiots, rapists, and imbeciles in state custody" (Lombardo, 2011). Seven years later, Margaret Sanger coined the term "birth control" and began the Birth Control Movement, which was also intertwined with the Eugenics Movement.

Sanger's more subtle approach to advancing the eugenics movement was through birth control and the appearance of choice and autonomy. One of the leaders in marrying the eugenics and birth control movements was Margaret Sanger. In 1920 Sanger publicly stated, "birth control is nothing more or less than the facilitation of the process of weeding out the unfit [and] of preventing the birth of defectives" (PBS, n.d.). It has already been discussed who was viewed as "unfit" and "defective" during this era. Yet, if it's necessary to hear it from Sanger herself, when seeking funds for her "Negro Project, Sanger explicitly identified black people as being "a group notoriously

underprivileged and handicapped” (Grimaldi, 2010). Sanger goes on to say she wants to “give them the means of helping themselves,” but her statements are paternalistic at best and thinly veiled eugenics at worst. After all, she repeatedly outlined that such individuals “should not have offspring” (New York University, 2003). Further, considering her eugenics background, it is evident that the “help” she provided poor Americans, whether white or black, was grounded in the mission to prevent their populations from becoming the majority (McCrea, 2015).

Yet, as the founder of Planned Parenthood, Sanger’s views are often rationalized and justified. Some argue that Sanger’s views were aligned with the times, and although she supported eugenics, she was not racially driven. In defense of Sanger’s racial ethics, Planned Parenthood claims, “Sanger vocally opposed the racial stereotyping that effected passage of the Immigration Act of 1924, on the grounds that intelligence and other inherited traits vary by individual and not by group” (Planned Parenthood Federation of America, 2016). However, Sanger’s own words illuminate her racist ideologies and motivations for the birth control movement. In her speech called “My Plan for Peace,” Sanger proposed the formation of a Population Congress. One of the objectives of the Congress would be to, “keep the doors of Immigration closed to the entrance of certain aliens whose condition is known to be detrimental to the stamina of the race, such as feeble-minded, idiots, morons, insane, syphilitic, epileptic, criminal, professional prostitutes, and others in this class barred from entrance by the Immigration Laws of 1924.” Later on in the speech, she proposed “eliminating entirely those countries whose subjects have already been difficult to assimilate” (New York University, 2003). This is far from the only instance in which Sanger made racially charged statements regarding eugenics and birth control. In her book, *Pivot of Civilization*, Sanger stated,

***“Birth Control...is really the greatest and most truly eugenic method, and its adoption as part of the program of Eugenics would immediately give concrete and realistic power to that science...Birth Control has been accepted by the most clear thinking and far seeing of the Eugenists themselves as the most constructive and necessary of the means to racial health” (Sanger, 1922).***

Additionally, the *Birth Control Review*, a magazine established and edited by Sanger, routinely published the works of eugenicists that were even more blatant in their racist, eugenic philosophies than Sanger. If Sanger didn’t approve of their sentiments, it would follow that she wouldn’t publish them in her magazine. Anna Blount, a eugenicist doctor that was published in Sanger’s magazine exemplifies the eugenic material that was promoted in the magazine. When referencing groups she deemed unproductive members of society, Bount wrote, “What do they cost us, in wealth, in labor and in misery? They must be eliminated. Eugenics makes birth control imperative...But whatever the means this stream of human waste must be deflected from the melting-pot” (Clowes, 2017). Another notable contributor was Ernst Rudin, who authored a piece in the magazine called “Eugenic Sterilization: An Urgent Need.” Rudin was better known as “Hitler’s racial hygiene

mastermind.” Sanger was also friends with, and received donations from, individuals and organizations that were deeply entrenched in the Eugenics Movement. For example, the Rockefeller Foundation has donated millions of dollars to Sanger’s American Birth Control League and Planned Parenthood (The Rockefeller Foundation, n.d.; Kihss, 1979). The Rockefeller Foundation is also known for founding the German eugenics program and funding the program Josef Mengele worked in prior to Auschwitz (Black, 2003). Sanger also spoke to the wives of the Ku Klux Klan in Silver Lake, New Jersey in 1926 (Planned Parenthood Federation of America, 2016).

Sanger partnered with the American Eugenic Society to disburse birth control in impoverished and minority communities. Soon thereafter, she began fundraising to open a birth control clinic in Harlem and other racially targeted initiatives under the “Negro Project” (McCrea, 2015). One of the most contentious statements Sanger made was in a letter to fellow eugenicist Clarence J. Gamble. In discussing plans for the “Negro Project” and the desire to train black doctors and ministers for their cause, Sanger wrote, “The ministers work is also important and also he should be trained, perhaps by the Federation as to our ideals and the goal that we hope to reach. We do not want word to go out that we want to exterminate the Negro population and the minister is the man who can straighten out that idea if it ever occurs to any of their more rebellious members” (Sanger, 1939). Planned Parenthood defended Sanger, claiming that she was merely acknowledging fears within the black community at the time (Planned Parenthood Federation of America, 2016). A reasonable understanding of semantics would suggest otherwise. According to the *Cambridge Dictionary*, the phrase, “(the) word is/get out” means “a piece of news is known, especially if it was secret or if it will cause changes” (Cambridge Dictionary, n.d.). If this wasn’t a valid, secret objective of the Negro Project, Sanger would have framed this statement differently, perhaps by starting, “we do not want people to think that...” Moreover, she wouldn’t have labeled those with these concerns as “rebellious” and needing to be straightened out so they would submit to her agenda if her true aims were to provide health *options* to the black community. Furthermore, if black women didn’t accept this “help” of birth control voluntarily, Sanger promoted giving “the whole dysgenic population” the option of “segregation or sterilization” (McCrea, 2015).

Now, this is not to say that people of color were unassuming, blind consumers of Sanger’s agenda. On the contrary, numerous black leaders, including Marcus Garvey, Fannie Lou Hammer, Whitney Young, Jesse Jackson, and Dick Gregory spoke out against these eugenic initiatives. At a Black Power Conference in 1967, leaders even equated birth control to “black genocide,” a common accusation of abortion in the black community still today (pbs.org, n.d.). *Thrust*, a prominent black magazine of the time, questioned,

***“Why couldn’t blacks get basic health care like a free aspirin for a headache, but when you are a black woman old enough to look sexy you can get a truck load of birth control pills for free?” (pbs.org, n.d.).***

It was not until the late 20th century that black views on abortion shifted in its favor, although pro-life black activism still remains today.

The other, simultaneously occurring tool of the Eugenics Movement, was compulsory sterilization. While the language of eugenic laws of the times didn't explicitly target women of color, "inferiority, illness, disability, and immorality" were all characteristics that were disproportionately used to describe people of color in the 20th century (Burton, 2018). Moreover, statistics of who was sterilized undeniably reveal that women of color were indeed the intended targets. According to the *American Public Health Association*, people of color and other low income people were often considered "destructive overbreeders whose procreative tendencies needed to be managed" and black people were sterilized "at rates that exceeded their population" (Stern, 2011).

***In California, the leading state in sterilizations, African Americans comprised only 1 percent of the state's population, but 4 percent of the state's sterilizations (Stern, 2011). Similarly, in North Carolina, over 60 percent of the state's sterilization victims between 1920 and 1974 were black (Burton, 2018).***

Moreover, many physicians were involved in the leading eugenics organizations of the time. They used African Americans as "practice for medical students," conducting unwanted and unnecessary hysterectomies on women of color (Stern, 2011; Ko, 2016).

Misinformation, coercion, and force fueled these disproportionate rates of sterilization. A 1974 lawsuit filed by the Southern Poverty Law Center on behalf of Mary Alice and Minnie Relf exemplifies how individuals were misinformed in order to force sterilizations on young women. The sisters were sterilized at ages 14 and 12, respectfully, when their mother unwittingly signed off on their sterilizations. Their mother, who was illiterate, was persuaded into signing an "X" on the consent form under the pretense that it was for birth control shots. According to Judge Gerhard Gesell, the presiding judge over the case, "an indefinite number of poor people have been improperly coerced into accepting a sterilization operation under the threat that variously supported welfare benefits would be withdrawn unless they submitted...the dividing line between family planning and eugenics is murky" (Stern, 2011). It was also revealed that up to 150,000 poor people (who, as we know, were predominantly people of color) were being sterilized annually, under programs that were *federally funded* (Ko, 2016). Other stories from victims illustrate common coercion tactics that were used, in which doctors threatened to withhold needed medical care unless they agreed to be sterilized (Burton, 2018).

One of the primary reasons sterilization laws were entrenched in American healthcare throughout the majority of the 20th century, even after the eugenics movement started to lose momentum, is

because it was linked to public health. Based on the precedents set by *Jacobson v Massachusetts* (1905), which ruled that, in the case of smallpox immunizations, preserving public health outweighed individual rights, and *Buck v Bell* (1927), which upheld the legality of forced sterilization on the grounds of public health, California viewed sterilization, “not as a punishment, but as a prophylactic measure that could simultaneously defend the public health, preserve precious fiscal resources, and mitigate the menace of the ‘unfit’ and ‘feebleminded’” (Stern, 2011).

While these antiquated sterilization policies have been abandoned, the legacy of the eugenics and sterilization era remain in contemporary reproductive healthcare. The confluence of an unprecedented federal commitment to family planning under President Nixon and President Johnson’s administrations, Johnson’s war on poverty, and third wave feminism pushing for reproductive rights all contributed to the “widespread sterilization abuse” that occurred from the late 1960s to the mid-1970s (Stern, 2011).

During discussions of the 1969 Population Control Commission, Nixon was recorded expressing racially charged sentiments about abortion and the black community, and further equated abortion to population control.

***Nixon stated “...look, the people in what we call our class control their populations.” He contrasted this notion with the belief that people in Michigan and Colorado “are for abortion” and “will vote for it because they think that what’s going to be aborted generally are the little Black bastards...a hell of a lot of people want to control the Negro bastards” (Anunkor et al., 2015).***

Although less crude in nature, Johnson’s war on poverty ultimately led to depictions of black women as “welfare queens” and “crack whores” who had “crack babies” (Alexander, 2012). These stereotypes led to further pressure on black women to have abortions and be sterilized. By 1970, several states had passed voluntary sterilization laws and legalized abortion. As voluntary sterilization rates increased, the need for forced sterilization started to subside. In 1973, the year that *Roe v Wade* was passed, voluntary sterilization was the most common form of birth control for women 30 to 44 years old. Supreme Court Justice Ruth Bader Ginsburg, who voted in favor of *Roe v. Wade*, supported the link between abortion and population control in her reflection on the case, stating, “Frankly I had thought that at the time Roe was decided, there was concern about population growth and particularly growth in populations that we don’t want to have too many of” (Anunkor et al., 2015). Federal funding for birth control and other family planning methods dramatically increased during this time, with Medicaid reimbursing up to 90 percent of sterilization costs (Stern, 2011).

In *Madrigal v Quilligan* (1978) was a federal class action lawsuit regarding unwanted sterilizations against a hospital in Los Angeles County. While the plaintiffs were migrant women and not black women, the case still highlighted how sterilization efforts targeted women of color, including black

women. One of the key witnesses, a medical student and technician at the time of the sterilizations, recalled that Dr. Edward James Quilligan, the lead defendant, stated “poor minority women in L.A. county were having too many babies; that it was a strain on society; and that it was good that they be sterilized” (Stern, 2011). After receiving a \$2 billion federal grant, he openly discussed how he wanted to use the funds to see “how low we can cut the birth rate of the Negro and Mexican populations” (Stern, 2011). Despite the plaintiffs losing, the case still had reverberating effects on sterilization policy. Numerous safeguards were ushered in following the case, including a 72-hour waiting period between consent and procedure, bilingual consent forms, a signed consent statement clearly reassuring patients their decision wouldn’t impact their welfare benefits, and almost completely restricting sterilizations on individuals 20 years of age and younger (Stern, 2011). However, parallel safeguards regulating abortion, including a waiting period between consent and procedure, informed counseling, and parental consent for children seeking abortion have recently been stripped from abortion statutes and policies in the name of women’s reproductive rights. After learning of the violations to women’s rights that occurred when such safeguards weren’t in place to regulate sterilizations, it is worrisome that regulations protecting abortion patients are being expunged.

Coerced sterilizations continue to this day. Between 2006 and 2010, the California Department of Corrections and Rehabilitation illegally sterilized at least 148 women, with potentially hundreds of other cases dating back to the 1990s. Echoing eugenic justifications from the past, Dr. Heinrich, accused of pressuring women to get tubal ligations, claimed the \$147,460 paid in compensation for conducting the sterilizations was minimal “compared to what you save in welfare paying for these unwanted children – as they procreated more” (Johnson, 2013). Even more recently, a Tennessee judge came under fire after he offered inmates reduced sentences if they underwent sterilization procedures, including vasectomies for men and birth control implants for women. His hope was “to break the ‘vicious cycle’ of repeat drug offenders passing through his courtroom who could not find jobs or afford child support” (Hawkins, 2017). Over 100 years since the initial forced sterilization law, the lingering eugenic rhetoric in these policies is eerie.

It is doubtful that all abortion advocates and Planned Parenthood affiliates hold the same eugenic and racist ideals as they did when the organization began. Nevertheless, whether directly or indirectly, the reverberations of the Birth Control Movement’s racist, eugenic origins and ties to sterilization are still being felt, particularly within the black community. There is ongoing debate over where Planned Parenthood’s clinics are primarily located in urban or rural areas. Planned Parenthood defends itself from claims that the majority of its clinics are in urban areas citing, “Fifty-six percent (56%) of Planned Parenthood health centers are in health professional shortage areas [HPSAs], rural or medically underserved areas [MUAs]” (Planned Parenthood Federation of America, 2017). This statistic is inaccurate because HPSAs and MUAs cannot be conflated with “rural areas,” as HPSAs and MUAs include both rural *and* urban areas that are underserved. Therefore, Planned Parenthood’s “fifty-six percent” measurement is extremely misleading, as it

inevitably includes *urban* areas that have health professional shortages or are otherwise medically underserved (Every CRS Report, 2017). Regardless of where the clinics are located, it is undisputed that Planned Parenthood disproportionately serves people of color and people in poverty. According to the *Census Bureau*, population estimates indicate that blacks or African Americans (not Hispanic) account for 13.4 percent of the population while those identifying as Hispanic or Latino total 18.5 percent of the population (United States Census Bureau, n.d.). However, Planned Parenthood reports that “more than one third (35%) of Planned Parenthood patients are people of color, with nearly 500,000 patients who identify as Latino and nearly 360,000 patients who identify as Black.” Further, at least 60 percent of patients are Medicaid or Title X family planning recipients, and 75 percent have incomes at or below 150 percent of the federal poverty level (Planned Parenthood Federation of America, 2017).

Perhaps unsurprising given these patient demographics, people of color are also overrepresented in abortion statistics. Since the legalization of abortion under *Roe v Wade*, “abortion has become increasingly concentrated among low-income minority women” (Kliff, 2013). Mirroring the proportion of black Planned Parenthood patients, black women account for 38 percent of all abortions. White women follow shortly behind with 35 percent, but considering they comprise 76.3 percent of the population as a whole, they are actually underrepresented in these data (Jatlaoui, et al., 2019; United States Census Bureau, n.d.) These data demonstrates that the abortion rate for black women is nearly 5 times that of white women (Cohen, 2008). Nationally, the abortion rate in the black community exceeds the top ten causes of death among blacks *combined*, with nearly 300,000 abortions annually. Whether intentional or unintentional, Planned Parenthood, the leading abortion provider in the nation, contributes to these disparate outcomes (McCrea, 2015).

A myriad of underlying factors contribute to this disproportionate rate, including inadequate housing, healthcare, education, and access to childcare. Proponents of abortion are quick to point out that underlying racial disparities contribute to this rate. While they are absolutely correct that such inequities exist and perpetuate the incidence of unintended pregnancy and abortion within the black community, they falter in their notion that abortion is the solution to these issues. Pressing abortion women in time of duress while branding it as feminism is not going to do anything to address the underlying causes of the issue. It is much simpler to subsidize abortion and brand yourself a feminist than it is to tackle deep-rooted systemic racial disparities, launching campaigns to improve healthcare, education, economic opportunities, and childcare for people of color, as well as institute policies that protect and support pregnant women in schools and the workforce. Indeed, when examining family planning policies funded by the government, it is clear that the former option of promoting and funding abortion, was overwhelmingly chosen. Abortion serves as a Band-Aid solution to these problems; it does not do anything to absolve them.

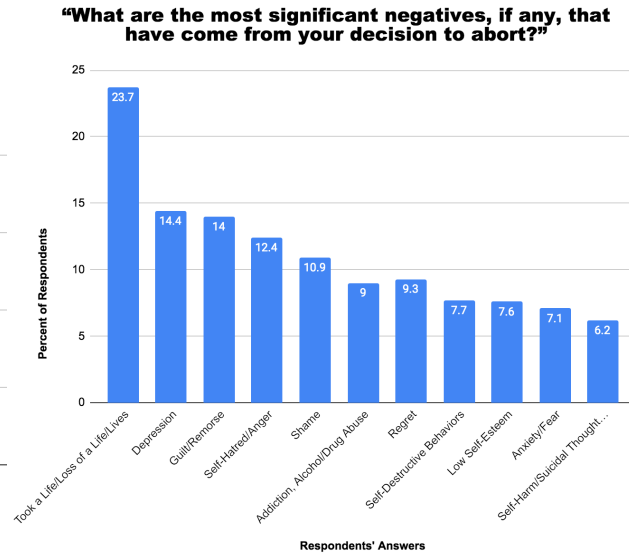
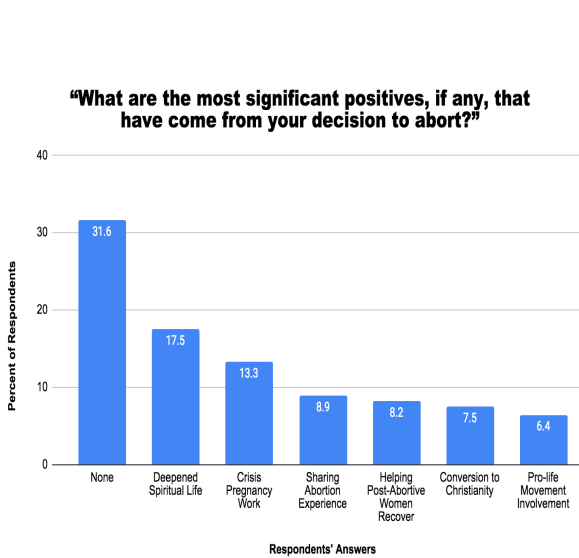
A five-year, longitudinal study examined women’s reasons for pursuing abortion and identified themes within the data. Of the women surveyed, 40 percent claimed financial reasons, 36 percent



cited timing issues, 31 percent indicated partner-related reasons and 29 percent involved a need to focus on other children. Specific reasons within these themes include concerns that having a baby would interfere with education, employment, childcare, and other dependent-related care, the affordability of having a baby, and relationship issues. Ultimately, 74 percent of respondents indicated “emotional and financial responsibility to individuals other than themselves” (Biggs et al., 2013). This coincides with the findings of a survey of post-abortive women published in the *Journal of American Physicians and Surgeons* in 2017, which found that 58.3 percent of women aborted to “make others happy,” 73.8 percent acknowledged experiencing subtle pressure from others to abort, and 28.4 percent aborted to preserve their relationship (Coleman et al., 2017). These findings underscore the need for comprehensive, pro-woman legislation that ensures women’s education and occupational endeavors won’t be jeopardized due to a pregnancy and provides financial support to reassure and empower women in their reproductive decisions. The results further highlight systemic racism and the lack of true choice many women are faced with. Feeling as though they have no other option but to abort due to economic burdens or fears that carrying their pregnancies to term will suffocate their educational and career goals, does not demonstrate real choice. Rather, it reveals the desperation and frustration of women at a system that repeatedly fails to meet their needs and provide them with what they deserve.

Seeing abortion as their only option, women endure lasting psychological impacts from the procedure. The National Center for Biotechnology Information evaluated the psychological effects of abortion. They found that while 65 percent of American women showed multiple symptoms of re-experiencing and avoidance, 14.3 percent met the “full diagnostic criteria for PTSD [post-traumatic stress disorder]” (Rue, et al., 2004). The *Journal of American Physicians and Surgeons’* study also examined the emotional impact abortion had on women. Prior to having an abortion, 13 percent of respondents visited a counselor, psychologist, or psychiatrist, and 6.6 percent received psychological health medications. After having an abortion, these numbers skyrocketed to 67.5 percent and 51 percent, respectfully. This suggests that overall, the women in this sample minimally accessed mental health services prior to their abortions, whereas after, their demand for mental health services dramatically increased (Coleman, et al., 2017).

The researchers also wanted to hear directly from the women regarding the positive and negative consequences of their abortion decisions. They asked the respondents two open-ended questions: “What are the most significant positives, if any, that have come from your decision to abort?” and “What are the most significant negatives, if any, that have come from your decision to abort?” The results are visualized in the tables below (Coleman, et al., 2017).



*Graphs are based on the findings cited in the Journal of American Physicians and Surgeons on post-abortive women (Coleman, et al., 2017).*

Contrary to contemporary rhetoric that acclaims abortion as a vehicle for liberation, the respondents “generally did not speak of empowerment, [or] the ability to control their reproductive destinies.” Rather, nearly 32 percent cited no personal benefits of their abortions. Others referenced their outreach to other women considering abortion or who were , to offer advice and counsel. Moreover, the women also shared emotional distress and turmoil when asked to discuss if their abortions negatively impacted them (Coleman et al., 2017). Certainly, the results of this study are not exhaustive, and not all post-abortive women regret their decisions or feel negatively impacted by the experience. However, it is unclear whether the presence of comprehensive legislation designed to support and protect would have changed their decisions.

Moreover, these effects are exacerbated when women feel the abortion was coerced. Coerced abortion is especially prevalent among victims of forced prostitution and sex trafficking. Continuing with the trends of oppressive systems disproportionately impacting low income women and women of color, traffickers target vulnerable youth in low income neighborhoods that lack strong support systems. Overwhelmingly, these are young girls of color. In cases where race was known, 40 percent of sex trafficking victims were black (Bureau of Justice Statistics, 2011). To make matters worse, young girls of color are more likely to be criminalized for their own exploitation. In fact, African American children account for over 50 percent of all juvenile prostitution arrests. These children are deprived of necessary treatment and counseling interventions and are instead given a record and subjected to further abuse and trauma in the future (Union, 2017). While pro-choice advocates often use rape and trafficking cases as exemplars for the need for abortion, closer examination reveals how abortion is used as an exploitation tool of

sex traffickers, with survivors recounting the numerous coerced and forced abortions they endured. According to a study on the health consequences of sex trafficking published in the *Annals of Health Law*, pregnancy, miscarriage, and abortion were commonplace for sex trafficking survivors. Excluding potential underreporting, 71.2 percent of the respondents reported at least one pregnancy while being trafficked, with 21.2 percent reporting five or more pregnancies. 54.7 percent of the respondents reporting pregnancies reported at least one miscarriage, with 29.7 percent reporting multiple.

***Additionally, 55.2 percent of the respondents reported at least one abortion, while 29.9 percent reported multiple abortions. The interviewer noted that miscarriage may have been used as a euphemism for abortion in some cases, suggesting the numbers are even higher than was reported. The majority of these abortions were “at least partially forced upon them” (Lederer & Wetzel, 2014). One survivor recounted that “in most of [my six abortions] I was under serious pressure from my pimps to abort the babies” (Lederer & Wetzel, 2014).***

Other cases of severe coerced and forced abortion have also been reported outside of the human trafficking sphere. The National Center for Biotechnology Information found an association between intimate partner violence (IPV) and termination of pregnancy. Moreover, while many of the studies in the meta-analysis focused on how IPV lead to unintended pregnancies (at least from the victim’s perspective), several studies also found that IPV led to a subsequent termination of pregnancy. The data also suggested a repetitive pattern of abuse, pregnancy, and termination of pregnancy (Hall, et al., 2014).

Numerous individual incidents reveal women and girls being coerced and forced by partners, as well as family members, to abort their pregnancies, whether by forcing women to go to an abortion clinic or through extreme, miscarriage-inducing violence (Population Research Institute, 2004). This violence isn’t restricted to partners and family members. A recent lawsuit filed against California police officers highlights the intersectionality of police violence against women of color and women’s increased risk of violence during pregnancy. Emerald Black, who was “visibly pregnant” and still wearing hospital clothes from a visit earlier in the day, where she was told she was at a high risk of miscarriage. Black was not suspected of any crime, nor was she even the driver of the vehicle. She was the passenger in her boyfriend’s vehicle when he was pulled over due to “bad registration tags” (Blest, 2020). Due to her designation as a high risk pregnancy, she requested that she remain in the car. It is unclear why the officers needed the passenger in a vehicle stopped for a nonviolent, minor traffic offense was asked to get out of the car in the first place. According to her lawyer, the officers “yanked pregnant Ms. Black from the car, taunted her, piled on top of her and stomped on her stomach leaving a shoe mark” (Blest, 2020). Due to this excessive force, Black miscarried and is suing due to the “physical injuries, embarrassment, humiliation, and emotional distress both from the incident and loss of her child” (Blest, 2020). Similar cases have

been filed elsewhere, including a woman who alleged that she was “violently thrown” to the floor and miscarried at the hands of South Carolina police, and a Staten Island woman who asserted that New York Police “battered” her and caused her to miscarry.

Despite the prevalence of these violent instances of police officers and intimate partners inducing miscarriage, abortion statutes have been shifting in ways that restrict women’s legal recourse in seeking reparations for the loss of their pregnancies. For example, New York State recently passed the Reproductive Health Act (RHA), which effectively stripped the term “abortion” from the penal code. By doing so, victims suffering coerced abortions and induced miscarriages are no longer able to pursue felony charges against their attackers for the violent deaths of their fetuses. Thanks to the RHA, women are only able to pursue assault charges to the violence they personally experienced; there are no longer any legal actions that can be taken to receive justice for their unborn children. By “removing crucial prosecutorial tools” that held human traffickers and domestic abusers “accountable for the coercion and violence they inflict on pregnant women” survivors are revictimized and disempowered (Bennett, 2019).

It is crucial to view everything within the context of its impact on people of color. As has repeatedly been discussed, people of color have been systematically deprived of economic freedoms, and were the initial targets of the Eugenics, Birth Control, and Sterilization Movements. Therefore, when it is exposed that financial concerns and barriers to educational attainment and career development dominate women’s reasons behind pursuing abortion, it is evidence that abortion is a side effect of society continuing to deprive women, particularly women of color, what they deserve and need to be truly liberated and equal members of society.

Moving forward, Planned Parenthood and the federal government must acknowledge and vehemently condemn, not justify in any way, their participation in the Eugenics Movement. Moreover, the extent to which they continue to disproportionately and negatively impact communities of color needs to be addressed. A cultural shift away from abortion is needed; one that focuses on comprehensive healthcare and genuine support for low income individuals and women of color. In particular, extreme abortion laws, such as New York State’s RHA, must be repealed, as they actually make abortion more dangerous for women and restrict their prosecutorial options if they suffer abuse and miscarry as a result. Furthermore, funding for Planned Parenthood and programs that subsidize abortion should be reallocated to comprehensive women’s healthcare centers, efforts to disrupt human trafficking rings, affordable housing and childcare initiatives, family leave policies, and powerful non-discrimination legislation to thoroughly protect pregnant women from educational and occupational discrimination on the basis of pregnancy. *No* woman should feel as though she needs to “choose” abortion because she won’t be able to support the needs and ambitions of herself or her family members.