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PUNISHING DRUG ADDICTS WHO HAVE BABIES:
WOMEN OF COLOR, EQUALITY, AND THE RIGHT OF PRIVACY

Dorothy E. Roberts*

Women increasingly face criminal charges for giving birth to infants who test positive for drugs. Most of the women prosecuted are poor, Black, and addicted to crack cocaine. In this Article, Professor Roberts seeks to add the perspective of poor Black women to the current debate over protecting fetal rights at the expense of women's rights. Based on the presumption that Black women experience several forms of oppression simultaneously, the author argues that the punishment of drug addicts who choose to carry their pregnancies to term violates their constitutional rights to equal protection and privacy regarding their reproductive choices. She begins by placing these prosecutions in the context of the historical devaluation of Black women as mothers. After presenting her view of the prosecutions as punishing drug-addicted women for having babies, the author argues that this punishment violates the equal protection clause because it stems from and perpetuates Black subordination. Finally, Professor Roberts argues that the prosecutions violate women's constitutional rights to autonomy and freedom from invidious government standards for childbearing. In presenting her view that the prosecutions violate women's privacy rights, the author critiques the liberal, "negative" conception of privacy rooted in freedom from government constraints. She concludes by advocating a progressive concept of privacy that places an affirmative obligation on the government to guarantee individual rights and recognizes the connection between the right of privacy and racial equality.

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A former slave named Lizzie Williams recounted the beating of pregnant slave women on a Mississippi cotton plantation: “'T's seen nigger women dat was fixin' to be confined do somethin' de white folks didn't like. Dey [the white folks] would dig a hole in de ground just big 'nuff fo' her stomach, make her lie face down an whip her on de back to keep from hurtin' de child." 1

In July 1989, Jennifer Clarise Johnson, a twenty-three-year-old crack addict, became the first woman in the United States to be criminally convicted for exposing her baby to drugs while pregnant. 2 Florida law enforcement officials charged Johnson with two counts of delivering a controlled substance to a minor after her two children tested positive for cocaine at birth. Because the relevant Florida drug law did not apply to fetuses, 3 the prosecution invented a novel interpretation of the statute. The prosecution obtained Johnson’s conviction for passing a cocaine metabolite from her body to her newborn infants during the sixty-second period after birth and before the umbilical cord was cut. 4

I. INTRODUCTION

A growing number of women across the country have been charged with criminal offenses after giving birth to babies who test positive

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for drugs. The majority of these women, like Jennifer Johnson, are poor and Black. Most are addicted to crack cocaine. The prosecution of drug-addicted mothers is part of an alarming trend towards greater state intervention into the lives of pregnant women under the rationale of protecting the fetus from harm.


According to a memorandum prepared by the ACLU Reproductive Freedom Project, of the 52 defendants, 35 are African-American, 14 are white, 2 are Latina, and 1 is Native American. See State Case Summary, supra note 2; Telephone interviews with Joseph Merkin, Attorney for Sharon Peters (Jan. 7, 1991), James Shields, North Carolina ACLU (Jan. 7, 1991), and Patrick Young, Attorney for Brenda Yurchak (Jan. 7, 1991); see also Kolata, Bias Seen Against Pregnant Addicts, N.Y. Times, July 20, 1990, at A13, col. 1 (indicating that of 60 women charged, 80% were minorities). The disproportionate prosecution of poor Black women can be seen most clearly in the states that have initiated the most cases. In Florida, where two women have been convicted for distributing drugs to a minor, 10 out of 11 criminal cases were brought against Black women. See State Case Summary, supra note 2, at 3–5. Similarly, of 18 women in South Carolina charged since August 1989 with either criminal neglect of a child or distribution of drugs to a minor, 15 have been Black. See id. at 12.

In addition to prosecuting women after the birth of a baby for prenatal crimes, the range of state intrusions on pregnant women's autonomy includes jailing pregnant women, see infra notes 54–56 and accompanying text; placing the child in protective custody, see N.J. REV. STAT. § 30:4C-11 (West 1981); allowing tort suits by children against their mothers for negligent conduct during pregnancy, see Grodin v. Grodin, 102 Mich. App. 396, 301 N.W.2d 869 (1980); ordering forced medical treatment performed on pregnant women, see In re A.C., 373 A.2d 1235 (D.C. 1977); depriving mothers of child custody based on acts during pregnancy, see infra notes 48–53 and accompanying text; upholding employer policies excluding fertile women from the workplace, see UAW v. Johnson Controls, Inc., 886 F.2d 871 (7th Cir. 1989), rev'd, 111 S. Ct. 1190 (1991); and placing greater restrictions on access to abortion, see Webster v. Reproductive Health Servs., 109 S. Ct. 3040 (1989).
Such government intrusion is particularly harsh for poor women of color. They are the least likely to obtain adequate prenatal care, the most vulnerable to government monitoring, and the least able to conform to the white, middle-class standard of motherhood. They are therefore the primary targets of government control.

The prosecution of drug-addicted mothers implicates two fundamental tensions. First, punishing a woman for using drugs during pregnancy pits the state’s interest in protecting the future health of a child against the mother’s interest in autonomy over her reproductive life — interests that until recently had not been thought to be in conflict. Second, such prosecutions represent one of two possible responses to the problem of drug-exposed babies. The government may choose either to help women have healthy pregnancies or to punish women for their prenatal conduct. Although it might seem that the state could pursue both of these avenues at once, the two responses are ultimately irreconcilable. Far from deterring injurious drug use, prosecution of drug-addicted mothers in fact deters pregnant women from using available health and counseling services because it causes women to fear that, if they seek help, they could be reported to government authorities and charged with a crime. Moreover, prosecution blinds the public to the possibility of nonpunitive solutions and to the inadequacy of the nonpunitive solutions that are currently available.

The debate between those who favor protecting the rights of the fetus and those who favor protecting the rights of the mother has been extensively waged in the literature. This Article does not repeat

9 I use the term “women of color” to refer to non-white women in America, including Black, Latina, Asian, and Native American women. Recognizing the diversity of historical and cultural backgrounds among women of color, this Article focuses particularly on the experience of Black women in America. When women of color are united in a common experience of oppression and poverty, however, I draw more general conclusions about constraints on their reproductive autonomy.


11 See infra notes 156–157 and accompanying text.

12 See infra notes 87–89 and accompanying text.

13 For arguments supporting the mother’s right to autonomy, see sources cited in note 8. For arguments advocating protection of the fetus, see King, The Juridical Status of the Fetus: A Proposal for Legal Protection of the Unborn, 77 MICH. L. REV. 1647, 1688–89 (1979); Parness & Pritchard, To Be or Not to Be: Protecting the Unborn’s Potentiality of Life, 71 U. CHI. L. REV. 757, 797–83 (1974); Robertson, Procreative Liberty and the Control of Conception, Pregnancy, and Childbirth, 69 VA. L. REV. 405, 437–43 (1983); Walker & Puzder, State Protection
the theoretical arguments for and against state intervention. Rather, this Article suggests that both sides of the debate have largely overlooked a critical aspect of government prosecution of drug-addicted mothers. Can we determine the legality of the prosecutions simply by weighing the state’s abstract interest in the fetus against the mother’s abstract interest in autonomy? Can we determine whether the prosecutions are fair simply by deciding the duties a pregnant woman owes to her fetus and then assessing whether the defendant has met them? Can we determine the constitutionality of the government’s actions without considering the race of the women being singled out for prosecution?

Before deciding whether the state’s interest in preventing harm to the fetus justifies criminal sanctions against the mother, we must first understand the mother’s competing perspective and the reasons for the state’s choice of a punitive response. This Article seeks to illuminate the current debate by examining the experiences of the class of women who are primarily affected—poor Black women.

Providing the perspective of poor Black women offers two advantages. First, examining legal issues from the viewpoint of those whom they affect most helps to uncover the real reasons for state action and to explain the real harms that it causes. It exposes the way in which the prosecutions deny poor Black women a facet of their humanity by punishing their reproductive choices. The government’s choice of a punitive response perpetuates the historical devaluation of Black women as mothers. Viewing the legal issues from the exper-

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The scholarship of people of color is a more recent variety of alternative jurisprudence. See, e.g., D. BELL, AND WE ARE NOT SAVP (1987); Cook, Beyond Critical Legal Studies: The Reconstructive Theology of Dr. Martin Luther King, Jr., 103 HARV. L. REV. 985 (1990); Crenshaw, Race, Reform, and Retrenchment: Transformation and Legitimation in Antidiscrimination Law, 101 HARV. L. REV. 1338 (1988). Among this latter group are scholars who, like me, are particularly concerned with the legal problems and concrete experiences of Black women. Their work has informed and inspired me. See, e.g., Austin, Sapphire Bound!, 1989 WIS. L. REV. 539; Harris, Race and Essentialism in Feminist Legal Theory, 42 STAN. L. REV. 581 (1990); Scales-Trent, Black Women and the Constitution: Finding Our Place, Asserting Our Rights, 24 HARV. C.R.-C.L. L. REV. 9 (1989).
iential standpoint of the defendants enhances our understanding of the constitutional dimensions of the state’s conduct.\textsuperscript{15}

Second, examining the constraints on poor Black women’s reproductive choices expands our understanding of reproductive freedom in particular and of the right of privacy in general. Much of the literature discussing reproductive freedom has adopted a white middle-class perspective, which focuses narrowly on abortion rights. The feminist critique of privacy doctrine has also neglected many of the concerns of poor women of color.\textsuperscript{16}

My analysis presumes that Black women experience various forms of oppression simultaneously,\textsuperscript{17} as a complex interaction of race, gender, and class that is more than the sum of its parts.\textsuperscript{18} It is impossible to isolate any one of the components of this oppression or to separate the experiences that are attributable to one component from experiences attributable to the others. The prosecution of drug-addicted mothers cannot be explained as simply an issue of gender inequality. Poor Black women have been selected for punishment as a result of an inseparable combination of their gender, race, and economic status. Their devaluation as mothers, which underlies the prosecutions, has its roots in the unique experience of slavery and has been perpetuated by complex social forces.

Thus, for example, the focus of mainstream feminist legal thought on gender as the primary locus of oppression often forces women of color to fragment their experience in a way that does not reflect the reality of their lives.\textsuperscript{19} Angela Harris and others have presented a

\textsuperscript{15} For a description and critique of feminist standpoint epistemology, see Bartlett, \textit{Feminist Legal Methods}, 103 HARV. L. REV. 829, 872–77 (1990). Bartlett criticizes feminist standpoint epistemology because it tends to standardize women’s characteristics, it denies the significance of the viewpoints of non-victims, it does not explain differences of perception among women, and it engenders adversarial politics. \textit{See id.} at 873–75. These criticisms have merit. Notwithstanding the problems inherent in adopting a general feminist standpoint epistemology, I believe there is value in the limited project of focusing on the perspective of Black women, especially because that perspective has traditionally been ignored.

\textsuperscript{16} \textit{See infra} notes 197–214, 248–257 and accompanying text.

\textsuperscript{17} \textit{See Harris, supra} note 14, at 604 (“Far more for black women than for white women, the experience of self is precisely that of being unable to disentangle the web of race and gender — of being enmeshed always in multiple, often contradictory, discourses of sexuality and color.”); Kline, \textit{Race, Racism, and Feminist Legal Theory}, 12 HARV. WOMEN’S L.J. 115, 121 (1989); Scales-Trent, \textit{supra} note 14, at 9. The theme of the simultaneity of multiple forms of oppression is common in Black feminist writings. \textit{See, e.g.}, Combahee River Collective, \textit{A Black Feminist Statement}; in \textit{This Bridge Called My Back: Writings by Radical Women of Color} 210, 213 (C. Moraga & G. Anzaldúa eds. 1981); B. Hooks, \textit{Ain’t I a Woman: Black Women and Feminism} 13 (1981) (“At the moment of my birth, two factors determined my destiny; my having been born black and my having been born female.”).

\textsuperscript{18} \textit{See Scales-Trent, supra} note 14, at 9 & n.2 (noting that “race and sex interact to magnify the effect of each independently”).

\textsuperscript{19} Angela Harris notes the fragmentation produced by an arithmetic approach to multiple oppression: “The result of essentialism is to reduce the lives of people who experience multiple
racial critique of this gender essentialism in feminist legal theory. By introducing the voices of Black women, these critics have begun to reconstruct a feminist jurisprudence based on the historical, economic, and social diversity of women’s experiences. This new jurisprudence must be used to reconsider the more particular discourse of reproductive rights.

This Article advances an account of the constitutionality of prosecutions of drug-addicted mothers that explicitly considers the experiences of poor Black women. The constitutional arguments are based on theories of both racial equality and the right of privacy. I argue that punishing drug addicts who choose to carry their pregnancies to term unconstitutionally burdens the right to autonomy over reproductive decisions. Violation of poor Black women’s reproductive rights helps to perpetuate a racist hierarchy in our society. The prosecutions thus impose a standard of motherhood that is offensive to principles of both equality and privacy. This Article provides insight into the particular and urgent struggle of women of color for reproductive freedom. Further, I intend my constitutional critique of the prose-
cutions to demonstrate the advantages of a discourse that combines elements of racial equality and privacy theories in advocating the reproductive rights of women of color.

Although women accused of prenatal crimes can present their defenses only in court, judges are not the only government officials charged with a duty to uphold the Constitution. The Supreme Court's current hostility to claims of substantive equality and privacy rights, my arguments might be directed more fruitfully to legislatures than to the courts. Robin West, among others, has

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22 The fourteenth amendment, for example, explicitly gives Congress the power to enforce the equal protection clause. See U.S. CONST. amend. XIV, § 5.
24 See, e.g., Hodgson v. Minnesota, 110 S. Ct. 2926, 2969-70 (1990) (upholding state statute requiring notification of two parents before a minor may obtain an abortion unless she secures a court order); Webster v. Reproductive Health Servs., 109 S. Ct. 3040, 3052 (1989) (permitting state restrictions on abortion, including a ban on the use of public facilities for performing some abortions); Harris v. McRae, 448 U.S. 297, 326 (1980) (upholding version of Hyde Amendment that withheld federal Medicaid funds used to reimburse costs of abortion not necessary to save the mother's life); Maher v. Roe, 432 U.S. 464, 480 (1977) (permitting states to deny welfare payments for nontherapeutic abortions).
25 Professor West argues that "for both strategic and theoretical reasons, the proper audience for the development of a progressive interpretation of the Constitution is Congress rather than the courts." West, Progressive and Conservative Constitutionalism, supra note 14, at 652 (emphasis in original). Alan Freeman has expressed a similar sentiment in more blunt terms: "If the federal courts are to become, as they were in the past, little more than reactionary apologists for the existing order, we should treat them with the contempt they deserve. One can only hope that other political institutions will be reinvigorated." Freeman, Antidiscrimination Law: The View from 1989, 64 Tul. L. Rev. 1407, 1441 (1990). I do not advocate abandoning litigation as a strategy for challenging government abuses. Rather, I am suggesting the exploration of other forums for taking collective action to implement visions of a just society.

State courts and state constitutions may also provide a more progressive understanding of equal protection and privacy rights. See Brennan, State Constitutions and the Protection of Individual Rights, 90 HARV. L. REV. 488 (1977); Developments in the Law — The Interpretation of State Constitutional Rights, 95 HARV. L. REV. 1324, 1442-43 (1982). State courts, for example, have interpreted the right of teenagers to obtain an abortion without parental consent more broadly under the state constitution's right of privacy than the Supreme Court has under the federal Constitution. Compare American Academy of Pediatrics v. Van de Kamp, 263 Cal. Rptr. 46, 55 (Cal. Ct. App. 1989) (affirming the issuance of a preliminary injunction of law that prohibited minors from obtaining abortions without parental consent or court order as violating state constitutional right of privacy) and In re T.W., 551 So. 2d 1188, 1194 (Fla. 1989) (holding that a Florida statute requiring minors to obtain parental consent or court order prior to obtaining abortion violated the right of privacy guaranteed by Florida's constitution); Hodgson v. Minnesota, 110 S. Ct. 2926, 2969-70 (1990) (holding that a parental notification requirement with judicially granted exception does not violate the Constitution).
persuasively recharacterized the progressive interpretation of the constitutional guarantees of liberty and equality — such as the redistributive directive embodied in the fourteenth amendment — as "political ideals to guide legislation, rather than as legal restraints on legislation."\(^2\)

Legislatures may be more receptive than courts to the claim that punitive policies contribute to the subordinate status of Black women. They can serve as a forum for presenting both a vision of a community free from racist standards of motherhood and as a means of collectively implementing that vision. This Article translates the dehumanization that Black women experience so that lawmakers may understand and reverse — or at least must confront — the injustice of the prosecutions.\(^2\)

Part II of this Article presents background information about the recent prosecutions of drug-addicted mothers and explains why most of the defendants are poor and Black. Part III sets out the context in which the prosecutions must be understood: the historical devaluation of Black women as mothers. I discuss three aspects of this social phenomenon — the control of Black women’s reproductive lives during slavery, the abusive sterilization of Black women and other women of color during this century, and the disproportionate removal of Black children from their families. I also describe how a popular mythology denigrating Black motherhood has reinforced and legitimated this devaluation. Part IV characterizes the prosecutions as punishing drug-addicted women for having babies. This approach exposes the impact that the government’s punitive policy has on the devaluation of Black women as mothers. Part V argues that the prosecutions violate the equal protection clause because they are rooted in and perpetuate Black subordination. Part VI examines the legal scholarship opposing state intervention in the lives of pregnant women. I show that the typical arguments advanced against intervention are inadequate to explain or challenge the criminal charges brought against drug-addicted mothers.

Finally, Part VII argues that punishing women for having babies violates their constitutional right of privacy for two reasons: it violates the right of autonomy of women over their reproductive decisions, and it creates an invidious government standard for childbearing. I discuss two benefits of privacy doctrine for advocating the reproductive rights of women of color: its emphasis on the value of personhood,
II. BACKGROUND: THE STATE’S PUNITIVE RESPONSE TO DRUG-ADDICTED MOTHERS

A. The Crack Epidemic and the State’s Response

Crack cocaine appeared in America in the early 1980s, and its abuse has grown to epidemic proportions. Crack is especially popular among inner-city women. Indeed, evidence shows that, in several urban areas in the United States, more women than men now smoke crack. Most crack-addicted women are of childbearing age, and many are pregnant. This phenomenon has contributed to an explosion in the number of newborns affected by maternal drug use. Some experts estimate that as many as 375,000 drug-exposed infants are born every year. In many urban hospitals, the number of these newborns has quadrupled in the last five years. A widely cited 1988 study conducted by the National Association for Perinatal Addiction Research and Education (NAPARE) found that eleven percent of

30 Approximately half of the nation’s crack addicts are women. See Alters, Women and Crack: Equal Addiction, Unequal Care, Boston Globe, Nov. 1, 1989, at 1, col. 1. Some have theorized that women are attracted to crack because it can be smoked rather than injected. See Teltsch, In Detroit, a Drug Recovery Center that Welcomes the Pregnant Addict, N.Y. Times, Mar. 30, 1990, at A14, col. 1. The highest concentrations of crack addicts are found in inner-city neighborhoods. See Malcolm, Crack, Bane of Inner City, Is Now Gripping Suburbs, N.Y. Times, Oct. 1, 1989, § 1, at 1, col. 1.
32 Many crack-addicted women become pregnant as a result of trading sex for crack or turning to prostitution to support their habit. See Alters, supra note 30, at 1, col. 1; Kolata, supra note 6, at A13, col. 1. Crack seems to encourage sexual activity, in contrast to the passivity induced by heroin addiction. See Alters, supra note 30, at 1, col. 1.
34 The number of babies born to cocaine-addicted mothers in New York City, for example, has more than quadrupled since 1985. See More Births to Cocaine Users, N.Y. Times, Apr. 7, 1990, at B30, col. 2.
newborns in thirty-six hospitals surveyed were affected by their mothers' illegal-drug use during pregnancy.\textsuperscript{35} In several hospitals, the proportion of drug-exposed infants was as high as fifteen and twenty-five percent.\textsuperscript{36}

Babies born to drug-addicted mothers may suffer a variety of medical, developmental, and behavioral problems, depending on the nature of their mother's substance abuse. Immediate effects of cocaine exposure can include premature birth,\textsuperscript{37} low birth weight,\textsuperscript{38} and withdrawal symptoms.\textsuperscript{39} Cocaine-exposed children have also exhibited neurobehavioral problems such as mood dysfunction, organizational deficits, poor attention, and impaired human interaction, although it has not been determined whether these conditions are permanent.\textsuperscript{40} Congenital disorders and deformities have also been associated with cocaine use during pregnancy.\textsuperscript{41} According to NA-PARE, babies exposed to cocaine have a tenfold greater risk of suffering sudden infant death syndrome (SIDS).\textsuperscript{42}

Data on the extent and potential severity of the adverse effects of maternal cocaine use are controversial.\textsuperscript{43} The interpretation of studies of cocaine-exposed infants is often clouded by the presence of other
fetal risk factors, such as the mother’s use of additional drugs, cigarettes, and alcohol and her socioeconomic status. For example, the health prospects of an infant are significantly threatened because pregnant addicts often receive little or no prenatal care and may be malnourished. Moreover, because the medical community has given more attention to studies showing adverse effects of cocaine exposure than to those that deny these effects, the public has a distorted perception of the risks of maternal cocaine use. Researchers have not yet authoritatively determined the percentage of infants exposed to cocaine who actually experience adverse consequences.

The response of state prosecutors, legislators, and judges to the problem of drug-exposed babies has been punitive. They have punished women who use drugs during pregnancy by depriving these mothers of custody of their children, by jailing them during their pregnancy, and by prosecuting them after their babies are born.

The most common penalty for a mother’s prenatal drug use is the permanent or temporary removal of her baby. Hospitals in a number of states now screen newborns for evidence of drugs in their urine and report positive results to child welfare authorities. Some child protection agencies institute neglect proceedings to obtain custody of babies with positive toxicologies based solely on these tests.

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44 See Koren, Graham, Shear & Einarson, supra note 43, at 1441.
46 See Koren, Graham, Shear & Einarson, supra note 43, at 1440-41.
47 See Nolan, supra note 33, at 14.
49 Several states have enacted statutes that require the reporting of positive newborn toxicologies to state authorities. See MASS. GEN. L. ch. 119, § 51A (Supp. 1990); MINN. STAT. ANN. § 626.556(2)(c) (West Supp. 1991); OKLA. STAT. ANN. tit. 21, § 846 (West Supp. 1991); UTAH CODE ANN. § 62A-4-504 (1989). Many hospitals also interpret state child abuse reporting laws to require them to report positive results. For a discussion of the constitutional and ethical issues raised by the drug screening of postpartum women and newborns, see Moss, Legal Issues: Drug Testing of Postpartum Women and Newborns as the Basis for Civil and Criminal Proceedings, 23 CLEARINGHOUSE REV. 1426, 1429-33 (1990); Moss, supra note 2, at 292-96.
50 See Moss, supra note 2, at 289-90; Sherman, supra note 48, at 28, col. 4; Besharov, supra note 33, at B4, col. 2.

Several states have facilitated this process by expanding the statutory definition of neglected children to include infants who test positive for controlled substances at birth. See FLA. STAT. ANN. § 415.503(9)(A)-(C) (West Supp. 1991); ILL. JUVENILE CT. ACT, ILL. ANN. STAT. ch. 37, para. 802-3, § 2-3(1)(c) (Smith-Hurd Supp. 1990); IND. CODE ANN. § 31-6-4-3.1(1)(b) (West Supp.
and more government authorities are also removing drug-exposed newborns from their mothers immediately after birth pending an investigation of parental fitness. In these investigations, positive neonatal toxicologies often raise a strong presumption of parental unfitness, which circumvents the inquiry into the mother’s ability to care for her child that is customarily necessary to deprive a parent of custody.

A second form of punishment is the “protective” incarceration of pregnant drug addicts charged with unrelated crimes. In 1988, a Washington, D.C. judge sentenced a thirty-year-old woman named Brenda Vaughn, who pleaded guilty to forging $700 worth of checks, to jail for the duration of her pregnancy. The judge stated at sentencing that he wanted to ensure that the baby would be born in jail to protect it from its mother’s drug abuse. Although the Vaughn case has received the most attention, anecdotal evidence suggests that defendants’ drug use during pregnancy often affects judges’ sentencing decisions.

Finally, women have been prosecuted after the birth of their children for having exposed the fetuses to drugs or alcohol. Creative
statutory interpretations that once seemed little more than the outlandish concoctions of conservative scholars are now used to punish women. Mothers of children affected by prenatal substance abuse have been charged with crimes such as distributing drugs to a minor, child abuse and neglect, manslaughter, and assault with a deadly weapon.

This Article considers the constitutional implications of criminal prosecution of drug-addicted mothers because, as Part IV explains, this penalty most directly punishes poor Black women for having babies. When the government prosecutes, its intervention is not designed to protect babies from the irresponsible actions of their mothers (as is arguably the case when the state takes custody of a pregnant addict or her child). Rather, the government criminalizes the mother as a consequence of her decision to bear a child.

B. The Disproportionate Impact on Poor Black Women

Poor Black women bear the brunt of prosecutors' punitive approach. These women are the primary targets of prosecutors, not because they are more likely to be guilty of fetal abuse, but because they are Black and poor. Poor women, who are disproportionately Black, are in closer contact with government agencies, and their drug use is therefore more likely to be detected. Black women are also more likely to be reported to government authorities, in part because of the racist attitudes of health care professionals. Finally, their failure to meet society's image of the ideal mother makes their prosecution more acceptable.

To charge drug-addicted mothers with crimes, the state must be able to identify those who use drugs during pregnancy. Because poor women are generally under greater government supervision — through their associations with public hospitals, welfare agencies, and probation officers — their drug use is more likely to be detected and reported. Hospital screening practices result in disproportionate re-

58 See, e.g., Parness, The Duty to Prevent Handicaps: Laws Promoting the Prevention of Handicaps to Newborns, 5 W. NEW ENG. L. REV. 431, 442–52 (1983); Parness & Pritchard, supra note 13, at 270 (advocating that states "promote the unborn's potentiality for life by outlawing fetus endangerment, abandonment, neglect and nonsupport") (citations omitted).
59 See supra note 6.
60 Black women are five times more likely to live in poverty, five times more likely to be on welfare, and three times more likely to be unemployed than are white women. See UNITED STATES COMM'N ON CIVIL RIGHTS, THE ECONOMIC STATUS OF BLACK WOMEN 1 (1990).
61 See infra notes 70–78 and accompanying text.
62 See McNulty, supra note 8, at 216; see also Faller & Ziefert, Causes of Child Abuse and Neglect, in SOCIAL WORK WITH ABUSED AND NEGLECTED CHILDREN 32, 46–47 (K. Faller ed. 1981) (providing a similar explanation of why poor parents are more likely to be reported for child neglect).
The government’s main source of information about prenatal drug use is hospitals’ reporting of positive infant toxicologies to child welfare authorities. Hospitals serving poor minority communities implement this testing almost exclusively. Private physicians who serve more affluent women perform less of this screening both because they have a financial stake both in retaining their patients’ business and securing referrals from them and because they are socially more like their patients.

Hospitals administer drug tests in a manner that further discriminates against poor Black women. One common criterion triggering an infant toxicology screen is the mother’s failure to obtain prenatal care, a factor that correlates strongly with race and income. Worse still, many hospitals have no formal screening procedures, relying solely on the suspicions of health care professionals. This discretion allows doctors and hospital staff to perform tests based on their stereotyped assumptions about drug addicts.

Health care professionals are much more likely to report Black women’s drug use to government authorities than they are similar drug use by their wealthy white patients. A study recently reported in The New England Journal of Medicine demonstrated this racial bias in the reporting of maternal drug use. Researchers studied the results of toxicologic tests of pregnant women who received prenatal care in public health clinics and in private obstetrical offices in Pinellas County, Florida. Little difference existed in the prevalence of substance abuse by pregnant women along either racial or economic

63 See Note, supra note 51, at 753, 782 n. 157; Kolata, supra note 31, at A13, col. 3.
64 See Note, supra note 51, at 753.
66 See Note, supra note 51, at 753, 798–99.
67 See Note, supra note 51, at 753.
68 See Note, supra note 65, at 1205; Note, supra note 51, at 754 & n. 36; see also Faller & Ziefert, supra note 62, at 47 (noting that professionals are more likely to report child abuse by poor parents because of their disbelief in abuse by their own socioeconomic class).
69 See Note, supra note 51, at 754 & n. 36; Casnoff, Landress & Barrett, supra note 65, at 1205.
70 See Note, supra note 51, at 754 & n. 36; Casnoff, Landress & Barrett, supra note 65, at 1203. The researchers tested urine samples from 715 pregnant women who enrolled for prenatal care in the county during a one-month period. Three hundred eighty women at five public health clinics and 335 women at 12 private obstetrical offices were screened for alcohol, opiates, cocaine and its metabolites, and cannabinoids between January 1 and June 30, 1989.
lines,73 nor was there any significant difference between public clinics and private offices.74 Despite similar rates of substance abuse, however, Black women were ten times more likely than whites to be reported to public health authorities75 for substance abuse during pregnancy.76 Although several possible explanations can account for this disparate reporting,77 both public health facilities and private doctors are more inclined to turn in pregnant Black women who use drugs than pregnant white women who use drugs.78

It is also significant that, out of the universe of maternal conduct that can injure a fetus,79 prosecutors have focused on crack use. The selection of crack addiction for punishment can be justified neither by the number of addicts nor the extent of the harm to the fetus. Excessive alcohol consumption during pregnancy, for example, can cause severe fetal injury,80 and marijuana use may also adversely affect the

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73 See id. at 1204. The rate of positive results on toxicologic testing for white women (15.4%) was slightly higher than that for Black women (14.1%). See id. at 1204 (table 2).
74 "The frequency of a positive result was 16.3% for women seen at the public clinics and 13.1% for women seen at the private offices." Id. at 1203 (table 1).
75 In March 1987, the Florida Department of Health and Rehabilitative Services adopted a policy requiring hospitals to report to local health departments evidence of drug and alcohol use during pregnancy. See id. at 1202-03.
76 See id. at 1204.
77 The authors of the Pinellas County study suggest several reasons for the discrepancy in reporting. Physicians may have been prompted to test Black women and their infants more frequently because the infants displayed more severe symptoms or because Black women intoxicated from smoking crack are more readily identified than white women intoxicated from smoking marijuana. See id. at 1205. Additionally, the disproportionate reporting of Black women may result from socioeconomic factors and the mistaken preconception that substance abuse during pregnancy is predominantly an inner-city, minority group problem. See id. at 1206.
78 The second explanation does not negate the racist nature of the rate of reporting and subsequent prosecution of women who use drugs during pregnancy, however. Even if physicians do not consciously decide to report Black women rather than white women, their testing and reporting practices unjustifiably discriminate against Black women and thus demonstrate their unconscious racism. See Lawrence, The Id, the Ego, and Equal Protection: Reckoning with Unconscious Racism, 39 STAN. L. REV. 316, 328-44 (1987).
79 The striking degree of difference between the reporting rate of drug use by Black women and that of white women and the similarity in their rates of substance abuse strongly suggests that racial prejudice and stereotyping must be a factor.
80 Numerous maternal activities are potentially harmful to the developing fetus, including drinking alcohol, taking prescription and nonprescription drugs, smoking cigarettes, failing to eat properly, and residing at high altitudes for prolonged periods. See, e.g., INSTITUTE OF MED., PREVENTING LOW BIRTHWEIGHT 65-72 (1985); Berkowitz, Holford & Berkowitz, Effects of Cigarette Smoking, Alcohol, Coffee and Tea Consumption on Preterm Delivery, 7 EARLY HUM. DEV. 239 (1982); Note, Parental Liability for Prenatal Injury, 14 COLUM. J.L. & SOC. PROBS. 47, 73-75 (1978). Conduct by people other than the pregnant woman can also threaten the health of the fetus. A pregnant woman's exposure to secondary cigarette smoke, sexually transmitted and other infectious diseases, environmental hazards such as radiation and lead, and physical abuse can harm the fetus. See CHILDREN'S DEFENSE FUND, THE HEALTH OF AMERICA'S CHILDREN 35-37 (1989); Note, supra note 8, at 606-07.
80 Infants born to mothers who drink heavily during pregnancy may suffer from fetal alcohol
unborn. The incidence of both these types of substance abuse is high as well. In addition, prosecutors do not always base their claims on actual harm to the child, but on the mere delivery of crack by the mother. Although different forms of substance abuse prevail among pregnant women of various socioeconomic levels and racial and ethnic backgrounds, inner-city Black communities have the highest concentrations of crack addicts. Therefore, selecting crack abuse as the primary fetal harm to be punished has a discriminatory impact that cannot be medically justified.

Focusing on Black crack addicts rather than on other perpetrators of fetal harms serves two broader social purposes. First, prosecution of these pregnant women serves to degrade women whom society syndrome, characterized by physical malformations, small head and body size, poor mental capabilities, and abnormal behavior patterns, including mental retardation. See Clarren & Smith, The Fetal Alcohol Syndrome, 298 NEw ENG. J. MED. 1063 (1978); Ouellette, Rossetti, Rosman & Weiner, Adverse Effects on Offspring of Maternal Alcohol Abuse During Pregnancy, 297 New Eng. J. Med. 528 (1977). Some experts believe that prenatal alcohol exposure is the most common known cause of mental retardation in this country. See Rosenthal, When a Pregnant Woman Drinks, N.Y. Times, Feb. 4, 1990, § 6 (Magazine), at 30.

Marijuana use during pregnancy has been associated with impaired fetal development and reduced gestational length. See, e.g., Fried, Watkinson & Willan, Marijuana Use During Pregnancy and Decreased Length of Gestation, 150 AM. J. OBSTETRICS & GYN. 23 (1984); Zuckerman, Frank, Hingson, Amaro, Levenson, Kayne, Parker, Vinci, Aboagye, Fried, Cabrall, Timperli & Bauchner, Effects of Maternal Marijuana and Cocaine Use on Fetal Growth, 290 NEw ENG. J. MED. 762 (1989) [hereinafter Effects of Maternal Marijuana].

Approximately 6000 to 8000 newborns each year suffer from fetal alcohol syndrome. See Nolan, supra note 33, at 15. An additional 35,000 infants experience less severe effects of maternal drinking. See Doctors Criticized on Fetal Problem, N.Y. Times, Dec. 11, 1990, at B10, col. 6. A study of 2200 women who gave birth at the University of Washington Hospital in Seattle from March 1989 to March 1990 and who used drugs during or immediately before pregnancy revealed that 20% smoked marijuana, 16% used cocaine, and 9% used either heroin, methadone, or amphetamines. See Blakeslee, Parents Fight for a Future for Infants Born to Drug Users, N.Y. Times, May 19, 1990, at A1, col. 3; see also Effects of Maternal Marijuana, supra note 81, at 762 (noting that in 1985, 31% of American women in their late teens and early twenties reported using marijuana within the past year).

See State Case Summary, supra note 3; infra note 56.

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views as undeserving to be mothers and to discourage them from
having children. If prosecutors had instead chosen to prosecute affluent women addicted to alcohol or prescription medication, the policy
of criminalizing prenatal conduct very likely would have suffered a
hasty demise. Society is much more willing to condone the punish-
ment of poor women of color who fail to meet the middle-class ideal
of motherhood.

In addition to legitimizing fetal rights enforcement, the prosecution
of crack-addicted mothers diverts public attention from social ills such
as poverty, racism, and a misguided national health policy and implies
instead that shamefully high Black infant death rates are caused by
the bad acts of individual mothers. Poor Black mothers thus become
the scapegoats for the causes of the Black community’s ill health.
Punishing them assuages any guilt the nation might feel at the plight
of an underclass with infant mortality at rates higher than those in
some less developed countries. Making criminals of Black mothers
apparently helps to relieve the nation of the burden of creating a
health care system that ensures healthy babies for all its citizens.

For a variety of reasons, then, an informed appraisal of the com-
peting interests involved in the prosecutions must take account of the
race of the women affected. Part III examines a significant aspect of
Black women’s experience that underlies the punishment of crack-
addicted mothers.

III. THE DEVALUATION OF BLACK MOTHERHOOD

The systematic, institutionalized denial of reproductive freedom
has uniquely marked Black women’s history in America. An impor-
tant part of this denial has been the devaluation of Black women as
mothers. A popular mythology that degrades Black women and
portrays them as less deserving of motherhood reinforces this subordi-

87 In 1987, the mortality rate for Black infants was 17.9 deaths per 1000, compared to a
rate of 8.6 deaths per 1000 for white infants. See U.S. Dept of Commerce, Bureau of

88 In 1988, the Black infant mortality rate (18 deaths per 1000 live births) was higher
than the infant mortality rate in Bulgaria, Costa Rica, Cuba, and Singapore. See Children’s
has an even greater chance of dying before reaching his first birthday. See id. at 23 (table
1.10).

89 Descriptions of the degeneracy and disintegration of the Black family have played a similar
role in explaining poverty, crime, and unemployment in the Black community. The self-
destructiveness of Blacks is often blamed for their predicament rather than racism. See Gres-
how the Moynihan Report on the Black family and the CBS Special Report, The Vanishing
Black Family—Crisis in Black America, made the Black family the scapegoat for the condition
of Black America).
nation. This mythology is one aspect of a complex set of images that deny Black humanity in order to rationalize the oppression of Blacks.90

In this Part, I will discuss three manifestations of the devaluation of Black motherhood: the original exploitation of Black women during slavery, the more contemporary, disproportionate removal of Black children from their mothers’ custody, and sterilization abuse. Throughout this Part, I will also show how several popular images denigrating Black mothers — the licentious Jezebel, the careless, incompetent mother, the domineering matriarch, and the lazy welfare mother — have reinforced and legitimated their devaluation.

A. The Slavery Experience

The essence of Black women’s experience during slavery was the brutal denial of autonomy over reproduction. Female slaves were commercially valuable to their masters not only for their labor, but also for their capacity to produce more slaves.91 Henry Louis Gates, Jr., writing about the autobiography of a slave named Harriet A. Jacobs, observes that it “charts in vivid detail precisely how the shape of her life and the choices she makes are defined by her reduction to a sexual object, an object to be raped, bred or abused.”92 Black women’s childbearing during slavery was thus largely a product of oppression rather than an expression of self-definition and personhood.

90 See, e.g., id. at 120 (describing the dominant society’s resistance to the concept of Black people as “vulnerable human beings”). For a discussion of the hegemonic function of racist ideology, see Crenshaw, supra note 14, at 1370-81 (1988). See generally G. Fredrickson, THE BLACK IMAGE IN THE WHITE MIND 256-82 (1971) (discussing the propagation of theories of Black inferiority and degeneracy at the turn of the century); J. Williamson, The Crucible of Race: Black-White Relations in the American South since Emancipation 111-51 (1984) (discussing the prevalence of theories near the turn of the century that Blacks, freed from slavery, were returning to their “natural state of bestiality”).


White masters controlled their slaves’ reproductive capacity by rewarding pregnancy with relief from work in the field and additions of clothing and food, punishing slave women who did not give birth, manipulating slave marital choices, forcing them to breed, and raping them. See J. Jones, supra, at 32-35; We Are Your Sisters: Black Women in the Nineteenth Century 24-25 (D. Sterling ed. 1981); Clinton, Caught in the Web of the Big House: Women and Slavery, in The Web of Southern Social Relations 19, 23-28 (W. Raser, R. Saunders & J. Wakelyn eds. 1985).

The method of whipping pregnant slaves that was used throughout the South vividly illustrates the slaveowners' dual interest in Black women as both workers and childbearers. Slaveowners forced women to lie face down in a depression in the ground while they were whipped. This procedure allowed the masters to protect the fetus while abusing the mother. It serves as a powerful metaphor for the evils of a fetal protection policy that denies the humanity of the mother. It is also a forceful symbol of the convergent oppressions inflicted on slave women: they were subjugated at once both as Blacks and as females.

From slavery on, Black women have fallen outside the scope of the American ideal of womanhood. Slave owners forced slave women to perform strenuous labor that contradicted the Victorian female roles prevalent in the dominant white society. Angela Davis has observed: “judged by the evolving nineteenth-century ideology of femininity, which emphasized women's roles as nurturing mothers and gentle companions and housekeepers for their husbands, Black women were practically anomalies.” Black women's historical deviation from traditional female roles has engendered a mythology that denies their womanhood.

One of the most prevalent images of slave women was the character of Jezebel, a woman governed by her sexual desires. As early as 1736, the South Carolina Gazette described “African Ladies” as women “of strong robust constitution” who were “not easily jaded out” but able to serve their lovers “by Night as well as Day.” This ideological construct of the licentious Jezebel legitimated white men's sexual abuse of Black women. The stereotype of Black women as sexually promiscuous helped to perpetuate their devaluation as mothers.

The myth of the “bad” Black woman was deliberately and systematically perpetuated after slavery ended. For example, historian

93 See J. JONES, supra note 91, at 20; Johnson, supra note 1, at 513.

Kimberlé Crenshaw describes how racist ideology reflects an “oppositional dynamic, premised upon maintaining Blacks as an excluded and subordinated ‘other.’” Crenshaw, supra note 14, at 1381. Under this pattern of oppositional categories, whites are associated with positive characteristics (industrious, intelligent, responsible); Blacks are associated with the opposite, aberrational qualities (lazy, ignorant, shiftless). See id. at 1370-71 & n.151.
95 A. DAVIS, supra note 91, at 7.
96 See D. WHITE, supra note 94, at 28-29
97 Id. at 30.
98 See E. FOX-GENOVESE, supra note 94, at 292; D. WHITE, supra note 94, at 61.
99 See BLACK WOMEN IN WHITE AMERICA 163-71 (G. Lerner ed. 1973); P. GIDDINGS, supra note 91, at 88-89; B. Hooks, supra note 17, at 55-60.
Philip A. Bruce's book, *The Plantation Negro as a Freeman*, published in 1889, strengthened popular views of both Black male and Black female degeneracy. Bruce traced the alleged propensity of the Black man to rape white women to the "wantonness of the women of his own race" and "the sexual laxness of plantation women as a class." This image of the sexually loose, impure Black woman that originated in slavery persists in modern American culture.

Black women during slavery were also systematically denied the rights of motherhood. Slave mothers had no legal claim to their children. Slave masters owned not only Black women, but also their children. They alienated slave women from their children by selling them to other slaveowners and by controlling childrearing. In 1851, Sojourner Truth reminded the audience at a women's rights convention that society denied Black women even the limited dignity of Victorian womanhood accorded white women of the time, including the right of mothering:

"Dat man ober dar say dat women needs to be helped into carriages, and lifted ober ditches, and to have de best place ev'ry whar. Nobody eber help me into carriages, or ober mud puddles, or gives me any best place... and ar'n't I a woman? Look at me! Look at my arm! I have plowed, and planted, and gathered into barns, and no man could head me — and ar'n't I a woman? I could work as much and eat as much as a man (when I could get it), and bear de lash as well — and ar'n't I a woman? I have borne thirteen chilern and seen em mos' all sold off into slavery, and when I cried out with a mother's grief, none but Jesus heard — and ar'n't I a woman?"

Black women struggled in many ways to resist the efforts of slave masters to control their reproductive lives. They used contraceptives and abortives, escaped from plantations, feigned illness, endured severe punishment, and fought back rather than submit to slave masters' sexual domination. Free Black women with the means to do so

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100 See Gresham, supra note 89, at 117.
103 See Allen, *Surrogacy, Slavery, and the Ownership of Life*, 13 HARV. J.L. & PUB. POL'Y 136, 140 n.9 (1990). Professor Allen tells the story of Polly, a woman wrongfully held in slavery, who successfully sued a white man in 1842 for the return of her daughter Lucy. Polly used slave law to prove unlawful possession. She argued that, because she was not in fact a slave at the time of Lucy's birth, she was the rightful owner of her daughter. See id. at 142-44.
104 See id. at 140 n.9; Burnham, *Children of the Slave Community in the United States*, 19 FREEDOMWAYS 75, 75-77 (1979).
105 O. GILBERT, NARRATIVE OF SOJOURNER TRUTH 133 (1878).
106 See P. GIDDINGS, supra note 91, at 46; WE ARE YOUR SISTERS, supra note 91, at 25-26, 58-61; D. WHITE, supra note 94, at 76-92.
purchased freedom for their daughters and sisters. Black women, along with Black men, succeeded remarkably often in maintaining the integrity of their family life despite slavery's disrupting effects.

B. The Disproportionate Removal of Black Children

The disproportionate number of Black mothers who lose custody of their children through the child welfare system is a contemporary manifestation of the devaluation of Black motherhood. This disparate impact of state intervention results in part from Black families' higher rate of reliance on government welfare. Because welfare families are subject to supervision by social workers, instances of perceived neglect are more likely to be reported to governmental

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107 See BLACK WOMEN IN WHITE AMERICA, supra note 99, at 40-42. This practice is poignantly described in the words of a former slave named Anna Julia Cooper in a speech given in 1893 to the Congress of Representative Women:

Yet all through the darkest period of the colored women's oppression in this country her yet unwritten history is full of heroic struggle, a struggle against fearful and overwhelming odds, that often ended in horrible death, to maintain and protect that which woman holds dearer than life. The painful, patient, and silent toil of mothers to gain a fee simple title to the bodies of their daughters, the despairing fight, as of an entrapped tigress, to keep hallowed their own persons, would furnish material for epics.


109 See Gray & Nybell, Issues in African-American Family Preservation, 69 CHILD WELFARE 513, 513 (1990) (noting that about half of the children in foster care are Black); Hogan & Sin, Minority Children and the Child Welfare System: An Historical Perspective, 33 SOC. WORK 493 (1988). Once Black children enter foster care, they remain there longer and receive less desirable placements than white children; they are also less likely than white children to be returned home or adopted. See B. MANDELL, WHERE ARE THE CHILDREN? A CLASS ANALYSIS OF FOSTER CARE AND ADOPTION 36 (1973); Gray & Nybell, supra, at 513-14; Steno, Differential Treatment of Minority Children in Service Systems, 27 SOC. WORK 39, 39-41 (1982). These realities have led some Blacks to deem foster care a system of legalized slavery. See B. MANDELL, supra, at 60. Malcolm X described the state's disruption of his own family in these terms:

Soon the state people were making plans to take over all of my mothers' children.

A Judge ... in Lansing had authority over me and all of my brothers and sisters. We were "state children," court wards; he had the full say-so over us. A white man in charge of a black man's children! Nothing but legal, modern slavery — however kindly intentioned.

I truly believe that if ever a state social agency destroyed a family, it destroyed ours.


110 See Wald, supra note 53, at 629 n.32.
authorities than neglect on the part of more affluent parents.\textsuperscript{111} Black children are also removed from their homes in part because of the child welfare system's cultural bias and application of the nuclear family pattern to Black families.\textsuperscript{112} Black childrearing patterns that diverge from the norm of the nuclear family have been misinterpreted by government bureaucrats as child neglect.\textsuperscript{113} For example, child welfare workers have often failed to respect the longstanding cultural tradition in the Black community of shared parenting responsibility among blood-related and non-blood kin.\textsuperscript{114} The state has thus been more willing to intrude upon the autonomy of poor Black families, and in particular of Black mothers, while protecting the integrity of white, middle-class homes.\textsuperscript{115}

This devaluation of Black motherhood has been reinforced by stereotypes that blame Black mothers for the problems of the Black family. This scapegoating of Black mothers dates back to slavery, when mothers were blamed for the devastating effects on their children of poverty and abuse of Black women. When a one-month-old slave girl named Harriet died in the Abbeville District of South Carolina on December 9, 1849, the census marshal reported the cause of death as "[s]mothered by carelessness of [her] mother."\textsuperscript{116} This report was typical of the United States census mortality schedules for the southern states in its attribution of a Black infant death to accidental suffocation by the mother.\textsuperscript{117} Census marshal Charles M. Pelot explained: "I wish it to be distinctly understood that nearly all the accidents occur in the negro population, which goes clearly to prove their great carelessness & total inability to take care of themselves."\textsuperscript{118} It now appears that the true cause of these suffocation deaths was Sudden Infant Death Syndrome.\textsuperscript{119} Black children died at a dramat-
ically higher rate because of the hard physical work, poor nutrition, and abuse that their slave mothers endured during pregnancy.\textsuperscript{120}

The scapegoating of Black mothers has manifested itself more recently in the myth of the Black matriarch, the domineering female head of the Black family. White sociologists have held Black matriarchs responsible for the disintegration of the Black family and the consequent failure of Black people to achieve success in America.\textsuperscript{121} Daniel Patrick Moynihan popularized this theory in his 1965 report, \textit{The Negro Family: The Case for National Action}.\textsuperscript{122} According to Moynihan:

At the heart of the deterioration of the fabric of the Negro society is the deterioration of the Negro family. It is the fundamental cause of the weakness of the Negro community . . . . In essence, the Negro community has been forced into a matriarchal structure which, because it is so out of line with the rest of the American society, seriously retards the progress of the group as a whole.\textsuperscript{123}

Thus, Moynihan attributed the cause of Black people's inability to overcome the effects of racism largely to the dominance of Black mothers.

\section*{C. The Sterilization of Women of Color}

Coerced sterilization is one of the most extreme forms of control over a woman's reproductive life. By permanently denying her the right to bear children, sterilization enforces society's determination that a woman does not deserve to be a mother. Unlike white women, poor women of color have been subjected to sterilization abuse\textsuperscript{124} for decades.\textsuperscript{125} The disproportionate sterilization of Black women is yet

\textsuperscript{120} \textit{See} Johnson, \textit{ supra} note 1, at 508-20.

\textsuperscript{121} \textit{See} P. Giddings, \textit{ supra} note 93, at 325-35; B. Hooks, \textit{ supra} note 17, at 70-83; R. Staples, \textit{The Black Woman in America} (1976); Bennett \& Gresham, \textit{ supra} note 89, at 117-18.


\textsuperscript{123} \textit{Id.} at 5.

\textsuperscript{124} "Sterilization abuse occurs whenever the sterilization procedure is performed under conditions that . . . . pressure an individual into agreeing to be sterilized, or obscure the risks, consequences, and alternatives associated with sterilization." Peckesky, \textit{Reproduction, Ethics, and Public Policy: The Federal Sterilization Regulations}, 9 Hastings Center Rep. 29, 32 (1979); \textit{see also} Note, \textit{Sterilization Abuse: Current State of the Law and Remedies for Abuse}, 10 Golden Gate U.L. Rev. 1147, 1152-53 (1980) (listing many common situations of sterilization abuse).

\textsuperscript{125} \textit{See} A. Davis, \textit{ supra} note 91, at 215-24; Nsiah-Jefferson, \textit{Reproductive Laws: Women of Color, and Low-Income Women}, in \textit{Reproductive Laws for the 1990s}, at 49-47 (S. Cohen \& N. Taub eds. 1988). One study found that 45% of women sterilized in 1973 under a federally funded program were Black, although only 33% of the patients were Black. \textit{See} Note, \textit{ supra} note 124, at 1153 n.30. Spanish-speaking women are twice as likely to be sterilized as those
Sterilization abuse has taken the form both of blatant coercion and trickery and of subtle influences on women's decisions to be sterilized. In the 1970s, some doctors conditioned delivering babies and performing abortions on Black women's consent to sterilization. In a 1974 case brought by poor teenage Black women in Alabama, a federal district court found that an estimated 100,000 to 150,000 poor women were sterilized annually under federally-funded programs. Some of these women were coerced into agreeing to sterilization under the threat that their welfare benefits would be withdrawn unless they submitted to the operation. Despite federal and state regulations intended to prevent involuntary sterilization, physicians and other health care providers continue to urge women of color to consent to sterilization because they view these women's family sizes as excessive and believe these women are incapable of effectively using other methods of birth control.

Current government funding policy perpetuates the encouragement of sterilization of poor, and thus of mainly Black, women. The federal government pays for sterilization services under the Medicaid program, while it often does not make available information about who speaks English. See Levin & Taub, Reproductive Rights, in Women and the Law § 10A.07[3][b], at 10A-28 (C. Lefcourt ed. 1989). The racial disparity in sterilization cuts across economic and educational lines, although the frequency of sterilization is generally higher among the poor and uneducated. Another study found that 9.7% of college-educated Black women had been sterilized, compared to 5.6% of college-educated white women. Among women without a high school diploma, 31.6% of Black women and 14.5% of white women had been sterilized. See id.

In contrast to the encouragement of minority sterilization, our society views childbearing by white women as desirable. Ruth Colker tells the story of a classmate of hers in law school who decided to be sterilized. The university physician refused to allow her to undergo the procedure unless she agreed to attend several sessions with a psychiatrist, presumably to dissuade her from her decision. See Colker, Feminism, Theology, and Abortion: Toward Love, Compassion, and Wisdom, 77 Calif. L. Rev. 1007, 1057 n.196 (1989). Colker recognizes that the "physician's actions reflect the dominant social message — that a healthy (white) woman should be a mother." Id.
and access to other contraceptive techniques and abortion. In effect, sterilization is the only publicly-funded birth control method readily available to poor women of color.

Popular images of the undeserving Black mother legitimate government policy as well as the practices of health care providers. The myth of the Black Jezebel has been supplemented by the contemporary image of the lazy welfare mother who breeds children at the expense of taxpayers in order to increase the amount of her welfare check. This view of Black motherhood provides the rationale for society’s restrictions on Black female fertility. It is this image of the undeserving Black mother that also ultimately underlies the government’s choice to punish crack-addicted women.

132 See Nsiah-Jefferson, supra note 125, at 45–46; Petchesky, supra note 124, at 39; Note, supra note 114, at 1154.

133 See Harrington, Introduction to S. Sheehan, A Welfare Mother at x–xi (1976); Milwaukee County Welfare Rights Org., Welfare Mothers Speak Out 72–92 (1972). In a chapter entitled “Welfare Mythology,” the Milwaukee County Welfare Rights Organization portrays a common image of welfare mothers: You give those lazy, shiftless good-for-nothings an inch and they’ll take a mile. You have to make it tougher on them. They’re getting away with murder now. You have to catch all those cheaters and put them to work or put them in jail. Get them off the welfare rolls. I’m tired of those niggers coming to our state to get on welfare. I’m tired of paying their bills just so they can sit around home having babies, watching their color televisions, and driving Cadillacs.

Id. at 72. Writers in the 1980s claimed that welfare induces poor Black women to have babies. See, e.g., C. Murray, Losing Ground 134–66 (1984). Other researchers have refuted this claim. See, e.g., Darity & Myers, Does Welfare Dependency Cause Female Heads? The Case of the Black Family, 46 J. Marriage & Fam. 765, 773 (1984) (concluding that “[t]he attractiveness of welfare and welfare dependency exhibit no effects on black female family heads”).

134 This thinking was reflected in a recent newspaper editorial suggesting that Black women on welfare should be given incentives to use Norplant, a new contraceptive. See Poverty and Norplant: Can Contraception Reduce the Underclass?, Phila. Inquirer, Dec. 12, 1990, at A18, col. 1; see also Lewin, Implant Birth Control Device Renews Debate Over Forced Contraception, N.Y. Times, Jan. 10, 1991, at A20 col. 1 (reviewing the debate on forced use of Norplant). The condemnation of single mothers can also be seen as penalizing poor Black women for departing from white middle-class norms of motherhood. Cf. Chambers v. Omaha Girls Club, 834 F.2d 897 (8th Cir. 1987) (affirming dismissal of title VII action brought by an unmarried Black staff member of a private girls’ club who was fired because she became pregnant). Regina Austin suggests that “young, single, sexually active, fertile, and nurturing black women are being viewed ominously because they have the temerity to attempt to break out of the rigid economic, social, and political categories that a racist, sexist, and class-stratified society would impose upon them.” Austin, supra note 14, at 555.
IV. PROSECUTING DRUG ADDICTS AS PUNISHMENT FOR HAVING BABIES

Informed by the historical and present devaluation of Black motherhood, we can better understand prosecutors' reasons for punishing drug-addicted mothers. This Article views such prosecutions as punishing these women, in essence, for having babies; judges such as the one who convicted Jennifer Johnson are pronouncing not so much "I care about your baby" as "You don't deserve to be a mother."

It is important to recognize at the outset that the prosecutions are based in part on a woman's pregnancy and not on her illegal drug use alone.\(^{135}\) Prosecutors charge these defendants not with drug use, but with child abuse or drug distribution — crimes that relate to their pregnancy. Moreover, pregnant women receive harsher sentences than drug-addicted men or women who are not pregnant.\(^{136}\)

The unlawful nature of drug use must not be allowed to confuse the basis of the crimes at issue. The legal rationale underlying the prosecutions does not depend on the illegality of drug use. Harm to the fetus is the crux of the government's legal theory. Criminal charges have been brought against women for conduct that is legal but was alleged to have harmed the fetus.\(^{137}\)

When a drug-addicted woman becomes pregnant, she has only one realistic avenue to escape criminal charges: abortion.\(^{138}\) Thus, she is penalized for choosing to have the baby rather than having an abortion. In this way, the state's punitive action may coerce women to have abortions rather than risk being charged with a crime. Thus, it is the choice of carrying a pregnancy to term that is being penalized.\(^{139}\)

\(^{135}\) At Jennifer Johnson's sentencing, the prosecutor made clear the nature of the charges against her: "About the end of December 1988, our office undertook a policy to begin to deal with mothers like Jennifer Johnson . . . as in the status of a child abuse case, Your Honor. . . . We have never viewed this as a drug case." Motion for Rehearing and Sentencing at 12, State v. Johnson, No. E89-890-CFA (Fla. Cir. Ct. Aug. 25, 1989) (emphasis added).

\(^{136}\) The drug user's pregnancy not only greatly increases the likelihood that she will be prosecuted, but also greatly enhances the penalty she faces upon conviction. In most states, drug use is a misdemeanor, while distribution of drugs is a felony. See Hoffman, supra note 5, at 48.

\(^{137}\) Pamela Rae Stewart, for example, was charged with criminal neglect in part because she failed to follow her doctor's orders to stay off her feet and refrain from sexual intercourse while she was pregnant. See People v. Stewart, No. M58197, slip op. at 4 (Cal. Mun. Ct. Feb. 26, 1987); Bonavoglia, The Ordeal of Pamela Rae Stewart, Ms., Jul./Aug. 1987, at 92, 92.

\(^{138}\) Seeking drug treatment is not a viable alternative. First, it is likely that the pregnant addict will be unable to find a drug treatment program that will accept her. See infra notes 151-153 and accompanying text. Second, even if she successfully completes drug counseling by the end of her pregnancy, she may still be prosecuted for her drug use that occurred during pregnancy before she was able to overcome her addiction.

\(^{139}\) I recognize that both becoming pregnant and continuing a pregnancy to term are not
There is also good reason to question the government's justification for the prosecutions — the concern for the welfare of potential children. I have already discussed the selectivity of the prosecutions with respect to poor Black women. This focus on the conduct of one group of women weakens the state's rationale for the prosecutions. The history of overwhelming state neglect of Black children casts further doubt on its professed concern for the welfare of the fetus. When a society has always closed its eyes to the inadequacy of prenatal care available to poor Black women, its current expression of interest in the health of unborn Black children must be viewed with suspicion. The most telling evidence of the state's disregard of Black children is the high rate of infant death in the Black community. In 1987, the mortality rate for Black infants in the United States was 17.9 deaths per thousand births — more than twice that for white infants (8.6). In New York City, while infant mortality rates in upper- and middle-income areas were generally less than nine per thousand in 1986, the rates exceeded nineteen in the poor Black communities of the South Bronx and Bedford-Stuyvesant and reached 27.6 in Central Harlem.

The main reason for these high mortality rates is inadequate prenatal care. Most poor Black women face financial and other bar-

necessarily real "choices" that women — particularly women of color and addicted women — make. Rape, battery, lack of available contraceptives, and prostitution induced by drug addiction may lead a woman to become pregnant without exercising meaningful choice. Similarly, coercion from the father or her family, lack of money to pay for an abortion, or other barriers to access to an abortion may force a woman to continue an unwanted pregnancy. See infra note 221.

Nevertheless, these constraints on a woman's choice do not justify the government's punishment of the reproductive course that she ultimately follows. While we work to create the conditions for meaningful reproductive choice, it is important to affirm women's right to be free from unwanted state intrusion in their reproductive decisions.

140 See supra pp. 1432-36.

141 See U.S. DEPT OF COMMERCE, BUREAU OF THE CENSUS, STATISTICAL ABSTRACT OF THE UNITED STATES 77 (table 119) (1990). This means that in 1987, Black children were 2.08 times more likely than white children to die before reaching one year of age. This is the largest gap between Black and white infant mortality rates since 1940, when infant mortality data were first reported by race. See CHILDREN'S DEFENSE FUND, supra note 79, at 3.


riers to receiving proper care during pregnancy. In 1986, only half of all pregnant Black women in America received adequate prenatal care. It appears that in the 1980s Black women's access to prenatal care has actually declined. The government has chosen to punish poor Black women rather than provide the means for them to have healthy children.

One of the most significant obstacles to receiving prenatal care is the inability to pay for health care services. See Children's Defense Fund, supra note 79, at 43-48; McNulty, supra note 8, at 295-97. Most poor women depend on overextended public hospitals for prenatal care because of the scarcity of neighborhood physicians who accept Medicaid. See id. Institutional, cultural, and educational barriers also deter poor women of color from using the few available services. See generally F. Caro, D. Kal Muss & I. Lopez, supra note 142 (discussing institutional and cultural barriers to prenatal care among low-income women in New York City); Curry, Nonfinancial Barriers to Prenatal Care, 13 Women & Health 85-87 (1989) (discussing accessibility problems to needed health care sites); Zambrana, A Research Agenda on Issues Affecting Poor and Minority Women: A Model for Understanding Their Health Needs, 14 Women & Health 137, 148-50 (1988) (discussing cultural barriers to prenatal care). A Haitian woman's explanation of why she discontinued prenatal care illustrates these obstacles to the use of public health facilities:

My friend say go to doctor and get checked . . . My friend be on the phone much time before they make appointment. They no have space for 30 days.

When I go to hospital, it confusing . . . I go early, and see doctor late in the afternoon . . . I wait on many long lines and take lots of tests. I no understand why so many test every time. No one explain nothing. No one talk my language. I be tired, feel sick from hospital. I go three times, but no more. Too much trouble for nothing.

F. Caro, D. Kal Muss & I. Lopez, supra note 142, at 75-76.


The number of Black infant deaths could be reduced significantly by a national commitment to ensuring that all pregnant women receive high-quality prenatal care. See generally Leu, Legislative Research Bureau Report: A Proposal to Strengthen State Measures for the Reduction of Infant Mortality, 23 Harv. J. Legis. 559 (1986) (proposing methods for delivering prenatal care services to poor women). A recently revealed confidential draft of a report by the White House Task Force on Infant Mortality recommends 18 specific measures costing a total of $480 million per year to reduce infant mortality. “The steps include expansion of Medicaid to cover 120,000 additional pregnant women and children in low-income families, an increase in Federal spending on prenatal care and a requirement for states to provide a uniform set of Medicaid benefits to pregnant women.” Pear, Study Says U.S. Needs to Attack Infant Mortality, N.Y. Times, Aug. 6, 1990, at B6, col. 3. Programs specifically designed to provide prenatal care to low-income, high-risk women have succeeded in substantially reducing the rates of low birthweight and high infant mortality. See F. Caro, D. Kal Muss & I. Lopez, supra note 142, at 3-5. For discussions of recommendations of measures to increase the use of prenatal care by poor women, see id. at 85-91; and Poland, Ager & Olson, supra note 45, at 303.
The cruelty of this punitive response is heightened by the lack of available drug treatment services for pregnant drug addicts.\textsuperscript{147} Protecting the welfare of drug addicts' children requires, among other things, adequate facilities for the mother's drug treatment. Yet a drug addict's pregnancy serves as an obstacle to obtaining this treatment. Treatment centers either refuse to treat pregnant women or are effectively closed to them because the centers are ill-equipped to meet the needs of pregnant addicts.\textsuperscript{148} Most hospitals and programs that treat addiction exclude pregnant women because their babies are more likely to be born with health problems requiring expensive care.\textsuperscript{149} Program directors also feel that treating pregnant addicts is worth neither the increased cost nor the risk of tort liability.\textsuperscript{150}

Moreover, there are several barriers to pregnant women who seek to use centers that will accept them. Drug treatment programs are generally based on male-oriented models that are not geared to the needs of women.\textsuperscript{151} The lack of accommodations for children is perhaps the most significant obstacle to treatment. Most outpatient clinics do not provide child care, and many residential treatment programs do not admit children.\textsuperscript{152} Furthermore, treatment programs have

\textsuperscript{147} See Chavkin, Drug Addiction and Pregnancy: Policy Crossroads, 80 AM. J. PUB. HEALTH 483, 485 (1990); McNulty, supra note 8, at 301–02. A 1979 national survey by the National Institute on Drug Abuse found only 25 drug treatment programs that described themselves as specifically geared to female addicts. See Chavkin, supra, at 483. The lack of facilities for pregnant addicts in two cities illustrates the problem. A recent survey of 78 drug treatment programs in New York City revealed that 54\% denied treatment to pregnant women, 67\% refused to treat pregnant addicts on Medicaid, and 87\% excluded pregnant women on Medicaid addicted specifically to crack. Less than half of those programs that did accept pregnant addicts provided prenatal care, and only two provided child care. See Chavkin, Help, Don't Jail, Addicted Mothers, N.Y. Times, July 18, 1989, at A21, col. 2. Similarly, drug-addicted mothers in San Diego must wait up to six months to obtain one of just 26 places in residential treatment programs that allow them to live with their children. See Schachter, Help Is Hard to Find for Addict Mothers: Drug Use “Epidemic” Overwhelms Services, L.A. Times, Dec. 12, 1989, pt. 2, at 1, col. 1; Substance Abuse Treatment for Women: Crisis in Access, Health Advoc., Spring 1989, at 9, col. 1. Furthermore, because Medicaid covers only 17 days of a typical 28-day program, poor women may not be able to afford full treatment even at centers that will accept them. See Hoffman, supra note 5, at 44.


\textsuperscript{149} See McNulty, supra note 8, at 301; Teltsch, supra note 30, at A14, col. 1.


\textsuperscript{151} See Cuskey, Berger & Densen-Gerber, supra note 148, at 312–14; Alters, supra note 30, at 1, col. 1.

\textsuperscript{152} See McNulty, supra note 150, at 32; Substance Abuse Treatment for Women: Crisis in Access, supra note 147, at 9.
traditionally failed to provide the comprehensive services that women need, including prenatal and gynecologic care, contraceptive counseling, appropriate job training, and counseling for sexual and physical abuse. Predominantly male staffs and clients are often hostile to female clients and employ a confrontational style of therapy that makes many women uncomfortable. Moreover, long waiting lists make treatment useless for women who need help during the limited duration of their pregnancies.

Finally, and perhaps most importantly, ample evidence reveals that prosecuting addicted mothers may not achieve the government's asserted goal of healthier pregnancies; indeed, such prosecutions will probably lead to the opposite result. Pregnant addicts who seek help from public hospitals and clinics are the ones most often reported to government authorities. The threat of prosecution based on this reporting forces women to remain anonymous and thus has the perverse effect of deterring pregnant drug addicts from seeking treatment. For this reason, the government's decision to punish drug-addicted mothers is irreconcilable with the goal of helping them.

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155 The experience of one Black pregnant drug addict, whom I will call Mary, exemplifies the barriers to care. Mary needed to find a residential drug treatment program that provided prenatal care and accommodations for her two children, ages three and eight. She tried to get into H.U.G.S. (Hope, Unity, and Growth), the sole residential treatment program for women with children in Detroit, but there was no vacancy. Mary's only source of public prenatal care was Eleanor Hutzel Hospital, which has a clinic for high-risk pregnancies. She was also able to receive drug counseling on an outpatient basis from the adjacent Eleanor Hutzel Recovery Center. But Mary encountered an eight-week waiting list at the hospital, and inadequate public transportation made it extremely difficult for her to get there. In the end, she received deficient care for both her addiction and her pregnancy. Telephone Interview with Adrienne Edmonson-Smith, Advocate with the Maternal-Child Health Advocacy Project, Wayne State University (July 25, 1990).


The government learned of Jennifer Johnson's crack addiction only because she confided her addiction to the obstetrician who delivered her baby at a public hospital. Her trust in her doctor prompted the hospital to test Johnson and her baby for drugs. See Brief of American Public Health Association and Other Concerned Organizations as Amici Curiae in Support of Appellant at 2, Johnson v. State, No. 89-1765 (Fla. Dist. Ct. App. Dec. 28, 1989). Moreover, the state's entire proof of Johnson's criminal intent was based on the theory that Johnson's attempts to get help for her addiction showed that she knew that her cocaine use harmed the fetus. The key evidence against her was that, a month before her daughter's birth, Johnson had summoned an ambulance after a crack binge because she was worried about its effect on her unborn child. See Trial Transcript, supra note 4, at 144.

157 See American Medical Association, Report of the Board of Trustees on Legal Interventions During Pregnancy: Court Ordered Medical Treatments and Legal Penalties for Potentially Harmful Drug Use by Pregnant Mothers (1993).
Pregnancy may be a time when women are most motivated to seek treatment for drug addiction and make positive lifestyle changes. The government should capitalize on this opportunity by encouraging drug-addicted women to seek help and providing them with comprehensive treatment. Punishing pregnant women who use drugs only exacerbates the causes of addiction — poverty, lack of self-esteem, and hopelessness. Perversely, this makes it more likely that poor Black women's children — the asserted beneficiaries of the prosecutions — will suffer from the same hardships.

V. PUNISHING BLACK MOTHERS AND THE PERPETUATION OF RACIAL HIERARCHY

The previous Part showed how recent prosecutions have penalized Black women for their reproductive choices based in part on society's devaluation of Black motherhood. This analysis implicates two constitutional protections: the equal protection clause of the Fourteenth Amendment and the right of privacy. These two constitutional challenges appeal to different but related values. They are related in the sense that underlying the protection of the individual's autonomy is the principle that all individuals are entitled to equal dignity. A basic premise of equality doctrine is that certain fundamental aspects of the human personality, including decisional autonomy, must be respected in all persons. Theories of racial equality and privacy can be used as related means to achieve a common end of eliminating

See Escamilla-Mondanaro, Women: Pregnancy, Children and Addiction, 9 J. Psychodelic Drugs 59, 59–60 (1977); see also Zuckerman, Amaro, Bauchner & Cabral, Depressive Symptoms During Pregnancy: Relationship to Poor Health Behaviors, 166 AM. J. OBSTETRICS & GYN. 1107, 1109 (1989) (stating that poor health behavior in pregnancy correlates with such characteristics as “being single, older, unemployed, and having a lower income”).


the legacy of racial discrimination that has devalued Black motherhood. Both aim to create a society in which Black women’s reproductive choices, including the decision to bear children, are given full respect and protection.

The equal protection clause\textsuperscript{163} embodies the Constitution’s ideal of racial equality. State action that violates this ideal by creating classifications based on race must be subjected to strict judicial scrutiny.\textsuperscript{164} The equal protection clause, however, does not explicitly define the meaning of equality or delineate the nature of prohibited government conduct. As a result, equal protection analyses generally have divided into two visions of equality: one that is informed by an antidiscrimination principle, the other by an antisubordination principle.\textsuperscript{165}

The antidiscrimination approach identifies the primary threat to equality as the government’s “failure to treat Black people as individuals without regard to race.”\textsuperscript{166} The goal of the antidiscrimination principle is to ensure that all members of society are treated in a color-blind or race-neutral fashion. Under this view of equality, the function of the equal protection clause is to outlaw specific acts committed by individual government officials that discriminate against individual Black complainants because of their race. Thus, this approach judges the legitimacy of government action from the perpetrator’s perspective.\textsuperscript{167} The analysis focuses on the process by which government decisions are made and seeks to purge racial classifications from that process.

The Supreme Court’s current understanding of the equal protection clause is based on a narrow interpretation of the antidiscrimination principle.\textsuperscript{168} The Court has confined discrimination prohibited by the

\textsuperscript{163} The fourteenth amendment provides, in relevant part, that “[n]o State shall make or enforce any law which shall . . . deny to any person within its jurisdiction the equal protection of the laws.” U.S. CONST. amend. XIV, § 1.


\textsuperscript{165} These competing views of equal protection law have been variously characterized by commentators. See, e.g., L. Tribe, supra note 164, § 16-21, at 1514-21 (describing the “anti-discrimination” and “antisubjugation” principles); Brest, The Supreme Court, 1975 Term — Foreword: In Defense of the Antidiscrimination Principle, 90 HARV. L. REV. 1, 5 (1976) (advocating the antidiscrimination principle as a theory of racial justice); Colker, Anti-Subordination Above All: Sex, Race, and Equal Protection, 61 N.Y.U. L. REV. 1003, 1005-13 (1986) (comparing the “anti-differentiation” principle with the “anti-subordination” approach).


\textsuperscript{168} See Strauss, Discriminatory Intent and the Taming of Brown, 56 U. CHI. L. REV. 935,
Constitution to state conduct performed with a discriminatory intent.169 State conduct that disproportionately affects Blacks violates the Constitution only if it is accompanied by a purposeful desire to produce this outcome.170 Although recognized violations are not limited to explicit racial classifications, an invidious purpose cannot be inferred solely from the adverse consequences of racially neutral policies.171 A Black complainant, therefore, need not produce a law that expressly differentiates between whites and Blacks; but neither can she simply demonstrate that a color-blind law has a clearly disproportionate impact on Blacks. As one commentator has noted, "the Justices have demanded proof... that officials were 'out to get' a person or group on account of race."172 Black women prosecuted for drug use during pregnancy nevertheless may be able to make out a prima facie case of discriminatory purpose.173 The Court has recognized that a selection process characterized by broad government discretion that produces unexplained racial disparities may support the presumption of discriminatory purpose.174 In Castaneda v.
Partida,175 for example, the Court held that the defendant demonstrated a prima facie case of intentional discrimination in grand jury selection by showing a sufficiently large statistical disparity between the percentage of Mexican-Americans in the population (seventy-nine percent) and the percentage of those summoned (thirty-nine percent), combined with a selection procedure that relied on the discretion of jury commissioners.176

Similarly, a Black mother arrested in Pinellas County, Florida could make out a prima facie case of unconstitutional racial discrimination by showing that a disproportionate number of those chosen for prosecution for exposing newborns to drugs are Black. In particular, she could point out the disparity between the percentage of defendants who are Black and the percentage of pregnant substance abusers who are Black.177 The New England Journal of Medicine study of pregnant women in Pinellas County referred to earlier found that only about twenty-six percent of those who used drugs were Black.178 Yet over ninety percent of Florida prosecutions for drug abuse during pregnancy have been brought against Black women.179 The defendant could buttress her case with the study's finding that, despite similar rates of substance abuse, Black women were ten times more likely than white women to be reported to public health authorities for substance abuse during pregnancy.180 In addition, the defendant could show that both health care professionals and prosecutors wield a great deal of discretion in selecting women to be subjected to the criminal justice system.181 The burden would then shift to the state "to dispel the inference of intentional discrimination" by justifying the racial discrepancy in its prosecutions.182

The antisubordination approach to equality would not require Black defendants to prove that the prosecutions are motivated by racial bias. Rather than requiring victims to prove distinct instances of discriminating behavior in the administrative process,183 the anti-
subordination approach considers the concrete effects of government policy on the substantive condition of the disadvantaged. This perspective recognizes that racial subjugation is not maintained solely through the racially antagonistic acts of individual officials. It instead views social patterns and institutions that perpetuate the inferior status of Blacks as the primary threats to equality. The goal of antisubordination law is a society in which each member is guaranteed equal respect as a human being. Under this conception of equality, the function of the equal protection clause is to dismantle racial hierarchy by eliminating state action or inaction that effectively preserves Black subordination.

The prosecution of drug-addicted mothers demonstrates the inadequacy of antidiscrimination analysis and the superiority of the antisubordination approach. Rather than conform Black women’s experiences to the intent standard, we can use those experiences to reveal the narrowmindedness of the Court’s view of equality. First, the antidiscrimination approach may not adequately protect Black women from prosecutions’ infringement of equality, because it is difficult to identify individual guilty actors. Who are the government officials motivated by racial bias to punish Black women? The hospital staff who test and report mothers to child welfare agencies? The prosecutors who develop and implement policies to charge women who use drugs during pregnancy? Legislators who enact laws protecting the unborn?

It is unlikely that any of these individual actors intentionally singled out Black women for punishment based on a conscious devaluation of their motherhood. The disproportionate impact of the prosecutions on poor Black women does not result from such isolated, individualized decisions. Rather, it is a result of two centuries of systematic exclusion of Black women from tangible and intangible benefits enjoyed by white society. Their exclusion is reflected in Black women’s reliance on public hospitals and public drug treatment centers, in their failure to obtain adequate prenatal care, in the more

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184 See Kennedy, supra note 142, at 1444-25.
185 See L. Tribe, supra note 164, § 16-21, at 1518, 1520-21.
186 See West, Progressive and Conservative Constitutionalism, supra note 14, at 693-94. Professor Tribe and others have argued that the antisubordination view of equality is more faithful to the historical origins of the Civil War amendments, which were drafted specifically to eradicate racial hierarchy. See L. Tribe, supra note 164, § 16-21, at 1516; Freeman, supra note 167, at 1661. In the Civil Rights Cases, 109 U.S. 3 (1883), for example, the Court asserted that the thirteenth amendment abolishes “all badges and incidents of slavery.” Id. at 20. In the Slaughter-House Cases, 83 U.S. 16 Wall.) 36 (1873), the Court identified as the “one pervading purpose” of the amendments “the freedom of the slave race, the security and firm establishment of that freedom, and the protection of the newly-made freeman and citizen from the oppressions of those who had formerly exercised unlimited dominion over him.” Id. at 71.
frequent reporting of Black drug-users by health care professionals, and in society's acquiescence in the government's punitive response to the problem of crack-addicted babies.

More generally, the antidiscrimination principle mischaracterizes the role of social norms in perpetuating inequality. This view of equality perceives racism as disconnected acts by individuals who operate outside of the social fabric. The goal of the equal protection clause under this world view is “to separate from the masses of society those blameworthy individuals who are violating the otherwise shared norm.”

The prosecutions of drug-addicted mothers demonstrate how dramatically this perspective departs from reality. It is precisely a shared societal norm — the devaluation of Black motherhood — that perpetuates the social conditions discussed above and explains why Black women are particularly susceptible to prosecution. The Court's vision of equality acquiesces in racist norms and institutions by exempting them from a standard that requires proof of illicit motive on the part of an individual governmental actor. The inability to identify and blame an individual government actor allows society to rationalize the disparate impact of the prosecutions as the result of the mothers' own irresponsible actions. Formal equality theory thus legitimizes the subordination of Black women.

In contrast to the antidiscrimination approach, antisubordination theory mandates that equal protection law concern itself with the concrete ways in which government policy perpetuates the inferior status of Black women. The law should listen to the voices of poor Black mothers and seek to eliminate their experiences of subordination. From this perspective, the prosecutions of crack-addicted mothers are unconstitutional because they reinforce the myth of the undeserving Black mother by singling out — whether intentionally or not — Black women for punishment. The government's punitive policy reflects a long history of denigration of Black mothers dating back to slavery, and it serves to perpetuate that legacy of unequal respect. The prosecutions should therefore be upheld only if the state can demonstrate that they serve a compelling interest that could not be achieved through less discriminatory means.

Although the state's asserted interest in ensuring the health of babies is substantial, prosecution does not advance that interest in a sufficiently narrow fashion. First, as I have noted, the government's

187 See Freeman, supra note 167, at 1054. Kimberlé Crenshaw similarly demonstrates how the “restrictive view” of antidiscrimination law assumes that a racially equitable society already exists. Crenshaw, supra note 14, at 1344.
188 Freeman, supra note 157, at 1054.
189 See Binion, supra note 168, at 447-48.
punitive course of action is inimical to the goal of healthier pregnancies because it deters women from seeking help. \(^{190}\) In addition, even if the prosecutions could be proved to further the state's interest in children's welfare, they would not survive the "least restrictive alternative" standard. That standard requires that "even though the governmental purpose be legitimate and substantial, that purpose cannot be pursued by means that broadly stifle fundamental personal liberties when the end can be more narrowly achieved." \(^{191}\) A public commitment to providing adequate prenatal care for poor women and drug treatment programs that meet the needs of pregnant addicts would be a more effective means for the state to address the problem of drug-exposed babies. \(^{192}\)

By prosecuting crack-addicted mothers, the government helps to perpetuate the dominant society's devaluation of Black motherhood. The antisubordination analysis better uncovers this institutional, rather than individualistic, mechanism for maintaining racial inequality. The government's policy cannot withstand the scrutiny of an equality jurisprudence dedicated to eradicating hierarchies of racial privilege. Still, the focus purely on equality does not address the unique significance of punishing the decision to bear a child. The remainder of this Article examines how the prosecutions violate Black women's right of privacy and the relationship between that privacy analysis and the goal of racial equality.

VI. A CRITICAL ASSESSMENT OF ARGUMENTS AGAINST INTERVENTION

There is now a substantial body of scholarship challenging state intervention in pregnant women's conduct. \(^{193}\) Yet much of the literature has not sufficiently taken into account the experience of poor Black women, the very women who are most affected. In addition, the literature has failed to address adequately the arguments on behalf of fetal protection. In this Part, I will critique various reproductive rights theories that have been used to challenge the control of pregnant women and show why they are not helpful in addressing the prosecution of drug-addicted mothers. In Part VII, I will present a privacy argument that more effectively confronts the government's policy. That analysis better explains the constitutional injury caused by the prosecutions because it recognizes race as a critical factor.

\(^{190}\) See supra notes 156-157 and accompanying text.

\(^{191}\) See supra note 56-57 and accompanying text.

\(^{192}\) See supra notes 143-155 and accompanying text.

\(^{193}\) See sources cited supra note 8.
A. Bodily Autonomy and Integrity

Much of the discourse challenging state intervention in the decisions of pregnant women has occurred in the context of forced medical treatment. Many commentators have argued that judicial decisions that allow doctors to perform surgery and other procedures on a pregnant woman without her consent violate women's right to bodily autonomy and integrity. It is difficult, however, to transfer the scholarship addressing compelled medical procedures to the issue of drug-addicted mothers.

The interests of the drug-addicted mother appear to be weaker for three reasons. First, unlike forced medical treatment, punishing the pregnant drug addict does not require her to take affirmative steps to benefit the fetus. She is not asked to be a good samaritan; rather, she is punished for affirmatively doing harm to the fetus. Second, the prosecution of drug-addicted mothers involves no direct physical intrusion. Nor do prosecutions deprive women of control over their bodies by directly compelling them to undergo an unwanted biological process, as is the case with the prohibition of abortion. On this level, punishing drug-addicted mothers does not seem to implicate a mother's right to bodily integrity at all.

Third, the mother's drug use has potentially devastating effects on the fetus and lacks any social justification. Indeed, forcing a woman to refrain from using harmful drugs through incarceration or court order may be seen as a benefit to the women herself, whereas forced medical procedures often aid the fetus only at the expense of the mother's health or her deeply held religious beliefs. It is therefore harder to identify how the government's action infringes a constitutionally protected interest. Consequently, some commentators who oppose the regulation of some potentially harmful conduct during pregnancy at the same time justify punishment of pregnant drug users. We must therefore draw on another principle of autonomy to describe the infringement caused by these prosecutions: the right to make decisions about reproduction (here, the choice of carrying a pregnancy to term).

In addition, many of the issues raised by forced medical treatment seem disconnected from the experiences of poor women of color.
For example, much of the literature focuses on ethical issues arising from treating the fetus as a patient and its impact on the relationship between the pregnant woman and her physician. This debate is largely irrelevant to poor Black women, the majority of whom receive inadequate prenatal care. Their major concern is not having an ethical conflict with their doctor, but affording or finding a doctor in the first place. The issue of whether intricate fetal surgery may be performed against a mother's will is far removed from the urgent needs of poor women who may not have available to them the most rudimentary means to ensure the health of the fetus.

Forced treatment decisions equate women with inert vessels, disregard their own choices, and value them solely for their capacity to nurture the fetus. Although this view of women is reflected as well in the prosecution of drug-addicted mothers, it does not grasp the full indignity of the state's treatment of poor Black women. Government control of pregnancy perpetuates stereotypes that value women solely for their procreative capacity. But the prosecutions of crack addicts deny poor Black women even this modicum of value. By punishing them for having babies, they are deemed not even worthy of the dignity of childbearing. Thus, the prosecutions debase Black women

women of color. In fact, court-ordered medical procedures are performed disproportionately on pregnant minority women. A study of 15 court-ordered cesarians published in 1987 found that 80% involved women of color; 27% of the women were not native English speakers. See Kolder, Gallagher & Parsons, Court-Ordered Obstetrical Interventions, 316 NEW ENG. J. MED. 1192, 1193 (1987); see also Daniels, Court-Ordered Cesareans: A Growing Concern for Indigent Women, 21 CLEARINGHOUSE REV. 1064, 1065 (1988) (comparing the general distribution of cesarian sections with that of cesarians performed pursuant to court order); Gallagher, Fetus as Patient, in REPRODUCTIVE LAWS FOR THE 1990S, supra note 125, at 157, 183-84 (discussing the discriminatory impact of forced medical treatment).

The punishment of drug-addicted mothers raises ethical issues affecting poor women of color, however, because drug-addicted mothers are often reported to government authorities by their own physicians. In the Johnson trial, for example, Johnson's obstetricians provided the most damaging evidence against her by testifying that Johnson had admitted to them that she had smoked crack soon before both of her children were delivered. See Trial Transcript, supra note 4, at 13, 70. Punishing pregnant women based on information from their doctors undermines the confidential doctor-patient relationship and deters women from sharing important information with health care providers or even from obtaining prenatal care. See Berrien, supra note 136, at 247; Moss, supra note 49, at 1411-12; Roberts, supra note 2, at 60-61.

The individual women themselves become invisible or viewed only as vessels — carriers of an infinitely more valuable being.
even more than forced medical treatment’s general devaluation of women.202

B. The Right to Make Medical and Lifestyle Decisions

A second approach challenges restrictions on maternal conduct during pregnancy by advocating a woman’s right to make medical and lifestyle decisions.203 Rather than focus on a woman’s right to protect her body from physical intrusion, this approach focuses on a woman’s right to engage in activities of her choice free from government interference. This argument also loses its force in the context of maternal drug addiction. While the danger of government restrictions on a pregnant woman’s normal conduct may be apparent, drug use during pregnancy arguably belongs in a separate category. The pregnant drug addict is not asked to refrain from generally acceptable behavior, such as sexual intercourse, work, or exercise. Rather, society demands only that she cease conduct that it already deems illegal and reprehensible.

Arguments based on a woman’s right to make decisions about her pregnancy and her fetus also appear weak in the context of maternal drug addiction. Unlike healthy mothers,204 pregnant drug addicts are not better able to make lifestyle and medical decisions that affect the fetus than the state or physicians. Nor can we say that a decision to carry a fetus to term automatically demonstrates that a drug-addicted mother cares deeply for it and is in a better position to monitor her own conduct during pregnancy than the state. Most would agree that the pregnant drug addict has exercised poor judgment in caring for herself and her fetus. The state should not substitute its judgment for that of the “normal” mother, but intervention in the case of the drug addict seems more justified.

Although the government is arguably better able to make decisions about the care of the fetus than the drug-addicted mother, it is quite a different matter to allow the government to determine who is entitled to be a mother. State interference in the decision to bear a child is

202 See supra notes 94–95 and accompanying text.
203 See, e.g., Goldberg, supra note 8, at 601–04; King, Should Mom Be Constrained in the Best Interests of the Fetus?, 13 NOVA L. REV. 303, 307 (1989); Note, supra note 8, at 613; Note, supra note 196, at 998–1002.
204 See, e.g., Note, supra note 8, at 613 (“Because the decisions a woman makes throughout her pregnancy depend on her individual values and preferences, complicated sets of life circumstances, and uncertain probabilities of daily risk, the woman herself is best situated to make these complex evaluations.”); Note, Rethinking (M)otherhood: Feminist Theory and State Regulation of Pregnancy, 103 HARY. L. REV. 1325, 1339-41 (1990) (arguing that “the pregnant woman’s physical and psychological position with respect to the fetus makes her a uniquely appropriate decisionmaker”.

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Note: The text reference notes are not included in the natural text representation.
constitutionally more significant than state control of lifestyle decisions.

The interference-in-women's-lifestyles approach also neglects the concerns of poor women of color. A common criticism of the prosecution of drug-addicted mothers is that the imposition of maternal duties will lead to punishment for less egregious conduct. Commentators have predicted government penalties for cigarette smoking, consumption of alcohol, strenuous physical activity, and failure to follow a doctor's orders. Although valid, this argument ignores the reality of poor Black women whom are currently being arrested. The reference to a parade of future horribles to criticize the fetal rights doctrine belittles the significance of current government action. It seems to imply that the prosecution of Black crack addicts is not enough to generate concern and that we must postulate the prosecution of white middle-class women in order for the challenge to be meaningful.

C. The Focus on Abortion

Another aspect of the reproductive rights literature that limits our understanding of reproductive choice is its focus on abortion rights. One problem is that this focus provides an inadequate response to a central argument in support of the regulation of pregnancy. John Robertson, for example, has contended that if a woman forgoes her right to an abortion, she forfeits her right to autonomy and choice. If abortion is the heart of women's reproductive rights, then state policies that do not interfere with that right are acceptable. Similarly, if the full extent of reproductive freedom is the right to have an abortion, then a policy that encourages abortion — such as the

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205 See, e.g., Moss, supra note 2, at 288-89; Note, supra note 8, at 606-07.
206 I recognize, however, the tactical benefit of demonstrating that the prosecution of pregnant crack addicts should be the concern of all women. It may be more effective politically to convince affluent women that such government policies also jeopardize their lifestyles.
207 See Robertson, supra note 13, at 437-38, 445-47 ("[The woman] waived her right to resist bodily intrusions made for the sake of the fetus when she chose to continue the pregnancy."); Robertson, The Right to Procreate and In Utero Fetal Therapy, 3 J. LEGAL MED. 333, 359 (1982); see also Shaw, Conditional Prospective Rights of the Fetus, 5 J. LEGAL MED. 63, 88 (1984) (arguing that the mother's duty to protect the fetus from harm increases after viability "because she has forgone her right to choose abortion").
208 See, e.g., Mathieu, Respecting Liberty and Preventing Harm: Limits of State Intervention in Prenatal Choice, 8 HARV. J.L. & PUB. POL'Y 19, 32-37 (1985) (arguing that the right to an abortion is not inconsistent with the duty to prevent or not cause harm to the fetus); Walker & Purdler, State Protection of the Unborn After Roe v. Wade: A Legislative Proposal, 13 STETSON L. REV. 237, 241, 253 (1984) (arguing that extending the fourteenth amendment's protection to unborn children would not impair women's right to abortion).
209 The prosecution of drug-addicted mothers can be seen as encouraging abortion because pregnant drug-addicts may feel pressure to abort the fetus rather than risk being charged with a crime.
prosecution of crack-addicted mothers — does not interfere with that freedom.210

As in the previous approaches, the emphasis on abortion fails to incorporate the needs of poor women of color. The primary concern of white, middle-class women are laws that restrict choices otherwise available to them, such as statutes that make it more difficult to obtain an abortion. The main concern of poor women of color, however, are the material conditions of poverty and oppression that restrict their choices.211 The reproductive freedom of poor women of color, for example, is limited significantly not only by the denial of access to safe abortions, but also by the lack of resources necessary for a healthy pregnancy and parenting relationship.212 Their choices are limited not only by direct government interference with their decisions, but also by government's failure to facilitate them. The focus of reproductive rights discourse on abortion neglects this broader range of reproductive health issues that affect poor women of color.213 Ad-
The struggle for abortion rights nevertheless continues to play a critical role in advancing women's reproductive autonomy. Expanding the scope of reproductive rights beyond abortion to include the right to bear healthy children may also help pro-choice advocates in the abortion debate. One of the tactics of the right-to-life movement is to characterize the pro-choice movement as people who do not care about children. I participated in a panel discussion in which the right-to-life participants brought along a contingent of supporters — all with young children on their laps. A more complete view of reproductive choice may help to dispel this image. See Colker, Reply to Sarah Burns, 13 HARV. WOMEN'S L.J. 189, 205–09 (1990). I do not, however, advocate transforming reproductive freedom from a women's rights issue into a children's rights issue. See Burns, Notes from the Field: A Reply to Professor Colker, 13 HARV. WOMEN'S L.J. 207, 212 n.31 (1990).
mother that is burdened by the criminalization of conduct during pregnancy.217 This view of the constitutional issue reveals the relevance of race to the resolution of the competing interests. Race has historically determined the value society places on an individual's right to choose motherhood. Because of the devaluation of Black motherhood, protecting the right of Black women to choose to bear a child has unique significance. In the following section, I argue that the prosecutions of addicted mothers violate traditional liberal notions of privacy. I also demonstrate how the issue of race informs the traditional analysis and calls for a reassessment of the use of privacy doctrine in the struggle to eliminate gender and racial subordination.

B. Overview of Privacy Arguments

Prosecutions of drug-addicted mothers infringe on two aspects of the right to individual choice in reproductive decisionmaking. First, they infringe on the freedom to continue a pregnancy that is essential to an individual's personhood and autonomy. This freedom implies that state control of the decision to carry a pregnancy to term can be as pernicious as state control of the decision to terminate a pregnancy. Second, the prosecutions infringe on choice by imposing an invidious government standard for the entitlement to procreate. Such imposition of a government standard for childbearing is one way that society denies the humanity of those who are different. The first approach emphasizes a woman's right to autonomy over her reproductive life; the second highlights a woman's right to be valued equally as a human

natural father to assert parental rights over a child born into a woman's existing marriage with another man); Bowers v. Hardwick, 478 U.S. 186, 190 (1986) ("The issue presented is whether the Federal Constitution confers a fundamental right upon homosexuals to engage in sodomy."). Jed Rubenfeld has observed that this approach obscures the real danger of laws that abridge the right of privacy — their use as a means for government to control critical aspects of our lives and identity. See Rubenfeld, The Right of Privacy, 102 HARV. L. REV. 737, 739 (1989). Rubenfeld writes that "[t]he fundament of the right to privacy is not to be found in the supposed fundamentality of what the law proscribes. It is to be found in what the law imposes." Id.; see also Tribe & Dorf, supra note 160, at 1065–71 (describing the enterprise of designating fundamental rights as a question of the proper level of abstraction at which to portray those rights).

217 Ohio Senate Bill No. 324, which would create a new crime of "prenatal child neglect," forces drug-addicted mothers to choose between going to jail and giving up their right to bear children. See S.B. No. 324, § 2919.221(B), 118th Ohio General Assembly, Regular Session 1989-90. A repeat offender must elect either to undergo tubal ligation or to participate in a five-year contraception program. If she fails to remain drug-free during the five-year program, the judge must sentence her to be sterilized. See S.B. No. 324 § 2919.221(B)(2)(c). If she refuses to make the required election, she will be held guilty of "aggravated prenatal child neglect," a first degree felony carrying a possible 25-year prison sentence. S.B. No. 324, §§ 2919.221(E), 2929.11(B).
being. In other words, the prosecution of crack-addicted mothers infringes upon both a mother’s right to make decisions that determine her individual identity and her right to be respected equally as a human being by recognizing the value of her motherhood.

Inherent in the thesis of this Article is a tension between the reliance on the liberal rhetoric of choice and an acknowledgement of the fallacy of choice for poor women of color. This Article also seeks to incorporate liberal notions of individual autonomy while acknowledging the collective injury perpetrated by racism. This tension may be an example of what Mari Matsuda calls “multiple consciousness.” Professor Matsuda observes that “outsider” lawyers and scholars must often adopt a “dualist approach” that incorporates an elitist legal system and the concept of legal rights while seeing the world from the standpoint of the oppressed. “Unlike the post-modern critics of the left . . . outsiders, including feminists and people of color, have embraced legalism as a tool of necessity, making legal consciousness their own in order to attack injustice.”

This internal struggle between the embrace of legalism and the recognition of oppression characterizes a process of enlightenment. Working through the privacy analysis from the perspective of poor Black women uncovers unexplored benefits to be gained from liberal doctrine while revealing liberalism’s inadequacies. This process of putting forth new propositions for challenge and subversion will produce a better understanding of the law and the ways in which it can be used to pursue social justice.

C. The Right to Choose Procreation

Punishing drug-addicted mothers unconstitutionally burdens the right to choose to bear a child. Certain interests of the individual —

218 Both aspects of the constitutional protection of the individual’s personhood satisfy Martin Luther King Jr.’s test for the legitimacy of man-made laws: “Any law that uplifts human personality is just. Any law that degrades human personality is unjust.” M. L. KING, JR., WHY WE CAN’T WAIT 85 (1963) (Letter from Birmingham Jail); accord West, Progressive and Conservative Constitutionalism, supra note 14, at 686–87.

219 Kimberlé Crenshaw has argued that, although liberal legal ideology has served important functions in Blacks’ struggle against racial domination, it is important to develop strategies that minimize the costs of engaging in legitimating liberal discourse. See Crenshaw, supra note 14, at 1384–87. She suggests that such strategies must have a community perspective: “History has shown that the most valuable political asset of the Black community has been its ability to assert a collective identity and to name its collective political reality. Liberal reform discourse must not be allowed to undermine the Black collective identity.” Id. at 1336.

220 Matsuda, When the First Quail Calls: Multiple Consciousness as Jurisprudential Method, 11 WOMEN’S RTS. L. REP. 7, 8 (1989).

221 Id.

222 See Harris, supra note 14, at 584 (discussing the complex dialogue between the aspirational voices of liberalism and the voices of real people). For a discussion of the importance of aspirational thinking, see Colker, supra note 130, at 1018–19.
generally called "rights" — are entitled to heightened protection against government interference under the due process clause of the fourteenth amendment. The right of privacy is recognized as one cluster of such interests, implicit in the "liberty" that the fourteenth amendment protects. The right of privacy has been interpreted to include the "interest in independence in making certain kinds of important decisions." This concept of decisional privacy seeks to protect intimate or personal affairs that are fundamental to an individual's identity and moral personhood from unjustified government intrusion. At the forefront of the development of the right of privacy has been the freedom of personal choice in matters of marriage and family life. Once an interest has been deemed part of the right of privacy, the government needs a compelling reason to intervene to survive constitutional scrutiny.

Considerable support exists for the conclusion that the decision to procreate is part of the right of privacy. The decision to bear

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[228] See L. Tribe, supra note 164, § 15-23, at 1423 ("As the Court itself stressed in Carey, the constitutional principle of 'individual autonomy' affirmed in these cases protected not procreation, but the individual's 'right of decision' about procreation." (quoting Carey v. Population Servs. Int'l, 431 U.S. 678, 687-89 (1977)) (emphasis in original)).

Delineating the right to procreate is difficult indeed. It involves defining the procreative activities encompassed by the right, as well as the limits on government interference with those activities. New developments in reproductive technology have complicated the problem by
children is universally acknowledged in the privacy cases as being "at the very heart" of these constitutionally protected choices. In Eisenstadt v. Baird, for example, the Court struck down a Massachusetts statute that prohibited the distribution of contraceptives to unmarried persons. Although the case was decided on equal protection grounds, the Court recognized the vital nature of the freedom to choose whether to give birth to a child: "If the right of privacy means anything, it is the right of the individual, married or single, to be free from unwarranted governmental intrusion into matters so fundamentally affecting a person as the decision whether to bear or beget a child."

The right of privacy protects equally the choice to bear children and the choice to refrain from bearing them. The historical experiences of Black women illustrate the evil of government control over procreative decisions. Their experiences demonstrate that the dual


Carey v. Population Servs. Int'l, 431 U.S. 678, 685 (1977). Although dicta in many of the privacy decisions include the decision to bear a child among those protected by the right of privacy, the holdings of the cases concern the freedom not to procreate — the right to avoid unwanted pregnancy through contraception or abortion. See Carey, 431 U.S. at 694 (holding that a state law limiting minors' access to contraceptives violated fourteenth amendment); Roe v. Wade, 410 U.S. 113, 153 (1973); Eisenstadt v. Baird, 405 U.S. 438, 443 (1972) (striking down a state law limiting unmarried people's access to contraceptives); Griswold v. Connecticut, 381 U.S. 479, 485 (1965). By contrast, the Supreme Court has hardly addressed the right to bear a child. Its only decision upholding the right to procreate is Skinner v. Oklahoma, 316 U.S. 535 (1942). See infra pp. 1475-76.


Id. at 453 (emphasis omitted).

Support for the right to procreate can be found in the language of Roe v. Wade, in which the Court held that the constitutional "right of privacy . . . is broad enough to encompass a woman's decision whether or not to terminate her pregnancy." 410 U.S. at 153 (emphasis added). The Court made the woman's choice — either to terminate her pregnancy or complete it — the crux of the privacy right it recognized. Because it is the woman's choice that is guaranteed, the alternative to the abortion decision — the decision to carry the fetus to term — must also be protected. See Thornburgh v. American College of Obstetricians & Gynecologists, 476 U.S. 747, 778 n.6 (1986) (Stevens, J., concurring); L. Tribe, supra note 164, § 15-10, at 1340 (arguing that the meaning of the privacy cases is that "whether one person's body shall be the source of another life must be left to that person and that person alone to decide") (emphasis omitted); cf. Tribe, The Curvature of Constitutional Space: What Lawyers Can Learn from Modern Physics, 103 HARV. L. REV. 14 (1989) (noting the difficulty in justifying any constitutional distinction between "the state's power to require an abortion in certain circumstances and the state's power to forbid one" (emphasis in original)).
nature of the decisional right recognized in the privacy cases goes beyond the logical implications of making a choice. The exploitation of Black women's foremothers during slavery to breed more slaves and the sterilization abuse that they have suffered reveal society's pervasive devaluation of Black women as mothers.

Burdening both the right to terminate a pregnancy and the right to give birth to a child violates a woman's personhood by denying her autonomy over the self-defining decision of whether she will bring another being into the world. Furthermore, criminalizing the choice to give birth imposes tangible burdens on women, as well as the intangible infringement on personhood. Punishing women for having babies is in this sense at least as pernicious as forced maternity at the behest of the state.335

If a woman's decision to bear a child is entitled to constitutional protection, it follows that the government may not unduly burden that choice. In Cleveland Board of Education v. LaFleur,236 the Court invalidated mandatory maternity leave policies that had the effect of burdening the choice to procreate. The Court viewed the school board's policy of forced maternity leave as a form of penalty imposed on pregnant teachers for asserting their right to decide to have children.237 Although the Court applied a rational basis test to the maternity leave policies in LaFleur,238 the more drastic burden of criminal punishment should warrant strict scrutiny.239 Even under the

335 But see Rubenfeld, supra note 210, at 796-97 (arguing that laws limiting family size and laws prohibiting abortion are "enormously different in their real, material effect on individuals' lives" and cautioning against being "misled by their formal similarities"). Rubenfeld finds that, although both laws impinge on the child-bearing decision, a law that in effect requires women to bear children takes over women's lives far more than a law that forbids them from having more than a prescribed number of children. See id. at 797; see also R. Petchesky, ABORTION AND WOMAN'S CHOICE 387-90 (1984) (criticizing the assumption of "a mistaken symmetry between 'the right to have children' and 'the right . . . not to have them'"). Petchesky postulates that in a society where gender, class, and racial equality have been achieved, the state might be justified in denying individuals a right to procreate. Unlike Petchesky, I have endeavored to analyze the political implications of the punishment of drug-addicted mothers only in the context of the current and historical conditions of gender, class, and racial inequality. Petchesky presents just such an analysis of abortion. See id. at 12-13. Rubenfeld also may have reached a different conclusion if he had considered the real, material effects on women of color created by the state's interference in the decision to procreate. Of course, the consequences of compelling childbirth and of prohibiting it are not identical, and the government's asserted justifications for intervention are not always of equal weight.


237 See McNulty, supra note 8, at 315; Note, supra note 8, at 618.

238 LaFleur, 414 U.S. at 639-48.

239 Under Roe v. Wade, laws allowing the prosecution of drug-addicted mothers would have to meet a strict scrutiny test. As the Court stated in Roe, "Where certain 'fundamental rights' are involved, the Court has held that regulation limiting these rights may be justified only by a 'compelling state interest,' and that legislative enactments must be narrowly drawn to express only the legitimate state interests at stake." 410 U.S. at 113 (citations omitted). I have already
Court’s current analysis, which distinguishes between direct and indirect governmental interference in reproductive decisionmaking,\footnote{In upholding the denial of public funding for abortions, the Court distinguished between a direct governmental burden on the exercise of reproductive choice and the government’s refusal to subsidize one choice, abortion, while subsidizing the alternative, childbirth. See Webster v. Reproductive Health Servs., 109 S. Ct. 3040, 3045-53 (1989); Harris v. McRae, 448 U.S. 297, 314-18 (1980); Maher v. Roe, 432 U.S. 464, 475-77 (1977). See generally Appleton, Beyond the Limits of Reproductive Choice: The Contributions of the Abortion-Funding Cases to Fundamental-Rights Analysis and to the Welfare-Rights Thesis, 81 Colum. L. Rev. 721, 724-45 (1981) (arguing that after Maher, state action will only face strict scrutiny if it is an “impingement” on a fundamental right).} government intrusion as extreme as criminal prosecution would unduly infringe on protected autonomy.\footnote{In upholding the denial of public funding for abortions, the Court distinguished between a direct governmental burden on the exercise of reproductive choice and the government’s refusal to subsidize one choice, abortion, while subsidizing the alternative, childbirth. See Webster v. Reproductive Health Servs., 109 S. Ct. 3040, 3045-53 (1989); Harris v. McRae, 448 U.S. 297, 314-18 (1980); Maher v. Roe, 432 U.S. 464, 475-77 (1977). See generally Appleton, Beyond the Limits of Reproductive Choice: The Contributions of the Abortion-Funding Cases to Fundamental-Rights Analysis and to the Welfare-Rights Thesis, 81 Colum. L. Rev. 721, 724-45 (1981) (arguing that after Maher, state action will only face strict scrutiny if it is an “impingement” on a fundamental right).} The Court has expressly distinguished, for example, the government’s refusal to subsidize the exercise of the abortion right from the infliction of criminal penalties on the exercise of that right.\footnote{In upholding the denial of public funding for abortions, the Court distinguished between a direct governmental burden on the exercise of reproductive choice and the government’s refusal to subsidize one choice, abortion, while subsidizing the alternative, childbirth. See Webster v. Reproductive Health Servs., 109 S. Ct. 3040, 3045-53 (1989); Harris v. McRae, 448 U.S. 297, 314-18 (1980); Maher v. Roe, 432 U.S. 464, 475-77 (1977). See generally Appleton, Beyond the Limits of Reproductive Choice: The Contributions of the Abortion-Funding Cases to Fundamental-Rights Analysis and to the Welfare-Rights Thesis, 81 Colum. L. Rev. 721, 724-45 (1981) (arguing that after Maher, state action will only face strict scrutiny if it is an “impingement” on a fundamental right).} Criminal prosecutions of drug-addicted mothers do more than discourage a choice; they exact a severe penalty on the drug user for choosing to complete her pregnancy.

These privacy concepts have two benefits for advocating the reproductive rights of women of color in particular: the right of privacy stresses the value of personhood, and it protects against the totalitarian abuse of government power. First, affirming Black women’s constitutional claim to personhood is particularly important because these women historically have been denied the dignity of their full humanity and identity.\footnote{Patricia Williams has explored the differing perspectives on “rights” held by Blacks and whites — in this case the predominantly white critical legal studies movement. She explains that, for Blacks, the stereotyping of human experience created by rights discourse (the focus of the critical legal studies critique) is a lesser historical evil than having been ignored altogether. See Williams, Alchemical Notes: Reconstructing Ideals from Deconstructed Rights, 32 Harv. C.R.-C.L. L. Rev. 401, 414 (1987) (“The black experience of anonymity, the estrangement of being without a name, has been one of living in the oblivion of society’s inverse, beyond the dimension of any consideration at all. Thus, the experience of rights-assertion . . . has been a process of finding the self.”). Similarly, Kimberlé Crenshaw observes that dispossessed people use rights rhetoric “to redeem some of the rhetorical promises” of popular political discourse by forcing society to live up to its deepest commitments. See Crenshaw, supra note 14, at 1366.} The principle of self-definition has special significance
for Black women. Angela Harris recognizes in the writings of Zora Neale Hurston an insistence on a "conception of identity as a construction, not an essence . . . . [B]lack women have had to learn to construct themselves in a society that denied them full selves."\(^{244}\) Black women's willful self-definition is an adaptation to a history of social denigration. Rejected from the dominant society's norm of womanhood, Black women have been forced to resort to their own internal resources. Harris contrasts this process of affirmative self-definition with the feminist paradigm of women as passive victims. Black women willfully create their own identities out of "fragments of experience, not discovered in one's body or unveiled after male domination is eliminated."\(^{245}\)

The concept of personhood embodied in the right of privacy can be used to affirm the role of will and creativity in Black women's construction of their own identities. Relying on the concept of self-definition celebrates the legacy of Black women who have survived and transcended conditions of oppression.\(^{246}\) The process of defining one's self and declaring one's personhood defies the denial of self-ownership inherent in slavery.\(^{247}\) Thus, the right of privacy, with its affirmation of personhood, is especially suited for challenging the devaluation of Black motherhood underlying the prosecutions of drug-addicted women.

Another important element of the right of privacy is its delineation of the limits of governmental power.\(^{248}\) The protection from government abuse also makes the right of privacy a useful legal tool for protecting the reproductive rights of women of color.\(^{249}\) Poor women

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\(^{244}\) Harris, supra note 14, at 613 (citing Hurston, How It Feels to Be Colored Me, in I LOVE MYSELF WHEN I AM LAUGHING . . . . AND THEN AGAIN WHEN I AM LOOKING MEAN AND IMPRESSIVE 152, 155 (A. Walker ed. 1979)).

\(^{245}\) Id.


\(^{247}\) See Allen, supra note 103, at 141.

\(^{248}\) Rubenfeld, for example, proposes an interpretation of the right of privacy that focuses on the affirmative consequences of laws challenged on the basis of privacy claims. See Rubenfeld, supra note 216, at 782-84. It is the "totalitarian" intervention of government into a person's life that the right of privacy protects against. Id. at 787. The right of privacy, then, means "the right not to have the course of one's life dictated by the state." Id. at 807.

\(^{249}\) Protection from government power need not be the full extent of the Constitution's guarantee of autonomy and personhood. See infra pp. 1478-80. Recognizing that "[a]s long as a state exists and enforces any laws at all, it makes political choices," Frances Olsen argues that the distinction between state intervention and nonintervention is a myth. Olsen, The Myth of State Intervention in the Family, 18 U. Mich. J.L. Ref. 835, 836 (1985). Olsen further argues that the poor have the least to gain from the rhetoric of nonintervention: "The attempt to criticize state 'intervention' instead of criticizing the particular policies pursued may be
of color are especially vulnerable to government control over their
decisions.250 The government’s pervasive involvement in Black wom-
en’s lives illustrates the inadequacy of the privacy critique presented
by some white feminist scholars.251 Catharine MacKinnon, for
example, argues that privacy doctrine is based on the false liberal
assumption that government nonintervention into the private sphere
promotes women’s autonomy.252 The individual woman’s legal right
of privacy, according to MacKinnon, functions instead as “a means
of subordinating women’s collective needs to the imperatives of male
supremacy.”253

This rejection of privacy doctrine does not take into account the
contradictory meaning of the private sphere for women of color. Femin­
ist legal theory focuses on the private realm of the family as an
institution of violence and subordination.254 Women of color, how­

especially limiting for poor people, who often have to rely on various government programs and
are thus less likely to benefit from any political strategy based on the myth of nonintervention.”
Id. at 863.

250 See supra pp. 1432–34.

251 Some feminist scholars have argued that a gender equality approach to reproductive
freedom advances women’s rights better than a privacy rationale. See, e.g., Copelon, Unpacking
Patriarchy: Reproduction, Sexuality, Originalism, and Constitutional Change, in A LESS THAN
PERFECT UNION: ALTERNATIVE PERSPECTIVES ON THE U.S. CONSTITUTION 303, 322–26 (J.
Lobel ed. 1988); Law, Rethinking Sex and the Constitution, 132 U. PA. L. REV. 955, 1016–28
(1984); MacKinnon, Roe v. Wade: A Study in Male Ideology, in ABORTION: MORAL AND LEGAL
PERSPECTIVES 45 (J. Garfield & P. Hennessey eds. 1984).

For a dialogue concerning the use of equality doctrine versus privacy doctrine to advocate
abortion rights, see Colker, Feminist Litigation: An Oxymoron? — A Study of the Briefs Filed
in William L. Webster v. Reproductive Health Services, 13 HARV. WOMEN’S L.J. 137 (1990);
Burns, Notes from the Field: A Reply to Professor Colker, 13 HARV. WOMEN’S L.J. 189 (1990);
and Colker, Reply to Sarah Burns, 13 HARV. WOMEN’S L.J. 207 (1990). In her response to
Ruth Colker’s criticism of the emphasis on privacy doctrine in feminist litigation, Sarah Burns
raises several important questions:

Why should we not insist that the question whether to have an abortion is a woman’s
private moral decision outside the public realm and beyond public interference? Why is
arguing for equality necessarily more ‘radical’ and less ‘liberally co-opted’ than arguing
for fundamental liberty and autonomy for women? Are not equality concepts co-opted
by liberal interpretation? Can equality work as a concept without the concepts of liberty
and autonomy?

Burns, supra, at 193. I attempt to answer some of these questions in this Article, especially as
they relate to women of color. For a defense of privacy that responds to the feminist critique,
see A. ALLEN, supra note 160, at 57 (arguing that the “solution to the privacy problem women
face begins with promoting greater emphasis on opportunities for individual forms of privacy,
rather than in rejecting privacy”); and Olsen, The Supreme Court, 1988 Term — Comment:
Unraveling Compromise, 103 HARV. L. REV. 105, 117 (1989) (arguing the importance of ex­
tending privacy doctrine equally to women and men, “even as we pursue efforts to dismantle
the false dichotomies underlying it”).

251 See MacKinnon, supra note 151, at 51–53.

252 Id. at 40.

254 “[T]he legal concept of privacy can and has shielded the place of battery, marital rape,
and women’s exploited labor; has preserved the central institutions whereby women are deprived
of identity, autonomy, control and self-definition, and has protected the primary activity through
which male supremacy is expressed and enforced.” Id. at 53 (emphasis in original).
ever, often experience the family as the site of solace and resistance against racial oppression. For many women of color, the immediate concern in the area of reproductive rights is not abuse in the private sphere, but abuse of government power. The prosecution of crack-addicted mothers and coerced sterilization are examples of state intervention that pose a much greater threat for women of color than for white women.

Another telling example is the issue of child custody. The primary concern for white middle-class women with regard to child custody is private custody battles with their husbands following the termination of a marriage. But for women of color, the dominant threat is termination of parental rights by the state. Again, the imminent danger faced by poor women of color comes from the public sphere, not the private. Thus, the protection from government interference that privacy doctrine affords may have a different significance for women of color.

D. Unconstitutional Government Standards for Procreation: The Intersection of Privacy and Equality

The equal protection clause and the right of privacy provide the basis for two separate constitutional challenges to the prosecution of drug-addicted mothers. The singling out of Black mothers for punishment combines in a single government action several wrongs prohibited by both constitutional doctrines. Black mothers are denied autonomy over procreative decisions because of their race. The government's denial of Black women's fundamental right to choose to bear children serves to perpetuate the legacy of racial discrimination embodied in the devaluation of Black motherhood. The full scope of the government's violation can better be understood, then, by a constitutional theory that acknowledges the complementary and overlapping qualities of the Constitution's guarantees of equality and privacy. Viewing the prosecutions as imposing a racist government standard for procreation uses this approach.

253 See Jones, supra note 108, at 237; Kline, supra note 17, at 122-23. Patricia Cain observes that lesbians' experiences of the private sphere may also differ from MacKinnon's description: "lesbians who live our private lives removed from the intimate presence of men do indeed experience time free from male domination. When we leave the male-dominated public sphere, we come home to a woman-identified private sphere." Cain, supra note 21, at 212.

254 See Kline, supra note 17, at 129.

255 See id., at 128-31 (criticizing a feminist analysis of child custody law that neglects the experiences of Black and Native American women); supra notes 109-115 and accompanying text.

256 See L. Tribe, supra note 164, § 16-9, at 1458-60 (discussing the intersection of "preferred rights" and "equality of rights").

257 The issue of the constitutionality of a government standard for procreation raises the question of whether the right to procreate is limited and therefore implies certain requirements for entitlement. Elizabeth Scott, for example, defines the right to procreate as "the right to
Poor crack addicts are punished for having babies because they fail to measure up to the state's ideal of motherhood. Prosecutors have brought charges against women who use drugs during pregnancy without demonstrating any harm to the fetus. Moreover, a government policy that has the effect of punishing primarily poor Black women for having babies evokes the specter of racial eugenics, especially in light of the history of sterilization abuse of women of color. These factors make clear that these women are not punished simply because they may harm their unborn children. They are punished because the combination of their poverty, race, and drug addiction is seen to make them unworthy of procreating.

This aspect of the prosecutions implicates both equality and privacy interests. The right to bear children goes to the heart of what it means to be human. The value we place on individuals determines whether we see them as entitled to perpetuate themselves in their children. Denying someone the right to bear children—or punishing her for exercising that right—depriv es her of a basic part of her humanity. When this denial is based on race, it also functions to preserve a racial hierarchy that essentially disregards Black humanity.

produce one's own children to rear." Scott, supra note 230, at 829. She argues that constitutional protection extends only to the reproductive interests of prospective rearing parents, because it is the objective of rearing the child that elevates the interest in procreation to the status of a fundamental right. The right to procreate, therefore, "requires an intention as well as an ability to assume the role of parent." Id. Thus, a retarded person who is "so severely and irretrievably impaired that she could never provide a child with minimally adequate care . . . has no [constitutionally] protectable interest in procreation." Id. at 833. The irretrievable nature of the retarded person's impairment distinguishes her from a drug addict who is judged to be an unfit parent. Cf. id. at 833 n.91 (distinguishing on the basis of irremediability retarded people from those who have previously failed at parenting).

In the Johnson trial, for example, the prosecution introduced no evidence that Johnson's children were adversely affected by her mother's crack use. Indeed, there was testimony that the children were healthy and developing normally. See Trial Transcript, supra note 4, at 46-47, 120 (testimony of Dr. Randy Tompkin and Clarice Johnson, Jennifer's mother). A law proposed in Ohio makes drug use during pregnancy grounds for sterilization. See supra note 217. Similarly, several states have enacted statutes that make a woman's drug use during pregnancy by itself grounds to deprive her of custody of her child. See supra note 50.

See Karst, supra note 111, at 32; Stefan, Whose Egg Is It Anyway? Reproductive Rights of Incarcerated, Institutionalized and Incompetent Women, 13 Nova L. Rev. 405, 434 (1989) (discussing the systematic barriers to motherhood imposed on incarcerated women as a part of the process of dehumanization); see also Asch, Reproductive Technology and Disability, in REPRODUCTIVE LAWS FOR THE 1990s, supra note 125, at 106-07 (discussing the importance of the right to choose childbearing for disabled women).

I recognize that there are women who choose not to have children or are incapable of having children and that this choice or inability does not make them any less human. See Cain, supra note 21, at 201, 205 n.96 (criticizing feminist discourse that privileges the experience of motherhood over other experiences of female connection). It is not the act of having children that makes an individual fully human; it is society's view of whether she deserves to have children.
The abuse of sterilization laws designed to effect eugenic policy demonstrates the potential danger of governmental standards for procreation. During the first half of the twentieth century, the eugenics movement\(^\text{263}\) embraced the theory\(^{264}\) that intelligence and other personality traits are genetically determined and therefore inherited. This hereditarian belief, coupled with the reform approach of the progressive era, fueled a campaign to remedy America's social problems by stemming biological degeneracy. Eugenacists advocated compulsory sterilization to prevent reproduction by people who were likely to produce allegedly defective offspring. Eugenic sterilization was thought to improve society by eliminating its “socially inadequate” members.\(^{265}\) Many states around the turn of the century enacted involuntary sterilization laws directed at those deemed burdens on society, including the mentally retarded, mentally ill, epileptics, and criminals.\(^{266}\)

In a 1927 decision, *Buck v. Bell*,\(^{267}\) the Supreme Court upheld the constitutionality\(^{268}\) of a Virginia involuntary sterilization law.

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The discrediting of eugenic theory, the development of the constitutional doctrine of reproductive autonomy, and the changing view of mental retardation have all spurred a major reform of sterilization law in the last two decades. Reports of Nazi Germany’s program of racial eugenics achieved through widespread sterilization precipitated the modern rejection of these laws. See *Scott*, supra note 230, at 849 n.11. It has been estimated that over 70,000 persons were involuntarily sterilized under these statutes. See *Smith*, supra note 263, at 77 n.35. For a discussion of the eugenic sterilization statutes, see Ferster, *Eliminating the Unfit — Is Sterilisation the Answer?*, 27 Ohio St. L.J. 591 (1966).

\(^{264}\) For a description of the origins of eugenic theory, see *Cynkar*, supra note 263, at 1420-25.

\(^{265}\) One report written by a leading scholar of the eugenic movement defined the “socially inadequate” as:

“(1) feeble-minded; (2) insane (including the psychopathic); (3) criminalistic (including the delinquent and wayward); (4) epileptic; (5) inebriate (including drug-habituals); (6) diseased (including the tuberculous, the syphilitic, the leprous, and others with chronic, infectious and legally segregable diseases); (7) blind (including those with seriously impaired vision); (8) deaf (including those with seriously impaired hearing); (9) deformed (including the crippled); and (10) dependent (including orphans, ne'er-do-wells, the homeless, tramps and paupers).”

*Cynkar*, supra note 263, at 1428 (quoting H. Laughlin, *The Legal Status of Eugenical Sterilization* 65 (1929)).

\(^{266}\) As late as 1966, 26 states still had eugenic sterilization laws. *See Scott*, supra note 230, at 809 n.11. It has been estimated that over 70,000 persons were involuntarily sterilized under these statutes. *See Smith*, supra note 263, at 77 n.35. For a discussion of the eugenic sterilization statutes, see Ferster, *Eliminating the Unfit — Is Sterilisation the Answer?*, 27 Ohio St. L.J. 591 (1966).

\(^{267}\) 274 U.S. 200 (1927).

\(^{268}\) The Court rejected arguments that the Virginia sterilization law violated the equal
law. The plaintiff, Carrie Buck, was described in the opinion as "a feeble minded white woman" committed to a state mental institution who was "the daughter of a feeble minded mother in the same institution, and the mother of an illegitimate feeble minded child." The Court approved an order of the mental institution that Buck undergo sterilization. Justice Holmes, himself an ardent eugenicist, gave eugenic theory the imprimatur of constitutional law in his infamous declaration: "Three generations of imbeciles are enough."

The salient feature of the eugenic sterilization laws is their brutal imposition of society's restrictive norms of motherhood. Governmental control of reproduction in the name of science masks racist and classist judgments about who deserves to bear children. It is grounded on the premise that people who depart from social norms do not deserve to procreate. Carrie Buck, for example, was punished by sterilization not because of any mental disability, but because of her deviance from society's social and sexual norms.

The continued authority of Buck v. Bell is highly doubtful in light of the development of reproductive privacy doctrine in the last 30 years. Because sterilization laws infringe what is now acknowledged as a fundamental right, they are subject to strict scrutiny rather than the rational-basis analysis applied in Bell. See Murdock, Sterilization of the Retarded: A Problem or a Solution?, 62 CALIF. L. REV. 917, 921-24 (1974); Sherlock & Sherlock, Sterilizing the Retarded: Constitutional, Statutory and Policy Alternatives, 60 N.C.L. REV. 943, 953-54 (1982).

The salient feature of the eugenic sterilization laws is their brutal imposition of society's restrictive norms of motherhood. Governmental control of reproduction in the name of science masks racist and classist judgments about who deserves to bear children. It is grounded on the premise that people who depart from social norms do not deserve to procreate. Carrie Buck, for example, was punished by sterilization not because of any mental disability, but because of her deviance from society's social and sexual norms.
Explanations of the eugenic rationale reveal this underlying moral standard for procreation. One eugenicist, for example, justified his extreme approach of putting the socially inadequate to death as "the surest, the simplest, the kindest, and most humane means for preventing reproduction among those whom we deem unworthy of the high privilege." Dr. Albert Priddy, the superintendent of the Virginia Colony, similarly explained the necessity of eugenic sterilization in one of his annual reports: the "sexual immorality" of 'anti-social' 'morons' rendered them 'wholly unfit for exercising the right of motherhood.'

Fourteen years after *Buck v. Bell*, the Court acknowledged the danger of the eugenic rationale. Justice Douglas recognized both the fundamental quality of the right to procreate and its connection to equality in a later sterilization decision, *Skinner v. Oklahoma*. *Skinner* considered the constitutionality of the Oklahoma Habitual Criminal Sterilization Act authorizing the sterilization of persons convicted two or more times for "felonies involving moral turpitude." An Oklahoma court had ordered Skinner to undergo a vasectomy after he was convicted once of stealing chickens and twice of robbery with firearms. The statute, the Court found, treated unequally criminals who had committed intrinsically the same quality of offense. For example, men who had committed grand larceny three times were sterilized, but embezzlers were not. The Court struck down the statute as a violation of the equal protection clause. Declaring the right to bear children to be "one of the basic civil rights of man," the Court applied strict scrutiny to the classification and held that the government failed to demonstrate that the statute's classifications were justified by eugenics or the inheritability of criminal traits.

*Skinner* rested on grounds that linked equal protection doctrine and the right to procreate. Justice Douglas framed the legal question as "a sensitive and important area of human rights." The reason
for the Court’s elevation of the right to procreate was the Court’s recognition of the significant risk of discriminatory selection inherent in state intervention in reproduction. The Court also understood the genocidal implications of a government standard for procreation: “In evil or reckless hands [the government’s power to sterilize] can cause races or types which are inimical to the dominant group to wither and disappear.” The critical role of procreation to human survival and the invidious potential for government discrimination against disfavored groups makes heightened protection crucial. The Court understood the use of the power to sterilize in the government’s discrimination against certain types of criminals to be as invidious “as if it had selected a particular race or nationality for oppressive treatment.”

Although the reasons advanced for the sterilization of chicken thieves and the prosecution of drug-addicted mothers are different, both practices are dangerous for similar reasons. Both effectuate ethnocentric judgments by the government that certain members of society do not deserve to have children. As the Court recognized in *Skinner*, the enforcement of a government standard for childbearing denies the disfavored group a critical aspect of human dignity.

The history of compulsory sterilization demonstrates that society deems women who deviate from its norms of motherhood — in 1941, teenaged delinquent girls like Carrie Buck who bore illegitimate children, today, poor Black crack addicts who use drugs during pregnancy — “unworthy of the high privilege” of procreation. The government therefore refuses to affirm their human dignity by helping them overcome obstacles to good mothering. Rather, it punishes them by sterilization or criminal prosecution and thereby denies them a basic part of their humanity. When this denial is based on race, the violation is especially serious. Governmental policies that perpetuate racial subordination through the denial of procreative rights, which threaten both racial equality and privacy at once, should be subject to the highest scrutiny.

**E. Toward a New Privacy Jurisprudence**

Imagine that courts and legislatures have accepted the argument that the prosecution of crack-addicted mothers violates their right of

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under international law. See Universal Declaration of Human Rights, art. 16 § 1, G.A. Res. 217 (III), at 74, U.N. Doc. A/810 (1948) (“Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family.”).  


285 *Skinner*, 316 U.S. at 541.  

286 See *id*.  

287 *See id.*  

289 See *supra* note 275 and accompanying text.  

290 See *supra* notes pp. 1448–50.
privacy. All pending indictments for drug use during pregnancy are dismissed and bills proposing fetal abuse laws are discarded. Would there be any perceptible change in the inferior status of Black women? Pregnant crack addicts would still be denied treatment, and most poor Black women would continue to receive inadequate prenatal care. The infant mortality rate for Blacks would remain deplorably high. In spite of the benefits of privacy doctrine for women of color, liberal notions of privacy are inadequate to eliminate the subordination of Black women. In this section, I will suggest two approaches that I believe are necessary in order for privacy theory to contribute to the eradication of racial hierarchy. First, we need to develop a positive view of the right of privacy. Second, the law must recognize the connection between the right of privacy and racial equality.

The most compelling argument against privacy rhetoric, from the perspective of women of color, is the connection that feminist scholars have drawn between privacy and the abortion funding decisions. Critics of the concept of privacy note that framing the abortion right as a right merely to be shielded from state intrusion into private choices provides no basis for a constitutional claim to public support for abortions. As the Court explained in *Harris v. McRae*, although government may not place obstacles in the path of a woman's exercise of her freedom of choice, it need not remove those not of its own creation. MacKinnon concludes that abortion as a private privilege rather than a public right only serves to perpetuate inequality:

Privacy conceived as a right from public intervention and disclosure is the opposite of the relief that *Harris* sought for welfare women. State intervention would have provided a choice women did not have in [the] private [realm]. The women in *Harris*, women whose sexual refusal has counted for particularly little, needed something to make their privacy effective. The logic of the Court's response resembles the logic by which women are supposed to consent to sex. Preclude the alternatives, then call the sole remaining option “her choice.” The point is that the alternatives are precluded prior to the reach of the chosen legal doctrine. They are precluded by conditions of sex, race, and class — the very conditions the privacy frame not only leaves tacit but exists to guarantee.

This critique is correct in its observation that the power of privacy doctrine in poor women's lives is constrained by liberal notions of

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291 *See supra notes 219 & 240.
292 448 U.S. 207 (1980).
293 Id. at 316.
294 C. MacKINNON, supra note 29, at 101 (emphasis in original). Rhonda Copelon and Rosalind Petchesky draw similar conclusions about the limits of liberal privacy theory in the abortion funding context. *See R. PETCHESKY, supra note 235, at 295-302; Copelon, supra note 251, at 322-25.*
freedom. First, the abstract freedom to choose is of meager value without meaningful options from which to choose and the ability to effectuate one's choice. The traditional concept of privacy makes the false presumption that the right to choose is contained entirely within the individual and not circumscribed by the material conditions of the individual's life. Second, the abstract freedom of self-definition is of little help to someone who lacks the resources to realize the personality she envisions or whose emergent self is continually beaten down by social forces. Defining the guarantee of personhood as no more than shielding a sphere of personal decisions from the reach of government — merely ensuring the individual's "right to be let alone" — may be inadequate to protect the dignity and autonomy of the poor and oppressed. Based on this narrow view of liberty, the Supreme Court erroneously reasoned in the abortion funding decisions that the denial of public funding imposes no new obstacle to reproductive choice. If an indigent woman is unable to effectuate her decision to have an abortion, the Court argued, her inability is due to her poverty and not the government's funding policy. See Maher v. Roe, 432 U.S. 464, 474 (1977); Harris, 448 U.S. at 374-15. But the Court's reasoning ignores the real-life effect of the government's funding choices on poor women. An indigent woman who is unable to pay for either childbirth or abortion has no choice but to accept the government's determination. By funding only one option, the government has really made the woman's choice for her. See Binion, supra note 232, at 19; Goldstein, A Critique of the Abortion Funding Decisions: On Private Rights in the Public Sector, 8 HASTINGS CONST. L.Q. 313, 315-17 (1981); Tribe, The Abortion Funding Conundrum: Inalienable Rights, Affirmative Duties, and the Dilemma of Dependence, 99 HARV. L. REV. 330, 335-37 (1985).

295 See supra note 211. Dependence on public largesse, for example, means that the government can determine which reproductive decisions indigent women may carry out. The Supreme Court erroneously reasoned in the abortion funding decisions that the denial of public funding imposes no new obstacle to reproductive choice. If an indigent woman is unable to effectuate her decision to have an abortion, the Court argued, her inability is due to her poverty and not the government's funding policy. See Maher v. Roe, 432 U.S. 464, 474 (1977); Harris, 448 U.S. at 374-15. But the Court's reasoning ignores the real-life effect of the government's funding choices on poor women. An indigent woman who is unable to pay for either childbirth or abortion has no choice but to accept the government's determination. By funding only one option, the government has really made the woman's choice for her. See Binion, supra note 232, at 19; Goldstein, A Critique of the Abortion Funding Decisions: On Private Rights in the Public Sector, 8 HASTINGS CONST. L.Q. 313, 315-17 (1981); Tribe, The Abortion Funding Conundrum: Inalienable Rights, Affirmative Duties, and the Dilemma of Dependence, 99 HARV. L. REV. 330, 335-37 (1985).

296 See R. PETCHESKY, supra note 235, at 295-302; Copelon, supra note 251, at 322-23.

297 Thomas Grey notes the distinction between the civil rights and civil liberties perceptions of the personality: "The former tend to see the personality as more socially-constructed, hence socially destructible; the latter see it as more naturally self-reliant and autonomous." T. Grey, Civil Rights vs. Civil Liberties: The Case of Discriminatory Verbal Harassment 1-2 (Mar. 1990) (unpublished manuscript on file at the Harvard Law School Library); see also Colker, supra note 130, at 1019-21 (describing a group-based and individual-based concept of the "authentic self"). While relying on the right to individual autonomy, I am suggesting that the legal doctrine that protects it should adopt what Professor Grey calls the civil rights perspective of personhood. This concept of autonomy protects the right to make certain choices but recognizes that choices are made in the context of a community and in relation to others. See T. Grey, supra, at 1. I also recognize that the individual's personhood may be denied as a means of attacking the community as a whole and that the community's support may be necessary for nurturing the individual's personhood. I do not believe that the recognition of these connections between the individual and the community are inherently inconsistent with the notion of autonomy.

Court has denied a variety of claims to government aid.\textsuperscript{299} Mackinnon notes that “it is apparently a very short step from that which the government has a duty not to intervene in to that which it has no duty to intervene in.”\textsuperscript{300} An evolving privacy doctrine need not make the step between these two propositions. Laurence Tribe, for example, has suggested an alternative view of the relationship between the government’s negative and affirmative responsibilities in guaranteeing the rights of personhood: “Ultimately, the affirmative duties of government cannot be severed from its obligations to refrain from certain forms of control; both must respond to a substantive vision of the needs of human personality.”\textsuperscript{301}

This concept of privacy includes not only the negative proscription against government coercion, but also the affirmative duty of government to protect the individual’s personhood from degradation and to facilitate the processes of choice and self-determination.\textsuperscript{302} This approach shifts the focus of privacy theory from state nonintervention to an affirmative guarantee of personhood and autonomy. Under this post-liberal doctrine, the government is not only prohibited from punishing crack-addicted women for choosing to bear children; it is also required to provide drug treatment and prenatal care. Robin West has eloquently captured this progressive understanding of the due

\textsuperscript{299} See, e.g., DeShaney v. Winnebago County Dep’t of Social Servs., 489 U.S. 189, 196 (1989) (“[O]ur cases have recognized that the Due Process Clauses generally confer no affirmative right to governmental aid, even where such aid may be necessary to secure life, liberty, or property interests of which the government itself may not deprive the individual.”).

\textsuperscript{300} C. MacKINNON, supra note 19, at 96 (emphasis in original); see also Copelan, supra note 251, at 316 (observing the “sharp tension between the liberal idea of privacy as the negative and qualified right to be let alone as long as nothing too significant is at stake and the more radical idea of privacy as an affirmative liberty of self-determination and an aspect of equal personhood”); West, Progressive and Conservative Constitutionalism, supra note 14, at 946-47 (“[P]rogressives tend to support an ‘affirmative’ understanding of the liberty protected by the due process clause of the fourteenth amendment . . . while conservatives read the clause as protecting ‘negative liberty’ only, i.e., the right to be free from certain defined interferences.”).

\textsuperscript{301} L. Tribe, supra note 164, § 15-2, at 1305.

\textsuperscript{302} Clearly the affirmative guarantee of personhood and autonomy must have boundaries. We cannot expect the government to provide every means necessary to fulfill each individual’s sense of identity. Moreover, increased government involvement in the processes of individual choice and self-determination may create new dangers. Finally, there may be advantages to using privacy doctrine to protect against the government’s abuse of power and using other concepts, such as equality, to achieve more affirmative goals. It is beyond the scope of this Article to explore all of the questions raised by the new privacy jurisprudence. My point here is to acknowledge the limitations of current privacy doctrine and to suggest the ingredients of a doctrine that overcomes them. Others have explored the scope of the positive role of government in correcting material inequalities. See, e.g., Michelman, The Supreme Court, 1968 Term—Foreword: On Protecting the Poor Through the Fourteenth Amendment, 83 Harv. L. Rev. 7, 9-13 (1969) (proposing a vision of social justice in which citizens are entitled to “minimum protection against economic hazard”); Tribe, Unraveling National League of Cities: The New Federalism and Affirmative Rights to Essential Government Services, 90 Harv. L. Rev. 1065, 1090-96 (1977) (interpreting National League of Cities as a recognition of affirmative rights).
process clause in which privacy doctrine is grounded: "The ideal of due process, then, is an individual life free of illegitimate social coercion facilitated by hierarchies of class, gender, or race. The goal is an affirmatively autonomous existence: a meaningfully flourishing, independent, enriched individual life."303

This affirmative view of privacy is enhanced by recognizing the connection between privacy and racial equality. The government's duty to guarantee personhood and autonomy stems not only from the needs of the individual, but also from the needs of the entire community. The harm caused by the prosecution of crack-addicted mothers is not simply the incursion on each individual crack addict's decisionmaking; it is the perpetuation of a degraded image that affects the status of an entire race. The devaluation of a poor Black addict's decision to bear a child is tied to the dominant society's disregard for the motherhood of all Black women. The diminished value placed on Black motherhood, in turn, is a badge of racial inferiority worn by all Black people. The affirmative view of privacy recognizes the connection between the dehumanization of the individual and the subordination of the group.

Thus, the reason that legislatures should reject laws that punish Black women's reproductive choices is not an absolute and isolated notion of individual autonomy. Rather, legislatures should reject these laws as a critical step towards eradicating a racial hierarchy that has historically demeaned Black motherhood. Respecting Black women's decision to bear children is a necessary ingredient of a community that affirms the personhood of all of its members. The right to reproductive autonomy is in this way linked to the goal of racial equality and the broader pursuit of a just society. This broader dimension of privacy's guarantees provides a stronger claim to government's affirmative responsibilities.

Feminist legal theory, with its emphasis on the law's concrete effect on the condition of women, calls for a reassessment of traditional privacy law. It may be possible, however, to reconstruct a privacy jurisprudence that retains the focus on autonomy and personhood while making privacy doctrine effective.304 Before dismissing the right of privacy altogether, we should explore ways to give the concepts of

303 West, Progressive and Conservative Constitutionalism, supra note 14, at 707.
304 The word "privacy" may be too imbued with limiting liberal interpretation to be a useful descriptive term. "Privacy" connotes shielding from intrusion and thus may be suitable to describe solely the negative proscription against government action. Moreover, the word conjures up the public-private dichotomy. "Liberty," on the other hand, has more potential to include the affirmative duty of government to ensure the conditions necessary for autonomy and self-definition. In reconstructing the constitutional guarantees I have been discussing, it may be more appropriate to rely on the broader concept of "liberty." See A. ALLEN, supra note 160, at 98–101 (discussing the differences between "liberty" and "privacy").
choice and personhood more substance. In this way, the continuing process of challenge and subversion — the feminist critique of liberal privacy doctrine, followed by the racial critique of the feminist analysis — will forge a finer legal tool for dismantling institutions of domination.

VIII. Conclusion

Our understanding of the prosecutions of drug-addicted mothers must include the perspective of the women whom they most directly affect. The prosecutions arise in a particular historical and political context that has constrained reproductive choice for poor women of color. The state’s decision to punish drug-addicted mothers rather than help them stems from the poverty and race of the defendants and society’s denial of their full dignity as human beings. Viewing the issue from their vantage point reveals that the prosecutions punish for having babies women whose motherhood has historically been devalued.

A policy that attempts to protect fetuses by denying the humanity of their mothers will inevitably fail. We must question such a policy’s true concern for the dignity of the fetus, just as we question the motives of the slave owner who protected the unborn slave child while whipping his pregnant mother. Although the master attempted to separate the mother and fetus for his commercial ends, their fates were inextricably intertwined. The tragedy of crack babies is initially a tragedy of crack-addicted mothers. Both are part of a larger tragedy of a community that is suffering a host of indignities, including, significantly, the denial of equal respect for its women’s reproductive decisions.

It is only by affirming the personhood and equality of poor women of color that the survival of their future generation will be ensured.

\footnote{In answering the critical legal studies’ critique of rights, Patricia Williams notes that oppression is the result not of “rights-assertion,” but of a failure of “rights-commitment.” Williams, supra note 243, at 424 (emphasis in original). In the same way, the concepts of choice, personhood, and autonomy that are central to privacy doctrine are not inherently oppressive, any more than is the concept of equality (which has also been interpreted in ways that perpetuate hierarchy and domination). It is the “constricted referential universe,” id. at 424, of liberal notions — such as negative rights, neutral principles, the public-private dichotomy, and formal equality — that have limited privacy’s usefulness for attaining reproductive freedom. See Matsuda, Looking to the Bottom: Critical Legal Studies and Reparations, 22 HARV. C.R.-C.L. L. REV. 323, 334–35 (1987) (demonstrating how women and people of color can adopt and transform constitutional text for radical objectives).}

\footnote{See supra p. 1464.}

\footnote{I hear this false dichotomy in the words of Muskegon, Michigan, narcotics officer Al Van Hemert: “If the mother wants to smoke crack and kill herself, I don’t care. ‘Let her die, but don’t take that poor baby with her.’” Hoffman, supra note 5, at 34.}
The first principle of the government's response to the crisis of drug-exposed babies should be the recognition of their mothers' worth and entitlement to autonomy over their reproductive lives. A commitment to guaranteeing these fundamental rights of poor women of color, rather than punishing them, is the true solution to the problem of unhealthy babies.