

The Political Life of Black Infant Mortality

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**Abstract**

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*The Political Life of Black Infant Mortality* tracks the trajectory of black infant death as a political problem from approximately 1800 to the present. I argue that the overwhelming disproportion between black and white infant mortality rates over this entire period expresses a striking continuity in the devaluation of African American life in the U.S., even as official conceptualizations of black infant mortality have undergone radical shifts: from “proof” of African American degeneracy in the late 19<sup>th</sup> century to persistent diagnoses of black maternal pathology to today’s research on the epigenetic impacts of racism via lifelong stress on the maternal body. I frame these conceptualizations, and their associated interventions, as successive paradigms of what Michel Foucault called “biopolitics,” or attempts to optimize populations’ collective life in ways that entail racially exclusionary elements. I use a wide variety of sources, including Foucault, Orlando Patterson, “Afro-pessimist” scholars like Saidiya Hartman, Jared Sexton, and Frank Wilderson III, Michel De Certeau, Bruno Latour, W.E.B. Du Bois, Audre

Lorde, racist statistician Frederick Hoffman, and historical accounts of antebellum mourning practices and Jim Crow-era and contemporary African American midwives, to describe and analyze a succession of biopolitical paradigms of black infant mortality, focusing in particular on the period from 1890 to 1940. I show both the repressive logics and practices of these biopolitical paradigms and some of the ways that African American political thinkers and actors have resisted and reworked these logics and practices. Highlighting the interconnections of political thought and public health research and policy, I argue that the antebellum political ontology of race issued in the enduring figuration of “true babyhood” as white, excluding black infants from later, formalized biopolitical concern; that Du Bois leveled a two-pronged rhetorical challenge to the prevailing turn-of-the-century biopolitical exclusion; and that the care practices of Jim Crow-era and contemporary African American midwives exemplify a potent politics of survival and affirmation of the value of black life.

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## Acknowledgments

As I have been working on the final stretch of this project, the disposability of African American life has been on especially blatant display, with the police murders of Eric Garner, Michael Brown, and Ezell Ford, the trial of Renisha McBride's killer, and the militarized assault on almost entirely peaceful protestors that is still unfolding in Ferguson, Missouri. Of course, this is nothing new. According to the Malcolm X Grassroots project, 313 African Americans were shot and killed by police, security guards, and vigilantes in 2012—one every 28 hours. Needless to say, both this number as a background condition and these recent cases, rare in their degree of media attention, throw into relief the normalization of violence toward black life in this country. Every year in the last decade, however, roughly 4000 African American babies have died *per year* than would have if there were parity between black and white infant mortality rates—11 each day, and counting. I want, first of all, to acknowledge the midwives and birth workers of color who connect this staggeringly disproportionate but unspectacular visitation of death on African American communities to more overt forms of violence. I name some of these midwives and birth workers below, but I know that there are many more. Thank you for making this connection so clear. More broadly, given the historical persistence of this disproportion between black and white infant mortality rates, this dissertation is in great part an attempt to acknowledge a wide spectrum of African American thinkers and actors who have resisted this everyday violence, refused the devaluation of black infant life, and contested the conditions that allow its persistence.

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## **Introduction: The biopolitical life of black infant mortality**

In the United States, African American infants currently die at a rate of 13.4 deaths per 1,000 live births, 2.4 times as high as the rate of 5.6 per 1000 births for white infants (Spong et al 2011).<sup>1</sup> This disparity is longstanding: according to the 1890 census, African American infants in major Southern cities were roughly twice as likely to die in their first year of life as their white counterparts: 430.2/1000 versus 269.4/1000 in New Orleans, 461.7/1000 versus 200.4/1000 in Charleston (Hoffman 1896, 43-44). The 1910 rate in Washington, D.C. was 244 per 1000 for blacks versus 105 per 1000 for whites (US Bureau of the Census 1912, 19). In 1915, the first year that the US tabulated infant mortality data across multiple—mostly Northern—states, the number of African American infants that died in their first year of life was 181 per 1000, nearly double the rate of 98 per 1000 for white infants (US Bureau of the Census 1976, 57).<sup>2</sup> In other words, while absolute numbers have plummeted across the demographic board, the ratio

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<sup>1</sup> White US infant mortality is slightly higher than that of Canada, New Zealand, and Hungary. In a global ranking from lowest to highest, the US's overall infant mortality rate ranks 44<sup>th</sup>, between Malta and Uruguay, while the US black infant mortality rate is equivalent to rates of infant death in Libya and El Salvador, nations ranked around 80<sup>th</sup> (World Bank 2014). It is worth noting that cross-national comparisons are ambivalent tools for demonstrating disparity. On one hand, they powerfully demonstrate situations of inequity, showing that, to paraphrase Nikhil Pal Singh, black is a separate country in terms of life chances (2005). At the same time, these comparisons may naturalize the notion that suffering and premature death are proper to some nations but not to others—shocking and requiring action in the latter, lamentable but irremediable in the former—deflecting analysis of historical and geopolitical links that have brought about and maintain these international differentials.

<sup>2</sup> The birth registration area in 1915 included only northeastern states (Connecticut, Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Rhode Island, Vermont), Washington, DC, and Michigan. This included only 30.9% of the US population at that time, and excluded the majority of African Americans in the United States, who were still largely concentrated in the South. By 1930, by which time the birth and death registration area had expanded to include most of the South—thus yielding a more accurate measure of black communities—the rate of African American infant death, 131.5, was more than twice as high as the white rate of 65.3 (Willcox 1933, 95, 124).

of black to white infant death has hovered around 2:1 since the first infant mortality statistics were gathered in the late 19<sup>th</sup> century, sometimes spiking higher, never dipping below 1.5:1.<sup>3</sup>

While this disparity itself is not new, however, a new consensus about its causes has emerged over the last decade: researchers in public health, obstetrics and neonatology, psychology, and social work posit that systemic racism is responsible (Giscombe and Lobel 2005, Dominguez 2010, Lu et al 2010, Nuru-Jeter 2009). This literature entails an explicit critique of both interpersonal and structural anti-black racism in the US—the latter including police violence, residential segregation, unequal access to and quality of health care, and lack of employment opportunity—figuring these as sources of chronic trauma, stress, and/or inflammatory responses, with dire physiological consequences for the maternal body and, through the mother, for the fetus and infant. These lines of inquiry offer suggestive new ways of thinking about the embodied impacts of systemic racism, as well as the gendered nature of these processes and their potential intergenerational implications. Moreover, many of these studies include concrete recommendations for public policies addressing what they posit as the root causes of the disparity, from improving public transportation services and schools within poor African American neighborhoods to “ending racism” at a societal level (Lu et al 2010).

Given the pervasive labeling of African American infant mortality as a crisis in recent years (e.g. Cradle Cincinnati 2014, Al-Jazeera 2013, Michigan Radio 2012, *Milwaukee Journal Sentinel* 2011, Lu et al 2010, Jackson 2007, National Healthy Start

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<sup>3</sup> See Hoffman 1896 and Du Bois 1897 for these preliminary statistics (and Chapter 2 for their opposing explanations of these statistics), and Du Bois 1906 for slightly later and more systematic data.

Association n.d.), one might imagine that federal and state health agencies would be eager to implement at least some of the more modest recommendations forwarded within this literature. Yet as the statistics attest, the new research has so far failed to translate into corresponding new public health practices. The most prominent national campaign, the CDC Office of Minority Health's "A Healthy Baby Begins with You," emphasizes—as its name suggests—not systemic factors but individual maternal responsibility: responsibility for seeking preconception health management, for eating well, and even for controlling one's own stress levels for the sake of the fetus (National Healthy Start Association n.d.). Similarly, local-level campaigns tend to emphasize individual parental risk factors—including maternal obesity, smoking, and co-sleeping with infants—leaving entirely unaddressed the structural factors that, according to the preponderance of current research, are keeping black infant death rates high (Cradle Cincinnati 2014, City of Milwaukee 2012).

On one hand, the emphasis on individual responsibility and risk-management is typical of the now-prevailing neoliberal mode of government that began to emerge in the 1980s (Schram 2000; Peck 2002; Brown 2005, 37-59, 2006; Hancock 2004). These public health interventions figure infant life and death as a matter of proper maternal self-management, without regard to the highly stratified geography of access to those choices deemed proper (*cf.* Lupton 2012; Mansfield 2012). But while the content of these interventions may be reflective of this fairly recent turn, their distinct neglect of the context or milieu of infant death is part of a much older pattern. This decontextualized approach, I will argue, has characterized the *biopolitics of black infant mortality* since it took first shape over the decades spanning the late 19<sup>th</sup> century and the first three decades

of the 20<sup>th</sup>. Among other things, this decontextualized biopolitics has consistently issued in a disjuncture between theory and practice—public health and scientific knowledge about preventing infant death, on one hand, and actual public health interventions among black infants. Biopolitics, as conceptualized by Michel Foucault, describes the techniques and institutions that modern states have developed for the administration and optimization of their populations’ collective life—those segments of the population, that is, deemed to be legitimate constituents of the polity. As explained in more detail below, Foucault holds that these life-fostering techniques and institutions also almost inevitably entail what he terms “state racism”: the officially sanctioned classification of particular subgroups within the polity as inferior or threatening to the legitimate population’s health, and the attendant subjection of these subgroups to neglect, violence, and death (Foucault 2003, 254). As Didier Fassin has argued, disproportionate mortality rates between population subgroups testify to situations of biopolitical racism (Fassin 2009, 53; Fassin 2006, 41). The inattention to the milieu of black infant mortality in interventions that nominally aim to reduce it is a longstanding mechanism of the quotidian racial violence characteristic of biopolitics.

This dissertation’s account of the political life of black infant mortality thus begins by examining the question through a biopolitical framework. In this introductory chapter, I construct a genealogy of the initial emergence of black infant mortality as a biopolitical concern from roughly 1890 to the 1930s: the dominant interpretations of African American infant mortality, their grounding scientific rationalities, and the interventions and political programs to which they gave rise. The forms that these explanations and their associated interventions took can be described as what medical

sociologist Stephen Epstein calls “biopolitical paradigms”: “frameworks of ideas, standards, formal procedures, and unarticulated understandings that specify how concerns about health, medicine, and the body are made the simultaneous focus of biomedicine and state policy” (2007, 17). I focus on two successive biopolitical paradigms of black infant mortality: first, the “race traits” paradigm, defined by the near-total exclusion of African American infant life and death from public concern, and second, the Sheppard-Towner paradigm, marked by nominal inclusion that was largely undermined by Southern public health officials’ refusal to attend to the environmental causes of infant death, despite significant existing research demonstrating these links. The black infant’s emergence as a nominal biopolitical subject under this second paradigm thus initiated the persistent pattern of decontextualization still in evidence today. Epstein observes that thinking in terms of biopolitical paradigms showcases health as “a domain in which a host of political problems can get worked out—the nature of social justice, the limits and possibilities of citizenship, and the meanings of equality and difference at the biological and social level” (2007, 18). This genealogy of the two biopolitical paradigms through which black infant mortality was first understood and addressed illuminates not only some of the forces that continue to sustain biopolitical violence in its everyday, unspectacular forms, but also the ways that race structures the contours and contents of political inclusion and exclusion more broadly.

This chapter proceeds in three sections. First, I review Foucault’s concept of biopolitics in greater depth, as well as 19<sup>th</sup>-century race science in the US; the latter was a key instantiation of state racism, and constituted an important background condition for the development of the biopolitics of infant mortality. I then describe in turn each of the

two biopolitical paradigms introduced above. Finally, I briefly discuss some of the limitations of this approach by way of a preview of the subsequent chapters. A biopolitical framework and the genealogical method offer key insights into the political life of infant mortality, but also may leave important elements unaccounted for—questions of how to theorize resistance, as well as historical questions about the relationship between racial slavery and the biopolitical state that followed. The following chapters take up these questions, staging an encounter between biopolitics and other theoretical approaches.

### **Biopolitics: Foucault’s concept, US practices**

Foucault develops the concept of biopolitics (or biopower<sup>4</sup>) most explicitly in *The History of Sexuality, Volume 1* (1980), and his 1975-1976 lectures at the Collège de France (2003b) to describe the techniques and institutions that modern states have developed for the administration and optimization of their populations’ collective life, beginning in roughly the mid-18<sup>th</sup> century. Foucault argues that, around that time, and increasingly over the following century, state power comes to be seen as rooted in the vitality of the people, rather than in the absolute dominion of the sovereign him- or herself. This shift of emphasis from sovereign power to biopolitics (though as we will see below, sovereign power by no means disappears) is marked by the emergence of the new

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<sup>4</sup> In the *History of Sexuality, Volume 1*, Foucault uses the term “biopower”; in the *Society Must Be Defended* lecture, he uses “biopolitics” and “biopower.” He did not explicitly distinguish between them. Some commentators assign to them a crucial distinction; for instance, for Hardt and Negri “biopower” captures the domination of the new hypertrophied form of transnational capital, which penetrates into every sphere of life, while “biopolitics” is the mode of collective resistance to this power by the “multitude” (2004).

concept of the *population*, the society's aggregate "body, the body imbued with the mechanics of life and serving as the basis of the biological processes: propagation, births and mortality, the level of health, life expectancy and longevity" (1980, 139)—and of *statistics*, literally the "science of the state," which make it possible to measure these collective biological processes (Hacking 1990, 21-22). The "biopolitics of the population" is concerned with the mechanics of life and biological processes for the population considered as an organic whole. State power in these polities becomes a matter of "investing life through and through," monitoring and intervening in the life of the population through new fields such as public health, hygiene, birth control, urban planning, and epidemiology (Foucault 2003b, 243-244).<sup>5</sup>

Biopolitics is thus a kind of "positive power," designed to optimize the life of this newly conceived collective entity, the population. But, Foucault argues, the emergence of biopolitics also marks "the moment that racism is inscribed as the basic mechanism of power, as it is exercised in modern states" (2003b, 254). Foucault sums this up in a chiasmic formulation: sovereign power is characterized by the right to kill (the sword

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<sup>5</sup> Biopolitics is different from, but complementary to, the individualizing procedures of discipline that Foucault outlines in *Discipline and Punish* (1977)—and which he also juxtaposes to the spectacular displays of absolute sovereign power, most memorably in his opening description of the public execution of the attempted regicide Damiens. Disciplinary techniques of surveillance and examination of the individual human body incite subjects to bring themselves into line with a prevailing norm or "optimal model"—e.g. a normal child, worker, or family (Foucault 2007, 57). In contrast, the biopolitical realm is concerned with norms in the sense of statistical averages—births, deaths, longevity, sanitation, health—which can be calculated and serve as the bases of intervention (2007, 63). The norm, with its two valences of meaning, links these two modes of power, as the descriptive findings of population analysis inflect the prescriptive disciplinary models to which subjects are incited to conform, while the provisionally fixed contours of these disciplinary models shape biopolitical interpretations and interventions in turn.

wielded by the ultimate authority) or to allow to live, whereas biopolitics is characterized by the right to make live (through, e.g., sanitation or vaccination programs) or to let die (Foucault 2003b, 141). While sovereign power preexisted biopolitics, Foucault argues that it is not a matter of the latter's replacing the former in the modern period; rather, racism explains how a biopolitical regime, with its emphasis on life, is able to continue to exercise the sovereign power to kill (2003b, 254). Racism solves the riddle of how, if a state grounds its legitimacy in the ensuring and optimizing of life, it can justify mortal violence, especially at the unprecedented scale of nineteenth- and twentieth-century genocides.

This biopolitical or “state” racism, he argues, consists of two interrelated mechanisms. The first is a subdividing and sorting function that “introduce[es] a break into the domain of life that is under power’s control: the break between what must live and what must die” (2003b, 254). This function separates the population into a hierarchically arranged set of groups into “good” and “inferior” races (255). The biopolitical state is thus not uniformly responsible for the biological life of every member of the population; rather, that collective life is fractured into differently valued subgroups, arraying them along a scale that features a point of division between those whose life is to be fostered and those whose life is not. The second function, Foucault argues, is the transposition of the essential relationship of war—which he sums up as “If you wish to live, the other must die” (2003b, 255)—into biological terms. But unlike its battlefield meaning, “to live” here means not just reprieve from death, but collective health, safety, hygiene: “the death of the bad race, of the inferior race (or the degenerate, or the abnormal) is something that will make life in general healthier: healthier and purer”

(ibid.). Enemies are figured not as political combatants but as internal or external threats to the population, and their killing is thus justified as a public health measure: “the elimination of the biological threat to and the improvement of the species or race” (256). While Foucault holds up the Nazi Holocaust as the murderous apogee of biopolitical state racism, he is careful to specify the fact that killing need not be active: “When I say ‘killing,’ I obviously do not mean simply murder as such, but also every form of indirect murder: the fact of exposing someone to death, increasing the risk of death for some people, or, quite simply, political death, expulsion, rejection, and so on” (ibid.). Leaving aside for the moment the fact that these different forms of death entail widely divergent forms of subjectivity, suffering, and experience, this clarification identifies some of the manifold ways that a biopolitical regime can “let die”: from out-and-out state-sanctioned killing, to the withholding of care and support for the life of particular groups, to the negation of a political status whose claims will be acknowledged (*cf.* Apostolidis 2010, 97-98). Tracking the shift from the race traits paradigm of infant mortality to the Sheppard-Towner paradigm showcases a broad segment of this spectrum, from explicit disregard for black infant life to a complex combination of expressed concern and practical neglect.

For Foucault, biopolitical racism is central to the rapid turn, in the second half of the 19<sup>th</sup> century, to the casting of political power, social order, and human development in evolutionary terms: “evolutionism, understood in the broad sense...not so much Darwin’s theory itself as a set, a bundle, of notions (such as: the hierarchy of species that grow from a common evolutionary tree, the struggle for existence among species, the selection that eliminates the less fit)” (2003b, 255). Foucault’s idiosyncratic use of the term

“racism” in fact refers to this evolutionary logic. As Ladelle McWhorter notes in her examination of biopolitical racism in the United States, this is a “racism against the abnormal” (Foucault 2003a, 317; in McWhorter 2009, 32) that targets all subjects seen by the dominant group as threats to the evolutionary line of the most advanced representatives of the human species. The biopolitical state was empowered to exclude, withhold resources from, and even kill individuals and groups deemed abnormal, in order to eliminate the threat to the life, health, and evolutionary progress of the legitimate population (Foucault 2003b, 255-256).

*Race Science and the Biopolitics of Black Extinction in the United States*

The science of statistics, so important for the measurement and normalization of the life processes of the population, was also crucial for the classifications of abnormality on which biopolitical racism hinged. Statistics have been part of the United States’ regime of racial domination virtually since our founding; in the words of Kenneth Prewitt, “There is a long, tortuous history between America’s race policies and the “statistical races”...start[ing] with the 1790 census used to implement the infamous three-fifths clause” (2012, 281). The subsequent rise of statistical methods during the 19<sup>th</sup> century offered new rationales for the existing system of slavery. For example, results from the 1840 census, appearing to show a tenfold increase in insanity among blacks in free states compared to enslaved blacks, bolstered claims that slavery was good for African Americans (Cassedy 1984, 174; Hacking 1990, 18). Secretary of State John C. Calhoun used these results to support extension of slavery into the new state of Texas (Prewett

2012, 281-282; McWhorter 2009, 120).<sup>6</sup> In his own 1847 statistical study of the prospects of life insurance policies for enslaved blacks, physician Josiah Nott wrote that, “I think we may safely conclude, that the negro attains his greatest perfection, physical and moral, and also his greatest longevity, in a state of slavery” (in Dewbury 2007, 141).<sup>7</sup> As McWhorter argues, these rationalizations signaled the fact that evolutionary racist thinking was gaining ground as the defining framework for understanding racial difference, national power, and legitimate citizenship in the United States by the mid-19<sup>th</sup> century. According to her account, the notion of black inferiority as an evolutionary fact became entrenched during the decade or so before the Civil War, and endured until well after the turn of the century, gaining increasing scientific authority under the rubric of eugenics (McWhorter 2009, 143-150).

Statistical race science thus had begun to ground federal policy, medical practice, and common understandings before 1861. Nevertheless, the war and emancipation constituted a watershed for the political and ideological salience of evolutionist race science, because it furnished preexisting theories of phylogenetic racial difference and inferiority with two crucial sources of evidence. First, a massive project of comparative anthropometric measurement of black, mixed-race, and white recruits in the Union army was undertaken by the newly formed United States Sanitary Commission, largely bankrolled by life insurance companies (Haller 1971, 20).<sup>8,9</sup> Following the methodology

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<sup>6</sup> This story prevailed despite protests from contemporary “statists” such as Edward Jarvis that both the methods and interpretations of data were flawed (Cassedy 1984, 174).

<sup>7</sup> Nott concluded that, despite this long-lived perfection, the slave made a bad insurance risk, as masters had the power to end his or her life at will to collect the premium (Dewbury 2007, 141).

<sup>8</sup> Also measured were white students, (presumably white) sailors, and Native Americans (Haller 1971, 27).

of Belgian statistician and thinker Lambert Quetelet's studies of physiognomy, the Commission used a specially-designed "andrometer" and a variety of tools for the measurement of the facial angles, crania, limbs, and trunk. The study, the largest of its kind to date, enrolling 10, 876 white soldiers and 2,020 black soldiers, and 863 biracial soldiers, yielded small but perceptible statistical differences between the bodily proportions—chest circumference, facial angle, cranial dimensions—of the racial groups. These differences were taken as conclusive proof of evolutionary hierarchy. In particular, the study concluded that the tendency for longer forearms and shorter torsos in the African American group "marked the Negro as...closer to the anthropoid in development" (Gould 1869, 347; in Haller 1971, 29). Thus, even as black recruits proved themselves to be capable soldiers, the Sanitary Commission's report appeared to confirm that their development as a race fell "vastly below the whites, of whatever class" (Gould 1869, 359; in Haller 1971, 29). In *Black Reconstruction*, Du Bois writes that "when [the African American] rose and fought and killed, the whole nation with one voice proclaimed him a man and brother. Nothing else made emancipation possible in the United States. Nothing else made Negro citizenship conceivable, but the record of the Negro as a fighter" ([1935] 1998, 104). Ironically, however, the statistical study undertaken in the very course of African American soldiers' recruitment into Union ranks

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<sup>9</sup> Haller writes that "[t]he life insurance companies of America...were willing to subsidize almost any program that could work out statistical averages on the physical condition of the population" (1971, 20). We recall that Nott's pioneering study, above, was carried out to guide the policies of life insurance companies with respect to enslaved blacks; Hoffman, as noted below, carried out his 1896 study on the American Negro in his capacity as a statistician for the Prudential Life Insurance Company. Life insurance statisticians played a prominent role in the development of race science, and vice versa, which resulted in over a century of higher policy premiums and lower payouts, as well as wholesale exclusion from coverage, for blacks (Heen 2009).

helped to ensure that their recognition as brothers, men, and citizens would not last beyond the strategic necessities of battle.<sup>10</sup>

During the latter stages of the war, and increasingly in its aftermath, this apparent anthropometrical evidence of inferiority was accompanied and compounded, in the second place, by epidemiological data appearing to demonstrate the decline of freedpeople toward extinction. As we saw above, many whites already believed before the war that the system of enslavement sheltered blacks from the consequences of their alleged evolutionary inferiority. On this logic, emancipation would inevitably ring the death-knell of African Americans, exposing them to the unyielding laws of natural selection. In 1862, Joseph Camp Kennedy, supervisor of the 1860 Census, had made a case for the inevitability of eventual African American extinction, speculating that freedom would only hasten this process (Kennedy 1862, Report on the 9<sup>th</sup> Census; McWhorter 2009, 145-146; Haller 1971, 40). But the magnitude and visibility of African American suffering and death in the postwar period lent unprecedented weight to this

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<sup>10</sup> This is an irony upon an irony, since Du Bois is here not lionizing but criticizing the figure of the warrior as the paramount ideal of manhood and citizenship. He implies that the willingness to kill is, in fact, a very poor criterion for citizenship, as the preceding lines make clear:

[F]ar from its being to the credit of black men, or any men, that they did not want to kill, the ability and willingness to take human life has always been, even in the minds of liberal men, a proof of manhood. It took in many respects a finer type of courage for the Negro to work quietly and faithfully as a slave while the world was fighting over his destiny, than it did to seize a bayonet and rush mad with fury or inflamed with drink, and plunge it into the bowels of a stranger. Yet this was the proof of manhood required of the Negro. He might plead his cause with the tongue of Frederick Douglass, and the nation listened almost unmoved. He might labor for the nation's wealth, and the nation took the results without thanks...He was called a coward and a fool when he protected the women and children of his master ( [1935] 1998, 104).

notion. As roughly four million freedpeople found themselves simultaneously mobile and destitute, bereft of food, shelter, and clothing, and often with no recourse to governmental support—“stateless people,” in the words of Thavolia Glymph (2011)—their collective health deteriorated sharply. Historian Jim Downs, in his account of the agonies of illness among freedpeople during the war and Reconstruction (2012), shows that the hypothesis of African American extinction outside the protections of slavery “gain[ed] momentum and [took] on new meaning...as thousands of emancipated slaves [were] dying from smallpox, starvation, exposure, among other ailments. Consequently ...journalists, scientists, doctors, politicians, and ordinary white Americans...could then point to the problems that emancipation engendered” (2012, 211 fn43). Needless to say, whites “did not consider structural poverty, medical neglect, and lack of basic necessities as the cause of illness and death among the ex-slave population” (ibid.).

The extinction hypothesis became a self-fulfilling prophecy; in accordance with its logic, “in many instances White physicians actually became opponents of Black survival and good health” (Byrd and Clayton 2000, 387). In the face of a smallpox epidemic that began to rage through populations of freedpeople in the South in 1865, local government officials failed to implement quarantine protocols that had been in place for many decades, thus permitting the virus to spread unchecked through these communities. A corresponding refusal to intervene in what was perceived as a natural process of decline was also evident among federal policymakers; on this rationale, Congress failed to allocate moneys for medical assistance that year. Even “[t]he leaders of the Medical Division of the Freedmen’s Bureau...expected the extinction of the black race[,] and consequently did not provide Bureau physicians in the South with adequate money and

resources to...quarantine infected former slaves or to conduct vaccination campaigns” (Downs 2012, 103). Quarantines and vaccinations are fundamental interventions for maintaining population health; governmental failure to implement them among black citizens starkly exemplifies the mechanism of biopolitical racism, leaving those defined as outside the legitimate population to die. Even the clinics and hospitals that were constructed by the Bureau, always inadequate and underfunded, were virtually all discontinued by 1870 (Byrd and Clayton 2000, 386). For many freedpeople, emancipation thus marked a transition between different but equally ravaging forms of bodily vulnerability (*cf.* Hartman 1997, 172). In the succinct summation of African American reparations activist Callie House, lobbying for pensions for freedpeople in the 1890s, “Four & half million slave[s] ...[were] turn[ed] loose ignorant bare footed and naked without a dollar in their pockets without a shelter to go under out of the falling rain but was force[d] to look the man in the face for something to eat who once had the power to whip them to death but now have the power to starve them to death” (in Best and Hartman 2005, 5). Yet despite the dire health consequences of these conditions of exposure and starvation, the preponderance of state officials and physicians refused to respond to freedpeople with the medical treatment and public health protocols that applied to native-born whites and European immigrants, dooming freedpeople to vastly disproportionate rates of death. Given this “principled” neglect on top of desperate poverty, malnutrition, and lack of adequate clothing shelter, many communities of freedpeople experienced losses of up to one-third of their members in the first years of Reconstruction (Morais 1967, 49; Byrd and Clayton 2000, 349).

The decades following the Civil War witnessed a proliferation of medical studies of the apparently fatal effects of emancipation on blacks, and the observed increases in disease were almost uniformly chalked up to blacks' constitutional inability to withstand the state of freedom (Haller 1971, 44-48). An 1886 article in the *New York Medical Journal*, for example, argued that slavery had prevented tuberculosis in blacks. The vast post-emancipation increase in cases, it concluded, had resulted from "the violent swing of the pendulum from a simple life of toil and bondage to one of liberty, license, and all that inevitable brood of disasters that follows surely and swiftly upon the heels of outraged and violated natural laws" (Tipton 1886, in Haller 1971, 45).<sup>11</sup> By the 1890s, the extinction hypothesis had become scientific dogma, as well as conventional wisdom among educated whites (McWhorter 2009, 150; Haller 1971, 41; Darity 1994).<sup>12</sup> Advances in statistical methods were particularly important in substantiating these beliefs. The 1890 census in particular was interpreted as demonstrating a decline in the African American population; more generally, the use of statistical science promised a heretofore impossible degree of precision and apparently impartial accuracy (Muhammad 2010, 33; Wolff 2006).

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<sup>11</sup> The imagery here is telling: the pairing of the violently swinging pendulum with the sexual valences of an "outraged" and "violated" nature and the resulting "brood of disasters" manages to simultaneously conjure the figures of freedpeople as piteous victims of emancipation's unbearable shock, and as miscegenating predators. McWhorter provides a catalog of more explicit images pairing the moribund and the predatory (2009, 153-162).

<sup>12</sup> William Darity, Jr (1994), focusing on work performed during the decades before and after the turn of the century, calls the extinction hypothesis the "black disappearance hypothesis"; Muhammad (2010) follows this usage. Jim Downs (2012) uses the term "extinction," also adopted here. The latter term is perhaps slightly preferable given its Darwinian resonances.

As John Haller argues, this medico-scientific consensus had far-reaching political consequences:

Physicians, anthropologists, and social scientists felt that the Negro, in a natural struggle with superior stocks, would die out, that his capacity to survive alongside a superior civilization was lacking due to deficient physiological materials and brain power. His greater mortality...precluded any future for the race. Only the hothouse environment of slavery had preserved the race from the rigors of natural laws...Segregation and disfranchisement...were not means of achieving eventual equality or for that matter, even complete separation; *rather, they were first steps toward preparing the Negro race for its extinction* (Haller 1971, 209-210, emphasis mine).

Extra-legal repression and violence against African Americans likewise found a justification in the idea of race decline. As Khalil Muhammad writes, “[t]he vicious backlash against black southerners who were attempting to assert their freedom in every arena of life during and after Reconstruction gradually unfolded as a tale of national progress, of the triumph of a stronger race over a weaker race” (2010, 30). The discourse of African American extinction, apparently supported by statistical evidence, was thus a circular trap that justified exclusion from both the human and the political, constituting what George Shulman calls a “racial state of exception” (2008, 139).

### **The “race traits” paradigm: Infant mortality and the extinction hypothesis**

Infant mortality emerged as a biopolitical concern at precisely the time when this belief in imminent African American extinction pervaded American medical, anthropological, and social scientific thought. As Richard Meckel argues, the extinction hypothesis produced a bifurcation in Reconstruction- and Progressive-Era efforts to support infant survival (1997). While public health officials, sanitary reformers, medical personnel, and other experts viewed high rates of black infant mortality as the product of inherent racial

pathologies, they generally attributed native white and European immigrant infant mortality to environmental and/or remediable cultural causes. I thus label the first biopolitical paradigm through which black infant mortality was understood the “race traits” paradigm. Taking for granted the inexorable degeneration and disappearance of blacks, this paradigm is of a piece with the stark exclusion of African Americans from quarantine, vaccination, and other established biopolitical protocols, as sketched above. While US-born white and European immigrant infants were to be made to live, black infants were allowed to die.

Like all biopolitical objects, infant mortality rates could only become visible—let alone a target of reform or measure of pathology—through the development of a bureaucratic apparatus that could generate dependable birth and death records from which a rate can be tabulated. But it also required a conceptual innovation. David Armstrong (1986), tracking the emergence of infant mortality as a public health problem in Britain, has shown that data on infant births and deaths did not gather itself into a self-evident problem. Infant mortality itself had to be “invented” as a category separate from the death rate of the general population (as well as from older children and from stillbirths), characterized by unique features and requiring its own special interventions. As Armstrong writes,

The derivation of the IMR was more than merely a new statistical convention: the data to compute the IMR had existed for decades earlier...The creation of a specific mortality rate for infants at this time suggests both the emergence of a social awareness of these young deaths and, more importantly, the social recognition of the infant as a discrete entity (1986, 212-213).

In the United States, the statistical convention of the infant mortality rate developed in dialectic with developments in medicine and society more broadly as well. As I show

in detail in Chapter 1, over the first half of the 19<sup>th</sup> century, white infants were increasingly seen as precious individual persons, and their death as a tragic loss (Dye and Smith 1986). Advances in medical science also occasioned a growing sense of human control over life and death. While this initially meant that the responsibility for preserving infant life fell to individual mothers, in the decades after the Civil War—no doubt in part because of the advances in biopolitical measurement, classification, and intervention occasioned by the conflict—the prevention of infant death became a central public concern.

*Which* infants deaths were targeted for prevention, however, also reflected these biopolitical advances. While it seems only natural to us even now, the subdivision of infant mortality statistics by race is itself an artifact of the scientization of racial difference that crystallized during the Civil War era. As Meckel writes, “in the US [race] played a much more critical role as a descriptive and analytic category in the collection, organization, and interpretation of data on the levels, trends, and causes of infant death” than in other nation-states (1997, 70). England’s 19<sup>th</sup> century sanitarians, for example, subdivided the population by economic class (occupation and earnings of the head of household) in their measurements of infant mortality (Armstrong 1986), whereas racial classifications provided the scaffolding for the bifurcated approach infant mortality accounting and prevention in the US. In Northeastern and upper Midwest cities, a robust network of prevention efforts targeted European immigrant and poor white populations, often led by reformers who had been active in the settlement house movement (Ladd-Taylor 1988). While permeated by a paternalist discourse of evolutionary racial hierarchy, these efforts followed an assimilationist logic vis-à-vis the European

immigrants, and environmental explanations and solutions for high infant mortality rates, rather than notions of inherent racial pathology, dominated this approach (Meckel 1997, 70-71).

By the 1870s, infant mortality in Northern US cities was being styled as a crisis. Impoverished urban environments were regularly characterized in the press as killing fields for babies, sites of the “slaughter of innocents,” “infant abattoirs” (Meckel 1990, 11). Prefiguring the terms being used to describe African American infant mortality rates today, the focus at this time was on European immigrant communities. In part, this concern was linked to a shift in the medical perception of infancy over the course of the 19<sup>th</sup> century. In the 18<sup>th</sup> century and into the early- to mid-19<sup>th</sup>, a Rousseauian consensus held that infants and children were naturally hardy, and that death was a product of overcivilization: excessive indulgence, pampering and protection from the elements, excessively refined environments and diets, produced weakened constitutions. Thus death was thought to disproportionately affect the urban affluent classes, whereas the rustic and the poor were held up as models of the thriving health that attended simple living (Meckel 1990, 20). Unsurprisingly, the first actual surveys in mid-19<sup>th</sup> century American cities showed the opposite to be true: the poor, and particularly the immigrant poor, suffered vastly disproportionate rates of infant mortality. For instance, one of the first studies, carried out in Boston in 1855, showed that 641 of the 971 infant deaths that year were offspring of impoverished immigrant families (21).

But this alarm also signaled widespread anxiety among the US-born white citizenry about the demographic shift precipitated by foreign immigration, and the vice and disease allegedly incubated by increasingly crowded urban environments. Even before the Civil

War, observers used mortality statistics in nascent form (unsystematic and small-scale, usually gathered from church parishes) to portray the dangers of dislocation and disease stemming from the influx of European immigrants: “fearful that slum neighborhoods might serve as breeding grounds for epidemic diseases such as cholera, they exhumed what mortality records existed and used them as a basis for increasingly pessimistic judgments about the consequences of urban growth” (Meckel 1990, 13). Reflecting public anxieties among US-born whites about the fitness of European immigrant groups for inclusion in the national body, the discourse accompanying these studies apportioned a great deal of blame to the allegedly filthy habits of Irish, Southern and Eastern European, and other “unacclimated foreigners” (18). Racialized notions of parental ignorance and lack of proper concern—in implicit contrast to the loving self-sacrifice and informed dedication of the idealized Anglo Saxon-American mother—were also common among reformers. For instance, an 1864 health official in Boston dismissed the possibility of education as a solution for improving the endemic “disregard of the laws of health” among immigrant populations, as “such attempts will result as similar attempts have always resulted, in perfect indifference and apathy” (in Meckel 1990, 25).

Yet however deficient these immigrant families may have been in habits and customs, their citizen children were not to suffer for the sins of the fathers (or mothers). For instance, even as the reformer quoted above deplored the ineducability of immigrant parents, his solution was centered on regulations to ensure more salubrious living conditions for their children: “rigid oversight and control of the erection of dwellings” (in Meckel 1990, 25). As new findings in bacteriology linked contaminated cow’s milk with diarrheal disease, a similar logic gave rise to the public provision of sterilized milk

stations, pre-empting the danger of contaminated or spoiled milk's being fed to infants (Apple 1987, 101-102; Meckel 1990, 62-90). Even for reformers who did place more emphasis on caregiver education and responsibility, however, the importance of saving these infant lives was never in question. Efforts emphasizing behavioral change, often grounded in settlement house techniques, included the translation of infant care manuals into Russian, German, Yiddish, Italian, and other major immigrant languages, training of older sisters in "little mother leagues," and home visits by nurses and social workers (Children's Bureau 1914a). This movement to lower infant mortality gathered steam through the 1910s, the focus remaining largely on improving the conditions of the European-born immigrant poor in Northern cities (Meckel 1997).

In contrast, even as these infants' deaths became visible as an urgent problem for public health during this period, those of African American infants did not. This invisibility stemmed from the interlinked regional and racial bifurcations of 19th- and early 20<sup>th</sup>-century public health. Most African Americans still resided in the rural South; the urban focus of public health statistics, and of sanitary reform movements more broadly in the North, meant the geographical exclusion of the majority of blacks from the ambit of biopolitical calculation and intervention (Beardsley 1986; Willcox 1933, 95). But even the increasing numbers of black people who had migrated to Northern cities, and whose mortality and morbidity were tracked to some degree, were not subjects of commensurate concern; the scientific consensus concerning the imminent decline of African Americans as a race precluded the kind of outcry elicited by infant deaths among European immigrant groups—if not as dogma, then as a kind of epistemological habit. The formation and work of two institutions in the second decade of the 20<sup>th</sup> century

throws this difference into particularly sharp relief: the Association for the Study and Prevention of Infant Mortality (AASPIM) and the Children's Bureau. The AASPIM, founded in 1909, gathered leading physicians, nurses, social workers, health statisticians, and sanitary reformers through annual conferences and coordinated local efforts in the urban North. Yet even as black infant death rates were generally included in the mortality data gathered by members, they spurred little comment or action. Particularly telling was a paper at the initiatory conference entitled "The Influence of Race on Infant Mortality" focusing on Boston; while the city's black population figures and disproportionately high black infant mortality rate are included in the data tables, the analysis and commentary compares only native-born whites with "alien races," especially Irish, Italian, and Jewish immigrants (Cabot and Richie 1910; Meckel 1997, 81). The Children's Bureau, founded in 1912 by Settlement movement veterans Lillian Wald, Florence Kelley, and Julia Lathrop after a decade of organizing by maternalist reform groups,<sup>13</sup> articulated the inclusive vision of studying and promoting the "welfare of children and child life among all classes of our people" (Children's Bureau 1914a). Throughout the remainder of the decade, however, its analyses and efforts targeted small cities in the Northeast and Midwest where European immigrants, but not African Americans, were concentrated. Moreover, as with the AASPIM, racial comparisons in these studies focused on

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<sup>13</sup> Molly Ladd-Taylor defines Progressive Era maternalism as consisting in the following four convictions: "(1) that there was a uniquely feminine value system based on care and nurturance; (2) that mothers performed a service to the state by raising citizen-workers; (3) that women were united across class, race, and nation by their common capacity for motherhood and therefore shared a responsibility for all the world's children; and (4) that ideally men should earn a family wage to support their 'dependent' wives and children at home." She also divides maternalism into "sentimental" from "progressive" forms (1993, 110).

classification of infant mortality by parental country of origin (e.g. Children's Bureau 1915a, 1915b, 1917, 1918).<sup>14</sup>

For Southern physicians and public health officials at this time, the bleak mortality statistics from Southern cities “merely confirmed the black’s inability to survive in an urban-industrial society” in the view of white medical and public health organizations; they thus “saw no purpose in mounting costly public health campaigns among a people who were merely undergoing the inevitable” (Beardsley 1990, 25). There was thus little urgency among public health or medical experts to remedy the gaping holes in the bureaucratic mapping of infant death. As Meckel observes, black infant death was taken up by these experts as part of a larger scholastic question of when and how the degeneration and ultimate extinction of African Americans would take place. Reflecting the lingering effects of blacks’ commodity status under slavery, these postbellum experts continued to “assum[e] a proprietary expertise in all matters relating to black morbidity and mortality,” combining “racialist sociology with clinical observation” (1997, 71) and a social Darwinist outlook (78). While the high rates of death among the infants of European immigrants in the North were seen as alarming in themselves, and as a spur to intervention, here “discussion of black infant mortality centered on the disparity between white and black infant death rates” and debates over the precise mechanisms of inherited racial traits (72). Even for those experts who were aware of reform efforts in the North, the war’s anthropometrical “proofs” of distinct and inferior black anatomy meant that

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<sup>14</sup> It should be noted, however, that the Children’s Bureau foregrounded poverty, rather than race (however construed), as the major cause of differences in infant mortality rates. This may in part be because the Children’s Bureau looked abroad in developing its investigative methods and recommendations for intervention; New Zealand, whose baby-saving programs, like those of Great Britain, focused heavily on economic factors, was a particularly important model (Children’s Bureau 1914b, 1922).

interventions modeled on those developed for European immigrants would be misplaced (75). Just as officials declined to apply established quarantine protocols to prevent epidemics among freedpeople during Reconstruction, so too did they now decline to implement any of the environmental, sanitary, or educational interventions that were successfully reducing infant mortality in the North.

The work of insurance statistician Frederick Hoffman, German-born but Southern white by marriage and inclination, exemplifies the application of the extinction hypothesis to reasoning about infant mortality. Hoffman's influential 1896 treatise, *The Race Traits and Tendencies of the American Negro*, for the first time collated and compared infant mortality rates for African Americans and whites across multiple states and localities. The comparison was dismal, showing a black infant mortality rate consistently double that of whites. Hoffman read these statistics as evidence of the moribundity of the African American race, rooted above all in an endemic moral pathology: "the root of the evil lies in the fact of an immense amount of immorality, which is a race trait...It is not in the conditions of life, but in the race traits and tendencies that we find the causes of the excessive mortality" (1896, 95; see also McBride 1991, 16). As analyzed in detail in Chapter 2, he blames African American mothers in particular; their "irregular sexual relations," he alleges, are "one of the determining causes of the inordinate mortality" of infants (236). In Chapter 2, I demonstrate how, for Hoffman, African American immorality, particularly maternal immorality, gives rise to ever-weakening offspring. It allegedly causes physiological debility and ailment that increasing with successive generations, linked to both endemic venereal disease and the dysgenic effects of race-mixing; it is also evinced by a proclivity

to filth and resistance to hygiene. Moreover, the promiscuity that signals this moral failing, he argues, both reflects and reinforces a related affective deficit: a pathological lack of family feeling, as the apathy between sexual partners extending as well toward their casually conceived offspring, leading to the fatally “diminished power of vital resistance among the young” (1896, 311).<sup>15</sup>

This emphasis on the literally catastrophic implications of black maternal pathology contrasts sharply with reformers’ attitudes toward European immigrant parents’ alleged incompetence. As Foucault writes, the late 19<sup>th</sup> century period saw the emergence of the malignant biopolitical figure of the “indifferent mother” (1980, 110) whose lack of attention to her children’s development and well-being threatened the sound heredity of the family and, by extension, the nation (125). Borrowing the basic outlines of this formulation allows us to draw a telling contrast between two biopolitical modes at work in the race traits paradigm. With regard to European immigrants, as we saw above, reformers frequently alleged maternal—and more broadly parental—indifference to the rules of hygiene and infant care. Yet the implication in this case was that the innocent offspring of these deficient parents were entitled to special public protections to compensate for the dangers of their unfortunate domestic circumstances. Even for those reformers disdainful of what they saw as the insalubrious Old World habits, stubborn ignorance, and even affective failures of their immigrant parents, these infants required compensatory forms of care that would foster their fitness for future citizenship. In contrast, neither the black indifferent mother nor her children were included in the dominant vision of the citizenry, present or future. Moreover, the black

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<sup>15</sup> On this period’s pervasive sensationalistic accounts of black female criminality and immorality, see Gross 2006.

mother's moral indifference was figured as a biological menace not only to her own people but to the population at large; allegedly extending outside the parameters of the domestic to encompass sexual partners that included white men, it threatened the Anglo-Saxon bloodline as well as dooming the African American race. The suffering of black infants might be lamented, but no compensatory care could ameliorate the degeneration—and degenerating influence—or prevent the inexorable disappearance of their race.

Given the relative invisibility of African American infant mortality from the perspective of Northern reformers, and its explanation in terms of the extinction hypothesis in the South, a wholesale disjuncture between public health knowledge about infant preservation and practical interventions targeting black infants characterized the “race traits” paradigm. It should also be noted that, even as it was Southern experts who most actively propounded the extinction hypothesis, their arguments were given a prominent place in the leading national medical and public health journals (e.g. Folkes 1910, Murrell 1910; McBride 1991, 18-19), and while Northern experts may or may not have subscribed to this position, they did not, by and large, call into question the fatal non-intervention in black infant death that this position entailed.

Even as the extinction hypothesis began to lose its grip in the 1910s, moreover, allegedly inherent racial traits continued to dominate medical and public health thinking about African American mortality and morbidity. In fact, as signaled by writings like that of H.M. Folkes, “The Negro as a Health Problem,” published in the *Journal of the American Medical Association* in 1910, the loss of certainty about black disappearance meant a magnification of the alleged threat that blacks posed to moral and health of the

white citizenry, as this threat was no longer seen as temporary. In his study of 20<sup>th</sup>-century medical and public health responses to epidemics among African Americans, David McBride shows that “by the end of World War I a crescendo of statistics grew supporting the idea that blacks posed a public health menace”: above all, allegedly, as disproportionate carriers of TB and venereal diseases like syphilis; hence “mainstream American society through the World War I decade generally viewed black Americans more as a source of contagion than as fellow victims” (1991, 10, 15).<sup>16</sup> Given that black infant mortality did not constitute a direct threat to the white population, this turn yielded it no increased visibility as a problem to be contained. The figuration of black people as diseased and dangerous extended even to experts who emphasized potentially remediable environmental causes; as a relatively sympathetic white physician phrased it in the pages of the *American Journal of Public Health*, “Disease among the negroes is a danger to the entire population” (Allen 1915). Beardsley observes that this hinges in part on the fact that notions about racial traits were folded into environmental explanations: “Even enlightened whites saw the Negro temperament—their presumed laziness and improvidence, coupled with unclean, sexually promiscuous habits—as a primary part of their environment” and thus extremely difficult to address through conventional environmental interventions (1990, 25). Official understandings of inherently pathological race traits thus continued to justify inattention and inaction toward black infant mortality into the second decade of the 20<sup>th</sup> century.

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<sup>16</sup> As Tera Hunter shows, black women domestic workers in particular were singled out as vectors of TB and other illnesses in the 1910s: “the black female servant was a metaphor for disease” (1997, 202; see more generally 187-218).

As sociologist Lorna Weir writes, biopolitics is not one thing but an “unstable conjunction of interacting powers,” a “power field” comprising elements of security, discipline, the sovereign power of law, and forms of governance that may be liberal or brutally authoritarian, depending on the subjects to whom they are directed (2006, 24). Under the race traits paradigm, state, medical, and public health officials offered forwarded a model of paternalistic care for the offspring of European immigrants, including regulatory strategies like milk sterilization and attempts to govern family behavior through education and positive inducements. In contrast, from this governmental and white expert perspective, whether or not their deaths signaled the imminent passing of their race, black infants remained external to the population whose life required management and intervention. This difference prefigures Cybelle Fox’s account of the differential treatment of European immigrants and both African Americans and Mexican Americans by within pre-New Deal social programs more generally.<sup>1718</sup> As we will see in the next section, this began to change around 1920, when infant mortality prevention became a national electoral issue. But though differently configured, a disjuncture between public health knowledge and practice would still structure the forms that this management and intervention would take for black infants.

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<sup>17</sup> With regard to black-white difference, this prefigures the later de facto exclusion of blacks from New Deal social benefits (Lieberman 1998).

<sup>18</sup> Fox also examines the interface between these nascent social programs and Mexican-American populations in the West and Southwest. In general, European immigrants were supported as US citizens-in-training, blacks were refused services outright or offered inadequate programs, and Mexican Americans were similarly excluded. Molina tracks a similar dynamic in the Southwest in the first decades of the 20<sup>th</sup> century; even as Mexican American babies in Los Angeles died in shocking numbers in contrast to Northeastern European immigrants, they (along with their parents) were cast as foreign and thus outside of the public health’s “public” (2005).

*Biopolitics without milieu: The Sheppard-Towner paradigm*

The landmark 1921 Promotion of the Welfare and Hygiene of Maternity and Infancy Act, more commonly known as the Sheppard-Towner Act for its congressional sponsors, was the United States' first federal social welfare legislation. Initiating the provision of federal funds to states for maternal and infant care, it also marked a sea change in the official status of African American infant life and death. Overseen by the Children's Bureau, whose official aim was comprehensive medical and nursing care for every mother (Ladd-Taylor 1988, 258) the Sheppard-Towner Act articulated a mandate for "the promotion of the welfare and hygiene of maternity and infancy" among all citizens (1920). The legislation therefore cast black infants and their mothers, no less than their white counterparts, as biopolitical subjects: members of the population whose collective life was to be fostered. In practice, however, the entrenched racial hierarchy in the South, largely prevented the Act's programs from addressing the broader milieus that largely determined whether African American infants in lived or died. Sheppard-Towner funds in the North, Midwest, and West augmented and coordinated efforts previously carried out at the local level to support maternal and infant health among poor and immigrant populations through environmental, educational, and expert care interventions. For officials in the South, however, it was not the environment of desperate poverty that was to blame for high infant mortality rates, but rather the alleged ignorance, unhygienic practices, and superstitions of black midwives. "Midwife control"—surveillance, regulation, and ultimately elimination—was hence the primary target of Southern reform, rather than improvements in the socioeconomic milieu of infancy (Fraser 1998, Ladd-

Taylor 1988, Smith 1995).<sup>19</sup> The Sheppard-Towner paradigm thus established the biopolitics of black infant mortality as a decontextualized biopolitics, and hence fundamentally limited in its capacity to protect life, regardless of its stated aims.

The importance of context or milieu to the mechanisms of biopolitics can be extracted from the writings of Georges Canguilhem, philosopher of science and medicine and Foucault's teacher. As Didier Fassin observes, Foucault refrains from attributing any specific content to life itself; because of his scrupulous agnosticism about the practices and procedures of government—in his scholarship if not in his political activism—he “treats life from the perspective of conduct...Issues of life as such do not interest him: we could say, as a principle of his method” (2009, 45). Canguilhem, in contrast, is deeply interested in life processes and their relationship with their environments (including, for the human, their political and institutional environments). For Canguilhem, the living organism can only be understood as the dynamic center of a milieu: the ambit of all that to which it relates, the space of encounter with the world, oriented to the demands of that particular form of life, which it constantly shapes and by which it is acted upon in turn. Capturing this sense of milieu, he writes: “to live is to radiate; it is to organize the milieu from and around a center of reference which cannot itself be referred to without losing its original meaning” (2008, 113-4). Mi-lieu, in this sense, is the *middle place*, the dynamic environment whose midpoint is the organism. But this is not an atomistic ontology, with organism-milieu bubbles bouncing along on their own, or bumping up against each other randomly. Milieu is also an essentially relational term: a medium, the material—which

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<sup>19</sup> Mexican American midwives in the Southwest were characterized in terms similar to African American midwives, but little has been written about the specific ways that the loss of this legacy of knowledge and practice unfolded. See Ladd-Taylor 1988, 260-261.

for humans is also political and social, conceptual and psychological—medium between two or more organisms (99). Milieu is thus also the *medium between*—similar to what Hannah Arendt called the *inter-est*, “the physical, worldly in-between” (1958, 182).<sup>20</sup> Each organism’s mode of existence constitutes, to different degrees, the milieus of all those organisms with whom we find ourselves in relation, and our own milieu is at the same time variously constituted by these.

The organism-milieu relationship showcases Canguilhem’s conception of life as inherently normative. This normativity manifests in the organism’s orientation toward health, understood as the capability inherent in each individual living being to exceed itself, to push beyond the limits that provisionally define it—in humans, these are always historically, socially, and geographically specific—at any given moment (Canguilhem 1989, 196). Canguilhem suggests that the milieus that humans collectively create may be pathological for certain members of those collectivities, imposing conditions of duress that undermine life’s dynamic capabilities, and may even bring it to a premature end:

The techniques of collective hygiene which tend to prolong human life, or the habits of negligence which result in shortening it, depending on the value attached to life in a given society, are in the end a value judgment expressed in the abstract number which is the average human life span. The average life span is not the biologically normal, but in a sense the socially normative, life span...This would be clearer still if, instead of considering the average life span in a national society taken as a whole, we broke this society down into classes, occupations, etc (Canguilhem 1989, 161).

The “techniques of collective hygiene” versus “habits of negligence,” and the lifespan as a value judgment corresponding with particular classifications of subgroups within the

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<sup>20</sup> See Miguel Vatter (2006) for an account of Arendt as a biopolitical thinker. Vatter argues that Arendt’s concept of natality is at the core of the anti-fascist formulation of biopolitics that she develops after writing *The Origins of Totalitarianism*.

population, prefigure Foucault's account of biopolitics, with its divisions between who is to be made to live and who allowed to die. Canguilhem's emphasis on the organism-milieu relationship, however, can also supplement Foucault's formulation. As Fassin observes, Foucault's focus on the Nazi Holocaust as the logical extreme of biopolitical rationality tends to deflect attention from more subtle phenomena of ongoing inequalities in life chances. This deflection, for Fassin, is of a piece with the neglect of inequality in Foucault's work on power more generally. "The fact that biopolitics has consequences in terms of inequalities...is almost absent from Foucault's work...[aside from] [b]rief allusions to extreme forms of these realities" (2009, 53). Fassin argues that this requires correction, because biopolitics, in most instances, entails making live and neglecting to death not primarily as exceptional or final events but as sustained over time in banal and unremarkable (or unremarked) ways. Thinking with Canguilhem, we might say that the most commonplace forms of biopolitical racism consist in the collective creation and maintenance of a more or less pathological milieu for particular groups of subjects, undermining their vital capacities. Regardless of their nominal aims, state interventions that fail to take account of and to transform this milieu partake in the normalized violence of biopolitical racism.

We can recall that the proponents of the race traits paradigm refused to countenance any influence of milieu at all on African Americans' life chances. Frederick Hoffman scoffed at "those who believe so firmly in the all powerful effect of the "milieux"" on mortality rates (51), and arguing, on the contrary, that "[i]t is not in the conditions of life, but in the race traits and tendencies that we find the causes of the excessive mortality" (1896, 95). While the rhetoric of the Sheppard-Towner paradigm

departed markedly from Hoffman's unapologetic racial evolutionism, its inattention to the milieu of black infant mortality largely undermined its effectiveness in ameliorating the problem.

Though, as noted above, the Children's Bureau was largely inattentive to African American infant mortality during its first years, its analysts were passionately concerned with the effects of the milieu on infant and child survival, and particularly on socioeconomic conditions.<sup>21</sup> From the very first studies of infant mortality carried out after its founding in 1912, the Bureau had concluded that poverty and its environmental sequelae—poor nutrition, inadequate housing and sanitation, maternal overexertion during pregnancy and postpartum, and inaccessibility of medical care—bore the primary responsibility for high infant mortality rates. In a short publication on "Income and Infant Mortality," Children's Bureau chief Julia Lathrop wrote that her agency's studies "set down the co-existence of certain conditions of life with varying infant mortality rates. They are concerned with the economic, social, civic, and family conditions surrounding young babies" (1919, 2). In fact, she prefigures Canguilhem's argument that mortality statistics are artifacts of the socially normative rather than biologically normal, reflecting the differential values, materialized as differential life circumstances, to which particular classes of subjects are assigned: "it is impossible to state a normal infant mortality rate...if all children were well born and well cared for, the infant mortality rate would be negligible...Many...children fail to survive because of conditions antedating birth" (3-4). Across the cities studied up to that time, she writes, household income is inversely

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<sup>21</sup> By the beginning of the 1920s, however, the agency had begun to turn its attention to some of these areas; a study of rural Mississippi, where over half of the respondents were black, was published in 1921, and a study of Baltimore, with a fairly large black population, in 1923.

proportional to the infant mortality rate, with annual earnings under \$550 averaging 151.4 infant deaths per 1000, compared to 64.3/1000 for the highest bracket of \$1250 and over. “The contrast between the most favorable and least favorable rates,” she observes, “indicates the favoring result of income with permits proper housing, proper surroundings and care, and which connotes a fair degree of education” (4). She quotes a British reformer: “what is needed is that the environment of the infant of the poor should be leveled up toward that of the infant of the well-to-do.” To that end, while also recommending universally available medical care, maternal education on infant hygiene, and “community responsibility for decent housing and sanitation,” she insists that a guaranteed “irreducible minimum living standard,” “a decent income, self-respectingly earned by the father,” is the most fundamental and far-reaching guard against infant mortality (6).<sup>22</sup>

In her account of the Sheppard-Towner Act as a triumph of maternalist welfare politics, Theda Skocpol paints the legislation as a nearly perfect extension of the Children’s Bureau’s preexisting agenda, an “enlargement of its activities to include the promotion of new programs and the administration of federal grants.” She emphasizes the

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<sup>22</sup> This last exhortation makes clear that Lathrop’s radical opposition to socioeconomic inequality is paired with a conventional notion of the gendered division of labor within the family, at least as she is writing here—typical of the maternalist agenda (see note 13 above). Earlier in the document, she insists that mothers only work outside the home when forced by desperate economic circumstances (1919, 5). Her endorsement of the gendered division of spheres might in part be a response to the fact that, according to the one Bureau study that she cites, the infant mortality rate for households in which the mother worked outside the home was a shocking 312/1000 (5). It may also have been calculated to garnering the support of an audience wary of feminism on what she saw as the more crucial issue of poverty alleviation. In general, however the maternalist reformers of the Children’s Bureau tended to defend a male breadwinner model (Skocpol 1992, 491). They did not support, for example, more radical feminist reformers’ proposals for a “family wage” guaranteed to male and female breadwinners alike (Folbre 1995, 873).

fact that Lathrop herself initiated the call for a federal program for the protection of maternity and infancy in 1917. In glowing terms, she describes the achievements of the Act as realizations of the Bureau's "long-standing vision of an expanded feminine sphere": the activation of over two million clubwomen to use their newly won voting power to persuade state and federal lawmakers to support the legislation, and then as volunteers to help to coordinate and support the programs; the expansion of the role of public health nurses in direct maternal and infant care; and the placement of women as official and professional personnel for the state- and local-level bureaus founded to administer the programs. Moreover, though providing no details, she approvingly quotes Richard Meckel's assertion that "the South, although keeping its programs segregated, for the first time made an effort to extend public health services to blacks" (1992, 510; Meckel 1990, 60). Despite what she represents as a few minor compromises for the sake of passing the legislation, she concludes that "[t]hrough the Sheppard-Towner programs—which spread services to impoverished rural areas, yet were open to all American mothers and children—the Children's Bureau put [its] maternalist vision of social welfare into effect" (Skocpol 1992, 512). According to Skocpol's account, the Sheppard-Towner Act realized the Bureau's inclusionary aspirations, and did so through more or less similar means across the nations, and to the more or less equal benefit of all US families.

In fact, however, the shape and impacts of the Sheppard-Towner program varied enormously across regional and racial lines. As Nancy Folbre writes in a review of Skocpol's book, the author's "enthusiasm for early efforts to provide income security leads her to overstate their universality and neglect the ways they actually fostered

divisions based on region [and] race... While she occasionally alludes to racial inequalities, she never explicitly asks how they might have limited the success of Progressive efforts” (1995, 869-870). In the case of the Sheppard-Towner Act, the successful passage and enactment of legislation authorizing actual interventions required deeper compromises from the outset than Skocpol acknowledges; given strong opposition from medical organizations and growing anti-communist sentiment among legislators, Lathrop’s initial vision of comprehensive and universally accessible medical care for mothers and infants had to be discarded, as did any directly redistributive elements. The Act as it was passed “forbade outright financial aid and medical care,” instead offering matching funds for a limited set of programs, including “midwife education, prenatal and child health conferences, visiting nurses, and instruction in nutrition and hygiene” (Ladd-Taylor 1988, 258). In the North, as Folbre’s critique would suggest, these limitations were particularly constraining vis-à-vis urban black migrants. Since the mid-1910s, as the first wave of the Great Migration advanced, at least some Northern cities had offered infant mortality programs modeled on earlier interventions targeting European immigrants. New York, for example, launched a program in 1916 in the majority black Columbus Hill neighborhood consisting of visiting nurses, infant welfare stations, and maternal instruction (Meckel 1997, 83). Exorbitant rents for utterly inadequate housing, employment discrimination, and neglect of black neighborhoods by city sanitation services, among other factors, however, conspired to create an environment inimical to infant survival—a situation reflected in Northern urban infant mortality rates two to three times as high as white rates in the same cities (Beardsley 1990, 23-24). Even as black mothers and infants were included in the Northern urban Sheppard-Towner programs,

and the introduction of black visiting nurses under the Act no doubt made a difference to some individual families (Meckel 1997, 83), limitations on direct aid and medical care meant that these programs could not make substantial transformations in the conditions of black infancy. As the environmentally oriented Bureau staff would no doubt have predicted, these programs made little impact overall on black infant mortality rates.

But Bureau had to make far more deleterious compromises with respect to black infant health in the South, where the vast majority of African Americans still lived in the 1920s. Not only was black health generally compromised by overwhelming poverty and a climate of terror; a white supremacist medical and public health establishment invested in maintaining this status quo actively stymied interventions in the environment of infancy. While Northern states, with established public health programs targeting poor and immigrant populations, readily accepted Sheppard-Towner funds in order to augment maternal and infant health provisions—inadequate as these were—Southern states were more wary of the funds’ potential entailments. In the South, particularly in rural areas, the Bureau’s “emphasis on some rationalized system of caring for the citizenry [was] anathema, for it potentially circumvented the entrenched set of relationships” grounded in strict racial hierarchy. Even after passage of the Act, Bureau personnel had to convince Southern states that the programs could improve infant mortality statistics—which were, to Southern public health officials’ embarrassment, on the whole significantly higher than Northern rates—without interfering unduly with the existing order of things.

Thus it was that, in contrast to the broader spectrum of programs implemented in the North and West, “the Children’s Bureau won support for federal maternity and infancy aid in the south by focusing on the “midwife problem” rather than on the

economic and social causes of poor health” (Ladd-Taylor 1988, 260)—initiating the pattern of disjuncture between public health research and practice that still characterizes interventions into black infant mortality today. Black midwives had been crucial healers and key authorities in their communities since slavery times. Often called to the vocation through divine revelation, as well as learning through apprenticeship to older midwives, they cared for men and women across the lifespan as well as attending births, maintaining a broad repertoire of knowledge about herbs and other medicinal substances (Fraser 1998, Fett 1996). Among Southern doctors and public health officials, however, it was nearly universally agreed that midwives, portrayed as unhygienic, superstitious, and ignorant, were to blame for high rates of infant and maternal mortality among rural black communities, among whom they still attended the majority of births (Fraser 1998, 34; Ladd-Taylor 1988, 258-260; Smith 1995; Litoff 1986, 113-114).<sup>23</sup> <sup>24</sup> While the text of the Act, confirmed the biopolitical equality of African American infants, the emphasis on midwife training served to deflect attention from “economic conditions or discrimination—the real causes of mortality” (Ladd-Taylor 1988, 260). Gertrude Fraser concurs that Southern experts “did not consider the underlying economic and social causes of infant and maternal mortality...the midwife was viewed as the main cause of

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<sup>23</sup> Mexican American midwives in the Southwest were characterized in terms similar to African American midwives, but little has been written about the specific ways that the loss of this legacy of knowledge and practice unfolded. See Ladd-Taylor 1988, 260-261.

<sup>24</sup> In a study of infant mortality in rural Mississippi released the same year as the Act was passed (1921), the Children’s Bureau also expressed concern about midwives’ care—in particular, the near-universal non-use of antibiotic ophthalmic drops to prevent blindness in newborns—and included “midwife control” among its recommendations. Nevertheless, in diagnosing the causes of infant mortality, it stressed the conditions of grinding poverty among the families in the study over these concerns. Moreover, it avoided ascribing a specifically racial pathology to black midwives or mothers, portraying white midwives as more or less equally deficient, and also noting that few black families could afford the services of doctors.

the mortality crisis” (1998, 70). Because public health officials and doctors were part of the white power structure that maintained the environment of systematic bodily deprivation and threatened violence for most rural blacks, approaches that would materially change that environment were beyond consideration. James Baldwin writes that “Any upheaval in the universe is terrifying because it so profoundly attacks one’s sense of one’s own reality...the black man has functioned in the white man’s world as a fixed star, an immovable pillar: and as he moves out of his place, heaven and earth are shaken to their foundations” ([1963] 1993, 9). The exclusive focus on midwives reassuringly kept blacks in their subservient place, obviating the threat of such an upheaval in white officials’ own political and ethical milieu.

Southern health officials’ conviction that midwives were to blame—ratified by the shape that Sheppard-Towner programs took in the South, regardless of the convictions of Children’s Bureau staff—figured the mechanisms of infant mortality as a sort of shadow play against a blank screen, in which the midwife, the mother, and the infant were the only characters. Unconnected to broader conditions, all emphasis was thus placed on the midwife’s observation of—or failure to observe—what public health authorities deemed proper procedure during the birth event itself. This decontextualized biopolitics in fact worsened the problem in many ways. For one thing, it introduced a logic of criminalization into the practice of midwifery. As described in Chapter 3, this emphasis on procedure was reflected in a new permit system for midwives, which required that they submit to extensive surveillance and regularly demonstrate that they were following the rules of hygiene prescribed by health officials. Already regarded as fundamentally responsible for infant deaths, this permit system “allowed for sanctions to

be brought against those women who committed infractions against the new laws... Public health officials, physicians, or local registrars had the authority to request the denial or revocation of a midwife's permit if in their view she was "unfit" to practice" (Fraser 1998, 68). This system of legal sanctions, at least in some states, was also linked to the new "racial integrity" laws. Midwives were responsible for recording the race of each child on the birth certificate; in Virginia, for example, "[m]isrepresentation of the race of a newborn was a felony that was also punishable by a year in the state penitentiary. More than any breach of the new laws relating to health care, failure to accurately report a newborn's race brought down the full wrath of the state" (Fraser 1998, 74).

Given these new bureaucratic restrictions and the climate of fear that they entailed, it is perhaps unsurprising that the most significant effect of the Sheppard-Towner Act in the South was a reduction the number of midwives serving African American communities: "In 1922 Florida had over four thousand midwives; by 1929, the state claimed that three thousand women considered 'physically unfit or...incapable of receiving instruction' had left the business... the number of midwives dropped from over 6,000 to 4,339 in Virginia and from 4,209 to 3,040 in Mississippi" (Ladd-Taylor 1988, 264). Yet white physicians were no more willing to serve poor African American women by the end of the 1920s than they had been prior to the Act's implementation. The reforms thus "deprived many women of experienced birth attendants without providing them with access to adequate medical and nursing services" (270). Moreover, new associations of criminality and deviance with midwifery led black women into an impossible situation; choosing the care of a midwife was increasingly seen by physicians

and public health personnel as a sign of maternal indifference, breathing new life into longstanding stereotypes of pathological mothering. Yet even those black women who desired medical rather than midwifery care—spurred in part by the official derogation of midwives—were not likely to have been able to obtain it (Fraser 1998, 103, 131). Ironically, given the Children’s Bureau’s emphasis on improving the environment of infancy, Sheppard-Towner programs institutionalized inattention to the milieu of black infant mortality. This inattention is reflected in the numbers: compared to the decline in mortality among white infants between 1921 and 1928 (72/1000 to 64/1000), the black infant mortality rate declined only very slightly, from 108 to 106 (Ladd-Taylor 1988, 275, fn71).<sup>25</sup>

In her study of infant and child death in a deeply impoverished region of northern Brazil, Nancy Scheper-Hughes describes the bureaucratic habit of looking away from poverty as a key part of “the social production of official indifference” (1992, 275-277)—an indifference as effective as direct forms of violence in maintaining inordinate mortality rates. No longer underpinned by the extreme biopolitical racism of the extinction hypothesis, and in fact characterized by the express aim of reducing black infant mortality, the Sheppard-Towner paradigm nevertheless allowed official indifference to the deleterious conditions of black life to thrive and vast disparities to persist. Although the Act was only officially in effect until 1929, the pattern that it

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<sup>25</sup> In a recent working paper, Carolyn Moehling and Melissa Thomasson in fact find that visiting nurse programs under Sheppard-Towner specifically were effective in attaining the significant reductions of around 8/1000 in black infant mortality (2011). These programs, however, were implemented very unevenly, and as such the overall reduction was much less. Interestingly, Moehling and Thomasson conclude that the reduction for whites was in fact part of a preexisting trend, and that Sheppard-Towner programs in themselves did not significantly contribute to this decline.

established lasted at least until the New Deal took effect, and in many places far longer; in the most rural parts of the South, midwife surveillance constituted the main form of infant mortality intervention until the early 1960s (Logan and Clark 1989, Susie 1988, Smith and Holmes 1996). Moreover, it established the pattern of decontextualized biopolitics that still characterizes official efforts to reduce African American infant mortality today. In the A Healthy Baby Begins with You campaign, we can discern not only a neoliberal discourse of individual maternal responsibility, but, as in the Sheppard-Towner paradigm, a set of recommendations that neither address nor attempt to transform the social, economic, or political milieu of black infant mortality.

### *Preview of chapters*

The first two paradigms of black infant mortality thus functioned to sustain disproportionate death in very different ways. The race traits paradigm excluded black infants from biopolitical concern virtually tout court; the Sheppard-Towner paradigm, under which black infants for the first time became visible as biopolitical subjects, instituted decontextualized forms of intervention, failing to address the environment that kept mortality high in African American communities. I argued above that white Southern public health and medical officials, notwithstanding sincere desires to reduce black infant mortality rates, were unwilling, or perhaps unable, to contemplate transformations in the Southern political and economic environment significant enough to achieve this aim. Such transformations would have required a confrontation with the entrenched forms of racial domination, violence, and economic exploitation that maintained the everyday realities of these officials and the white polity of which they

were part; the threat of upheaval, to use Baldwin's term, was simply too great. I have drawn a parallel between the decontextualized biopolitics of infant mortality under the Sheppard-Towner paradigm and the biopolitical interventions that, despite an abundance of new research stressing the milieu of anti-black racism (in all of its social, political, geographical, and economic complexity) as the primary cause of high mortality rates, are applying a similarly acontextual approach today. It may be that, like Southern whites in the 1920s, whites today are similarly unprepared for the upheaval that transforming this milieu would entail.

The biopolitical past may thus help us to understand the biopolitical present. That, in any case, is the aim of the genealogical method. Mitchell Dean writes that genealogy, Foucault's "history of the present," uses "historical resources to reflect upon the contingency, singularity, interconnections, and potentialities of the diverse trajectories of those elements which compose present social arrangements and experience... Such a history is geared toward the critical use of history to make intelligible the possibilities in the present" (Dean 1994, 21). The contemporary keyword of "disparity," connoting an unjust condition of preventable loss, did not itself gain currency until the early 1990s. As we have seen, however, the black-white gap, along with speculations about its significance, appears in the earliest statistical studies, and efforts to address it appear in the following decades. Tracking the shifts and continuities in official approaches as black infant mortality moved from outside biopolitical concern to nominal inclusion make clear that a key component of the biopolitics of infant mortality from its origins to the present is an official disavowal of its political production.

This genealogy has not, however, taken up the questions of resistance and struggle: struggle, first of all, against this official position on the part of black subjects and communities themselves, an insistence that disproportionate death among black infants is indeed a political question. Relatedly, it does not help us to understand the *lack* of resistance [to biopolitical racism] on the part of white reformers, especially those, like Lathrop and the other Children’s Bureau activists, who so vehemently defended despised immigrant groups, and for whom the distribution of life chances was thoroughly political. Foucault describes the undertaking of genealogy as the “coupling together of scholarly erudition and local memories, which allows us to constitute a historical knowledge of struggles and to make use of that knowledge in contemporary tactics” (2003, 8). Perhaps as a function of the focus on biopolitical paradigms here, which foreground the intersection of state policy and health sciences, the component of struggle is muted. This would perhaps have been a more effective genealogy had these questions been taken up (it certainly would have been longer!). Instead, however, these questions are taken up in the following chapters.

Chapter 1, “Infant Mortality and Social Death,” explores the antebellum roots of the racially bifurcated biopolitics of infant mortality: the “prehistory” of the genealogy above. It draws on the work of Saidiya Hartman, Jared Sexton, Frank Wilderson, and other scholars who argue that present-day US blacks continue to live “the afterlife of slavery,” visible in the post-emancipation continuities of normalized African American subjection to violence—direct and indirect—dispossession, and exclusion from human norms. I argue that the persistent black-white disparity in infant mortality represents an important case of this quotidian violence. Following these scholars in employing Orlando

Patterson's concept of social death to grasp the conditions of what Sexton calls "the political ontology" of anti-blackness (2010b, 36-37), I track the new figuration of priceless white infancy—"true babyhood"—that emerged in the 19<sup>th</sup> century, and the ways that enslaved black infants were constitutively excluded from this figuration. The ontological exclusion of black infants from "real" infancy persisted after emancipation, I argue, both in the overt biopolitical exclusions of the race traits paradigm, and in the failure of later biopolitical interventions to address the root causes of black infant mortality, from the Sheppard-Towner paradigm to the present day.

Chapter 2, "'Awful gladness': The complex political rhetorics of Du Bois' 'Of the Passing of the First-Born,'" takes up one aspect of the question of African American resistance to biopolitical exclusion. I argue that W.E.B. Du Bois' account of his infant son's death in *The Souls of Black Folk* ([1903] 1994) comprises a two-pronged rhetorical challenge to the prevailing race traits paradigm of black infant mortality, particularly as articulated in Frederick Hoffman's *Race Traits and Tendencies of the American Negro* (1896). As a sociologist, Du Bois vigorously rebuts these conclusions in a scientific idiom (1897). In "Of the Passing of the First-Born," however, Du Bois contests this exclusion quite differently, by deploying two rhetorical modes that I call *normalizing* and *insurrectionary*. The normalizing mode, depicting his family's idealized bourgeois home, rigid gender roles, and deep affective bonds, refutes charges of black deviance from conventional family life. By demonstrating a shared ethical and experiential horizon with white readers, Du Bois compels the latter to apprehend his son as a "grievable life." Yet this tactic fails to displace the rationality of biopolitical exclusion itself, since blacks seen as less scrupulously moral could still be deemed unfit to live. The insurrectionary mode

more comprehensively contests this rationality. Emphasizing the beauty of his son's racial mixture, Du Bois rejects the equation of genealogical purity with moral and physical perfection. Moreover, the dark elation or "awful gladness" that he describes after his son's death departs from the conventions of Victorian masculinity, evoking moments of maternal ambivalence toward infant life in African American slave narratives, history, and political speech. Du Bois' insurrectionary rhetoric challenges his white readers to see that it is not African Americans who must become more "normal" in order to deserve to live, but rather to recognize their own implication in the "living death" of their black fellow citizens. Attending closely to these two rhetorical modes, and the tension between them, expands on and complicates recent accounts of Du Bois' political rhetoric. It also illuminates a similar tension in responses to the contemporary biopolitics of African American infant mortality.

Chapter 3 examines the micro-politics of the midwifery reform campaign implemented in the South under the Sheppard-Towner paradigm. Drawing on Bruno Latour's Actor-Network Theory (ANT), which highlights the participation of non-human objects in our political worlds, it illuminates the materiality of both enactments of and resistances to biopolitical racism. I use this approach to follow an unlikely political object: the bag carried by Southern African American midwives subject to the reform campaign initiated under the Sheppard-Towner paradigm. Midwives were forced to surrender their own satchels and remedies for uniform black bags containing standardized equipment. Drawing as well on the complex accounts of resistance in the work of Michel de Certeau, Evelyn Higginbotham, and Lila Abu-Lughod, I track the bag's roles in both racial exclusion and violence—as substitute for deep-going health improvements, and

instrument of racial and gender discipline—and African American midwives’ contestations of reproductive racism—as a cover for vernacular practices, and as both symbol and tool of expertise. Attention to the bag’s ambivalent powers helps us to understand not only the everyday materializations of reproductive racism, but also how these materialities enabled creative forms of resistance and care—forms that are inspiring a new wave of reproductive activism by midwives and doulas of color today.

The coda, by way of conclusion, situates this emerging network of midwives and birth workers of color in our current biopolitical moment. Their projects pair the new research that roots disproportionate infant mortality in systemic racism with a reclamation of the legacy of Southern black midwives. In contrast to, and in some cases overt contestation of, the decontextualized biopolitics of black infant mortality that still prevails, these birth activists are enacting a uniquely effective politics of black infant survival.

## Chapter 1 Infant mortality and social death

*What if some subjects never achieve, in the eyes of others, the status of the “living”?*<sup>1</sup>

In the last two decades of the 19<sup>th</sup> century, infant mortality became an increasingly prominent major focus of popular concern and reformist politics. First emphasized by sanitary reformers, it became a primary site of Progressive Era activism, constituting one of the primary *raison d'être* of the National Congress of Mothers as well as spurring municipal and, eventually, federal action (Ladd-Taylor 1994; Meckel 1990). These efforts, however, focused almost exclusively on white infants of native-born and European immigrant parentage, virtually ignoring infant death among black communities (Meckel 1997). While infant mortality rates were indeed alarmingly high across the demographic board, this concentration of attention was inversely proportional to the prevailing rates of infant death. In the late 1890s—as it is today—the African American infant mortality rate in most of the United States was roughly double that of white infants: between 200 and 500 per 1000, versus 100 to 250 per 1000 (Hoffman 1896; Du Bois 1906). These numbers were widely available, and yet few prevention efforts targeted black infants until the late 1910s and 1920s. Moreover, when such efforts were eventually launched among African American populations, they were underfunded and puny compared to the robust reforms for infant survival instituted for white babies (Meckel 1997). Their implementation in the Jim Crow South tended to replicate, as much as to combat, the structures of racial hierarchy and deprivation at the root of high black infant mortality rates (Fraser 1998)—a pattern that persists to this day.

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<sup>1</sup> Sharon Holland, *Raising the Dead* (2000,15)

In the introduction, I explain the racial bifurcation of responses to infant mortality around the turn of the 20<sup>th</sup> century as a function of the black extinction hypothesis (Meckel 1997). The guiding rationale of the first biopolitical paradigm of infant mortality, the extinction hypothesis, as sketched in detail in the introduction, alleged that African Americans were an evolutionarily moribund race outside the “protections” of slavery.

This account, however, leaves some crucial questions unanswered. Why were most reformers, fierce in their defense of the efficacy of environmental interventions for the infants of the “inferior races” of Europe, so ready to accept that such reforms among blacks would, in contrast, be futile? And why, even after the hypothesis had lost credibility, did reform efforts fail to depart, at least in terms of their efficacy, from the precedents established under its logic? This chapter seeks to answer these questions by way of a prehistory of this biopolitical paradigm. I argue that this exclusion was facilitated by a new figuration of infancy that I call “true babyhood,” which emerged during the decades of the 19<sup>th</sup> century before the Civil War: white infants as adored and uniquely precious but highly vulnerable individuals, whose lives required special protections and whose deaths occasioned profound grief. True babyhood, I aim to show, was (and in many ways remains) a crucial and enduring instantiation of what Jared Sexton and others term the *political ontology of race* in the United States: a mode of collective existence (including spatial organization, embodiment, political subjectivity, affective and aesthetic patterns of response, social relations, and institutional structures) rooted in chattel enslavement and extending into the present, which constitutively excludes blackness from human norms, and subjects black people to systemic, naturalized gratuitous violence (Sexton 2010, Wilderson 2010). Judith Butler argues that the collectively acknowledged grievability of particular lives throw into relief “who counts as human” within that collectivity (2004, 20). “How do our

cultural frames for thinking the human,” she asks, “set limits on the kinds of losses we can avow as loss? After all, if someone is lost, and that person is not someone, then what and where is the loss, and how does mourning take place” (32)? In the decades before the Civil War, true babyhood emerged as an important new figuration of the human, entailing a new public understanding of white infant death as profoundly grievable. During this same period, black infant death remained an object of systematic inattention on the part of the white polity, and in that sense decidedly unmourned. The crystallization of this racially bifurcated response to infant death was a key element in, as Frank Wilderson writes, the “forging [of] a symbiosis between the political ontology of Humanity and the social death of blacks” (2010, 21).

Wilderson is part of a cohort of acute contemporary scholars of antiblack racism, including Saidiya Hartman (1997, 2003, 2007), Jared Sexton (2008, 2011), Ian Baucom (2005), Stephanie Smallwood (2008), and Stephen Marshall (2010), who deploy Orlando Patterson’s concept of social death to understand the historical and ongoing impacts of black chattel slavery in the US context in particular.<sup>2</sup> In its emphasis on the apparent intractability of the exclusion of black subjects from human norms in the transatlantic world, and especially in the US, some of this literature travels under the rubric of “Afro-pessimism” (Sexton 2011; Wilderson and Hartman 2003). Drawing on both Patterson and these recent interlocutors, I argue that the *social death* of black Americans from the colonial through the antebellum period constituted the *corporeal death* of black infants as ungrievable from the perspective of white society. This ungrievable status persisted after emancipation, grounding the biopolitical exclusions sketched the introduction: widespread acceptance of the extinction hypothesis, and the exclusion of black infant death from both public indignation at the waste of infant life and the organized

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<sup>2</sup> Sexton and Wilderson also draw deeply on Frantz Fanon in their formulations of political ontology, particularly its affective and psychic components.

Progressive politics of infant preservation. Each of Patterson's component elements of social death—natal alienation, dishonor (here styled, via an extension of Patterson's reading of Hobbes, as *devaluation*), and naturalized gratuitous violence—not only excluded black infants from new considerations of infant death as a tragedy, but enabled their subsequent effective exclusion from infant mortality as a biopolitical concern.

It must be acknowledged, however, that Patterson's formulation of social death for this purpose presents at least two complications. First, his account of the components of social death takes as paradigmatic the relation between adult male slave and adult male master; it thus requires revision in order to properly apply to the infant subject, or to the enslaved maternal body with which the infant subject is so closely linked. I thus begin with a critical review of Patterson's formulation, drawing in particular on feminist engagements—or in one significant case, disengagement—with his conceptualization vis-à-vis chattel slavery in the US South, in order to broaden the ambit of each of the three components. Second, some critics make a compelling case that recent deployments of the concept of social death smuggle into their analyses Patterson's own alleged dismissal of the social and political subjectivity of the enslaved within the modern transatlantic chattel slavery regimes—and/or, relatedly, an implicit pathologization of the descendants of the enslaved. Drawing on Afro-pessimist rebuttals of this allegation, I argue that the use of Patterson's concept to capture the persistence into the present of blacks' historical exclusion from human ontology and civil norms in fact need not foreclose the political possibilities of black life before or after emancipation. Having established this theoretical orientation in the first half of the chapter, I then give a more extensive account of the historical transformations that occurred in the conception of infant death from the late colonial period to the late 19<sup>th</sup> century—transformations that were part of a broader series of shifts in

dominant conceptions of the human. I argue that the natal alienation, gratuitous violence, and devaluation to which enslaved black infants were subject help to explain the intergenerational persistence of anti-blackness as systematic corporeal harm perpetrated by the white polity: the ways that banal, non-spectacular forms of violence adhere to, and in part constitute, black bodily life in the US from the very start.

### **Beyond masculinity and social death**

For Patterson, a slave is a “social nonperson”: a subject with “no socially recognized existence outside of his master” (1982, 5). She or he is thus a “socially dead person” within the slaveholding community (36)—an ontological distinction and power relation maintained and expressed, in Patterson’s account, through the symbolic life of that community, including its ritual practices (37 and 52-62), religious cosmology (66-76), kinship systems and norms (62-65), and language (39-41). This condition of social death consists in three factors, each combining the deeply symbolic with quotidian practice: permanent and physically violent domination, general dishonor, and natal alienation (13). I highlight Patterson’s construal of each of these components largely in terms of the adult male slave in relation to an adult male slaveowner, and reconstruct or suggest a supplementary reading that allows for a more expansive application.

Drawing on Max Weber’s conception of power, Patterson locates violent domination at the extreme end of the continuum of power asymmetries that characterize all human relationships. It is distinct from other forms of power, however, in the extreme degree of physical coercion that is permissible, and, relatedly, in the total dissolution of the slave’s social personality into that of the master (1982, 1-5). Recalling Locke’s account of justified slavery in Chapter 4 of *Two Treatises on Government*, Patterson argues that slavery “always originated (or

was conceived as having originated) as a substitute for violent death,” a “conditional commutation” of a death consequent to capture in war, a capital offense, or ejection from the community (as in the exposure of an infant): all states of “social nonpersonhood” (5).<sup>3</sup> As evidence of the fundamental role of violent coercion, “naked force,” in perpetuating this social nonpersonhood of the slave and in the appropriation of this nonperson as the “ego extension” (4) of the master, Patterson quotes judge Thomas Ruffin’s 1829 decision vindicating a master’s right to intentionally maim a slave, which stated that a slave is defined as a being

doomed in his own person, and his posterity, to live...without the capacity to make anything his own, and to toil that another may reap his fruits...Such services can only be expected from one...who surrenders his will in implicit obedience in the consequence only of uncontrolled authority over the body. There is nothing else which can operate to produce the effect. The power of the master must be absolute, to render the submission of the slave perfect (in Patterson 1982, 4).

While Patterson generally refrains from the most graphic descriptions of extreme violence, he notes at the outset that “we shall see [that]...there is no slaveholding society where the whip was not considered an indispensable instrument” (4).<sup>4</sup> The ritual of whipping was symbolically loaded as both experience and spectacle of the mastery-subjection dyad: “not only a method of punishment [but]...a conscious device to impress upon slaves that they were slaves” (Rawick 1972, 59, in Patterson 1982, 3).

If Patterson emphasizes the total pervasiveness of physical violence in general, however, he neglects the pervasiveness of sexual violence in particular. While sexual domination is frequently mentioned in Patterson’s account (e.g. 50, 206, 229-230), he does not explicitly thematize it as a primary instance and reinforcement of “perfect submission” on the part of the

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<sup>3</sup> Needless to say, this last form of justified social death point departs from Locke’s account, as an infant cannot be in a state of war or forfeit its place in human society through a capital crime.

<sup>4</sup> Interestingly, while the whip appears in several places, most prominently in his accounts of the US South (6, 8, 12, 206) the promised discussion of the indispensability of whipping across slave societies never materializes.

enslaved, or the particular agonies that this entailed for female slaves as both violable subjects and fecund reproductive bodies. Patterson's use of the non-labor-related terms "violence," "force," "coercion," and "domination," to characterize the master-slave relationship in general, his avoidance of the labor-specific term "exploitation" in the same capacity, and his three core features of social death all underline his position that, *pace* Hegel, "worker qua worker has no intrinsic relation to slave qua slave" (99). It is therefore telling that sexual violence is generally termed (and indexed as) "sexual exploitation," a term specific to the boss/laborer relation, locating it within a different, and milder, register of asymmetrical power. As Grace Hong argues, *Slavery and Social Death's* neglect of sexual domination as a primary site of gratuitous violence relies on a gendered public/private division, such that social death in Patterson's account is foremost the deprivation of an implicitly masculine public self, with the effect of "subordinat[ing] the "private" component of social ("public") death" (2006, 28). Hong contrasts Patterson's account with Angela Davis' assertion that "[s]lavery relied as much on routine sexual abuse as it relied on the whip and the lash...Sexual coercion was, rather, an essential dimension of the relations between slave master and slave...a direct expression of their presumed property rights over Black people as a whole" (Davis [1981] 1983, in Hong 2006, 28).<sup>5</sup> <sup>6</sup> Though

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<sup>5</sup> As a counterpoint to this position, Donette Francis (2013) argues that Patterson in fact displays an acute understanding of the gendered dynamics of social death in his novels, prefiguring black feminist analyses of sexual violence. She focuses in particular on *Die the Long Day* (1972), in which an enslaved Caribbean mother, Quasheeba, exercises highly circumscribed, even doomed, forms of agency as a sexual subject who, prefiguring Saidiya Hartman's analysis in *Scenes of Subjection* (1997), can neither give nor withdraw consent. After successfully scheming to arrange a liason between her daughter and a plantation master, from whom the former might expect a degree of privilege and comfort, Quasheeba discovers that the master has syphilis, and dies trying to protect her daughter from having to follow through with the arrangement. Francis quotes David Scott's assertion that "it is nearly impossible to understand the idea of slavery as a form of natal alienation that gives rise to the systemic condition of social death...without a sense of Patterson's attunement to the historical ontology of Quasheeba's predicament" (Scott 2013, 98, in Francis 2013, 6).

published the year before *Slavery and Social Death*, this passage reads like a direct rejoinder to Patterson's seeming prioritization of the whip over sexual violation.

At the same time, as Hortense Spillers reminds her readers, in emphasizing the latter along with the former we must guard against the notion of a strictly gendered division of *violence*, always keeping in view the fact that “the African female subject...is not only the target of rape...but also the topic of specifically externalized acts of torture and prostration that we imagine as the peculiar province of male brutality and torture inflicted by other males” (1987, 68). Spillers designates as “female flesh ungendered” the scene of “a female body strung from a tree limb, or bleeding from the breast on any given day of field work because the “overseer”...has popped her flesh open” (Ibid.). This does not mean that masters and overseers ever failed to differentiate between breasted and unbreasted, unpenised and penised forms of embodiment among the enslaved, but rather that nothing in “the traditional symbolics of female gender” (80)—i.e. the norms that attended white womanhood—could be counted on to curb or mediate the brutality to which this flesh was subject. Conversely, as Hartman notes, male slaves in the US were no doubt also subject to sexual coercion despite the silence in the record on this count, even as they did not share directly in the same reproductive consequences as female slaves (1997, 97).<sup>7</sup> Hartman emphasizes both the “ungendered” sexual valences of whipping (masters’ and overseers’ “great pleasure in whipping a slave” (1997, 98)) and the ways that particular forms of sexual violence under enslavement *constituted* gender as racially bifurcated—for

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<sup>6</sup> The emphasis on sexual violence is not the only contrast between Davis and Patterson, as the latter disputes the idea that the property relation is exclusive to the relationship of slavery, and therefore acknowledges but does not emphasize it, whereas for Marxist feminist Davis, the commodification of human bodies (including the gendered processes of reproduction) is central to the story ([1981] 1983, 21).

<sup>7</sup> Patterson mentions homosexual relations only in ancient Athens (1982, 231) and among eunuchs—he calls the palace eunuch the “ultimate slave”—in the Islamic world (312).

instance, the fact that female slaves, unlike white women, could not be objects of rape under the law (98). Pushing past the limits of Patterson's account vis-à-vis daily relations of domination the US South in particular, Spillers' and Hartman's interventions offer a more capacious and nuanced notion of violence as a core element of social death for all members of the enslaved community, and extend our sense of its inexhaustible variety of forms.

This violently maintained nonpersonhood of the slave entails, for Patterson, the second essential feature of social death, that of dishonor, which, he writes, "sprang from that raw, human sense of debasement inherent in having no being except as an expression of another's being" (1982, 99). As might be expected given *Slavery and Social Death's* undertheorization of sexual violence, Patterson's account of honor and degradation on the whole focuses on a decidedly masculine relation between honor and power. The correlate to the slave's degradation is the master's exaltation, which Patterson describes in unusually vivid affective language: "The real sweetness of mastery for the slaveholder lay...in the lightening of the soul that comes with the realization that at one's feet is another human creature who lives and breathes only for one's self, as a surrogate for one's power, as a living embodiment of one's manhood and honor" (78). Reading this "lightening of the soul" in Freudian terms, the subjective experience of mastery is thus the simultaneous "oceanic" immersion of the pre-individuated infant at the breast (Freud 1930)—maternal substance so entirely given over to that infant self as to be continuous with it—and the possession of a giant, absolutely obedient phallus. Given the reference to "manhood" in particular, it would be difficult to argue that both master and slave are not figured here as male. In accordance with this gendered vision of honor, internalized dishonor is characterized as a feminine lack of resistance—"The so-called servile personality is merely the outward expression of this loss of honor"—while honor is equivalent to manly dignity (12). He uses as evidence for

this formulation Frederick Douglass' account of his triumphant physical struggle with the slave-breaker Covey, which gains its profound symbolic charge precisely through its masculine defiance of the ritual degradation of the whip. As Douglass writes, this triumph gained him "a sense of my own manhood...I was nothing before. I was a man now" (13). Patterson's specific treatment of honor in the US South likewise focuses on white southern men's fixation on manly honor, and emasculation of "Sambo" as the essence of dishonor. "The key to "Sambo,"" he writes, "...is the total absence of any hint of "manhood," which in turn is a perfect description of the dishonored condition" (96). Though he notes that "childhood training by slave nannies" "nurtured the master's sense of honor," (99) the forms of honor and degradation specific to mistresses and female slaves—let alone for subjects, like infants, ineligible for honor as conventionally understood—are by and large left to the imagination.

But Patterson also introduces, in passing, a conceptual linkage between honor and *value* that might allow for a far broader application. He opens his preliminary discussion of honor with a treatment of the relationship between honor and power in Hobbes' *Leviathan*, which construes honor as a relationship of valuation. He offers a long quote from Hobbes to introduce this linkage: "The manifestation of the Value we set on one another, is that which is commonly called *Honouring*, and *Dishonouring*. To Value a man at a high rate, is to Honour him; at a low rate, is to Dishonour him. But, high and low, in this case, is to be understood by the rate that each man setteth on himself...Honour consisteth onely in the opinion of Power" (in Patterson 1982, 10). For Patterson, what Hobbes crucially points out here is that honor is a "social-psychological process" fundamentally linked with existing forms of power (ibid.). Patterson points in particular to Hobbes' assertion that obedience signifies honor: "To obey, is to Honour; because no man obeyes them, whom they think have no power to help, or hurt them" (ibid.). To think through the

concept of honor in ways that reach beyond Patterson's masculine master-slave dyad, however, we might also look to another axiom on this same list of actions evincing honor: "To shew any signe of love, or feare of another, is to Honour; for both to love, and to feare, is to value" (Hobbes 1994, 52). Hobbes here highlights the fact that value is a matter of affect as well as social psychology. As we will see in the case of infant mortality, collective affects, the new "signe[s] of love" for white infants—first parental, then public—that became conventional over the course of the 19<sup>th</sup> century, also entailed the devaluation of black infant life, before and after enslavement. Barrett writes that "in U.S. cultural logic the abstract entities "value" and "race" keenly reflect one another, even to the point that they might be considered isomorphic" (1998, 1). Expanding Patterson's citation of Hobbes to read "generalized dishonor" as (also) "generalized devaluation"—as I will do in the discussion of racially bifurcated responses to infant mortality—brings a broader variety of subjects and life processes into the ambit of social death.

Finally, it is the third constituent element, natal alienation, that is for Patterson the very crux of social death. Natal alienation consists not only of the denial of "all claims on, and obligations to, [a slave's] parents and living blood relations but, by extension, all such claims and obligations on his more remote ancestors and on his descendants." As such, the enslaved subject "was truly a genealogical isolate" (5). The concept of natal alienation, Patterson emphasizes, "goes directly to the heart of what is critical in the slave's forced alienation, the loss of ties of birth in both ascending and descending generations. It also has the important nuance of a loss of native status, of deracination" (7). As such, this condition was the most deeply constitutive element of social death—Patterson characterizes the latter as "the outward conception of natal alienation" (8)—because "[i]t was this alienation of the slave from all formal, legally enforceable

ties of “blood”...that gave the relation of slavery its peculiar value to the master. The slave was the ultimate human tool, as imprintable and as disposable as the master wished” (7). The formal genealogical isolation of the slave from both forebears and offspring made possible the other two constitutive elements of social death: no kinsperson could legitimately protect the enslaved person from the gratuitous violence of the master, and the affects and duties of kinship signifying the honor due to one’s place as a parent (“honor thy father and they mother”), elder, or community member, or the value of one’s place as a child, or were also rendered formally nonexistent.

The qualifiers “legitimately” and “formally” are key here; Patterson is careful to specify that a slave’s natal alienation “does not mean that he or she did not experience or share informal social relations” (1982, 6). Moreover, he also acknowledges that slaves did not simply acquiesce in this alienation, writing that “[t]he slave’s natural love for and attachment to kinsmen worked against the master’s attempt to deny him all claims to natality” (13).<sup>8</sup> However, the legal and

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<sup>8</sup> Patterson uses the term “natality” at least five times in *Slavery and Social Death* to signify the condition of genealogical non-alienation; the book contains no reference to Hannah Arendt’s concept of natality, but given his breadth of knowledge, he must have used the term advisedly. A sort of dark mirror image to Arendt’s transhistorical account of the human condition, with freedom at the apex, Patterson offers a transhistorical account of the dehumanizing practices of unfreedom, and in so doing calls the very concept of freedom into question. There are many resonances between the two thinkers, however; as is the case with Arendt’s *animal laborans*, he derogates survival as a non-politics (Patterson 1974). Drawing on some of the same Afro-pessimist appropriations of Patterson’s concept that I flesh out below, Ewa Ziarek writes that the “spectral character of social death, which continues to endure in the form of nonbeing...destroys the principle of natality, understood in the most broad terms, not only as the biological birth, but also as the claims of genealogy, the principle of a new beginning” (2012). Patterson and Arendt part ways dramatically, however, in their estimation of the essential feature of slavery; for Arendt, it is confinement to the realm of labor and necessity, and mastery is thus the condition of freedom from labor and, insofar as it is possible, the burdens of necessity. For Patterson, however, who cites many cases of non-productive, purely dependent “prestige” slaves, slavery is at its core a state of alienated and violated degradation, and mastery is a condition of honor predicated on this degradation. At the same time, Arendt associates the activities of labor and necessity with shame, and with privation of the publicly realized conditions of plurality and

normative structures of slaveholding society thwarted slaves' efforts to solidify and protect these attachments: "these relationships were never recognized as legitimate or binding...parents were deeply attached to their children, but the parental bond had no social support...slaves had no custodial claims or powers over their children, and children inherited no claims or obligations to their parents" (ibid.). Patterson uses as an example here the testimony of a former slave in the US South, who had been forced to witness the brutal whipping of his sister before her parents and siblings, none of whom had the power to intervene (8).

This example of the brutal negation of enforceable intergenerational—as well as intragenerational<sup>9</sup>—claims to protect and to be protected points to the condition of heritability at the heart of natal alienation's dehumanizing power. In Patterson's formulation, "[h]aving no natal claims and powers of his own, he [the slave] had none to pass on to his children" (9). As in the cases of violent coercion and honor, the figuration of the slave as masculine is notable here; the intergenerational aspect of natal alienation is the deprivation of a patriarchal legacy of "claims and powers," rendering invisible the enslaved, and thus also natively alienated, maternal body that gestated and birthed and stood in undeniable fleshly, albeit formally denied, relation

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nality, so there may be more common ground even on this count than appears to be the case at first glance. The relationship between Patterson's natal alienation as the core condition of slavery and Arendt's diagnosis of "world alienation" as issuing from modern attempts at mastery over nature (though not over other humans) would also be worth fleshing out. On the other hand, Arendt's distinction between power and force/violence, with the former designating the human faculty of action in concert (1972, 143), differs decidedly from Patterson's Weberian conception of power as the ability to carry out one's individual will (1982, 1). In any event, a full encounter between Patterson (and his recent interlocutors) and Arendt (and hers) around the themes of slavery and freedom, social death and political action, and alienation and nality could be fruitful, and so far remains undone.

<sup>9</sup> Frederick Douglass poignantly illustrates the intimate relationship between vertical and horizontal kinlessness, as the loss of his mother dissolved the bonds between himself and his biological siblings: "We were brothers and sisters, but what of that? Why should they be attached to me, or I to them? Brothers and sisters we were by blood; but slavery had...robbed these terms of their true meaning" (2003 [1855], 39).

these natively alienated offspring. This is particularly striking given that, according to Patterson, in “the great majority of slaveholding societies...birth during *most* periods was the source of *most* slaves” (1982, 132, italics in original). Moreover, in his schema of seven “ideal types” of intergenerational transmission of enslaved status, three are more or less unconditionally matrilineal, and two others include both matrilineal and patrilineal transmission of enslaved status (132-147). As Hong argues, Patterson’s representation of natal alienation as essentially a negation of patrilineality is particularly misleading in the case of chattel enslavement in the US South and the Caribbean, where “the *female* slave’s condition *was* inheritable...the child took on the status of the mother, not the father, who was often the white planter” (2006, 29, italics in original). She points out that, in these cases, it is not the natal alienation of enslaved black fathers but rather that of black mothers, combined with “[t]he white father’s lack of right of patrilineage—the fact that he did not confer his free status to his children,” that resulted in natively alienated offspring, “reproducing capital accumulation through rape” (Ibid.).

We might speculate that this erasure of the maternal body has something to do with Hortense Spillers’ *non*-citation of Patterson’s work in her pathbreaking 1987 article—already quoted briefly above—“Mama’s Baby, Papa’s Maybe: An American Grammar Book.” Given that *Slavery and Social Death* had been published only five years previously, it is hard to imagine that Patterson’s text was not included in “the spate of discourse that [Spillers] examined for this writing,” in which “the acts of enslavement and responses to it comprise a more or less agonistic engagement of confrontational hostilities among males” (1987, 73). In response to the absence of female bodies in the written records of transatlantic slavery (as well as their later reception), the “disquieting lacunae that feminist investigation seeks to fill” (73), Spillers elaborates the dizzying gendered predicaments of what she terms “kinlessness” (74). This

concept is, of course, very close indeed to Patterson’s “natal alienation,” and Spillers draws on some of the same literature that Patterson uses to develop the concept of social death—in particular, the work of Claude Meillassoux on African slavery. Patterson quotes Meillassoux’s assertion that, within the legal, customary, and kinship structures of the slaveholding society, “the slave will remain forever an unborn being (non-né)”<sup>10</sup> (Meillassoux 1975, in Patterson 1982, 38). Though drawing from a different work by the French anthropologist, Spillers highlights a strikingly similar point: namely, that “being unrelated both to their begetters and their owners...[the offspring of the enslaved] find themselves in the situation of being orphans” (Meillassoux 1983, 50, in Spillers 1987, 74). Though she qualifies this in the context of the United States—her aim being not a sweeping schematic account but a specification of the conditions of gender and reproduction in the US South, she uses Meillassoux’s account of west African enslavement as “a point of contemplation” rather than as assimilable to the former (74)—she remains close to Patterson in her description of the enslaved offspring’s predicament as “the man/woman on the boundary, whose human and familial status...had yet to be defined” (74). The figure of the boundary echoes Patterson’s assertion that “[i]nstitutionalized *marginality*, the *liminal* state of social death, was the ultimate cultural outcome of the loss of natality as well as honor and power” (1982, 46, italics mine).

The key difference, however, is that Spillers foregrounds the specific paradoxes of *maternity* within the system of New World black enslavement, throwing into relief the “patronymic, patrifocal, patrilineal, and patriarchal order” (1987, 74) that Patterson seems to universalize in his theorization of natal alienation. Spillers argues that enslavement rendered impossible the very category of motherhood (as well as fatherhood) as conventionally

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<sup>10</sup> This passage also makes clear that Michel Izard, Meillassoux’s collaborator, had coined the term “social death.”

understood: “even though the enslaved female reproduced other enslaved persons, we do not read “birth” in this instance as a reproduction of mothering precisely because the female, like the male, has been robbed of the parental right, the parental function” (1987, 78).<sup>11</sup> Moreover, anticipating recent arguments about the enduring temporality of slavery, she also links patriarchal interpretations of this forced kinlessness under enslavement to the persistent ascriptions of black family pathology—the aberrant “matriarchal structure” of the “Negro community”—emblemized by 20<sup>th</sup>-century documents like the Moynihan Report (Moynihan 1965, in Spillers 1987, 65). Such ascriptions, like Patterson’s account of natal alienation, focus on the absent father, and, in addition, figure the black mother as toxically and transhistorically overpresent, her alleged strength “an instrument of castration” (Spillers 1987, 74). Through adducing evidence that motherhood as well as fatherhood (and “kin” more generally (75)) was an unintelligible category of existence for the enslaved, Spillers dissolves the ground of this diagnosis.

She does not, however, stop with this critique; she flips the dominant interpretation to look at the painful legacy of kinlessness as a potential gift: an opportunity for reworking gender, for living kinship in ways that do not recapitulate ““Family” as we practice and understand it “in the West”—the vertical transfer of a bloodline, of a patronymic, of titles and entitlements, of real estate...from *fathers* to *sons* and in the supposedly free exchange of affectional ties between a male and a female of *his* choice...the mythically revered privilege of a free and freed community” (74, italics in original). For Spillers, this family form does not spell freedom, or a

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<sup>11</sup> Compare Douglass’ haunting words from the perspective of the “orphaned” offspring in *My Bondage and My Freedom*: “slavery...converted the mother that bore me, into a myth; it shrouded my father in mystery, and left me without an intelligible beginning in the world” (2003 [1855], 47). Spillers also quotes Douglass on the effects of maternal loss in the *Narrative* (Spillers)

privilege that those outside it should be eager to claim. Against Moynihan *et al*'s call for black communities to adhere more closely to liberal patriarchal norms of household and political economy, Spillers holds out as hopeful the fact that "legal enslavement removed the African-American male... as a partner in the prevailing social fiction of the Father's name, the Father's law," seeing in it the potential for a masculine subjectivity uniquely unmoored from the constitutive disavowals of patriarchal manhood: "Because of this peculiar American denial," she writes, "the black American male embodies the only American community of males which has had the specific occasion to learn who the female is within itself, the infant child who bears the life against the would-be fateful gamble, against the odds of pulverization and murder, including her own" (80). New and insurgent forms of black female subjectivity, too, could emerge from reading ascriptions of matriarchal pathology against the grain. The historical "problematizing of gender"—the contradictory motherhood both relied upon and denied, and the consequent location of black women "out of the traditional symbolics of female gender"—does not represent, for Spillers, an incitement to fold black womanhood into these conventions of femininity (if that were even possible), but rather the political "task" of thinking and practicing gender anew. As she concludes, "[a]ctually *claiming* the monstrosity (of a female with the potential to "name"), which her culture imposes in blindness, "Sapphire" might write after all a radically different text for a female empowerment" (80, italics in original).

As in the case of gratuitous violence, reading Spillers' account of kinlessness as a critical supplement to Patterson's formulation of natal alienation allows for a more comprehensive mapping of its specific effects for enslaved persons differently located within the political economy of slavery. Illuminating in the first place the paradoxes (and potential promises) of

naturally alienated maternity, the concept thus supplemented can also better ground an account of the implications of genealogical isolation for black infants both during and after slavery.

### **Social death: A choice between pathology and politics?**

For historian of transatlantic slavery Vincent Brown, Spillers' emphasis on the political potentialities of the legacy of kinlessness avoids recapitulating what is most problematic about the concept of social death, in Patterson's original formulation and, more expressly, in its recent uptake by scholars of slavery and its afterlife (2009, 1246 fn49). Extending earlier critiques of Patterson's *magnum opus* by V.F. Franklin (1983) and Michael Craton (1984) in a recent review essay (2009), Brown argues that social death is too often construed as a fixed *condition* of the enslaved, an utter negation of their experiences, agency, and modes of community, rather than a *predicament* that, against overwhelming odds, could and did give shape to various forms of politics, from quotidian infrapolitical resistances to communal counterpractices to armed revolutionary struggles.<sup>12</sup> Moreover, Brown reads the concept as, at least in part, an artifact of sociology's historical emphasis on African American social pathology, from Robert Park to E. Franklin Frazier to Moynihan,<sup>13</sup> a lineage in which he also locates Patterson: "[t]ogether with Patterson's work on the distortions wrought by slavery on black families, "social death" reflected sociology's abiding concern with...the "pathological condition" of twentieth-century black life...seen as an outcome of the damage that black people had suffered during slavery" (1234).

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<sup>12</sup> Particularly with regard to the negation of the experience of the enslaved, Brown echoes Franklin's verdict that, in the wake of Patterson's book, "[t]he large gap in our knowledge of global slavery "from the perspective of the dominated" still needs to be filled... the value of the work [is limited] for researchers who have moved beyond "the World the Slaveholders Made" to an analysis of what it was like "To Be A Slave" (1983, 215).

<sup>13</sup> Spillers makes a similar critical connection between Frazier's diagnosis of "black matriarchy" and that of Moynihan (1987, 74).

On both these counts, the concept of social death risks construing the enslaved and, by extension, their descendants as subjects essentially defined by lack: of agency, of memory and meaningful heritage, of community, of unimpaired family relations, of any recognizable politics (1236).<sup>14</sup> Brown begs to differ. Agreeing with Michael Craton that “Patterson's definition of slavery depends on precepts that are by no means confirmed by what one knows of slavery in the Americas at large”—the construction of community, a record of insurgency (Craton 1984)—he sees in the historical record evidence of “a politics of survival, of existential struggle transcending resistance against enslavement” (2009, 1246).

For Brown, however, even more problematic than Patterson’s own formulation are the uses to which his followers have put the term. Brown concedes that there is a countercurrent within Patterson’s work that does entail the recognition of the experiences, yearnings, and struggles of the enslaved in response to the formal conditions of social death. He quotes, as an example, Patterson’s assertion that “Because [a slave’s] kin relations were illegitimate, they were all the more cherished...Because of his formal isolation and liminality, he was acutely sensitive

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<sup>14</sup> Brown—unlike Franklin (1983)—does not include in his evidence Patterson’s 1974 review of Eugene Genovese’s *Roll, Jordan, Roll*, but it certainly seems to bear out his point. Although Patterson had not yet adopted the term “social death,” African American slaves, on his reading—*contra* that of Genovese—certainly exemplify the generalized dishonor and natal alienation that he would later posit as central to that condition. In fact, Patterson seems to share in the dominant perspective’s contempt for these dishonored beings, as well as implicitly arguing that contemporary African Americans have no heritage worthy of claiming:

The house servants, the drivers, the mechanics, the free Negroes, the mammies, the mulattoes, the black soldiers and the mass of field Negroes...I find, as a class, morally degraded and utterly wanting in their reluctance to resist...[Their] cultural system . . . was singularly lacking in range, flexibility and dynamic adaptability. It was not a heritage to be passed on. Like their moral compromises, this was a social adaptation with no potential for change, a total adjustment to the demands of plantation life and the authoritarian dictates of their masters...A people, to deserve the respect of descendants, must do more than merely survive spiritually and physically. There is no intrinsic value in survival, no virtue in the reflexes of a cornered rat (1974, 37-38, in Franklin 1983, 214-215).

to the realities of community” (Patterson 1982, 337, in Brown 2009, 1248; cf. Patterson 1982, 6, 13).<sup>15</sup> While Patterson never goes so far as to designate these responses a politics, this countercurrent allows for something akin to what Brown sees as the usefulness of the concept of social death as properly understood: social death not as a fixed condition but as the “receding horizon” of slaveholders’ struggle for “absolute mastery” (1241), a “compelling” but never fully realized “metaphysical threat.” Seeing “the fear of social death not as incapacity but as a generative force—a peril that motivated slave activity” brings into view a “slave politics” whose stakes are “the very terms and conditions of social existence” (1244). However, Brown writes, this is “not the emphasis of Patterson’s argument.” In consequence, “those he has inspired have often conflated his exposition of slaveholding ideology with a description of the actual condition of the enslaved” (1248). While Brown does not explicitly mention the term “Afro-pessimism,” his reading of the recent increase in invocations of Patterson’s “social death” as an indication that, in slavery historiography, “the pendulum seems to have swung decidedly toward despair,” (2009, 1235) could be read as an implicit critique of this position. In any case, he criticizes the uses of “social death” in Ian Baucom’s *Specters of the Atlantic* (2005), Stephanie Smallwood’s

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<sup>15</sup> Different moments in the text argue both for and against this view. Patterson’s insistence that “a past is not a heritage” (and, i.e., that the enslaved had the former but not the latter) echoes his disdainful remarks in the 1974 review of Genovese’s book. His assertion that American ex-slaves’ “genealogical and historical memory” was characterized by “extraordinary shallowness,” on the evidence of recorded interviews, likewise seems to betray a predetermined and rigidly bounded grid of interpretation, in this case grounded in norms of communication that assume equal power. Patterson’s refusal to acknowledge the fact that apparently limited memories expressed on record might just have well have signaled deliberate secrecy and silence on the part of ex-slaves with interlocutors across racial and/or class and generational difference accords with the lack of emphasis, in *Slavery and Social Death*, of the specific nature and efficacy of the “weapons of the weak” employed by slaves (Scott 1985; though see Francis 2013, and note 3 above). On the other hand, as further evidence of the countercurrent that Brown identifies, Patterson writes stirringly that “[out] of this trial [of enslavement] the slave emerged, if he survived at all, as a person afire with the knowledge of and the need for dignity and honor... whenever we hear the voice of the slave himself... what invariably surfaces is the incredible dignity of the slave” (100).

*Saltwater Slavery* (2008), and Saidiya Hartman's *Lose Your Mother* (2007)<sup>16</sup> as all, to at least some extent, conceptualizing social death as a realized condition, a *fait accompli* rather than a "productive peril"—i.e. productive of political response on the part of the enslaved—thus impoverishing our understanding of slavery itself and, by extension, our analyses of its afterlife. "The usefulness of social death as a concept... depends on what scholars of slavery seek to explain—black pathology or black politics, resistance... attempts to remake social life" (1248)? Insofar as scholars follow Patterson's lack of emphasis on social death as generative of struggle,

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<sup>16</sup> As mentioned above, Hartman's work has been central to Afro-pessimist accounts of the "afterlife of slavery" (2007, 6). In *Lose Your Mother*, she recounts her extended sojourn in Ghana, tracing the slave route in reverse, from her transatlantic journey (and temporally, from her own family's gap-filled genealogy back into the origins of the slave trade) to coastal fortresses to the sites of both slave markets and fugitive communities in the rural hinterlands. She braids her own tale with stunning flights of imaginative nonfiction, often from perspective of the newly enslaved; documentary accounts of 18<sup>th</sup>- and 19<sup>th</sup>-century witnesses and the various, often more obfuscating than clarifying, narratives on offer in Ghana today; and reflections on the existential and political meanings of the overwhelming human loss that the Middle Passage entailed. The concept of social death is indeed central to this work. As its title suggests, the book is an extended meditation on and mourning of the condition and experience of natal alienation as a feature of slavery's present past, as well as, in Brown's incisive formulation, "an injunction to accept dispossession as the basis of black self-definition" (2009, 1237). Indeed, while Hartman includes autobiographical glimpses of her family, including parents and elders, she refers to herself more than once as "an orphan" (2007, 85, 199).

While praising the book's temporal blurrings and elegiac register as "absolutely appropriate to the task" of narrating this history, Brown argues that "Hartman is undone by her reliance on Orlando Patterson's totalizing definition of slavery" (1239). According to his critique, Hartman construes dispossession as a fact rather than a threat, quoting her assertion that "no solace can be located in the death of the slave, no higher ground can be located, no perspective can be found from which death serves a greater good or becomes anything greater than what it is" (Hartman 2007, 67, quoted in Brown 2009, 1239). Assessing this construal as characterizing the book more broadly, he argues that, in consequence, she misses "the ways that violence, dislocation, and death actually generate culture, politics, and consequential action by the enslaved" (Brown 2009, 1239). A vivid example of this kind of politics—"social death as generative force"—opens Brown's review essay: a 1786 account of the captive women of the slave ship *Hudibras* facing off with the captain for the right to mourn an especially respected member of their cohort, the first to die during the crossing—and triumphing, gaining even the exceptional grant of permission to be present as the body is lowered into the sea (thus assuring its non-desecration by the crew) (Ibid, 1231-1232).

he suggests, the accent will fall on the former: their efforts will also reproduce, to some degree, Patterson's pathologization of black life.

"Social death" as black pathology and lack, or "social death" as perilous condition of political possibility: if these are the only two options, the former is indeed an indefensible choice. There is, however, another possibility here that Brown misses: namely, the deployment of the term "social death" to diagnose not black pathology but the pathologies of a polity and/or transnational configuration that, since the beginnings of the slave trade, has enacted, and continues to enact, persistent harm on black bodies. Brown is not alone in his objection to the term; as Jared Sexton writes, there is "a tension emergent in the field of black studies...regarding the theoretical status of the concept of social death" (2011, n.p.). Like Brown, Fred Moten criticizes the Afro-pessimist invocation of social death as ascribing a pathology to black life; Moten's "black optimist" position, recalling Spillers' discernment of potential new gender formations within dominant diagnoses of black family pathology, puts an accent on the fugitive possibilities of black existence in its exclusion from oppressive human norms (Moten 2009, Marshall 2010).<sup>17</sup> In Sexton's view, however, social death is a crucial concept for diagnosing the shape and persistence of those very norms: it is "a notion useful for the critical theory of racial slavery as a matrix of social, political, and economic relations surviving the era of abolition in the nineteenth century" that "challenges practitioners in the field to question the prevailing

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<sup>17</sup> In Marshall's succinct summarization, Moten "advances the notion of "stolen life" to describe and embrace blackness as a "fugitive movement" of "the stolen" in and out of the law of slavery and indeed "every enclosure"...stolen life grounds the black radical tradition and the cultural production of the black avant garde. Rather than contesting the criminal alterity of blackness, Moten embraces it "as a cause for optimism" and aligns fugitive movement with freedom's possibility" (2010). Sexton argues, however, for the reasons outlined in the main text below, that Moten's objections (like Brown's) rest on a misreading of the Afro-pessimist position as foreclosing political possibility, and that in fact there is a strong convergence, if not identity, between the Afro-pessimist and Afro-optimist positions (2011). Marshall likewise identifies "crucial moments of convergence" between the two positions (2010).

understanding of a post-emancipation society and to revisit the most basic questions about the structural conditions of anti-blackness in the modern world” (2011, n.p.). Brown writes that “[i]f scholars were to emphasize the efforts of the enslaved more than the condition of slavery, we might at least tell richer stories about how the endeavors of the weakest and most abject have at times reshaped the world... Those struggles are slavery’s bequest to us” (1249). The confrontation of *other* bequests from slavery, however, those written in the flesh, the streets, and the life chances of present-day black communities, by no means necessarily precludes attunement to the fugitive possibilities of life and politics otherwise forged by the enslaved and their descendants in the historical record. This double emphasis characterizes the standpoint of Sexton, Hartman, and others who have revived social death as an analytic (Hartman 2007; Sexton 2011, 2008; Wilderson 2010). In their work, “social death,” as a way to conceptualize the ongoing exclusion of black life from the realm of the human does not attribute an innate pathology to that life or annul its capacities for action (Sexton 2011). Rather, it brings into focus how this ontological bifurcation occurs and endures, how its mechanisms and successive forms have shaped present-day bodies and lifeworlds—as well as, along the lines of Spillers’ argument, the shape of political possibilities outside of the violently policed boundaries of the human. As Hartman writes of her investigations in Ghana, “I was loitering in a slave dungeon less because I hoped to discover what really happened here than because of what lived on from this history. Why else begin an autobiography in a graveyard” (2007, 130)? In short, a full understanding what Jared Sexton calls “the social life of social death” (2011) requires a careful accounting of the forms of gratuitous violence, dishonor and devaluation, and natal alienation that have lived on as projects of anti-blackness after emancipation, no less than the “richer stories” of struggle that these projects have generated from below.

Many of the recent accounts that employ social death as an analytic have, understandably, focused on police violence and the US carceral system, in which the racial legacies of natal alienation, coercive force, and dishonor are glaringly evident. For instance, in his schematic account of four successive “peculiar institutions” in the United States that have served to exclude blacks from the polity—chattel enslavement, Jim Crow, the ghetto, and the hyperghetto/prison complex—Loïc Wacquant writes that “[j]ust as bondage effected the ‘social death’ of imported African captives and their descendants on American soil, mass incarceration also induces the civic death of those it ensnares by extruding them from the social compact” (2002, 57).<sup>18</sup> Dylan Rodriguez, ascribing a “racial chattel logic” to the current structures and practices of incarceration in the US, writes that “Orlando Patterson’s explication of the roots of slavery offers a useful framework through which to comprehend the root structure of this carceral-punitive regime” (2007, 36). Joy James likewise deploys the concept in her meditation on Martin Luther King Jr.’s writings as a political prisoner as resources for prison abolition today: “King had to think critically, as he grappled with an emotional landscape littered with bodies, trauma, and social and physical death” (2011, 214). This emphasis makes sense for many reasons, not least the close association between black agency and criminality that analysts have traced back to legal codes established during the time of slavery. As Hartman writes, “[t]he slave was recognized as a reasoning subject who possessed intent and rationality solely in the context of criminal liability” (1997, 82). Like Hartman, Sexton notes that emancipation did not sever this association; rather, “the continuing application of slave law facilitated the *reconfiguration* of its

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<sup>18</sup> Citing not Patterson but a contiguous concept that aligns with Patterson’s notion of dishonor, Wacquant writes of “the continuing stigma that afflicts the descendants of slaves by virtue of their membership in a group constitutively deprived of ethnic honour (Max Weber’s *Massehre*)” (2003, 42).

operation with the passage of the Thirteenth Amendment to the U.S. Constitution, rather than its abolition (in the conventional reading)...“as punishment for crime whereof the party shall have been duly convicted”” (2010b, 37).<sup>19</sup>

Yet even as the realm of police violence and penal banishment constitute particularly clear examples of the ongoing condition of social death, the political ontology of race by definition encompasses all aspects of existence—not least the most basic requirements of bodily health and survival. Alys Eve Weinbaum argues that, within transatlantic modernity, race cannot be thought without reproduction—what she calls the “race/reproduction bind” (2004, 5)—and indeed the health and functionality of the reproductive body in particular is at the crux of the bifurcation between human and black existence that characterizes the political ontology of race. Laura Briggs’ account of 19<sup>th</sup>-century gynecology’s opposition between “overcivilized” white women and “savage” nonwhite women—particularly black women—offers a key example of this bifurcated ontology and its connections to patriarchy, medical power/knowledge, and political economy (2000). While diagnoses of reproductive “diseases of overcivilization” like hysteria and neurasthenia justified white women’s exclusion from higher education and their consignment to the domestic sphere (254-255), the complementary construction of nonwhite women as reproductively hardy and insensate construed them as ideal subjects for both medical experimentation and hard labor. It also justified the obstetrical neglect of nonwhite women, who suffered disproportionate maternal morbidity and mortality, when intervention would actually have been warranted (262-264). The persistence of this bifurcation is evident in the stunningly disproportionate rates of maternal mortality among black women in the US to this day—in New

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<sup>19</sup> While he does not use Patterson’s conceptual framework, Khalil Gibran Muhammad demonstrates the persistence and elaboration of this association—its afterlife—through the scientific conflation (through criminology, statistics, and the nascent social sciences) of the categories of criminality and blackness in the late 19<sup>th</sup> century (2010).

York City, 79 per 100,000 live births, compared to 10 per 100,000 for white women (Mason 2013); and a nationwide disparity of over 4:1 (Amnesty International 2010). Dorothy Roberts' *Killing the Black Body*, which employs the concept of natal alienation in its discussion of enslaved reproduction (1999, 45), offers exhaustive evidence of this ontological bifurcation at the intersection of law, medicine, and institutions of public assistance and social work after emancipation. Although she does not extend this framing into the post-emancipation era, the "afterlife of slavery" would be an apt way to characterize her account of the coercive tactics sanctioned and/or employed by the state to violently deprive black women of their reproductive health and autonomy, from commodification under slavery (1999, 39-45) to mass sterilization (89-103) to the removal of children from the home (2002) to incarceration for "child abuse" because of drug use during pregnancy (1999, 150-194).<sup>20</sup>

Frank Wilderson's reading of the Haile Gerima's 1979 film *Bush Mama* alongside the late-1970s prison journals of Black Liberation Army soldier Safiya Bukhari-Alston similarly demonstrates the pervasive targeting of black reproductive health as a key component of the 20<sup>th</sup>-century organization of social death. In the film, a poor black mother, Dorothy, "struggles to navigate Los Angeles' policing, welfare, and sterilization agenda for black women" (2010, 123): she has her welfare check withheld pending her agreement to an abortion, which she refuses; her preteen daughter is raped by a police officer, whom Dorothy subsequently stabs to death. Beaten badly in a jail cell by officers trying to force a confession that makes no mention of the rape,

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<sup>20</sup> See also Harriet Washington's *Medical Apartheid* (2008) for an exhaustive history of medical abuse and neglect of, and experimentation on, black bodies, including the Tuskegee experiment, which targeted male reproductive bodies (though the bodies of female partners and offspring were of course indirectly violated). For an excellent recent account of the Tuskegee study, see Reverby 2009. For a reproductive justice-focused account of reproductive abuse and resistance, see Silliman et al 2004 and Ross 2006.

Dorothy miscarries (123-128). Bukhari-Alston relates both her own tragic experiences and those of others: her own pleas for medical attention for gynecological symptoms during years of solitary confinement were ignored until a hemorrhage “necessitated” a (probably unnecessary) hysterectomy; in the same prison, she writes, “a “doctor” examines a woman who has been in prison for six months and tells her she’s six weeks pregnant there’s nothing wrong with her and later she finds her baby has died and mortified inside of her” (132-133). As Wilderson also observes, the formal institutions of policing and incarceration must themselves be read as continuous with the collective practices of ontological boundary control carried out by white society more broadly: black women’s “accumulated and destroyed sexuality...is every White person’s business to patrol, not only through the spectacular violence of a prison hospital, but also through White struggles over ethical dilemmas in civil society: the selection of topics, the distribution of concerns...the bounding of debate within acceptable limits” (134). Wilderson’s thematization of the ways that gender and sexuality shape specific forms of social death, like Hartman’s focus on the loss of the maternal relation (2007), makes clear both that Patterson’s masculinism is in no way essential to the concept. Moreover, *pace* Brown, the institutional and societal pathologies that it points up are those endemic to white supremacy, not black bodies themselves. Even as Bukhari-Alston narrates her own and others’ harrowing subjection to medical abuse and neglect, her mordant critique of the “doctor’s” authority asserts the validity of women’s knowledge of their own bodies—poor and incarcerated black women no less than any other women—as well as demonstrating the inadequacy of existing forms of care, and thus, implicitly, the need for alternatives. This critique is especially significant as it coincides temporally with the rise of the black women’s health movement in the late 1970s (see, e.g., Nelson 2003, Silliman et al 2006).

But with regard to the impingements of the political ontology of race on the fundamental conditions of existence, it is not only the black maternal body that falls outside of the geography of white political and ethical concern. These accounts evince a corresponding exclusion of black *infant* life from human norms as well. While not explicitly thematizing this exclusion, both Briggs' historical account of the obstetrical neglect and abuse of black women and the ongoing criminalization of maternity catalogued by Roberts entail the a drastic diminution of life chances, and in many cases the actual death, of black infants (e.g. Briggs 2000, 164). The horrifying experience of Bukhari-Alston's fellow inmate and the abortion-by-assault of the character Dorothy likewise testify to an overarching complacency—at best—on the part of the white polity toward the more or less violent separation of black infants (and fetuses) from the materials of survival. This complacency, I argue, requires a specific disregard for black infant life that is not wholly derivative of the exclusion of black maternity from human norms, even as it is intimately connected with the latter both notionally and physically. Both Hartman and Marshall include disproportionate black infant mortality as evidence of the persistence of social death (Hartman 2007, 129; Marshall 2010, n.p.) but the historical conditions of this particular phenomenon remain largely unexplored. Sexton, borrowing from Jean-Francois Lyotard, uses the term “libidinal economy” to describe “the distribution and arrangement of desire and identification...the whole structure of psychic and emotional life...a dispensation of energies, concerns, points of attention, anxieties, pleasures, appetites, and phobias capable of both great mobility and tenacious fixation” (in Wilderson 2010, 7; *cf.* Sexton 2003). In the second half of this chapter, I examine the historical roots of the tenacious *inattention* to black infant death in the present-day libidinal economy of the United States. I argue that, while white infant life and death was becoming a concentrated site of emotional investment over the course of the 19<sup>th</sup> century,

each of Patterson's interlocking components of social death—natal alienation, dishonor/devaluation, and gratuitous violence—introduced a political ontological bifurcation that worked to thwart a corresponding investment in black infant life and loss.

### **True Babyhood and the Race of Infant Mortality**

As we saw above, Spillers argues that reproduction under enslavement rendered impossible the very category of motherhood as conventionally understood (1987, 78). Likewise, the new enslaved person, the small human commodity that emerges from this reproductive process, cannot properly be understood to have been a baby in the sense that emerged in the 19<sup>th</sup> century and, in many ways, persists to this day. Hazel Carby's critique of feminist historians' accounts of antebellum femininity shows that enslaved black females were ontologically excluded from the category of "true womanhood": the pious, chaste, submissive, domestic helpmeet to white manhood. Analogously, and during roughly the same period, the offspring of black women were ontologically excluded from "true babyhood": the figuration of white infants as adored, inherently precious, and vulnerable future citizens.

Central to this exclusion was the fact that black infants' deaths were not included in the increasingly public sense of tragic loss that shadowed white infancy, even as enslaved black infants in the antebellum and postwar periods died at rates far exceeding those of white infants (Steckel 1986, 733; Downs 2012). The fact that enslaved infants and, later, the infants of freedpeople were not considered precious lives or future citizens may seem like a point too obvious to argue. Yet the commodity status of black infants during the time that true babyhood emerged as a key social figuration and biopolitical concern structured the political ontology of American infancy in a deep and lasting way. While infant mortality rates have been dramatically

reduced across the board, the persistent failure of public health interventions to equalize black and white infants' mortality rates over the 20<sup>th</sup> century and into the present day signals a continuity in black infants' exclusion from true babyhood. As such, this failure is a crucial, though quiet, manifestation of the "afterlife of slavery."

Saidiya Hartman writes that

Slavery...established a measure of man and a ranking of life and worth that has yet to be undone. If slavery persists as an issue in the political life of black America, it is...because black lives are still imperiled and devalued by a racial calculus and a political arithmetic that were entrenched centuries ago. This is the afterlife of slavery—skewed life chances, limited access to health and education, premature death, incarceration, and impoverishment (2007, 6).

In her use of the terms "political arithmetic" and "measure of man," Hartman evokes Foucault's biopolitical racism here, the rationalized life-or-death divisions within the population; later in the same book, she explicitly refers to Foucault's concept of state racism (129). On one hand, true babyhood is a biopolitical figuration par excellence. It marks out a particular sector of subjects for whom individual protection and care helps to ensure the security of the population as a whole. Its racial circumscription also leaves out those deemed abnormal through the confluence of science and law, whose individual and group well being is seen as irrelevant, if not antagonistic, to the well being of the "legitimate population"; mortality statistics powerfully demonstrate the impacts of these divisions. Foucault's functionalist explanation for state racism, however—the result of biopolitical states' maintenance of the sovereign power to kill—does not capture the affective, psychic, and existential weight that racial categorizations take on among the members of the population themselves, the processes by which they come to do so, and their endurance over time. The notion of the political ontology of race, and its accompanying libidinal economy, can flesh out our understanding of what makes biopolitical exclusion and violence adhere to particular kinds of bodies over multiple generations despite official commitments to

equality and targeted care. As Joy James writes, “black suffering and death have become familiar—forming a backdrop to everyday reality. Premature violent death...ceases to astonish or seem unusual in this landscape” (2013, 145). Beyond instantiating Foucault’s notion of biopolitical exclusion, then, the racially bifurcated ontology of infancy that took shape through the figure of true babyhood normalized the prospect of suffering and dying black infants to the eye and ear, the human sympathies and political sensibilities, of those whose own biopolitical inclusion was unquestioned—even, and in particular, those sworn to the service of protecting life. The conditions of *natal alienation*, *devaluation*, and *gratuitous violence* to which black infants were subjected signified their ontological exclusion from the *adoration*, *preciousness*, and *vulnerability*, respectively, that constituted the figure of true babyhood as it took shape over the course of the nineteenth century. After a brief background on the historiography of 19<sup>th</sup>-century infant mortality, we examine each of these antitheses in turn. As a site of public sentiment, true babyhood laid the groundwork for the exclusions of an emerging public health apparatus, a “ranking of life and worth” that endures into the present.

### **Writing the history of infant death**

Infant death was a central part of family and community life throughout the 19<sup>th</sup> century, just as it had been throughout the previous centuries. But Nancy Schrom Dye and Daniel Blake Smith (1986) demonstrate in their analysis of white women’s diaries and letters in the US North that, even as mortality remained nearly constant, the conventional understanding of infant life and death shifted significantly over the course of the 19<sup>th</sup> century, corresponding to the profound economic and ideological transformations of the white middle- and upper-class household. They write that “[d]espite the continuous reality of infant death, mothers’ responses to sickness and

death in their families changed significantly over time as cultural explanations for infant death and definitions of maternal roles changed” (1986, 330). They designate three broad stages in their periodization of literate white women’s responses to infant death in the United States, each corresponding to a distinct household economy: late colonial to early-19<sup>th</sup> century; early-19<sup>th</sup> century to late 19<sup>th</sup>-century, and late 19<sup>th</sup> century to early 20<sup>th</sup> century. This periodization reflects a shift from resignation to God’s will, to dramatic expressions of private mourning, to public indignation, activism, and eventual institutionalization of efforts to prevent what came to be seen as a national tragedy. Viviana Zelizer concurs that enormously elaborated rituals of mourning during this period marked the rise of what she calls “the priceless child” (1985), to which we turn in the section on devaluation below; Richard Meckel’s (1990) account of the emergence of public analysis and action to “save the babies,” from the mid-19<sup>th</sup> century onwards develops the transition between the two latter stages described by Dye and Smith.

Yet while these accounts of a major cultural shift over the course of the 19<sup>th</sup> century acknowledge the class-specificity of their subjects, both the system of chattel enslavement and anti-black racism more broadly remain largely unmentioned.<sup>21</sup> Because black infants both before and after emancipation died, on average, at much higher rates than their white counterparts, this is a particularly troubling omission. In contrast, all of these analyses do include a class dimension. The “relatively privileged status” of the diarists in Dye and Smith’s analysis, they admit, “may well have colored their maternal experiences and social values,” and that “[n]o claim is made, therefore, that working-class women shared their particular perspective on motherhood” (1986, 331). Racial difference, however, receives no corresponding mention in

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<sup>21</sup> A later article by Meckel (1997), on which I also draw, in fact does focus specifically on antiblack racism, and the black extinction hypothesis in particular, in turn-of-the-century public health responses to infant mortality. As I hope to show, however, the political ontology of true babyhood was already well established by this point.

their account. This is particularly striking in view of the fact that coauthor Smith had previously authored *Inside the Great House: Planter Family Life in Eighteenth-Century Chesapeake Society* (1980), in which slaves figure prominently. Race is likewise virtually absent from Zelizer's account; in Meckel's history, reflecting his focus on Northern urban public health, "race" mostly refers to discussions of non-Anglo Saxon European immigrant groups. As suggested above, the concept of true babyhood developed here thus extends to the infant subject Hazel Carby's critique and expansion (1987) of earlier feminist historians' analyses of the antebellum "cult of true womanhood." Carby demonstrates that true womanhood was specifically white womanhood of a certain class, and that black women served as the constitutive outside of this figuration, represented (and reviled and desired) as the impious, unchaste, aggressive, unmotherly, undomesticable antithesis of the white "true woman." Each of these negative figurations, she argues, served both as ideological justification of the chattel enslavement system and as a mask for its material realities (1987, 31). Neither Carby nor the feminist historians that she critiques, however, attend specifically to the corresponding shift in the valuation of white infancy and childhood. The ontological distinction between "true women" and their black others, I want to suggest, has a close counterpart in the distinction that emerged over the same period, between priceless true babies and commodified black infants. Carby writes that feminist critiques of antebellum representations of femininity, in failing to examine its racial character, have "not revealed the generative power of the cult of true womanhood as ideology." In contrast to the foregoing feminist historians' "narrow concentration of its effects on the lives of white women," her own "avenue of investigation...considers and assesses the importance of the image as a definer of what constituted a woman and womanhood" (1987, 24). Here I attempt to follow an analogous avenue, with a view to understanding how the elements of social death helped to

constitute the racially circumscribed figure of true babyhood, defining the forms of infant life and death that counted, and still count.

### **Natal alienation and the adoration of true babyhood**

In September 1767, Massachusetts mother Mary Vial Holyoke recorded in her diary the following terse account of her newborn's death:

Sept 7 The Baby very well till ten o'clock in the evening & then taken with fits  
Sept 8 The Baby remained ill all day  
Sept 9 It died about 8 o'clock in the morning  
Sept 10 Was buried (in Dye and Smith 1986, 334).

Eighty-one years later, another Massachusetts mother, Fanny Longfellow, wrote in a strikingly different style about her own infant's demise:

September 11, 1848

Sinking, sinking away from us. Felt a terrible desire to seize her in my arms and warm her to life again at my breast. Oh, for one look of love, one word or smile!...Painlessly, in a deep trance, she breathed. Held her hand and heard the breathing shorten, then cease, without a flutter...

September 12, 1848

Cut a few locks from her holy head, placed her in the library. With unopened roses about her, one in her hand, that little hand which always grasped them so lovingly. Dr. Francis spoke over her, and she was carried to Mt. Auburn. Struggled almost in vain with the terrible hunger of the heart to hold her once more. Every room, every object recalls her, and the house is desolation (1956 [1848], 140-142).

From "It died" to vivid description of an infant daughter's very moment of passing, from "Was buried" to a laying-out amidst a profusion of rosebuds: the differences between these two texts testifies to a profound shift in the experience and expression of infant death in the US over the decades that spanned the deaths of these two babies, from inevitable if bitter occurrence to unbearable loss (Dye and Smith 1986). As white parental, and particularly maternal, relations toward infant life and death underwent this deepening and elaboration, however, the natal

alienation of enslaved African American infants remained constant. This is not to say that new conventions of sentiment and mourning had no impact on enslaved maternal experiences, but rather that the structural condition of natal alienation remained firmly in place. In this section, I first speculate about how, within Foucault's historical schema of forms of power, natal alienation within colonial-era pastoral power may have laid the groundwork for later biopolitical racism. I then turn to the ways that natal alienation after the turn of the 19<sup>th</sup> century excluded black infants from the ontology of true babyhood, and its attendant structures of feeling (Williams 1977), that characterized white infant death by Longfellow's day.

### *Natal alienation under pastoral power*

In the late colonial and revolutionary period, Dye and Smith argue, the survival of infants was seen as a matter of God's will, hoped and prayed for but ultimately not subject to human intervention, and certainly not a reflection of maternal devotion or skill. Infant death, in short, was a divinely determined event. Nor was the nurture of infant life a matter of individual maternal responsibility, let alone adoration. 18<sup>th</sup>-century "mothering was 'extensive' in nature," with responsibility for the care of infants and children distributed among large kinship networks, rather than being the sole province of mothers (Ulrich 1982). Maternal writings during this era are filled with accounts of frequent visits to relations and friends, often at several hours' distance, and the leaving of young infants in the care of family members and servants appears commonplace; Mother Elizabeth Phelps, for instance, notes leaving her young infant overnight with a friend or servant at least three times in the course of a month (Dye and Smith 1986, 333-334). Relatively voluble on the themes of housework, social events, and doings of older children, the diaries and letters are markedly silent about the characteristics and development of infant

offspring during their first few years of life. For Dye and Smith, this indicates a common understanding that “until infants had grown into children (and perhaps hearty ones at that) they remained something less than complete persons and their well-being remained beyond a mother’s control” (1986, 335). During this period, infant deaths, like infant lives, are noted only perfunctorily, accompanied with an expression of submission to God’s design (ibid.). Though not from a mother’s own diary, the response of one mother recorded by Massachusetts minister Reverend Ebenezer Parkman seems typical: “As to her dear Infant She had given it up to God before it was born; She gave it up to him when it was born and I give it up to him now, Said She” (332). Mother Louisa Park wrote after the death of her year-old infant in 1801, still reflecting this aspect of the first phase: “I will bless my God who has taken thee to Himself before thou couldst offend him, and has saved thee from a life of sickness, sorrow, and woe” (357).<sup>22</sup>

Particularly indicative of the pre-biopolitical matrix of sentiment and expectation regarding life that obtained for whites in this era<sup>23</sup>—the prevailing forms of maternal and infant subjectivity—is not only the restrained mode of mourning but the affirmation that the child is better off without a mortal future, having preserved its innocence of a world perilous to both the soul and the flesh. In tracking and intervening in the health and security of the national collective, the biopolitical mode of governance projects the life of the population into the future.

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<sup>22</sup> In fact, Park is a transitional figure in Dye and Smith’s account, and not only because her writing spans the first year of the 19<sup>th</sup> century. The wife of a seafaring physician who was on a ship during the infant son’s birth and surviving year, she reports an unusually solitary life with her infant—very different from the social bustle and casual handing-off of infants typical of slightly earlier accounts. While her resignation to God’s will echoes that of pre-19<sup>th</sup> century writings, Park also prefigures the second period in her more extensive observations of her baby during his short life and her more effusively expressed sorrow at his death (1986, 337).

<sup>23</sup> As Achille Mbembe argues, and Stephanie Smallwood shows in her account of the 17<sup>th</sup>-century slave trade between the Gold Coast and the Americas (2008), racial slavery was, at least from that time, if not from its origins, a site of biopolitical experimentation with the calculated management of life and death. I treat this point below.

The vouchsafing of child and reproductive health among the “legitimate” members of that population is thus a site of the most intensive focus, both by the state and in the self-understanding, judgment, and desires of biopolitical subjects (Foucault 2003). In affirming her son’s early death as a guarantee of eternal salvation rather than grieving the lost potential of his corporeal life, Park, like the other mothers that Dye and Smith cite during the pre-19<sup>th</sup>-century period of maternal responses to infant death, evinces none of the focus on futurity that would characterize parental responses in subsequent decades.

But it is not therefore irrelevant to the biopolitical era to come. Rather, in Foucault’s schema, this attitude toward infant death is characteristic of the regime of Christian *pastoral power* out of which modern forms of governmentality emerged (2007, 229-231). Pastoral power, by which pastors governed and cared equally for each individual member of their flocks as well as the whole, was “an art of conducting, directing, leading, guiding, taking in hand, and manipulating men, an art of monitoring them and urging them on step by step, an art with the function of taking charge of men collectively and individually throughout their life and at every moment of their existence” (2007, 165). For Foucault, pastoral power’s simultaneously collective and individual care—*omnes et singulatam*—as well as its emphasis on the development of the individual conscience, the mandate of obedience to God’s will, and the incitement to recognize and confess one’s own inner truth, laid crucial groundwork for the development of modern secular biopolitics, wherein the flock becomes the population (Lemm 2008, 724). Pastoral power operated on the principle “that man was not made to live in this world, at any rate not definitively, but only to pass into another world” after working “earn salvation in this world” (Foucault 2007, 235). Under the succeeding regime of biopolitics, the proper self-government of individuals—including the development of a secularized conscience, complete with new medical

and juridical forms of confession—contributed to a new project of secular transcendence: the enduring, if not eternal, collective life of the population.

Foucault does not explore the theme of racism in his account of pastoral power as the precursor to biopolitical governmentality. The early modern entanglements of Christianity and enslavement, however, suggest that, as the flock became the population, with salvation refigured as enduring normality, those subjects positioned outside, or as inferior members of, the flock were refigured as the biopolitically abnormal. “Suggest” here is the operative term; I do not here attempt anything like a comprehensive analysis. I merely note that the papal bulls of *Dum Diversas* (1452) and *Romanus Pontifex* (1455), legitimating the capture of slaves by the Portuguese, hinged on the unredeemed status of the souls of African “unbelievers and other enemies of Christ.” Even if bondspeople subsequently converted to Christianity, given their mode of conscription into the flock, the structures of pastoral power that Foucault identifies simply did not obtain in the same way among the members in bondage. The divine mandate of obedience to God’s will, to which all members of the flock, including the pastor, were subject, was accompanied in the case of slaves by their natal alienation—the estrangement from kin-based structures of authority and protection, which constituted their “perfect tool” status, subject to the earthly mandate of obedience to the master’s will on pain of death. There is thus a clear bifurcation in the individualized subjectivity of equals that Foucault appears to posit as a blanket condition of the pastoral form of power.

Patterson writes that, in any case, in the US South, “Until nearly the end of the eighteenth century...Masters were generally hostile to the conversion of their slaves, fearing...that the nature of their creed with its emphasis on the instruction in the gospels, personal choice, and spiritual liberation would...undermine the masters’ authority” (1982, 73). This seems to have

been at least partially the case in the North as well; Benjamin Rush complained in 1740 that “A belief is inculcated among some that they have no souls; the attempt to instruct or convert them has been constantly opposed by their masters” (in Woodson [1919] 2004, 27). In other words, many slaves had no place at all within the regime of pastoral power. However, even in a “best-case” scenario of inclusion in Northern colonial Anglo America, the natal alienation of black slaves in preserved a hierarchical division within the flock despite nominal equality before God—prefiguring what Patterson identifies as the “Pauline dualist” nature of antebellum Southern fundamentalist Christianity (1982, 74).<sup>24</sup> This division is discernible in the writings of Cotton Mather, whose diary Dye and Smith cite as emblematic of the pre-19<sup>th</sup> century parental attitude of divine determinism (Dye and Smith 1986, 332).<sup>25 26</sup>

Grounded in both scriptural and legal precedent for Christian ownership of slaves, both Mather’s *A Good Master Well Served* (1696) and his *The Negro Christianized* (1706) exhort slaves to accept their earthly lot. Disavowing the power of human-made law to constitute slaves

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<sup>24</sup> Patterson argues that this dualism, a bipolarity between the “an ethic of judgment and an ethic of the justified person,” the mandate of submission and the promise of redemption, allowed for the development of a creed that could accommodate the contradictions of mastery and slavery within a single flock, “at one and the same time a spiritual and social salvation for the slaves and an institutional support for the order of slavery,” “an extraordinarily shrewd creed with a built-in flexibility that made it possible for emperor and slave to worship the same god without threatening the system, but also without denying all dignity to the oppressed” (1982, 74, 76). V.F. Franklin criticizes this interpretation of the Christianity of the enslaved as a force for quietism, which can be read as a more sympathetic iteration of Patterson’s negation of the political subjectivity of the enslaved in his review of Genovese’s *Roll, Jordan, Roll* (see note 13, above). Franklin offers as a counterexample the work of theologian James Cone, which offers compelling evidence of the subversive elements of the Christianity of the enslaved (Franklin 1983; Cone 1969).

<sup>25</sup> When his baby daughter falls into the fireplace and is badly burned, Mather laments not parental inattention but the fact that God has punished her for his, Mather’s, own sins.

<sup>26</sup> Katherine Bassard concurs with Woodson that most bondspeople were probably denied even Mather’s prospect, vexed as it was, of equality in the afterlife. Bassard argues that Mather’s treatise was “[d]esigned as a ‘hard sell’ to induce masters to offer religious instruction to slaves” (1999, 61)—a persuasive effort reflecting the unsurprising fact that such instruction was not standard.

and masters, he instructs masters to “Show them, That it is GOD who has caused them to be Servants” (1706, 20). Following Paul’s writings, Mather writes that “The Law of Christianity...allows of slavery; Only it wonderfully Dulcifies, and Mollifies, and Moderates the Circumstances of it. Christianity directs a *Slave*, upon his embracing the *Law of the Redeemer*, to satisfy himself, *That he is the Lords Free-man*, tho’ he continues a *Slave*” (1706, 16-17). The bifurcation that bondage introduces into the apparent equality of souls under pastoral power, however, becomes evident in the catechism that Mather includes in that volume. The catechist (a role that Mather scripts for masters) includes the slave as an equal before God in most of the plural formulations: “WHO is that Great GOD, whom *you and all Men* are to Serve”; “our Misery”; “our present Condition”; and “JESUS CHRIST Our Savior”. Yet the slave is also to be taught the following curious sequence:

*Q: Whom do you now chuse to serve?*

*A: My Saviour shall be my Master; He is a Good Master; He has Bought me to Serve Him; and He will make me a Child of God* (1706, 26).

The ambiguity of this answer points to an inescapable distinction within the nominally equal status of enslaved and free members of the flock from the perspective of heaven. The more literal (and likely) reading of “Master” as the corporeal Master that stands before the slave, departs from the previously established relation of service to God shared with “all men,” and salvation through an apparently equal relation to Jesus Christ. The Master here explicitly takes the place of Christ for the slave, adding an additional level of earthly subjection and mediation in comparison to free members of the flock. An alternative (less likely) reading, retaining Jesus Christ as “Saviour,” posits a distinct direct relation to Christ and salvation for the enslaved person, figuring Christ as owner via pecuniary transaction, and thus contradicting the previously offered

consolation of being “*the Lords Free-man*” despite earthly bondage. In either case, the key pastoral notion of equality before God despite unequal status among men breaks down, prefiguring the biopolitical caesura in the mandate to protect life in the flock-turned-population to come.

Mather’s reworked version of the Ten Commandments that accompanied his catechism for the enslaved throws into even clearer relief the kinlessness of the enslaved. The fifth commandment, “Honor thy Father and Mother...” becomes the following formulation for the slave: “I must show all due respect unto everyone and if I have a master or mistress, I must be very dutiful unto them” (1706, 28). In addition to substituting for the divine Savior, then, the Master (and/or Mistress) also displaces the slave’s earthly parents; inclusion in the flock, for the slave, thus entails taking on the status of orphan: another mark of bifurcation within the pastoral order. If parenting under pastoral power entailed denying the value of the earthly future for all children, this formulation also uniquely denies a genealogical past to slaves as a class.

While, as noted above, Dye and Smith do not mention slavery in their account, women whose writings they survey, given their socioeconomic position, were likely to have belonged to extended families or at least social circles that included late colonial- and Revolutionary-era New England’s substantial number of slaveholders (McManus 1973, 14-16). If so, their own sense of the relation between parents, infants, and God thus would have thus been defined at least partly against bondspeople’s negated kinship ties and double subjection within the flock, and in some cases their utter exclusion from it. Even if not, the presence of enslaved people defined, in a church-centered society, by these exceptional conditions may have been consequential for the development of racially distinct infant and maternal subjectivities under pastoral power. These distinct relations to divine as well as human authority may in turn have set the stage for the

naturalization—even, perhaps, the retention of a theological valence—of blackness as abnormality, as biopower supplanted pastoral power in the United States over the succeeding generations. In other words, this denial of both equal filiation to God the Father and earthly genealogy may have helped to lay the foundations of anti-blackness in the prevailing political ontology of the family.

### *Infant adoration versus natal alienation*

Moving from the speculative to the factual, however, it is certain that, for white families of at least moderate means, the decades of transition between the pastoral power of the 18<sup>th</sup> century and the biopolitical regime of the later 19<sup>th</sup> century saw “extensive mothering” give way to the more constricted nuclear family form, reflecting significant changes in the political and libidinal economy of the household. As paid work moved outside the home, white antebellum women were incited to live up to the ideal of true womanhood—guardians of the newly hived-off domestic sphere, embodiments and protectors of private morality against the encroachments of a profane public world (Welter 1969). Carby’s demonstration that this figuration constitutively excluded black women is noted above (1987). But is also in this milieu that the true baby emerged: the adored, precious, and vulnerable white future citizen. Like true womanhood, true babyhood reflected the new notion of the household as a private space of sentiment and non-instrumental relationships, walled off from the competitive amorality of commerce and public life. Viviana Zelizer writes that as “the increasing differentiation between economic production and the home transformed the basis of family cohesion...the sentimentalization of childhood was intimately tied to...the increasing domestication of middle-class women in the nineteenth century” (1985, 8-9). Zelizer cites Carl Degler’s study of these transformations within the

family: “[e]xalting the child went hand in hand with exalting the domestic role of woman; each reinforced the other while they raised domesticity within the family to a new and higher level of respectability” (Degler, *At Odds*, 1980, 73-74, on Zelizer 1985, 9).

In the previous section, we saw that colonial-era parenting entailed a reticence to attach too strongly to infants, to dwell on their unique characteristics, or to write about them as firmly established members of the family. Later white middle-class and affluent mothers’ ensconcement within the domestic sphere, however, appears to have generated an unprecedented intensity of feelings for and perceptions of their babies (Dye and Smith 1986, 338). By the mid-19<sup>th</sup> century, the diaries and letters analyzed by Dye and Smith reflect a decisive shift in the conceptualization of even newborn infants, figuring them as *adored* members of the family unit, objects of the most profound emotional investment. This adoration, a vastly intensified relation between white parents and infants, was a key element of the new figuration of true babyhood, and an attribute from which enslaved black infants were specifically excluded by virtue of the condition of natal alienation.

The 19<sup>th</sup>-century journals showcase a dramatically heightened focus on the personalities, appearance, and daily activities of their babies from birth onward (Dye and Smith 1986, 338-340). The circulation of birth announcements, including the sex, birth date, and name of the baby, signifying the recognition of newborns’ definite place within family relations and broader social networks, also came into vogue during this period (Kennedy 2012, 80-81). Whereas 18<sup>th</sup>-century parents often expressed their provisional detachment from infants in denominations like “little stranger” (Zelizer 1985, 25), these later writings reflect a culture of intense attachment: nicknames (“birdies,” “chicks,” “pets”), celebration of baby talk and adoption of infantine pronunciations, and maternal thrills at developmental milestones (Dye and Smith 1986, 340): in

short, conventions not unlike those that define the prevailing sense of parenting in our own day. Mother Fanny Longfellow notes in February 1848 that “Little Fan has a tooth and climbs by chairs upon her feet”; in March, “Baby looked at me and smiling said ‘Mama’ the put her finger in my mouth” (ibid.). Calista Hall’s “Little Frances grows more interesting every day. She will try to say everything you tell her too [*sic*]. Ask her whose baby she is and she will say Pa and Ma” (ibid.).

This new adoration of infant life, however, brought with it unprecedented dread at the prospect of infant death: recall the comparison with which this section opens. It must be granted that little Fanny was an older infant than the newborn Mary Holyoke, and so the maternal bond had had a significantly longer time to mature in the Longfellow household. Yet mid-19<sup>th</sup>-century mothers also evinced deep attachments to much younger infants. From her postpartum bedchamber, Longfellow wrote of the newborn Fanny that that “she is as charming as these fresh spring days,” with “a sweet little face just beginning to show there is a soul behind it” (Longfellow 1956, 129). Elizabeth Child posited a reciprocal attachment from the very first time that she and her newborn gazed at one another: “while I looked you opened your eyes...and as they met mine I thought they mutely recognized the new tie” (Dye and Smith 1986, 339). This immediate attachment was matched by profound apprehension about the loss of new babies, even “frightened,” as Dye and Smith write, “of the intensity of their feelings for infants whose lives seemed so fragile” (1986, 340). Caroline White wrote of her fears about the fragility of own newborn son in 1856 that “He is so tender—and I do not feel ready to part with him—short time as our relation to each other has existed” (ibid.).

While the diaries examined by Dye and Smith reflect private joys, fears, and tragedies, the attention and attachment to infant life and the “magnification of mourning” (Douglas 1974) that

attended infant death were what Ann Cvetkovich and others have called “public feelings” (Cvetkovich 2012): shared or common emotional states that arise among particular subjects within and in relation to political economic, political, cultural, and social conditions.<sup>27</sup> The explosion in what Ann Douglas calls “consolation literature” during the middle decades of the 19<sup>th</sup> century—testifies to the affective investment in true babyhood as a large-scale phenomenon. Consolation literature includes “actual mourners’ manuals...prayer manuals, poetry, hymns, fiction and biographies whose purpose is clearly consolatory” (1974, 496 fn. 2); Douglas’ opening example is a widely circulated 1836 poem by Lydia Sigourney, “Twas But a Babe,” which dramatizes the scene of the devoted mother at her infant’s death (1974, 496; Kleinberg 1999, 38). Douglas also highlights the new funerary conventions for infants and children in particular that came into vogue during these years, highlighted in the consolation literature. These included elaborate new metal caskets, cushioned satin linings, and gentler lock-and-key closures rather than hard wooden coffins with their “remorseless screws and screwdrivers” (Douglas 1974, 508). The new rural cemeteries, beginning with Mount Auburn in Cambridge (where, as it happens, Longfellow’s infant was buried), were also “rapturously described” in the consolation literature. Unsullied, like an extension of the idealized domestic realm, by the calculating hustle and bustle of urban life, they emblemized “the idea that the living, and the dead, still “cared”” for the precious individual soul after it had departed for God’s own green pastures (Ibid., 509).

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<sup>27</sup> The “Public Feelings Project” from which this term arises is characterized by a critical queer and queer of color theoretical orientation, and the investigations that it has grounded have been focused on the generativity of negative affects—depression, exhaustion, despair—among marginalized potential counterpublics (Cvetkovich 2007). While the focus here is on white and economically advantaged women, the key questions that these analysts pose—like “how does capitalism feel?”—perhaps also get at the complex collective emotions of homebound, if relatively privileged, antebellum mothers.

The natal alienation of enslaved black people precluded their participation in this adoration of infant life that was newly constitutive of the parental role. As Hartman writes,

The affiliation of sexuality, property, and injury...and alienable or extricable features of the slave person are illuminated by the *negation of black parenting*...This negation was effected in instances that ranged from the sale and separation of families to the slave owner's renaming of black children as a demonstration of his power and dominion (1997, 98).

This negation characterized the material practices of 19<sup>th</sup> century mothering in particular. Laurie Wilkie observes that enslaved “[w]omen were encouraged to bear children, but were not granted the right to raise them. White interference marked every facet of black mothering, be it the timing of feedings, the ability to keep an infant or young child with one during work, [or] the right to care for a sick child” (2003, 59). In the heartbreaking words of former slave Caroline Hunter, “During slavery it seemed lak yo’ chillun b’longed to evybody but you” (Jennings 1990, 59). For the field laborers who comprised the majority of female slaves, infants and young children were left in the care of an enslaved woman past childbearing age, or perhaps a preadolescent girl, during the long workdays or even for stretches of several days (Kennedy 2012, 86-87; Wilkie 2003, 65). Especially given that, according to most accounts, most enslaved women were required to return to the fields within a few weeks postpartum (Wilkie 2003, 64), this rendered impossible both the minute observations of infant development and individual personality, and the near-religious devotion, that could arise for mid-19<sup>th</sup>-century white middle- and upper-class mothers who shared the constant company of their infants. More basically, as discussed below under the theme of gratuitous violence, it often deprived enslaved infants of the most basic materials of survival. Following the liberatory logic of Spillers’ reading, these forced practices of collective parenting may have served as precursors to more open forms of parenting such as “othermothering” that do not fetishize the biological maternal-infant dyad (Gilkes 1980,

James 1993, 45-47, Hill Collins 2000). With respect to the political ontology of race, however, this disruption of the maternal-infant bond denied to black infants the requisite adoration of true babyhood.

If most field workers labored apart from their infants, neither did enslaved women tasked with domestic duties have the leisure to focus intensely on their own children. In fact, the situation of caregivers for white children in particular perhaps embodied the condition of natal alienation with the most painful clarity, as their nurture, participating in the adoration of white plantation infants and children, was often directly predicated on the neglect of their own infants and children. In W.E.B. Du Bois' rather astounding image in *The Gift of Black Folk*, the "Mammy" "was an embodied Sorrow, an anomaly crucified on the cross of her own neglected children for the sake of the children of masters who bought and sold her as they bought and sold cattle" ([1924] 2009, 159). In plainer first-person terms, Katie Sutton, raised in slavery, recalled, "My mammy...had to spend so much of her time at humoring the white babies and taking care of them that she hardly ever even got to sing her own babies to sleep" (in Kennedy 2012, 108). Though Sutton's tone suggests otherwise, whites portrayed this neglect as an expression of preference for white infants on the part of the nurses themselves. As Kennedy observes, white children of slaveowning families "recalled that black nurses referred to their white charges with an affectionate possessiveness that "seems to claim us still as her babies""; according to one such woman, "the devotion of the nurses to these foster-children was greater than their love for their own" (2012, 103). In the case of wet nurses, the plantation household did not only negate but actually *ate* the material of the enslaved maternal-infant relation. This relation of consumption was likewise represented as a willing offering; in the slavery apologist play *Aunt Phillis' Cabin*, the idealized Mammy figure Phillis "always gave Arthur the preference, putting her own infant

aside to attend to his wants” (Kennedy 2012, 32). These representations precisely illustrate Dorothy Roberts’ argument that “[t]he ideology of Mammy placed no value on Black women as the mothers of their own children...While whites adored Mammy, who dutifully nurtured white children, they portrayed Black slave mothers as...unable to care for their own children” (1999, 13-14). The natal alienation of enslaved mothers and infants, in other words, underpinned the Mammy figure’s role as mere extension of white parental adoration.

Roberts (1999, 13-16), along with Trudier Harris (1982), Barbara Christian (1985), Deborah Gray White (1999, 46-61), and Patricia Hill Collins (2000, 80-82), among others, have offered insightful accounts of the Mammy ideology and its relation to the political and (though they do not use this term) libidinal economy of the antebellum South and beyond; I do not recapitulate their arguments here. Rather, I observe briefly that this language of love, preference, and possessiveness figured enslaved child nurses as complicit in the process of depreciation that excluded black infants—including these women’s own—from true babyhood; the apparent devotion of the Mammy figure served to confirm, in the dominant libidinal economy, white infants’ worthiness of profound emotional investment (and black infants’ lack thereof). Hartman writes that the sexual violence routinely enacted on enslaved women’s bodies was disavowed through the language of seduction: “Seduction makes recourse to the idea of reciprocal and collusive relations and engenders a...construction of black female sexuality in which rape is unimaginable.” This notion of “complicity and willful submission” on the part of enslaved black women “was central to the very constitution and imagination of the antebellum South for it provided a way of masking the antagonistic fissures of the social by ascribing to the object of property an ensnaring and criminal agency that acted to dissimulate the barbarous forms of white enjoyment permitted within the law” (1997, 83, 87). While not obfuscating direct sexual assault,

the representation of the black nurse as actively adoring her white charge (a love that was, additionally, often idealized as reciprocal (Kennedy 2012, 104)) analogously cloaks the coerced unconditional availability of the black female body for white needs and desires in a representation of the enslaved woman's own willful, even passionate, participation. It also rendered the black mother herself, rather than the system of enslavement, responsible for the deprivation of black infant life that this entailed. The poem "A Southern Scene from Life" thus depicts the Mammy figure's own adoration of white true babyhood: "My baby's face is white an' red/her skin is soft an' fine/ An' on her pretty little head/ The yaller ringlets shine" (Kennedy 2012, 32). Her claim of ownership of the dominant image of true babyhood through the use of the possessive pronoun masks, through a figurative reversal, the natal alienation of both the enslaved black mother and her biological children as legally kinless possessions themselves. As Hartman writes of the enduring African American sense of displacement and dispossession, "Love has nothing to do with it; love has everything to do with it" (2007, 88).

As it did for infant life, natal alienation likewise meant exclusion from the new conventions surrounding infant death. It is almost too obvious to state that, with regard to infant death among enslaved blacks in the South, the shift from Puritan resignation to Romantic desolation did not occur. Stephanie Smallwood writes of the early 17<sup>th</sup> century African captives packed onto Gold Coast slave ships that one of the more harrowing components of social death was their dislocation from their peoples' rituals of mourning that would assure them a place among their ancestors in the afterlife: simply disappearing beyond the horizon, they were "threatened in their capacity to die honorably and thereby to continue to exist meaningfully, as dead kin connected with the community of the living, as beings able to make a transition to their proper ancestral roles" (2008, 61). Two centuries later, enslaved people were barred from the

dominant culture's new materials of memorialization, by which the adoration of the departed infant could be made perpetual. This is not to say that enslaved parents did not mourn their own infants, though that mourning may have been, in some cases, ambivalent.<sup>28</sup> Rather, it is to say that, just as enslaved parents were obstructed from partaking in the new conventions by which infant life was cherished, they had little access to the new culturally legible signs of loss when faced with infant death. Consolation literature depicted almost exclusively white infants and families, and in any case the forced illiteracy of the majority of slaves excluded them from consuming the genre. The park-like new rural cemeteries in general excluded even free blacks (Loewen 2005, 124), and while some slave funerals did occur on plantations, usually in the evening hours after the workday,<sup>29</sup> a slaveowner's word could disallow such ceremonies of mourning. Former South Carolina slave Fannie Moore reported that her mother, who had "cr[ie]d her heart out" in the family's cabin at the death of her younger brother, was forced to work during his interment: she "just plow and cry as she watch 'em put George in de ground" (in King 1997, 12). Natal alienation thus reached beyond the limits of earthly life; the new social conventions of death, too, barred black infants from the adoration of true babyhood.

### **Devaluation: The precious and the fungible**

We recall that, for Hobbes, "both to love, and to feare, is to value." Stretching this formulation perhaps beyond the breaking point, the adoration of true babyhood, as we saw above, entailed unprecedented levels of both love (of) and fear (for) the infant. Both of these affects hinged upon

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<sup>28</sup> As mother Harriet Jacobs writes of her own infant son's near-fatal illness, "death is better than slavery" (1969, 60). See Chapter 2 for a discussion of Jacobs' maternal ambivalence.

<sup>29</sup> Archaeological studies have attested to varying degrees of persistence and re-establishment of African funerary customs within some enslaved communities; see Jamieson 1995. This qualifies, but does not negate, the metaphysical as well as geographical dislocation that Smallwood describes.

a new sense of the infant's great value: the *preciousness* of true babyhood. As Degler writes, the cult of domesticity "went hand in hand with the new conception of children as precious" (1980, 74). Crucially, as Zelizer demonstrates, this is a conception of value that is beyond price: what she calls the "economically worthless [but] emotionally "priceless" child" (1985, 3). Previously seen as future contributors to the household economy or as future supports for elderly parents, infants and children were gradually expelled "from the cash nexus" in the latter half of the 19<sup>th</sup> century and first decades of the 20<sup>th</sup>. "In an increasingly commercialized world, children were reserved a separate noncommercial place. The economic and sentimental value of children were thereby declared to be radically incompatible" (11). From birth onward, children came to be seen as emotionally and morally valuable in themselves, irreplaceable individuals whose proper nurture "precluded instrumental or fiscal considerations"—a process that Zelizer terms "the sacralization of childhood" (11). While her study focuses on the years 1870-1930, she acknowledges that, among the same cultural vanguard for whom the cult of domesticity could be materially realized, this process was realized earlier: "By the mid-19<sup>th</sup> century, the construction of the economically worthless child had been largely accomplished among the urban middle class" (5). Hobbes does not differentiate between price and value, but the emergence of the "priceless child" entailed a bright and uncrossable line between the two.<sup>30</sup> The hard division that developed between the realm of exchange and the newly sacralized realm of infancy and childhood decisively expelled enslaved infants from this aspect of true babyhood. True babyhood was beyond price; enslaved infants were fungible.

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<sup>30</sup> Hobbes writes: "The 'value,' or 'worth,' of a man is, as of all other things, his price; that is to say, so much as would be given for the use of his power" (Ch. X Sec. 16). On an interesting interpretation of both value and price in Hobbes that does not reduce either to market transactions, see Frost 2008, 149.

One hallmark of this pricelessness was a new stress on the unique individuality of each infant. This sentimental valorization was signaled, among other things, by the disappearance of the custom, still prevalent in the 18<sup>th</sup> century, of naming infants for siblings who had previously died; no longer was it the case that “[a]nother child replaced the lost one” (Zelizer 1985, 25). Seen a century before as only provisionally present in the world, at least until they had survived the perilous first few years, now at birth they were already “full-fledged, albeit physically fragile, individuals” (Dye and Smith 1986, 339-340). Among other things, the convention of the birth announcement, the presentation of a particular new life inscribed with the date of birth as well as name and patronymic, not only affirmed the genealogical belonging of white infants of a certain class, but marked the entry of the infant into a publicly recognized realm of biographical personhood. Hannah Arendt writes that “[t]he chief characteristic of...specifically human life, whose appearance and disappearance constitute worldly events, is that it is always full of events which ultimately can be told as a story, establish a biography...*bios* as distinguished from mere *zoe*” (1958, 97). The biography of any person will retrospectively extend backward to their birth to activate its character as a worldly event. The priceless individuality of true babyhood, however, entailed the immediate ascription to newborns of an eventful chronology, signaling their membership in the human and social world.

The 19<sup>th</sup> century journals analyzed by Dye and Smith strikingly illustrate this new biographical personhood of infants and very young children. Elizabeth Sedgwick, writing in the 1820s, kept, as she wrote, “a journal of my child’s life extending even to the minutest action and the slightest unfolding of her character.” She makes clear the link between her daughter’s status as a biographical subject and her pricelessness, the latter entailing the former: “The smallest events of her life have had their peculiar interest for us, who have been watching her as parents

always watch their heart's treasure" (Dye and Smith 1986, 339). In Fanny Longfellow's journal, from the 1850s, the denomination of "biography" is literal. After a hiatus from previously extensive personal journaling as a single and then childless woman, she entitles her new diary, upon return to writing after the birth of her youngest, "Chronicle of the Children of Craigie Castle"; the volume is entirely "given over to the unfolding of her children's personalities and to notes on their activities and behavior" (ibid.). The biographical personhood of infants is also signaled by a strong sense of their earthly futurity, piously absent in earlier accounts: an anticipation of adult characteristics and even their potential contributions to society. Reflecting the prevailing structures of citizenship, these projections are distinctly gendered. Longfellow describes her infant daughter mostly in terms of her physical characteristics: "Little Fan...is only a round merry plaything with dark blue eyes, a cunning little mouth and a very intelligent eager air" (in Dye and Smith 1986, 340). Similarly, evoking the white feminine attribute of charm (Carby 1987, 27), Hall describes her own baby Frances as "a little rogue" (Ibid.). In contrast, Longfellow discerns in her young sons' behaviors distinct ideals of manhood: the elder is a "man of action" promises to have a rich and noble nature" while the sensitive and affectionate younger toddler inclines toward the contemplative; a friend calls him "the little philosopher," and his mother judges that he "promises to be the poet" (ibid.). Welter writes that "America depended on her mothers to raise Christian statesmen" (1969, 171); the projections recorded in these diaries not only illustrate the new white maternal role as nurturer of future citizens (Clinton 1982, 8; Carby 1987, 20), but the imagined future value of white infants' individual citizenly attributes.

The newly biographical infant adds an additional explanatory dimension to the "magnification of mourning" sketched above. As Zelizer notes, French historian of childhood and society Phillipe Ariès "refers to a nineteenth-century "revolution in feeling" by which "the

death of the other,” particularly the death of a close family member, was defined as an overwhelming tragedy: “The death which is feared is no longer so much the death of the self as the death of another.” The death of a young child was the worst loss of all” (Ariès 1974, 68; in Zelizer 1985, 26). As entirely unique individuals, infants were now fully-fledged “others” whose loss left an irreparable rent in the fabric of the world. Longfellow’s lament “Every room, every object recalls her, and the house is desolation” foreshadows the deep depression to which the grieving mother would succumb for the entire year following her infant daughter’s death. “Almost all of Longfellow’s diary notations for the next year dwelt on little Fanny’s death and the fear that her remaining children would die. She could not look at them, she wrote, without imagining them in their own small graves...Her daughter’s death remained the central event in...Longfellow’s life” (1986, 342). What else but endless mourning could commemorate the death of a priceless and irreplaceable infant? While not all parents suffered such permanent devastation, Longfellow’s response emblemizes the experience of infant death that shadowed true babyhood: no longer a merciful escape from inevitable mortal suffering, but rather the traumatic loss of a unique human futurity.

It is obvious, perhaps to the point of obscenity, to say that the system of chattel enslavement, in contrast, thwarted any sense of the unique and precious personhood of the infants born in its grip. Subject to “the singular commodification of human being pursued under racial slavery, that structure of gratuitous violence in which bodies are rendered as flesh to be accumulated and exchanged” (Sexton, 2010a, 17), these infants’ lives were constituted through, rather than in opposition to, the world of exchange. If, as Zelizer argues, “the economic and sentimental value of children were...declared to be radically incompatible,” then enslaved infants could not properly be considered children: they could not be included in the ontological

category of (true) babyhood. Patterson asserts that “the master claim[ed] the [slave’s] issue...by virtue of the absence of any third party’s interest in the child [and] the absence of the child’s capacity to assert a claim on any such third parties” (1982, 9). Arendt’s gloss on the concept of *interest* helps to show that this argument in fact hinges on an ontological division between the human and the slave. Out of “the world of things in which men move,” she writes, “arise their specific, objective, worldly interests. These interests constitute, in the world’s most literal significance, something which *inter-est*, which lies between people and can therefore relate and bind them together” (1958, 182). As commodities rather than legal persons, as things bound within “the world of things,” no such a relation of shared material life could arise between enslaved infants and those who lived as humans; the former could *be* interest, but never claim it.

Within this political ontology, the status of enslaved infant life was diametrically opposed to that of white infants: not precious and irreplaceable, but a fungible, essentially substitutable good. Hartman writes that “the fungibility of the commodity makes the captive body an abstract and empty vessel” without inherent value (1997, 21). Births of enslaved infants were recorded in the plantation ledger along with other gains in property—not, of course, occasioning formal or informal social announcement. The non-eventfulness of enslaved infant birth points to the broader exclusion of black infants from the biographical individuality of true babyhood.

Frederick Douglass opens his *Narrative* with a reflection on slaveowners’ active exclusion of slaves from the linear temporality of human biography through depriving them of the knowledge of their own birth dates: “I was born in Tuckahoe...Maryland. I have no accurate knowledge of my age, never having seen any authentic record containing it. By far the larger part of the slaves know as little of their age as horses know of theirs, and it is the wish of most masters within my knowledge to keep their slaves thus ignorant” (2003 [1845], 41). As James Olney observes, the

fact that the vast majority of slave narratives begin with the words “I was born”—a convention that Douglass, as we see here, followed in his first autobiography—whereas most white autobiographies of the era do not attest to the ontological hurdle faced by a black subject laying claim to biographical personhood: “the opening “I was born” [is] intended to attest to the real existence of a narrator...[the narrative] cannot even begin, until the narrator’s real existence is firmly established. Of course the argument of the slave narratives is that the events narrated are factual and truthful...[but] prior to the claim of truthfulness is the simple, existential claim: “I exist” (1984, 52).<sup>31</sup> This claim retroactively imbues the birth of the former slave with the eventfulness originally denied it.

Douglass’ assimilation of the enslaved to horses with regard to their temporal self-knowledge likewise recalls Arendt’s assertion that biography is what separates the animal life of *zoe* from *bios*, the realm of human political life. Sexton, critiquing Giorgio Agamben’s characterization of political regimes that expel whole population groups from *bios* as a 20<sup>th</sup>-century phenomenon—an analysis that draws on this distinction in Arendt’s oeuvre more broadly, and preserves its focus on European totalitarianism (Agamben 1998)—posits racial slavery as modernity’s originary system of managed entrapment in biological life and expulsion from political existence: “the *racial* circumscription of political life (*bios*) under slavery predates and prepares the rise of the modern democratic state, providing the central counterpoint and condition of possibility for the symbolic and material articulation of its form and function.” He links this circumscription specifically to the official denial of birth as an entry into political

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<sup>31</sup> Though not invoking Patterson’s terminology, Robert Levine reads the opening sentence “I was born” as a symptom of both natal alienation and the unspeakable constitutiveness of sexual violence of slavery. Starting the narrative with the birth of the self, he argues, both points to the absence of known genealogies and “serves as a kind of self-silencing, for the alternative would be to address the fact that many black autobiographers owe their very existence to the rape of the black slave mother” (2007, 106).

belonging for enslaved blacks, or what he calls “the strict *prohibition* of nativity... The nativity of the slave is not inscribed elsewhere... but rather nowhere at all. The nativity of the slave is foreclosed, undermining from within the potential for citizenship” (2010b, 41).<sup>32</sup>

Like birth, the death of the enslaved infant was also construed as a non-event, as a loss of potentially replaceable property—and, as we see below, a commonplace one at that. As Stephen Dillon writes, “the fungibility of blackness meant that slaves were money, were animals, were gold, were cotton, were rum, and on and on” (2012, 119). Affirming in particular the animality to which Douglass points, a South Carolina slaveowner wrote in 1859 that “Celia’s child died about four months old... This is two Negroes and three horses I have lost this year” (in King 1997, 10). The previous year, an unidentified contributor to the journal *Southern Cultivator* frankly avowed the replaceability of enslaved children (as well as the reproductive capacity of their mothers) as underpinning the economic success of his enterprise: “I own a woman who cost me \$400 when a girl. Admit she made me nothing—only worth her victuals and clothing. She now has three children, worth over \$3000... She has only three boys and a girl out of a dozen; yet, with all her bad management, she has paid me ten per cent. interest” (in King 1997, 2). This slaveowner’s construal of maternal “bad management” as the cause of eight deaths out of twelve children, of course, affirms Roberts’ analysis of ascriptions of maternal deficiency to enslaved mothers, sketched above. The larger point here, however, is that these eight deaths are cheerfully written off as business expenses, in view of the fact that the four survivors guarantee a clear profit. As Hartman writes, “The materiality of suffering regularly eludes (re)cognition by virtue of the body’s being replaced by other signs of value, as well as other bodies” (21). An abundant archive

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<sup>32</sup> We should note here, however, that this analysis ends by pointing to the non-normative political possibilities that this alienation from birth might contain: this foreclosure of the potential for citizenship—a citizenship predicated from the start on dehumanization— “also open[s] the possibility of a truly nonoriginal origin” (2010, 41).

of 19<sup>th</sup>-century parental writings testifies to the fact that white infants—true babies—were precious and, if they died, irreplaceable; the preponderance of records of black infant deaths tell us nothing of the suffering that attended them, being, as they are, mere subtractions of value (e.g. Steckel 1986). In Butler’s phrasing, “Violence against those who are already not quite living...leaves a mark that is no mark...there have been no lives, and no losses...None of this takes place on the order of the event” (2004, 36). And it is to the question of violence, finally, that we now turn.

### **Vulnerability and gratuitous violence**

If true babyhood was adored and precious, it was also a figure of vulnerability, not only deserving of love from its caregivers but in need of special protections. Considered in itself, 19<sup>th</sup> century infant vulnerability to sickness and death was in itself more a matter of continuity than of change. David Stannard observes that typical Puritan parents in the 17<sup>th</sup> and 18<sup>th</sup> centuries could expect one quarter to one third of their offspring to die in early childhood (1974, 465); even as 19<sup>th</sup> century parents underwent Ariès’ “revolution in feeling,” their infants continued to die at rates comparable to those of their more taciturn forebears (Dye and Smith 1986, 343). Yet we have seen that an intensified fear of infant death—as well as magnified grief if the worst should happen—accompanied parents’ intensified affective investment in infancy (340). Accompanying this intensified fear was a more sweeping transformation of the very notion of infantile vulnerability: a new conviction that infant death could potentially be prevented, given the proper precautions. The figure of true babyhood entailed a new understanding of infant death, not as natural or divinely ordained, but shaped in large part by human—and especially maternal—agency. Enslaved black infants, in contrast, remained sutured to the logic of the commodity, by

which, as suggested above, a considerable quantum of death was simply one unavoidable pecuniary factor among others.

We have linked the adoration and pricelessness of true babyhood to the political and libidinal economic changes in the middle-class white household; this new attribute of *vulnerability requiring action* was a product of two interlocking factors, both related to the cultural shifts already described. The first was the rise of medical science, entailing a secularization of attitudes toward corporeal health. The relationship of this development to gendered changes in the household economy is complex. On one hand, new forms of medical-scientific expertise, available only to men, entailed the discrediting, or at least subordination, of women's vernacular health care knowledge and practices, and the related casting of women as suited only to auxiliary and basic quotidian aspects of health care. There is in this sense a division that arises between "public"/masculine medical authority and "private"/feminine subservience.<sup>33</sup> Tracking similar developments in France during this period, Jacques Donzelot writes of the emerging "privileged alliance between doctor and mother," citing physician and hygienist Fonssagrives' "ambition to make women into accomplished nurses...the doctor prescribes, the mother executes" (1979, 18). On the other, as Judith Leavitt stresses, childbirth and infancy were objectively dangerous times of life, and women with the means to do so actively sought new medical techniques that promised to reduce danger and suffering for themselves and their loved ones (even as the positive consequences of these techniques remain questionable from some contemporary perspectives) (1983). The second development, more obviously connected to the cult of domesticity, was a new sense of maternal responsibility for

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<sup>33</sup> Much of the historiography of midwifery and childbirth reviewed in Chapter 3, especially from the 1970s and 1980s, stresses this aspect of the rise of male medical authority; see also Ehrenreich and English 1973.

child well-being broadly construed, including not only their offspring's moral but also their corporeal health. This responsibility was signaled by, among other things, the new proliferation of child-raising manuals, demanding the addition of certain forms of "domesticated" scientific knowledge to the repertoire of virtuous motherhood. The paramount importance of breastfeeding was particularly emphasized. As an 1844 infant care manual admonished, "The first and most important truth...to be impressed upon mothers, is, that the constitution of their offspring depends on natural consequences, many of which are under their own control" (in Dye and Smith 1986, 344). Both of these developments, as Dye and Smith observe, entail a "growing belief that human agency could shape and control the natural order" (Dye and Smith 1986, 343).

A comparison between two journal entries included in Dye and Smith's analysis captures this distinction between 18<sup>th</sup>- and 19<sup>th</sup>-century parenting. Elizabeth Phelps wrote in her 1773 journal that "Thursday morning our babe was left alone in the Room, crept to a tea-kettle of scalding water—turned it over scalded one hand very bad, the other a little. Lord what a great mercy twas no worse. Thou art our constant benefactor, O may this providence serve to put me upon consideration that the Child is thine. Let me never forget it" (Andrews, ed., 1964; in Dye and Smith 1986, 335). As Dye and Smith note, colonial "parents cared deeply for their children and yet expected neither conscientious care nor the best medical attention to cure their children's illnesses, prevent dangerous accidents, or forestall death" (332). In 1848, Fanny Longfellow, whose record of profound grief is introduced above, had called in a doctor to try to save her dying infant; this doctor had attempted a variety of "[h]eroic medical measures, including large doses of mercury" (342); Longfellow herself spent several sleepless nights at the baby's bedside. Afterwards, significantly, she wrote that she was "haunted by thoughts of what might have been avoided, the most pitiless of all" (343). Not God but the right combination of maternal and

medical interventions might have served to save her infant daughter. As one of the many home medical guides designed for 19<sup>th</sup>-century mothers put it, “No one can for a moment believe that the excessive and increasing infant mortality among us, is part of the established order of nature, or of the systematic arrangements of Divine Providence” (343). The figure of true babyhood entailed a new conception of infant death as a largely *unnecessary* evil, an avoidable injury, a sign of vulnerability improperly attended to.

For the enslaved, in contrast, as Hartman writes, “The concept of “injury” did not encompass the loss of children”; “the reproduction and conveyance of property decided the balance between the limited recommendation of slave humanity and the owners’ rights of property in favor of the latter” (1997, 98). Within the system of routinized gratuitous violence that maintained the Southern slavery regime, the death of enslaved black infants was unfortunate but inevitable, a sort of “collateral damage.” Iconic in the historiography of women in slavery is the horrific image of the hole dug in the ground to accommodate the pregnant slave’s belly while the back is exposed to the lash or other instrument of torture (Davis [1981] 1983, 9; Roberts 1999, 40; Wilkie 2003, 64; Jones 2010, 19; also see Frazier 1969; Rawick 1973, 66). Dorothy Roberts characterizes this measure to protect of the fetus while punishing enslaved women as the “first maternal-fetal conflict,” presaging ways that black women’s interests, physical well-being, and personal value have been legally construed as opposed, and inferior, to those of her gestating fetus (1999, 41). Yet the record also shows the ostensibly infant-protective aspect of this torture ritual to have been largely symbolic, or at the very least contradictory in its effects. Several accounts testify to this practice resulting in the premature expulsion of the infant from the mother’s traumatized body (Wilkie 2003 (Rawick 1973); Davis [1981] 1983 (Frazier 1969)), or even the beating to death of pregnant woman (Davis [1981] 1983, 9; Jones 2010, 19), which

would almost certainly have entailed the death of her fetus as well. All overseers may not have known that premature infants were far more likely to die than term infants. The apparently widespread lack of prohibitions on this practice, however, seems to indicate a general acceptance of infant death as part of the effective management of human property and productivity.

Fanny Kemble's account of infant death on her husband's Georgia plantation seems to affirm this point.

[A] poor woman called Mile, who could hardly stand for pain and swelling in her limbs...had had fifteen children and two miscarriages, nine of her children had died...

Another of my visitors had a still more dismal story to tell; her name was Die; she had had sixteen children, fourteen of whom were dead...

One poor woman, named Molly, came to beg that I would, if possible, get an extension of their exemption from work after child-bearing. The close of her argument was concise and forcible. "Missis, we hab um piccaninny—tree weeks in de ospital, and den right out upon the hoe again—*can we strong* dat way, missis? No!" And truly I do not see that they can. This poor creature had had eight children and two miscarriages. All her children were dead but one.

*Fanny* has had six children; all dead but one, she came to beg to have her work in the field lightened.

*Nanny* has had three children; two of them are dead. She came to implore that the rule of sending them into the field three weeks after their confinement might be altered.

*Leah*, Casear's wife, has had six children; three are dead.

*Sophy*...is suffering fearfully; has had ten children; five of them are dead....

*Sally*, Scipio's wife, has had two miscarriages and three children born, one of whom is dead...

*Sarah*, Stephen's wife,—this woman's case and history were, alike, deplorable, she had had four miscarriages, had brought seven children into the world, five of whom were dead, and was again with child...

*Sukey*, Bush's wife, only came to pay her respects. She had had four miscarriages, had brought eleven children into the world, five of whom are dead.

*Molly*, Quambo's wife, also only came to see me; hers was the best account I have yet received; she had had nine children, and six of them were still alive.

This is only the entry for to-day, in my diary, of the people's complaints and visits...I think the number they bear as compared with the number they rear a fair gauge of the effect of the system on their own health and that of their offspring. (Kemble 1863)

The image of the infant born too soon from the body beaten open over the hollowed-out ground spectacularly conveys the impact of direct violence on infant life. But as Molly, Fanny,

and Nanny indicate, and as Kemble affirms, the forms of violence most responsible for enslaved infant death were indirect: foregrounded here is the premature deprivation of direct maternal attention, which also presumably entailed the deprivation of regular, adequate nutrition from breast milk. Jacqueline Jones similarly writes of structural conditions incompatible with infant survival. There were

[e]xtraordinary rates of slave infant mortality (twice that of whites in 1850)...on disease-ridden low-country plantations, infant mortality rates could reach as high as 90 percent; there, only one out of ten babies lived to see his or her first birthday. (Rice culture was especially hazardous to infants, who succumbed to gastrointestinal diseases and waterborne ailments)...slaveholders faced a dilemma when they tried to maximize women's productive and reproductive abilities simultaneously, [and] mothers suffered the emotional and physical consequences...in the South as a whole, fewer than two out of three black children survived to the age of ten between 1850 and 1860 (2010, 34; cf. Steckel 1986).

Deborah Gray White argues that “[m]ost white Southerners attributed these deaths to the carelessness of slave mothers who rolled onto them while sleeping”—colloquially called “overlaying”—or, less commonly, accused them of outright murder by this method (1999, 89): attributions of deficient mothering taken to the extreme. While infanticide appears to have been relatively rare among enslaved mothers, enslaved infants did seem to suffer disproportionate rates of death by suffocation—82 percent of reported cases in the 1850 census, and similar numbers in the 1860 census (1999, 88). As White notes, evidence from medical historians suggests that the majority of these deaths were in fact attributable, from the perspective of the present, to what we now call Sudden Infant Death Syndrome, as they followed both the seasonal and age-linked patterns associated with SIDS (1999, 88-89; Johnson 1981). Whatever the case may be, however, concern about infant deaths from alleged overlaying did not appear to be profound enough to spur interventions to prevent them, such as cribs for infants or less exhausting labor regimens for their mothers.

On one hand, as suggested in the section above, we can think of this normalized condition of high mortality as a function of the enslaved infant's fungibility. Sexton contrasts "the ephemeral body of white universality" with "the strangely dense corporeality of its dark-skinned others, imagined as sprawling and overpresent, anonymous in their racialized particularity" (Sexton 2008, 25). The very low price demanded for young enslaved infants, as compared with older children (King 1997, 8),<sup>34</sup> appears to indicate their status as overpresent, substitutable almost to the point of disposability. But it is also, I would argue, a function of the racial circumscription of the *vulnerability* of true babyhood. As Butler writes, "[W]hen we say that every infant is surely vulnerable, that is...true, in part, precisely because our utterance enacts the very recognition of vulnerability and so shows the importance of recognition itself for sustaining vulnerability...Vulnerability takes on another meaning at the moment it is recognized...norms of recognition are essential to the constitution of vulnerability as a precondition of the "human"" (2004, 43). Mothering manuals touting the importance of breastfeeding, control of the infant's environment, and careful maternal vigilance for the preservation of fragile infant life were, by the mid-19<sup>th</sup> century, unavoidable for a literate audience. Yet slaveowners' protocols regarding enslaved infants in general incorporated none of these measures, even for instrumental reasons. Routine, unaddressed infant mortality on Southern plantations, in other words, signaled the non-recognition of black infant vulnerability. Along with natal alienation and devaluation, this naturalized subjection to violence marked the political ontological division between true (human) babyhood and the enslaved black infant.

### **What about the suffering infant in abolitionist discourse?**

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<sup>34</sup> For example, an auction notice from the 1850s had a four-month-old baby priced at \$25, while its three-year-old sibling was priced at \$350 (King 1997, 8).

According to Olney's analysis of the structure of the slave narrative, like the opening statement that "I was born," the infant or young child torn from its mother's breast to be sold was a signature element of the slave narrative genre. As we can see from these illustrations below (figs. 1, 2, and 3), it was also not an uncommon element within abolitionists' visual appeals. Chris Dixon writes of the centrality of the violated maternity of enslaved women to abolitionist discourse; along with the brutal treatment of pregnant women, the horror of such forced separation played a central role in these representations. Female abolitionists in particular employed such images both to elicit empathy in their audiences, and in representing their own empathetic responses as mothers themselves, drawing "connections between the suffering of women within their own coterie, and the horrors inflicted on slave mothers" (1997, 31). Harriet Beecher Stowe connected her own sorrow at the death of her child with the death of slave children in *Uncle Tom's Cabin*. Abolitionist Mary Grew wrote to Helen Garrison soon after the death of the latter's own young child in 1848, describing the comparison that she (Grew) had made, in a speech at an anti-slavery meeting, between her friend's profound "affliction and sorrow" and the situation of enslaved mothers, the latter

torn from their dear ones, not by the gentle hand of the death-angel, but by the merciless grasp of the traffickers in human souls; and it seemed almost a contrast, rather than a comparison, for the one became almost joy and blessedness beside the deeper bitterer woe of the other. And I told the audience that it seemed to me that in our sorrow, better than in our joy, we can sympathize with our enslaved brothers and sisters (in Dixon 1997, 32).

Dixon argues that Grew, even while pointing to the incommensurability of the respective situations, "was certain that suffering on the part of abolitionists would enable them to better empathize with slaves" (31-32). Is it not the case that this empathy, the attempt, by analogy, to inhabit the full feeling of this worse-than-death dislocation, is predicated on the attribution of the characteristics of true babyhood to enslaved infants?

Certainly this was the sincere intention of Grew and her abolitionist sisters-in-arms. Hartman, however warns of the “difficulty and slipperiness of empathy” on the part of those whose humanity is unquestioned for the enslaved subject. Empathy is “a projection of oneself into another in order to better understand the other.” However, given “the vulnerability of the captive body as a vessel for the uses, thoughts, and feelings of others the humanity extended to the slave inadvertently confirms the expectations and desires definitive of the relations of chattel slavery...[and] the fungibility of the captive body” (1997, 19). The danger of an “obliteration of otherness” attends such empathetic exercises, such that “the white witness of the spectacle of suffering affirm[s] the materiality of black sentience only by feeling for himself” or herself, and “by virtue of this substitution the object of identification threatens to disappear” (Ibid.). We can note that the suffering of the enslaved mother and infant becomes a sentimental resource for Grew; given the depth of its horror as a point of contrast, it transmogrifies the bereavement of free white mothers upon the deaths of their children—which, as we have seen, was devastatingly profound—into “almost joy and blessedness.”

Grew’s characterization of sympathy as requiring sorrow connects to the related question of “why the site of suffering so readily lends itself to identification. Why is pain the conduit of identification” (1997, 20)? Hartman concedes that, on one hand, given the constitutiveness of violence to the maintenance of the system of slavery, this makes sense. Yet the invocation of the acutely suffering body as the point of identification also “risk[s]... fixing and naturalizing this condition of pained embodiment,” and hence, contrary to the intentions of the empathizer, reinforcing the distance between the enslaved body in pain—a body “always already” in pain, the body ontologically defined by suffering—and the normally unpaired body of the white subject. Representations of the mother and infant violently separated, analogously, may have helped to

fix and naturalize the black maternal-infant dyad as always already disrupted, always already pathological—especially given the maternal deficiency so widely attributed to black women. Moreover, given that these scenes of suffering are designed to elicit the maximum affective response, “the violence of slavery or the pained existence of the enslaved, if discernible, is only so in the most heinous and grotesque examples and not in the quotidian routines of slavery” (21). With regard to enslaved infant life and death, we have seen that the vast majority of enslaved infant mortality and suffering was in fact due not to the “merciless grasp of traffickers in human souls,” but to the unspectacular wearing-away of a vitality born compromised, to the everyday violence of those quotidian routines. These representations, while certainly portraying black infants as subject to violence, may also inadvertently reinforced the non-recognition of black infants’ vulnerability to the same ordinary harms as white babies. While they may indeed have stirred indignation, inspired sorrow, and generated sympathy, these same feelings themselves may have further affirmed the ontological distance between true babyhood and the enslaved black infant.

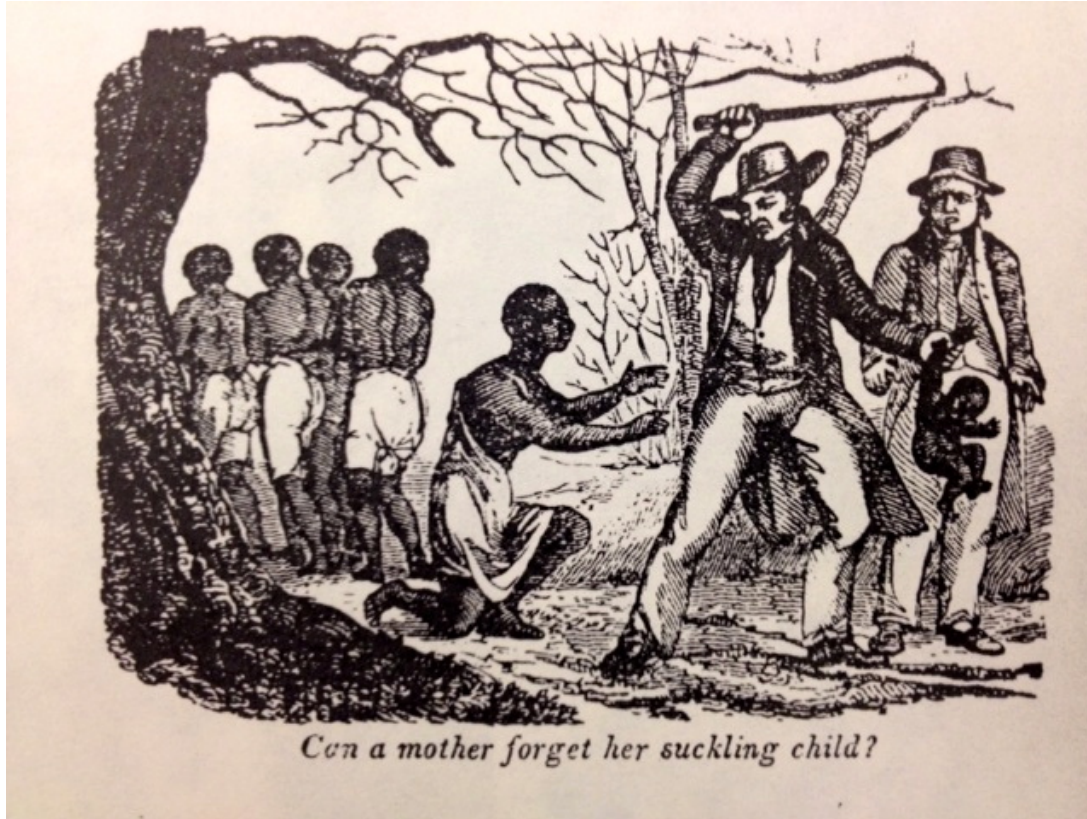


Fig. 1 <http://www.ushistoryscene.com/uncategorized/12yearsaslave/>



Fig. 2 (French 1862, 114)



Fig. 3 (French 1862, 272)

**Conclusion: True babyhood toward the biopolitics of infant mortality**

*“Certain lives will be highly protected...Other lives will not find such fast and furious support and will not even qualify as “grievable”” (Butler 2004, 32)*

We have tracked the development of true babyhood over the course of the antebellum years. By the time of the Civil War, and expanding rapidly in the following years, another dramatic transformation would take place, as infant mortality came to be a deeply felt collective concern.

An 1864 sanitary survey, a public document diagnosing the aggregate death rate of infants rather than memorializing one precious individual babe, nevertheless couched its findings in baroquely sentimental language:

[I]t is on the tender and susceptible frames of infants that these [morbific] influences are most speedily and strikingly manifested. Like the fabled vampires...diseases here hover above the pillow of childhood, sipping from the dewey springs of life till life itself is gone. On the walls of these tombs DEATH hastens to inscribe the names of more than half of those whose fate it is to be born within their dismal precincts (1864, in Meckel 1990, 25-26)

No longer just a private tragedy, infant death is here presented as a public loss. Coeval with this new publicity, moreover, was a growing sense that this loss could be reduced through sanitary reforms: not only a phenomenon to be mourned but a target of urgent action. The passage of anti-milk adulteration laws starting in the 1880s, and subsequent development of “pure milk stations,” signaled the growing pervasiveness of this decisive turn toward active intervention (Meckel 1990, 68, 79). As Zelizer writes,

the revolution in child mourning expanded...The domestic grief of all parents for their dead child was gradually defined as a public concern. Elaborate private mourning for individual children was not enough; the death of all children—rich and poor—emerged as an intolerable social loss...The romantic cult of the dead child was therefore transformed into a public campaign for the preservation of child life (1985, 27)

Zelizer’s inclusive formulations—“all parents,” “all children”—are, however, misleading. Even though the first attempts at statistics made clear that black infants were dying in greater numbers than virtually any other group, virtually no efforts were directed toward saving them. Already in the late 1850s, northern US cities were regularly characterized in the press as killing fields for babies, “infant abattoirs” (Meckel 1990, 11). The death rates of black infants, however, elicited no such sensational images of violated innocence. Strikingly, this was the case even though these studies apportioned a great deal of blame to the allegedly filthy habits of the Irish and other “unacclimated foreigners” (Meckel 1990, 18). Prefiguring Cybelle Fox’s (2012) account of the trifurcated structure of pre-New Deal relief programs for European immigrants, African Americans, and Mexican Americans, public measures for the improvement of the conditions of urban European immigrants was never a question. For instance, even as the reformer quoted above deplored the ineducability of immigrant parents, his solution was “rigid oversight and control of the erection of dwellings” (Meckel 1990, 25). However different these

immigrant families may have been in habits and customs, their citizen children were not to suffer for the sins of the fathers.

A biopolitical paradigm grounded in the black extinction hypothesis explains many aspects of the exclusion of black communities from these late-19<sup>th</sup> century efforts. Given reformers' sentimental investment in infancy, however, their total disregard of black infants in particular requires further explanation. The exclusion of enslaved black infancy from the adored, precious, and vulnerable figure of true babyhood through the interlocking conditions of natal alienation, devaluation, and naturalized violence, I argue, contributes to this explanation. The ontological boundaries of true babyhood that crystallized in the antebellum years endured in the racial circumscription of the population of infants that could and should be saved from the perspective of public health and Progressive politics. Moreover, the political ontological effects of blacks' 19<sup>th</sup> century exclusion from the white sentimental and biopolitical responses to infant demise are arguably still visible in today's persistently disproportionate rates of black infant death, and in the contradictions that still characterize public health efforts to address this disproportion.

To call attention to the enduring dynamic of everyday violence that accumulates outside the boundaries of true babyhood is not to say that this dynamic is unchangeable. Sexton argues that "political ontology is not a metaphysical notion, because it is the explicit outcome of a politics and thereby available to historical challenge through collective struggle" (Sexton 2010, 36-37). A long look at the specific contours of one powerful political ontological figuration of the human, and at the specific conditions of anti-black exclusion that it entails, might also shine a light on ways that life has been and could be lived otherwise.

## **Chapter 2 “Awful gladness”: The dual political rhetorics of Du Bois’ “Of the Passing of the First-Born”**

W.E.B. Du Bois’ account of the death of his infant son, Burghardt, in “Of the Passing of the Firstborn,” Chapter XI of *The Souls of Black Folk* ([1903] 1994), has received relatively scant attention from political thinkers. And, at first glance, the political relevance of this highly personal reflection may indeed be difficult to discern. Characterized by Du Bois’ biographer David Levering Lewis as “verg[ing] on bathos” (1994, 227), even the sympathetic reader cannot deny its strong elements of sentimentality. Its poetic rendering of Burghardt’s brief cherished life and deeply mourned death offers few rhetorical innovations that can claim clear political purchase, no new figurations comparable in revelatory power to the “seventh son” or “second sight” of the shatteringly eloquent first chapter of *Souls*. It offers little of the social or political commentary of “Of Booker T. Washington and Others” or “The Meaning of Progress.” Moreover, its proportions are unassuming. As Thomas Dumm notes, “Du Bois’ reflection on the death of his son takes up but a few pages” (2000, 156) in the monumental work; the shortest chapter in the book, it is easy to overlook.

Yet despite its slight profile and intimately personal focus, the chapter is rich in political lessons.<sup>1</sup> In this chapter, I read “Of the Passing of the First Born” as a complex

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<sup>1</sup> Dumm (2000) and Shannon Mariotti (2009), exceptions to political theorists’ general neglect of the chapter, demonstrate in their respective analyses that “Of the Passing of the Firstborn” illuminates the centrality of loss to political vision in times of crisis. Dumm and Mariotti both put Du Bois’ elegy for Burghardt into conversation with Ralph Waldo Emerson’s account of the death of his own son, Waldo, in the essay “Experience” ([1844] 1983). Dumm, while explicitly thematizing the differences between the experiences of loss for Emerson and Du Bois under conditions of white supremacy, argues that both, in their respective returns to the world and to words from the depths of their terrible and ordinary devastations, serve as exempla for political action in our own time of crisis and democratic failure. Mariotti, largely harmonizing with Dumm, compares the powerful

rhetorical challenge to the prevailing scientific interpretation of black infant mortality, and African American death more broadly: disproportionately high mortality as a sign of African Americans' racial degeneration and imminent extinction, and thus their exclusion from the future of the both the nation and the human. As I argue in the introduction, the extinction hypothesis exemplifies what Michel Foucault calls biopolitical or "state" racism; it buttressed with new statistical science the notion, already circulating during the Civil War,<sup>2</sup> that African Americans had been artificially protected from the harsh laws of natural selection by the institution of slavery, and were thus inevitably declining toward extinction since emancipation (Meckel 1997; Downs 2012, 102; Haller 1971, 40-51; Muhammad 2010, 39-40; Modern 2011). Foucault called *biopolitics* the ways that modern state power uses scientific knowledge to foster the life chances of those considered legitimate or normal members of the population—through, *inter alia*, sanitation, vaccinations, safety regulations, state health insurance, and comprehensive measurements of vital statistics. He argued, however, that these life-enhancing measures also often entail a uniquely modern, or biopolitics, form of racism: scientifically justified neglect, exclusion, violence, or death for groups deemed *abnormal* (and thus threatening to the "normal" population's health). In the first half of the paper, I read Prudential Insurance Company statistician Frederick Hoffman's influential 1896 treatise, *Race Traits and Tendencies of the American Negro*, as a quintessential expression of turn-of-the-century biopolitical racism. I identify four mutually enforcing rationalities of

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language of vision in Emerson and Du Bois' respective bodies of work. She draws a parallel between the way that, for each of them, the profound pain of the loss of the son interrupted the idealist and universalist elements of their respective optics with its insistent particularity. Though appreciative of the insights of both Dumm and Mariotti, this chapter takes a different direction.

<sup>2</sup> See, e.g., Kennedy 1862.

exclusion in Hoffman's treatment of black mortality, and infant mortality in particular, which work together to negate the properly human existence of African Americans: physiological, moral, affective and actuarial. These allegations of lack interlock to cast African Americans as categorically unfit for citizenship, and to banish them from his account of the national destiny.

In the second half of the paper, I argue that, in "Of the Passing of the First-Born," Du Bois challenges the regime of biopolitical racism emblemized by Hoffman's work: not through scientific refutation, as one might expect from the already-eminent sociologist, but through rhetoric. I identify two rhetorical modes through which Du Bois levels this challenge: *normalizing* and *insurrectionary*. In the normalizing mode, Du Bois carefully refutes the notion that African Americans are ineligible to embody prevailing biopolitical norms. Against allegations that black infant mortality is the outcome of physical inferiority and moral turpitude, Du Bois' elegy depicts an idealized bourgeois home and rigidly delineated gender roles, casting Burghardt's mother and father, and the baby himself, as worthy biopolitical subjects regardless of the color of their skin. For a turn-of-the-century white audience, I argue, this depiction of exemplary maternity and paternity helped to establish the shared horizon of values and experiences between narrator and readers that, as Melvin Rogers contends, gives *Souls* such powerful rhetorical purchase in its arguments for racial inclusion (2012). Critically engaging with Rogers' interpretation, I argue that the normalizing mode may indeed have compelled contemporary readers to apprehend Burghardt as a "grievable life" (Butler 2004, 20)—a status from which, I argue in the previous chapter, black infants were excluded in the prevailing 19<sup>th</sup> century political ontology of race—and at least some blacks, more

broadly, as lives that counted. Yet it fails to displace the exclusionary logic of biopolitical racism, as blacks seen as less scrupulously moral could still be deemed unfit to live.

In contrast, the chapter's insurrectionary rhetoric more comprehensively contests this logic. First, drawing attention to the beauty of the racial mixture visible in his son's infant body, Du Bois rejects the prevailing equation of moral and physical health with genealogical purity. Second, as a parent with firsthand knowledge of the pain that the white world has in store for all black children, he disrupts Victorian norms of fatherhood to dramatize a deep ambivalence toward life itself—the core biopolitical value—under present conditions. In these more insurrectionary moments, Du Bois refuses the current order of things as well as the conventions of persuasion, emphasizing the violent incommensurability of black and white existence under the depredations of Jim Crow white supremacy. Risking, in these moments, the sympathetic identification that the normalizing mode so carefully cultivates, he spurs his readers toward a more radically inclusive political ontology and national future.

We begin with Hoffman's *Race Traits*: an exemplary articulation of the biopolitical logic that faced Du Bois as both a scholar and a father.

**The actuary's biopolitics: Hoffman's *Race Traits and Tendencies of the American Negro (1896)***

“How does it feel to be a problem?” So reads the question, implicitly posed but “ever...unasked” by the anxious whites figured in Du Bois' opening of *The Souls of Black Folk*'s first chapter, and to which the work can be considered an extended response (Du Bois [1903] 1994, 1). From the vantage point of the 21<sup>st</sup> century, it can be easy to forget the literal referents of this poetic formulation. In the two decades preceding the

publication of *Souls*, social-scientific and medical treatments of the “Negro Problem” proliferated in academic and popular periodicals (Levering-Lewis 1993, 99; Muhammad 2010, 15).<sup>3</sup> Frederick Hoffman’s 330-page tract, *Race Traits and Tendencies of the American Negro*, is only one influential specimen of this genre—if, as Levering-Lewis write, a particularly “merciless” one (1993, 99). “Only by means of a thorough analysis of all the data that make up the history of the colored race in this country,” its introduction reads, “can the true nature of the so-called ‘Negro problem’ be understood” (1896, v). Unlike Du Bois’ fictionalized white interlocutors, however, Hoffman’s treatise, like the majority of these texts, evinces no interest, however halting, in the subjective experience, daily life circumstances, or political potential of black Americans. Rather, it employs new statistical methods as evidence of blacks’ peculiar double role as both exception and threat to the (white) nation’s evolutionary progress. Khalil Gibran Muhammad has recently demonstrated that *Race Traits* was key to the tethering of blackness to criminality in the 1890s, a legacy that has profoundly shaped present racial and carceral geographies, policies, and conventional wisdom (Muhammad 2010, esp. 51-52). This chapter’s analysis of Hoffman’s treatise is complementary. Rather than adult crime statistics, it focuses on Hoffman’s readings of black mortality statistics, and infant mortality in particular. I argue that *Race Traits* harnesses these statistical findings to four

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<sup>3</sup> One of Du Bois’ teachers at Harvard, Nathaniel Shaler, authored a seminal article entitled “The Negro Problem,” the first of his several treatments of the issue, in the *Atlantic Monthly* in 1884 (Shaler 1884; Levering-Lewis 1994, 99; Muhammad 2010, 15-17). This designation persisted at least through the 1960s. In Daniel Moynihan’s 1965 *Report*, for instance, the formulation occurs twice, though it is no longer given pride of titular place, as it is in Myrdal’s *An American Dilemma: The Negro Problem and Modern Democracy* (1944).

distinct, though interconnected, biopolitical rationalities of racial exclusion: physiological, moral, affective, and actuarial.

Frederick Ludwig Hoffman, statistician for the Prudential Life Insurance Company, published *Race Traits and Tendencies of the American Negro* in May 1896—the same month and year as the *Plessy v. Ferguson* decision—in the pages of the prestigious *Publications of the American Economic Association*. In his introduction to the work, he cites the fact of his German birth and education as a guarantee of freedom from the racial bias that may taint demographic studies of blacks by white Americans (v).<sup>4</sup> As Muhammad writes, “in the tradition of an Alexis de Tocqueville, he marketed himself as a clear-eyed, plainspoken, unbiased foreign observer of American race relations and demographic trends” (2010, 53). Hoffman’s initial “impartial” compilation of a range of African American vital statistics in 1892, one of the first of its kind, had yielded conclusions firmly in support of the extinction hypothesis. Attributing to African Americans a “gross immorality, early and excessive intercourse of the sexes, premature maternity, and general intemperance in eating and drinking,” it argued that “the whole body politic of the colored race is undermined and finally doomed” (Hoffman 1892, 534-535). “What else but final extinction,” he asked, “can be the future of the negro, thus presenting all the evidences of a dying race” (ibid, 541)?

Four years later, *Race Traits* offers the same conclusion:

in vital capacity, the most important of physical characteristics, the tendency of the race has been downward. This tendency if unchecked must in the end, lead to a still greater mortality, a lesser degree of economic and social efficiency, a lower standard of nurture and a diminishing excess of births over

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<sup>4</sup> This same logic underpinned, four decades later, the Carnegie Foundation’s choice of the Swedish Myrdal to survey race relations in the US (Ellison 1944).

deaths. A combination of these traits and tendencies must in the end cause the extinction of the race (1896, 176).

The crucial difference is that the latter tract is shored up by an unprecedented synthesis of new criminal, demographic, epidemiological, and vital statistics with older anthropometrical studies and anecdotal evidence. With the publication of *Race Traits*, Muhammad writes, “statistical data secured a permanent place in modern race-relations discourse in the United States for the first time” (2010, 48). Hoffman argues that his statistical methods place the extinction hypothesis beyond dispute: “it is a fact which can and will be demonstrated by indisputable evidence, that of all races for which statistics are obtainable...the negro shows the least power of resistance in the struggle for life” (37). The apparent objectivity of this evidence lent an unassailable credibility to the notion of African Americans’ fatal degeneration for most contemporary white readers (Muhammad 2010, 48). Hoffman’s synthesis and interpretation of infant mortality statistics were a key component of these findings.

Medical historian Nancy Stepan reminds us that “[t]he scientists who gave scientific racism its credibility and respectability were often first-rate scientists struggling to understand what appeared to them to be deeply puzzling problems of biology and human society” (1982, xvi). There is no reason to doubt that Hoffman earnestly believed in his own personal impartiality, or in the urgency of his findings for the good of humanity—in his narrowly circumscribed conception of the term. At the same time, *Race Traits* was not a professionally disinterested project. In the face of new state laws in the late 1880s that barred the racially differentiated life insurance rates and benefits that insurance companies had instituted a decade earlier, Prudential Life Insurance Company was in the process of discontinuing the issuance of life insurance for African Americans

on the grounds of their “excessive mortality” (Wolff 2006, 89; Heen 2009, 375 fn121, 376).<sup>5</sup> Hired in 1894 on the strength of his previous work’s harmony with such an aim, Hoffman was tasked, at least implicitly, with demonstrating the inherent moribundity—and hence non-insurability—of black life (Wolff 2006, 89; Muhammad 2010, 42). *Race Traits* thus helped to translate the extinction hypothesis into the terms of unmanageable actuarial risk, to the financial benefit of Prudential. Beyond pecuniary considerations, however, Hoffman’s influential text abetted his firm’s policies in positioning blacks outside what Francois Ewald calls the “insurantal imaginary” (1991, 198). In the US at the end of the 19<sup>th</sup> century, this imaginary cast the new technologies of mutuality and risk-sharing through insurance companies as necessary components of citizenship (Levy 2012). *Race Traits*’ elaboration of an actuarial rationality of exclusion, which dovetailed with more familiar physiological, moral, and affective rationalities, helped to crystallize the post-emancipation reconfiguration of blacks as outcasts from both the nation and the human.

A lexical note before beginning: by “rationality,” I mean, borrowing Francois Ewald’s succinct definition, “a way of breaking down, rearranging, ordering certain elements of reality” (1991, 199). A rationality always presupposes an ontology: the always-partial selection of elements that qualify as the reality that is to be ordered. In

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<sup>5</sup> Heen writes that “Prudential introduced a race-distinct rate and benefit structure in 1881, followed later the same year by Metropolitan Life. Soon thereafter, certain states began prohibiting life insurance companies from charging race-differentiated rates [Connecticut, 1887; Ohio, 1889; New York, 1891, Michigan, 1893; Minnesota, 1895; New Jersey, 1902; Rhode Island, 1894 (376, fn126)]. Prudential withdrew business from those states and later stopped soliciting black business everywhere. Metropolitan withdrew its business from states with anti-discrimination laws but continued to sell race distinct policies elsewhere” (2009, 375-376).

human affairs, a rationality presupposes a political ontology, given that both this selection and its ordering reflect—and retroactively justify—the valuation of certain forms of life above others, and that, if this ordering has any purchase in the world, it is achieved through the exercise of power. Hoffman’s rationalities each explain and reinforce the political ontological order of racial Darwinist white supremacy by figuring blacks as lacking a key feature of the biopolitical ideal of the Nordic family: physical robustness, moral uprightness, deep emotional attachments, and providence or thrift (McWhorter 2009, 201). We begin with the first of these.

### **Physiological exclusion: Hybridity as moribundity**

Infant mortality plays a key role in *Race Traits*’ case for African Americans’ degeneration toward racial extinction. “The vitality of the negro,” Hoffman writes, “may well be considered the most important phase of the so-called race problem; for it is a fact which can and will be demonstrated by indisputable evidence, that of all races for which statistics are obtainable...the negro shows the least power of resistance in the struggle for life” (1896, 37). While, he acknowledges, other analysts have long observed the “excessive mortality of the colored race” (37), Hoffman’s inclusion and interpretation of African American infant and child mortality statistics constitutes new support for the alleged trend of race extinction. This is achieved through a synthesis of mortality statistics from northern and southern cities<sup>6</sup> broken down both by race and age categories,

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<sup>6</sup> As W.E.B. Du Bois notes in his critical review of *Race Traits*, discussed below, most blacks were still living in rural areas at the time of Hoffman’s study, and yet Hoffman uses almost exclusively urban statistics to draw broad conclusions about African American existence (Du Bois 1897). In Chapter 1 of his treatise, however, Hoffman notes the enormous demographic shift of African Americans from the countryside to the cities.

allowing not only for accurate interracial comparison, but intraracial comparison between different stages of life.

Employing mortality tables from New York, Brooklyn, Boston, Philadelphia, Baltimore, Washington, D.C., New Orleans, Charleston, and Richmond, he observes “that for the earliest period the difference [in mortality] is enormous” (42).<sup>7</sup> Black infant and child survival, Hoffman concludes, is compromised throughout the nation: “Nowhere else do we meet with such a frightful infant mortality as we find prevailing among the colored population of the large cities, both North and South” (45).<sup>8 9</sup> It is clear that, compared with their white counterparts, black infants are faring extremely poorly.

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He writes that the “phenomenal increase in the colored population of southern cities during the past thirty years is perhaps the most convincing evidence of the changed conditions at the South, as affecting the future of the colored population” (1896, 11). Later, he writes that “It is true that most of the collected statistics have reference only to the large cities; but in view of the tendency of the colored population to migrate from the country to the cities in ever increasing numbers, and at the age period most favorable for a low general death rate, the proof of an excessive mortality rate is of the greatest economic and social significance” (38). In spite of his lack of data on rural areas, Hoffman’s emphasis on this “migratory tendency” thus casts his analysis not only as a diagnosis of present pathologies but as the shape of things ineluctably to come.

<sup>7</sup> In New York, 87.42 per thousand for blacks under 15, versus 47.06 for whites; in Washington, 159.93 for blacks under 5, versus 65.04 for whites. The oldest category ranges from an anomalous slightly higher rate for whites over 65 in New York City to Brooklyn’s 96/1000 for whites to 144/1000 for blacks, with most cities showing black death rates about 25% higher than the white rate for that age group. Mortality tables from New Orleans, Charleston, and Richmond provide even more striking evidence, offering detailed data on both infant and early child mortality. Infant mortality in New Orleans, according to the 1890 census, was 269.4/1000 for whites, compared to 430.2/1000 for blacks. An even more pronouncedly disparate rate of survival was in evidence in Charleston, where the rate was 200.4/1000 for whites, compared to 461.7/1000 among blacks. In Richmond, 529.6 out of every thousand black infants—over half of all babies born—died before their first birthday, compared to 186.9 of their white counterparts (43-44): “a mortality so great,” according to Hoffman, “that no greater fecundity could balance the loss” (45).

<sup>8</sup> “Infant mortality,” or sometimes “infantile mortality,” had a fairly loose meaning until it was codified, in the US, in the Children’s Bureau reports of the later 1910s, as mortality during the first year of life. Before that time, the term was often used to signify death up

Hoffman's larger point resides, however, in the comparison of the new generation with their elders. In all of the age-differentiated mortality tables, differences between black and white mortality diminish sharply among older age groups, whereas "the greatest excess of mortality amongst the colored falls on the early age groups" (1896, 44-45; 42). Why is this so significant, in Hoffman's view? Because blacks over the age of 45, who are more like whites in terms of their death rates, and thus their "vital force," are those who are very likely to have been born and raised in slavery. Complementing this line of reasoning are Charleston's age-differentiated vital statistics showing a significantly increased "excess mortality" of younger blacks in 1890 compared with 1848, but little change in the oldest category (56). Hoffman thus asserts that "we have an abundance of testimony...that previous to emancipation the negro enjoyed equal health if not superior to that of the white race" (55). On his reading, the more favorable comparative mortality of older African Americans is a holdover from the more salubrious times of slavery. Higher rates of infant and child mortality, according to this logic, are the clearest manifestation of the race's "tendency towards a higher death rate [which] must be considered evidence of race deterioration" (55). He reiterates this point multiple times: "the excess [mortality] is greatest for the first generation, and least for the third...It would seem therefore, that the young generation is the one least fit for race survival" (57). And

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to the age of five years. For a Foucauldian analysis of the term's emergence as a sign of the problematization of the phenomenon in the UK, see Armstrong 1986.

<sup>9</sup> Earlier in the chapter, Hoffman had sounded an initial note of caution about his statistical representations of infant life and death. Regarding "a comparative statement of the birth rates of both races," he writes, "it must be admitted that information on this point is almost entirely wanting, and that no trustworthy conclusion as to the comparative fecundity can be arrived at" (33). But after acknowledging the lack of this essential factor—the birth rate is the denominator of the infant mortality rate calculation—he evinces no further hesitation in drawing unequivocal conclusions.

again: “mortality is most excessive...among those who largely represent the present generation, born or raised during the period of freedom...[among] those who were under the influence of the conditions of servitude...we find a greater power of resistance to disease and death than among the generation following emancipation and the participation of the negro in the active struggle for life” (84). Saidiya Hartman argues that, along with what she calls the fungibility of the enslaved black body, a primary form of the negation of black subjectivity under slavery was the total appropriation of the *spatial extent* of the enslaved body: “the extensive capacities of property—that is, the augmentation of the master subject through his embodiment in external objects and persons” (1997, 21). We might say that Hoffman’s post-emancipation negation of black existence operates rather through the denial of African Americans’ collective *temporal duration*, figuring the black body’s vital persistence as being eaten ineluctably away.

According to Hoffman, the post-emancipation decline has come about in large part because blacks, and black women in particular, have mistaken sexual license for liberty, resulting in constitutionally compromised mixed-race offspring. Hoffman devotes significant space to ruling out environmental factors, such as altitude, population density, or unsanitary conditions as major causes of infant mortality (51).<sup>10</sup> Deaths from prematurity and stillbirth among African Americans in his representative cities of Washington, D.C. and Baltimore, double to triple the white rate, like the similarly disproportionate “deaths from inanition, debility, and atrophy,” are “largely the result of inferior organisms, which...is one of the most pronounced race characteristics of the

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<sup>10</sup> He admits that “the mortality from diarrhoeal disease is largely subject to sanitary conditions, which no doubt have some influence in producing [the much higher] negro mortality rate” (66). But overall, in Hoffman’s view, the impact of sanitary conditions is minimal (ibid).

American Negro” (84). At the root of this organismal debility is the racial impurity of North American blacks, a factor that has apparently increased sharply since emancipation. The race is “hopelessly mixed”; in this sense, “true” blacks are in fact already practically extinct: “the infusion of white blood, through white males, has been widespread, and the original type of the African has almost completely disappeared” (178). This mixing is not, for Hoffman, the result of the widespread sexual violence over centuries of slavery, but rather owes to the high levels of prostitution among African American women. In fact, as we discuss in more detail below, Hoffman claims that prostitution is the most prevalent form of black female sexual activity: generally, though not exclusively, with “lower” white men (181). Both in its flouting of matrimony and its transgression of the “law of similarity” by which unlike races have a natural mutual aversion,<sup>11</sup> this relation is “outside of the pale of the moral law” (181). Consequently, it has

very seriously affected the physical and moral characteristics of the colored race. *These consequences fall most heavily on the offspring.* The children of colored women and white men, of whatever shade of color, are morally and physically the inferiors of the pure black. It has been stated by Nott and proved by subsequent experience, that the mulatto is in every way the inferior

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<sup>11</sup> Hoffman writes that there is “abundant proof that there is a natural aversion between some races and that attempts to cross this natural barrier, determined by the ‘law of similarity’ have invariably lead to the most disastrous consequences” (197). Similarly: “That races of similar culture and physical and psychical development can intermarry to mutual advantage is too patent a fact to need instances in its support...children of mixed parentage of Indo-German stock, irrespective of nationality, are superior to the parents... It is an entirely different matter when Germans and Italians, English and Spaniards, Swedes and Turks intermarry and have children. And it may be said, only with emphasis, that the cross-breed of white men and colored women is, as a rule, a product inferior to both parents, physically and morally” (179-180).

of the black, and of all races the one possessed of the least vital force (181-182).<sup>12</sup>

From this brief representative sample of Hoffman's diagnosis, it is clear that physiological and moral factors of decline are impossible to fully disentangle. Nevertheless, he offers a litany of medical testimony focused purely on the degenerate physique of biracial persons. For example: "It has been noted here [the New York Reformatory] as in other institutions, that color exercises an influence in disease resistance. Thus, other things being equal, the white opposes the greatest resistance; next comes the full blooded negro...while the mulatto is most susceptible, as if the inferior elements of two colors combined in him produced a strain ill-calculated to resist disease" (on Hoffman 1896, 174). Pairing this data with Gould's Civil War-era studies showing a smaller lung capacity among biracial recruits, Hoffman asserts that "[t]he inferior vitality of the mixed race is... sufficiently proven" (175).

This "inferior vitality" manifests most acutely in the "wide prevalence of syphilis and scrofula among the mixed population, as well as the excessive mortality, the lower fecundity, the increasing tendency to consumption and other tubercular diseases, smaller chest expansion and vital capacity (1896, 197-198). In support of these claims, Hoffman lists a number of "excerpts from the report of the Provost-Marshal General," featuring the notes of army doctors from across the Union:

There are few if any pure Africans [in Vermont], but a mixed race only. They probably lose in vitality what they gain in symmetry of form by admixture; they die early of scrofula or tuberculosis...

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<sup>12</sup> Josiah Nott (1804-1873), surgeon and physician, influential proponent of polygenism and apologist for US slavery on that basis. With George Gliddon, Nott carried forward his teacher Samuel Morton's project of tracing the polygenetic origins of humanity through skull measurements, *Crania Americana* (1839), in the 1854 treatise *Types of Mankind*. See Haller 1971, 79-85.

as a general rule, any considerable admixture of white blood deteriorates the physique and impairs the powers of endurance, and almost always introduces a scrofulous taint...

a genuine black is far superior in physical endurance to the mulatto or yellow negro; the last named are with few exceptions, scrofulous or consumptive...

The colored men, as far as my observation goes, make excellent soldiers . . .

The mulatto, however, is comparatively worthless, subject to scrofula and tuberculosis” (184).

Hoffman acknowledges (though equivocally) the notion that white blood does improve the Negro mind (or at least, citing Gould’s brain weight studies, expands its volume) (185). But even if true, he argues, this is no recompense for the “decrease in vital force by reason of the infusion of white blood,” resulting in an organism “inferior even to the pure black” (189). “The mixture of the African with the white race,” he writes in the work’s conclusion, “has been shown to have seriously affected the longevity of the former and left as a heritage to future generations the poison of scrofula, tuberculosis and most of all of, syphilis” (311). This “hopelessly mixed” race cannot hope to compete for survival against pure African stock (if any can be found), let alone against the vastly superior Anglo-Saxons. These “physiological consequences alone,” he warns, “demand race purity and a stern reprobation of any infusion of white blood. Whatever the race may have gained in an intellectual way, which is a matter of speculation, it has been losing its greatest resources in the struggle for life, a sound physical organism and power of rapid reproduction” (206-207).

The pride of pathological place given to miscegenation and syphilis, however, clearly signal that these physiological aberrations from Anglo-Saxon biological norms cannot be considered in isolation from their moral counterparts. In fact, Hoffman is explicit about this: “All the facts obtainable which depict truthfully the present physical and moral condition of the colored race,” he writes “prove that the underlying cause of

the excessive mortality and diminishing rate of increase in population is a low state of sexual morality” (208). If inferior organisms are the proximate cause of race decline, immorality might be said to be the ultimate cause. We turn, then, to this second factor.

**“Vice, immorality, and debauchery”: the moral rationality of exclusion**

Regarding the pathological causes of disproportionate black infant mortality rates, Hoffman not only dismisses environmental factors, but introduces a racially bifurcated reading of disease more broadly. He approvingly quotes the assessment of the registrar-general of Antigua: among blacks, the latter writes, the so-called causes of infant mortality “are not diseases at all but merely names, all of which have nearly the same meaning...(:) parents, who in the majority of these cases are broken down by disease consequent on vice, immorality, and debauchery...impart such enfeebled constitutions to their offspring that they cannot live a few months even under the most favorable circumstances”(67). On this reading, disease cannot even be read or classified according to the same etiological processes that define disease among whites. Disease, as commonly understood to apply to the human organism, here loses purchase even as a proximate cause. The erroneous assimilation of black disease to the individualized disease process in non-blacks, Hoffman (along with the quoted Antiguan physician) implies, misrecognizes the real pathology, which is phylogenetic in nature: namely, the literally corrosive “vice, immorality, and debauchery” of the race as a whole. A racially bifurcated epistemology of disease does not, of course, originate with Hoffman. Downs identifies a similar dynamic in his comparison of the lax governmental and medical responses to smallpox epidemics among freedpeople during and after the Civil War with

the disciplined response to the disease among poor, mostly immigrant communities in northern cities (2012). The larger backdrop to this bifurcation is the 19<sup>th</sup> century medical commonplace that the allegedly profound anatomical and physiological differences between blacks and whites testified to the former's evolutionary inferiority, or even an innate inability to evolve at all (Haller 1971, 49-50) (though these differences were not profound enough to exclude African Americans as subjects of medical experimentation for the benefit of white patients (e.g. Briggs 2000, 262)). Hoffman's innovation here is to tie this organismal difference to a phylogenetic moral depravity through the statistical links that he establishes between vice (prostitution in particular), illegitimacy, and infant death.

We have already caught a glimpse above of the stress laid by Hoffman on rampant prostitution among black women as a cause of infant mortality. In *Race Traits'* opening discussion of population trends, Hoffman uses the maps attached to the "Hull House Papers" to show that blacks tend to crowd together where the highest density of "houses of ill repute" are to be found (1896, 16).<sup>13</sup> It soon becomes clear that, according to Hoffman, blacks not only "choose" to live in the shadow of these brothels, but constitute their primary occupants. In Hoffman's depiction, marriage simply has no place at all within the sexual lives of blacks, which are at best carried on casually, but most often as prostitution: "an immense amount of concubinage and prostitution prevails among the colored women of the United States...a fact fully admitted by the negroes themselves...Of the two evils, prostitution for gain prevails the more widely" (182). Black sexual relations are essentially immoral and aberrant. Hoffman devotes significant

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<sup>13</sup> It is perhaps at this point needless to say that no mention is made of any restrictions that blacks faced in obtaining housing in the cities.

space to endorsing southern writers' accounts of the bestiality black male rapists (229-234), but these allegedly frequent attacks apparently do not yield any issue.<sup>14</sup> It is principally black female prostitution with "white males of a lower type" that produce the moribund hybrid offspring that signal the decline of the race: "In the irregular sexual relations of the present day prostitution for gain is the prevailing rule, and one of the determining causes of the inordinate mortality" (236). "It is largely to the frequency of illicit intercourse between white males and colored females," he argues,

that we must attribute the wide prevalence of syphilis and scrofula among the mixed population, as well as the excessive mortality, the lower fecundity, the increasing tendency to consumption and other tubercular diseases, the smaller chest expansion and vital capacity. All are the consequences of a union of two races in violation of a natural law (197-198).

Hoffman's multiple repetitions of the allegation of miscegenational prostitution testify to Jared Sexton's observation that "[w]hat characterizes the discourse of white supremacy and antiblackness is a certain superintensity of attention, an exorbitant single-mindedness concerning the centrality of interracial sexuality to all things" (2010, 32; cf Haller 1971, 51). But even in relations between black men and women, Hoffman paints casual illicit encounters as the rule (1896, 311) (the great preponderance of African Americans being, as Hoffman has already established, degenerate hybrids themselves). In a passage worth quoting at length, Hoffman argues that, with regard to the "excessive infant mortality,"

the root of the evil lies in the fact of an immense amount of immorality, which is a race trait, and of which scrofula, syphilis, and even consumption are the inevitable consequences. So long as more than one fourth...of the births for the colored population of Washington are illegitimate...[compared to] only 2.6 per cent. of births among the whites...it is plain why we should meet with a mortality from scrofula and syphilis so largely in excess of that of the whites. And it is also plain now, that we have reached the underlying

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<sup>14</sup> "no considerable crossing of negroes with white females has ever taken place...the few cases that occur cannot possibly have affected the traits and tendencies of the race" (178).

causes of...enormous waste of child life. It is not in the conditions of life, but in the race traits and tendencies that we find the causes of the excessive mortality. So long as these tendencies are persisted in, so long as immorality and vice are a habit of life of the vast majority of the colored population, the effect will be to increase the mortality by hereditary transmission of weak constitutions, and to lower still further the rate of natural increase, until the births fall below the deaths, and gradual extinction results” (95).

Regarding the three-quarters of African American births that, according to Hoffman’s own statistics, occur within the bounds of matrimony, Hoffman is dismissive: “the figures here given are only of those births admitted to be illegitimate. The actual number if known would of course, give a much higher rate” (238).<sup>15</sup> Hoffman here extends the insights borrowed from Antigua, figuring tubercular and venereal diseases not as infectious agents, but as virtually arising from within rather than contracted from without—inevitable consequences of blacks’ inherently vicious sexual practices.

Beyond serving to explain the causes of race decline, however, Hoffman’s depiction of this sexual immorality also draws a hard line between the norms governing Anglo-Saxon existence and the aberrant contours of African American bodies and lives. Hazel Carby’s analysis of the “cult of true womanhood” (1987) sheds light on the exclusionary ontological work done by Hoffman’s depictions of vicious black womanhood in particular. As noted in the previous chapter, Carby places Barbara Welter’s seminal, but race-blind, analysis of the antebellum “cult of true womanhood” (1966) within the political and libidinal economies (Wilderson 2010, 67) of black chattel slavery, demonstrating the bifurcation between the standards of “true womanhood” to

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<sup>15</sup> This particular illegitimacy statistic becomes something of a refrain; e.g., “the low state of sexual morality among the colored population...[demonstrated by the increasing] illegitimate births in Washington...show more emphatically the tendency of the race towards a low level of sexual immorality and vice” (235), and a more extended discussion of the unfavorable comparison with white illegitimacy (238).

which planter-class white women were held and the non-womanhood (in addition to non-personhood) to which enslaved black women were consigned. Responding critically to feminist historians' inattention to the fundamental whiteness of the figure of true womanhood, Carby describes this figure as not merely an impossible ideal but "as a dominating image, describing the parameters within which women were measured and declared to be, or not to be, women" (1987, 23). White women were tasked with the production of citizens and ensuring the channels of property inheritance, while enslaved black women were forced to reproduce property itself (24). If the former were bound to reproduce a patriarchal *fixity*—of the family form, of property relations—the latter were forced to be both embodiments of and vessels for what Hartman calls the essential *fungibility* of black life as a form of capital (1997, 21; cf Wilderson 2010, Marshall 2012).

In the literary sources that Carby cites, this ontological distinction was signaled by depictions of contrasting physical attributes: golden-haired lightness versus shadowy darkness, fragility versus a mannish strength. But the most obsessive emphasis was placed on the second of what Welter names the "four cardinal virtues—piety, purity, submissiveness and domesticity... Without [purity] she was, in fact, no woman at all, but a member of some lower order" (1966, 154; quoted on Carby 25). One of Carby's principal interventions is to show that Welter's "member of some lower order" was precisely the black female herself, whose "overt sexuality... excluded [her]... from the parameters of virtuous possibilities" (Carby 1987, 27). Carby shows that this exclusion was essential, the constitutive limit of that virtue: "[e]xisting outside the definition of true womanhood, black female sexuality was nevertheless used to define what those

boundaries were” (1987, 30). While Carby focuses on the ideology and materiality of this binary formation in Southern antebellum culture, its persistence decades after emancipation is evident in Hoffman’s diametrically opposed characterizations of black and white womanhood. While black females in his account are effectively all prostitutes and, through the moral and constitutional effects of this fundamental immorality, responsible for the fall of their race, Anglo-Saxons’ evolutionary superiority hinges on “chastity in woman,” the feminine counterpart to “[s]elf reliance in man”: “the two essential virtues of modern progress,” (1896, 327).<sup>16</sup> Hoffman thus harnesses the long-established ontological exclusion of black females from “true womanhood,” on the grounds of sexual immorality, to his racial Darwinist narrative, joining it to his evidence of physiological African American decline. But Hoffman also adds an emotional dimension to this diagnosis.

### **Subjects of no feeling: The affective rationality of exclusion**

More precisely, Hoffman imputes a *lack* of emotional connection, tenderness, or love to African Americans’ intimate relationships. Citing this affective deficit as a third causal factor behind high black infant and child mortality, he also reinforces the fundamental distinction drawn between black and white existence. Marx posits that, “man’s feelings, passions, etc., are not merely anthropological phenomena in the (narrower) sense, but truly ontological affirmations of being” (1988, 137); Hoffman’s negation of the possibility of these feelings and passions is, conversely, an ontological negation.

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<sup>16</sup> While Ladelle McWhorter does not treat the 1896 *Race Traits* in her analysis, she similarly points out that Hoffman had previously blamed African Americans’ “inferior womanhood” for race decline in his 1892 article, “Vital Statistics of the Negro” (2009, 147).

He first of all conscripts the alleged prevalence of prostitution into a narrative of increasing black affective deficiency as an aspect of race decline.

While it is not possible to prove by statistics that the moral condition of the slaves was exceptionally good, all the data at my command show that physically the race was superior to the present generation, and no physical health is possible without a fair degree of sexual morality. It is true that sexual relations were as lax as they are now, but they were lax in the nature of concubinage or irregular sexual intercourse, *in which affection played at least a small if not an important part*. In the irregular sexual relations of the present day prostitution for gain is the prevailing rule, and one of the determining causes of...inordinate mortality (236, my italics)[.]

Hoffman has already provided abundant evidence of the fatal consequences of prostitution in terms of disease (*qua* heritable compromised constitution). The sense added here casts African American prostitution as proof that blacks are devoid of the finer feelings that, among civilized subjects, underpin not only the bonds of matrimony, but the vital investment in the life of the next generation. Quoting sociologist Herbert Spencer, Hoffman makes this point explicit:

In societies characterized by inferior forms of marriage, or by irregular connections there cannot develop to any great extent that powerful combination of feelings...affection, admiration, sympathy...which in so marvelous a manner has grown out of the sexual instinct. And in the absence of this complex passion, which manifestly pre-supposes a relation between one man and one woman, the supreme interest in life (the raising up of members of a new generation) disappears...Evidently, a prevalent unchastity severs the higher from the lower components of the sexual relation: the root may produce a few leaves, but no true flower” (208)

The alleged restriction of blacks to the “lower,” bestial components of sexual life is most luridly dramatized in the long passages that Hoffman includes by southern writers about the “fiendish” black male’s obsession with the rape of white women (229-234). The most fatal effects of this sexual retardation for the race in its entirety, however, may be the general apathy that, according to Hoffman, obtains between African American

parents and, consequently, toward their children. Incapable (and, it is abundantly clear, correspondingly undeserving) of the mutual “affection, admiration, sympathy” that naturally arise within civilized white conjugal relations, black parents have no affective resources to bestow upon their progeny.

Hoffman makes explicit the link between this alleged affective deficit and “the excessive mortality of colored children” by quoting at length a series of annual reports by a Savannah health officer to his superior:

[1890] The neglect of children by negro parents is so often apparent to your health officer that he must call your attention again to this matter. In many instances they will not call in a physician when the city provides them free medical attendance...[1891] Fifty per cent. of the children who die never receive medical attention...the parents will not call in a physician, claiming the children died before they could go for a physician, although a cross examination will always show that the children had been sick from two to ten days before they died.

The officer’s report reaches a more desperate pitch in 1893: “For years the city of Savannah has furnished gratuitous medical advice and medicine, and the negroes persistently refuse to accept them, at least for their children. Can the city do more? Is there any other move to make save that of appeal to the law to force parents to care for their offspring?” By 1894, the health officer paints this failure to care as not only immoral but criminal: “We must have stringent laws covering the criminal neglect of negro parents who allow their children to sicken and die without making an effort to obtain the services of those physicians who are paid by the city to give such people gratuitous medical attention” (62-63).<sup>17</sup> With regard to this last, most impassioned

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<sup>17</sup> As Harriet Washington notes: “Historically, African Americans have been subjected to exploitative, abusive involuntary experimentations at a rate far higher than other ethnic groups. Thus, although the heightened African American wariness of medical research and institutions reflects a situational hypervigilance, it is [not] a *baseless* fear of

indictment of “such people,” Hoffman makes a small qualification: “The indifference as to medical attendance in cases of illness of their children is due to ignorance rather than to criminal neglect” (63). Any leniency that this mitigating comment might elicit, however, is immediately undermined by the introduction of new and darker evidence: “The negro has a habit of dosing himself and his children on every possible occasion, and the drugging of infants with paregoric and even with laudanum is very frequent” (ibid.). Fatal failure to seek medical attention for children may not involve criminal intent, but this depiction of black parents pumping themselves and their infants with narcotics “on every possible occasion” links them to a more active and shocking form of harm. In any case, Hoffman sums up, “in our Southern cities” just as in “British Guiana...Antigua, [and] Trinidad...the excessive infant mortality among the colored population is largely the result of individual neglect, as well as in part due to inherited organic weakness” (69). Not only sexual immorality, not only the degenerate hybridity that is its fruit, but also black parental apathy toward their casually conceived offspring, lead to the fatally “diminished power of vital resistance among the young” (311)

Together with the physiological and moral rationalities of exclusion, this depiction of murderously neglectful parenting exemplifies Frank Wilderson III’s point that, within the US’s dominant the political ontology of race, blackness is a category of existence that “is by definition always already void of relationality” (Wilderson 2010, 18). Carby’s analysis is illuminating here as well. In fleshing out her observations about the essential whiteness of “true womanhood,” she calls attention to the intertwined material and affective dimensions of what was perhaps the fundamental denial of

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harm...That is why I refer to African Americans fears of medical professionals and institutions as iatrophobia...the fear of medicine (2008, 21).

relationality during the epoch of slavery: “the simultaneous existence of two definitions of motherhood: the glorified and the breeder” (1987, 30). Pushing to a deeper level feminist historian Ann Berg’s argument that “[l]ove of home, children and domestic duties are the only passions [“true women”] feel” (quoted in Carby 1987, 26), Carby shows that, in addition to their figuration as fundamentally impure, black women’s exile from consideration as subjects of such homely passions served to reinforce their ontological exclusion from womanhood. Carby shows that the refined sensibility ascribed to “true women” as motherly subjects paralleled at an affective level—and helped to justify—the denial of black women’s maternal relations.

Moreover, she shows that this negation extended to the very possibility of black feeling more broadly. Carby demonstrates that revulsion at the cruelties of slavery tended to coexist the contempt for black personhood in antebellum white women’s writings. She thus argues that white womanly sentimentality—even as it decried the spectacle of black subjection to violence—tended to affirm, rather than bridge, the ontological distance between whites and African Americans.

[T]he terrain of sensibilities was highly contradictory. A sensitivity that was heightened into an awareness of slavery as a brutal social system often existed simultaneously with a rejection of the humanity of slaves as brute creatures. A display of finer feelings worked to affirm the superiority of white sensibilities, and of white people as a group, over and above the slaves who were constructed as being incapable of harboring feelings or of generating grief (Carby 1987, 28).

As discussed in Chapter 1, Saidiya Hartman identifies a similar dynamic at work in anti-slavery writers’ depictions of brutal scenes of punishment in bondage, in the professed service of inciting horror and empathetic outrage among a white readership. She argues that, even among committed abolitionists, the fixation on scenes of spectacular black

suffering tended to confirm the “humanity” of the white spectator, affirming the unbridgeable distance between the white spectator and his or her addressees (as empathetic-ethical subjects) and the black slave (as suffering abstraction, as fungible embodiment of pain) (1996, 17-19).<sup>18</sup>

Likewise, in Hoffman’s account, the affective lack that defines both the sexual and the parental relation among blacks stands in sharp contrast not only to white conjugal and family relations, but to Hoffman’s own self-stylization as an emotionally affected witness. Like Carby’s exemplary sensitive white mistress, who narrated her own recoiling at the spectacles of slavery’s most brutal aspects (1987, 28), Hoffman peppers his account of black degeneration with subtle attestations of pity and distress. We recall from passages quoted above that he describes the high rates of black infant mortality in southern cities as “frightful” (45). He also deplores the rate nationwide as an “enormous waste of child life” (95).<sup>19</sup> On one hand, this latter phrasing can be read simply as a cold economic assessment, or as carrying an implicit attribution of black failure to curb their “excessive mortality” (49 and *passim*). But the term also suggests regret at the

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<sup>18</sup> Hartman also writes about the sadomasochistic pleasures that attach to white empathic representations of the slave coffle, as not only the wounds of the lash but the wielding of the whip are imaginatively experienced (1997, 19). I do not enter into a psychoanalytic interpretation of Hoffman’s text, but it is not a stretch to read a grim sadistic pleasure in his exhaustive enumerations of black wretchedness, as well as his emphasis on “helping” the black race—though chances of survival are remote—by depriving them utterly of any assistance (1896, 314); and a masochistic triumph—as well as a neat encapsulation of the biopolitical death function’s evolutionary logic—in his characterization of Anglo-Saxons as having attained their current purity through long ages of suffering and death (310-318).

<sup>19</sup> He employs the formulation “waste of life” several times in discussions of African American mortality more generally (38, 45, 61).

unnecessary loss of something of at least potential value; after all, something of no value cannot properly be said to be wasted.<sup>20</sup>

Hoffman's most vivid emotional response, however, dwells not on mortality as a statistical abstraction, but on a quasi-sociological description of blacks' death rites.

Pauper funerals...are extremely frequent among the colored population and nowhere else does absence of thrift so clearly manifest itself... Whoever has witnessed the pauper funeral of a negro, the bare pine box and the common cart, the absence of all that makes less sorrowful the last rites over the dead, has seen a phase of negro life and manners more disheartening perhaps than anything else in the whole range of human misery. Perhaps only the dreary aspect of the negroes' "potter's field," the low sand hills, row after row...unrelieved by a single mark of human kindness, without a flower and without a cross...may be more sad and gruesome than the display of almost inhuman apathy at the funeral. By this I do not wish to be misunderstood as saying that the negro is entirely indifferent, for he is not, and mourns the loss of a near one as sincerely as the member of any other race, but his indifference is to a condition imposed on him not on account of his poverty, but on account of his lack of thrift" (246-247)

Given that even *Race Traits*' more interpretive moments rarely depart from the measured register of the actuary, this passage stands out as a veritable *cri de coeur*: the "sad and gruesome" scene of the black pauper funeral, he insists, may well be the most "disheartening" spectacle of "human misery" on the planet. But like Carby's tenderhearted white mistress, recording her own sudden physical illness in response to the sight of a slave on the auction block, it is Hoffman, and not the black mourners, who is,

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<sup>20</sup> While not related to mortality statistics, it is also noteworthy that Hoffman, with anomalously explicit sympathy, describes the failure of the Freedmen's Bank as "crimes... committed against a helpless people" entailing great "wrecked hopes" that "injured the race" (291). Hoffman's account, which emphasizes "the loss of faith in thrift and accumulation as a means towards improvement of their humble condition, that injured the race to such an extent that its effects will be felt through several generations," (291) is remarkably similar to Du Bois' narration of the failure of the Freedman's Bank in Chapter 2 of *Souls*. Hoffman quickly returns to the attack, however, devoting many more pages to showing that blacks are, despite their non-culpability in the affair of the Freedmen's Bank, collectively improvident and a tax burden for the Southern states.

to repurpose Lauren Berlant’s memorable formulation, “the subject of true feeling” (1999).<sup>21</sup> However, while the mistress’ sentiments, in Carby’s account, constituted at least a superficial critique of the system of chattel enslavement—albeit a critique ultimately annulled by its predication on black subhumanity—it is clear that the “gruesome” spectacle narrated by Hoffman is not a scene of white violence but of the alleged inhumanity of black life, and death, itself. It is no Jim Crow equivalent of the auction block but the depravity of blacks themselves, their failure to mourn properly, their neglect to mark the deaths of their near ones with even the barest “mark of human kindness,” a rude cross or humble nosegay. Hoffman’s allegations of the lack of appropriate conjugal and parental feeling during life here finds a vivid counterpart in the desolate scene of “almost inhuman apathy at the funeral,” the unadorned pine box and cart and the unbroken expanse of anonymous mounds. Just as Hoffman’s contrast between black prostitution and Anglo-Saxon chastity carried the antebellum racial bifurcation of sexual morality into the Jim Crow era, the affective deficit that he imputes to blacks, literally from cradle to grave, inscribes the legal and notional arelativity of enslaved blackness into the fatal behavioral aberrations of emancipated black subject.

### **From affect to providence**

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<sup>21</sup> Berlant’s account of “the subject of true feeling” is a critique of the notion that the “image of the traumatized worker,” in our own era the victim of sweatshop atrocities, “produces *feeling* and with it something akin to *consciousness* that can lead to *action*” (1999, 49). Berlant argues that the righteous display of the suffering of racial, national, geographical others as a transparent call to action risks figuring the suffering subject as prepolitical, as well as reinscribing US/Global North citizenship as a natural state of security in which the traumatized worker fundamentally has no place. While Berlant, tracing the history of this subject position, highlights the child laborer, not the slave, as the 19<sup>th</sup> century figure around which this dynamic condensed, Carby’s argument prefigures this argument to a significant extent.

But there is also more: the mentions of thrift that bookend the passage, the strange contradictory acknowledgment of African American mourning juxtaposed to the allegations of apathy and indifference. Through these rather puzzling formulations, Hoffman fashions a crucial link between his ascription of affective deficiency and the faculty of providence or thrift, which blacks proverbially lack. Thrift is a key term in Hoffman's text, held up, like self-reliance and chastity, as "the essential virtue of Indo-Germanic races" (241). "Thrift," Hoffman writes, "is the result of self help...self-denial and self-sacrifice, developed...only after a struggle against adverse conditions which would have reduced a race less sturdy to barbarism and savagery" (241-242). Blacks, he implies, have been so reduced, for not thrift but pauperism, "the natural and inevitable result of crime and immorality" (241) that characterizes black existence. The tableau drawn by Hoffman with such melancholy fascination is a pauper funeral, marked at the outset by two parallel absences: the absence of thrift—of self-help, self-denial, self-sacrifice—and "the absence of all that makes less sorrowful the last rites over the dead." The latter appears to signify in part, as argued above, the gravestones and flowers of the proper funerary proceedings. But in view of the emphasis on thrift, it also seems to comprise the more intangible element of providence. What could make death "less sorrowful" for the civilized man than the prospect of posthumous provision, for dependents and one's own interment alike?

We recall that Hoffman endorses Herbert Spencer's assessment of black parental disinterest: "in the absence of th[e] complex passion [engendered by civilized monogamy]...the supreme interest in life (the raising up of members of a new generation) disappears." Similarly, pauperism here seems to signify not only the absence of the

forward-looking virtues of self-help, self-denial, and self-sacrifice, but that the lack of thrift is rooted in an impoverishment of feeling: a lack of shame, a lack of pride, a lack of concern. It is thus not only the pitiful plainness of the pine box and cart in itself that makes the scene so grotesque, but the visible fact that they are provided by public funds, a sign of shameless dependency even in death. More broadly, as the abundance of evidence testifies, the death itself might well have been avoided through proper shame in the face of immoral behavior—or, if the deceased is a child, had the parents exercised more care. The “inhuman apathy” of the funeral is not, as Hoffman himself acknowledges, an absence of bereavement for the deceased, but rather a gruesome display of *indifference* to the improvidence that precipitated both the death and the manifest penury, and that characterize black life in general. Hoffman thus dramatizes an inextricable link between blacks’ failures of sentiment and their failures of providence.

In one sense, Hoffman is doing nothing new here; blacks’ alleged lack of providence and foresight was an old anti-abolitionist chestnut. Slavery apologist George Fitzhugh, for example, warned just after the Civil War that, in contrast to “provident and accumulative” whites, “Negroes will not provide in summer for the wants of winter, nor in the youth for the exigencies of age, unless compelled to do so” (in Levy 2012, 109). But, having bound blacks’ alleged affective deficiency to their moral and physiological decline, Hoffman’s link between thrift and sentiment allows him to fold this proverbial improvidence into the logics of the extinction narrative. Facing a bleak physiological outlook due to undeveloped moral faculties, blacks are in any case incapable of the sentiments that would properly attach them to the future, or goad them to reverse their fate. Hoffman the actuary is thus able to provide a tightly woven case, shored up by a

wealth of evidence, for categorically disqualifying blacks as insurance risks (Hoffman 1900, 209-211; Wolff 2006). Because African Americans were indeed yoked to death-dealing life and work conditions, this may have worked to the financial benefit of Prudential and, in terms of professional advancement, Hoffman himself.

Beyond its immediate actuarial implications, however, Hoffman's disqualification of blacks from what Ewald, as noted above, calls the "insurantal imaginary" also arguably did important notional work. Ewald writes that the insurantal imaginary—"ways in which in a given social context, profitable, useful, and necessary uses can be found for insurance technology"—can also be a "political imaginary" (1991, 198). This is in part because it establishes a form of collective human control over the vicissitudes of fortune. Most of all, however, it is because the institution of insurance calls the collective itself into being: "[t]he work of the insurer is, precisely, *to constitute [a] population* by selecting and dividing risks...mak[ing] each person a part of the whole...Insurance's characteristic operation is the constitution of mutualities" (202-203, my italics). If the quintessential object of biopolitics is the population, then insurance, from the late 19<sup>th</sup> century onward, is a biopolitical technology par excellence: a matrix of rationalized criteria for inclusion and exclusion, and a mode of projecting the security of the included (and the vulnerability of the excluded) into the future. Hoffman's characterization of blacks as incapable of providence excludes them from this mutuality, institutionalizing the arelationality imputed to their intimate relationships at the level of the population. Physiologically, morally, and affectively ineligible to participate in the national destiny, they are likewise ineligible for the risk sharing that projects present security into an otherwise uncertain future. While officially only pertaining to the privately constituted

“population” of Prudential subscribers, *Race Traits* was one of the most widely treatments of the race question for the next few decades (Muhammad 2010, 91). While the precise extent of its contribution to the prevailing biopolitical logics of black exclusion is impossible to assess, it helped to establish a long-standing pattern of policy obstructions to African American families’ intergenerational accumulation of capital (Heen 2009). Moreover, it prefigured the broad exclusions and differential policy treatment of African Americans as the welfare state expanded over the first six decades of the 20<sup>th</sup> century (Lieberman 1998; Fox 2012).

Wendy Brown notes of Foucault’s concept of *political rationality*—an organizing logic of governance that works through official and popular discourses, institutions, and policies—that it works to both “figure and produce citizens” with particular values and capabilities (Brown 2006, 695). This circuit of figuration and production is also at work in *Race Traits*’ four rationalities of exclusion. Figured as phylogenetically diseased, African Americans were denied health care by most white physicians, and suffered vastly disproportionate morbidity and mortality. Figured as fundamentally immoral, they were denied relief that might have helped to stabilize family life (*cf.* Du Bois [1903] 1994, 87). Figured as affectively lacking, no inquiry was made into children’s nutritional status or access to medicine (Savannah’s supposedly free medical care notwithstanding).<sup>22</sup> Finally, figured as utterly improvident, they were denied inclusion in institutions of mutual protection through which they might have better been able to defend themselves from the vicissitudes of fortune, and secure their children’s future. Taken together, these figurations constituted African Americans as outsiders to both the present and future of

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<sup>22</sup> The Southern midwifery reform campaign analyzed in Chapter 3 replicates this dynamic.

the nation and the human. It was into this hostile ontological landscape that Burghardt Gomer Du Bois was born.

### **W.E.B. Du Bois and Frederick Hoffman: Science wars**

Seven months after its publication, Du Bois reviewed *Race Traits* in the *Annals of the American Academy of Political and Social Science* (1897). The review's tone is measured; it opens with the generous statement that, given the increased interest in social scientific treatments of the "Negro Question," *Race Traits* will be "welcomed as one of the first fruits of this interest" (127). Nevertheless, the review ultimately judges the work "of doubtful value" (133), a product of poor scientific work and multifariously misleading. Hoffman's data is flawed, argues Du Bois; particularly given apparently well-known doubts about accuracy of the Eleventh Census, and the fact that urban statistics do not reflect the vital conditions of the still-rural majority of blacks<sup>23</sup>--these data constituting two of Hoffman's principal sources—Du Bois writes that "most persons will at the outset be disposed to criticize the air of perfect conviction that pervades Mr. Hoffman's conclusions and... would feel surer of the author's fairness and judgment if he candidly admitted the contingent character of his broader conclusions" (128). There are methodological problems as well; while "[m]uch light and emphasis have undoubtedly been thrown on many points by his numerous and well-arranged tables... Mr. Hoffman has by no means avoided the many fallacies of the statistical method" (129). More archly, he continues, "This method is after all nothing but the application of logic to counting,

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<sup>23</sup> Also see note 6 above.

and no amount of counting will justify a departure from the severe rules of correct reasoning” (ibid.).

Du Bois uses international comparisons to cast doubt on Hoffman’s conclusions that African Americans are moving inexorably toward extinction. “Throughout this discussion,” he writes, “Mr. Hoffman continually forgets that he is comparing two special classes, the one usually vigorous and intelligent, the other with unusual disadvantages.” And yet he bases his claims on a comparison of each population’s relative increase, failing to note that, in fact, “[c]ompared with most modern nations the decennial increase of American Negroes has been large...higher than the decennial increase of England and Wales” (129). Moreover, even conceding the “immense infant death-rate” and overall “dangerous excess” mortality of urban blacks that Hoffman’s statistics demonstrate, “[o]ne cannot...agree with the author that this excessive death-rate threatens the extinction of the race. Compared with death-rates elsewhere it is not remarkable” (130). Making pointed reference to the European extraction that Hoffman himself cites as proof of an objective approach, he continues:

Mr. Hoffman knows that the large cities of his own German fatherland showed an average death rate of 27.50 in 1880-85, and some cities like Munich, a rate as high as 32.80 in 1878-80. Indeed Montreal, Naples, Belfast, Buda-Pesth, Breslau and Madrid, all have shown within a few years, death-rates which equal and often surpass that of American Negroes in cities. Moreover it may be doubted if the sanitary conditions of the Negro portions of Southern cities are, on the whole, as good as the conditions in the above-mentioned municipalities (130).

Du Bois also criticizes Hoffman’s extrapolations; he insists that

no careful student would think of judging the death-rate of Germany from that of Munich...Yet Mr. Hoffman commits very similar mistakes; he bases his arguments as to the threatened extinction of the Negro almost solely on city death-rates, and argues that an increase in these death-rates means an increase in the general Negro death-rate. Such logic would be erroneous,

even if Mr. Hoffman proved that, following the recent rush of Negroes into cities, their death-rate there had increased. Even this point, however, the author assumes on insufficient proof (*ibid.*).

Du Bois similarly dismisses Hoffman's emphasis on out-of-wedlock births, noting that "Rome, Munich, Vienna, Stockholm, Paris, and Brussels have all shown more startling percentages of illegitimacy than the Negroes of Washington," as well as noting that Washington is not necessarily representative (131).

As for blacks' allegedly increased criminality and improvidence—an increase that demonstrates, according to Hoffman, the inefficacy of both education and religion—as measures of a categorical decline, Du Bois foregrounds evidence that conduces to alternate readings of Hoffman's own data. First, Du Bois points out, blacks are not a monolithic mass: these are "not facts pertaining to 'the race' but to its various classes, which development since emancipation has differentiated" (132). Moreover, crime is no "race tendency," but the fruit of a systematic thwarting of legitimate attempts at advancement: as "a dogged Anglo-Saxon prejudice had shut nearly every avenue of advancement in their faces, the energies of many undoubtedly found an avenue in crime. Beyond these considerations, "the criminal statistics" themselves "raise the whole question as to how far black and white malefactors are subjected to different standards of justice" (132). As to the question of improvidence, Du Bois writes, most blacks' current state of poverty should be unsurprising, given their situation after the war. In fact, reversing Hoffman's conclusion, he argues that blacks' modest accumulation of property, demonstrated by Hoffman's own statistics, in fact testifies to a remarkable degree of thrift and hard work in deeply difficult circumstances.

Overall, he concludes, Hoffman's treatise brings together some new and important data, but its conclusions are of little value, as they lack the "careful study and deep insight" (132) that these questions require and are based on "the unscientific use of the statistical method" (133). The work, perhaps more than anything, points up the need for better scientific work: he recommends a federal "Department of Negro Statistics in 1900, and...careful monographic study of the Negro in limited localities and from particular points of view" (133).

In fact, the year that this review was published also marked Du Bois' assumption of the editorship of the *Atlanta University Studies*, which entailed precisely this kind of fine-grained sociological study of African American life (e.g. Du Bois 1898).<sup>24</sup> Two years later, however, Levering Lewis writes that Du Bois experienced a crisis of faith in the power of objective science. Formerly optimistic, as the final words of his review testify, about the power of scientific work to dispel the irrational prejudices and racial mythologies, he had begun to feel deflated in the face of a hardening "national white consensus" that blacks were less than fully human newly bolstered with scientific authority. This consensus was given a brutal immediacy by the lynching of Sam Hose in Atlanta in 1899; Hose's knuckles were put on display at a grocery store within walking distance of the Du Bois residence. In the wake of this event, Du Bois later write, he felt that he could no longer confine himself to the tower of academe, at a sterile distance from these horrors, generating objective data for an audience whose interest was dubious at best (Du Bois 1968, 221-222; Levering Lewis 1994, 276). Two months after Hose's

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<sup>24</sup> Though the tone of the review is restrained, Du Bois's engagement with Hoffman's treatise left a mark. In the 1940 essay "Race: Autobiography of a Concept," in *Dusk of Dawn*, Du Bois mentions his gladness at seeing all of Hoffman's ideas debunked ([1940] 1984, 99).

lynching catalyzed this new sense of the limits of science, his two-year-old son, Burghardt, died of diphtheria. Cornel West writes that Du Bois' "Enlightenment worldview falters in the face of death—the deaths of Sam Hose and Burghardt" (1999, 92-93).

Levering Lewis casts *Souls* precisely as the fruit of Du Bois' new conviction that additional tactics would be necessary to challenge the prevailing turn-of-the-century "ethos, science, and propaganda of racial dehumanization" (1994, 275)—of which Hoffman's text, though Levering Lewis does not cite it here, constituted a prominent and influential synthesis. Now, Levering Lewis recounts, Du Bois "resolved to write of the genius, humanity, and enviable destiny of his race with such passion, eloquence, and penetration that the claims of African-American inferiority would be sent reeling, never to recover full legitimacy and vitality" (276-277). Given that the loss of Burghardt occurred in the midst of Du Bois' turn toward more directly persuasive approaches, it seems fitting to consider "Of the Passing of the First-born," in particular, as a rhetorical response to the race science of the day. It is to this consideration that we now turn.

### **"Of the Passing of the Firstborn"**

A key source of *Souls*' unique "eloquence and penetration" resides in its surprising juxtapositions and combinations of different genres and registers. "Of Our Spiritual Strivings," perhaps most famously, begins with the autobiographical drama of his rude childhood awakening to the Veil, and then opens out into third-person philosophical considerations of blacks' world-historical role. As Alexander Weheliye points out in his discussion of Du Bois' "mixology" (2005), even different media are woven together and

complexly layered; most evidently in Chapter 14, but in fact throughout, *Souls* is a sonic work as well as a written text. “Of the Passing of the Firstborn,” in addition to its exceptionally short length, also appears to be something of an exception to this complexity; aside from the double epigraph, shared with all of the other chapters, of poem and sorrow song, it is written in one medium, one genre, a single elegiac—verging at times into baroquely sentimental—register. Yet this formally simple elegy, set like a tiny cameo between the more elaborate surrounding essays, in fact offers a complex challenge to the biopolitical racism emblemized by Hoffman’s text. Embedded in an intimate depiction of Du Bois and his wife’s ardent love and loss of their only son, this challenge captures the moral outrage and mortal harms of biopolitical racism with a power incommunicable within the limits of the social scientific idiom. I identify two rhetorical modes through which “Of the Passing of the Firstborn” levels this challenge. First, the *normalizing* mode demonstrates the Du Bois family’s eligibility for biopolitical inclusion—without, however, displacing the exclusionary and gender-oppressive aspects of the biopolitical rationalities outlined above. I engage with Melvin Roger’s account of *Souls*’ rhetorical appeal (2012) to develop this part of the analysis. Second, I identify the essay’s *insurrectionary* rhetoric, which rejects core biopolitical values outright. This latter mode stands in politically meaningful tension with the normalizing mode.

The denominations of these two rhetorical modes reflect Foucault’s account of biopolitics. Foucault’s biopolitics is above all a *normalizing* form of power, in which the norm, with its dual meaning of “optimal model” and “statistical average,” links the disciplinary control of the body—as subjects are incited to bring themselves into line with a prevailing figurations of the normal child, worker, or family (Foucault 2007, 57)—with

the apparatuses that aim to regulate the births, deaths, longevity, sanitation, and health of the population (ibid., 63). “The normalizing society,” Foucault writes, “is a society in which the norm of discipline and the norm of regulation intersect along an orthogonal articulation” (2003b, 253). It is for this reason, he argues, that

sexuality became a field of vital strategic importance in the nineteenth century[:]...being an eminently corporeal mode of behavior, [sexuality] is a matter for individualizing disciplinary controls...But because it also has procreative effects, sexuality is also inscribed...in broad biological processes that concern...the multiple unity of the population. Sexuality exists at the point where body and population meet (2003b, 251-252).

Within a biopolitical regime, the normality of an individual’s body and behavior—with a preeminent focus, starting in nineteenth-century Europe, on sexuality—is thus construed as helping to ensure normality at the population level. Correspondingly, Ladelle McWhorter notes in her examination of biopolitical racism in the United States, biopolitical racism is a “racism against the *abnormal*” (Foucault 2003a, 317; in McWhorter 2009, 32, my italics). As McWhorter documents exhaustively in her account of biopolitics in the US (2009), and as Hoffman’s text amply demonstrates, turn-of-the-century notions of sexual abnormality were inseparable from fears of degeneracy through racial—particularly black-white—mixing:<sup>25</sup> individual and population health as uncontaminated whiteness. Du Bois’ normalizing rhetoric contests this construal of the health of the body politic; it attempts to dissociate racial difference from sexual deviance, and from the corporeal and moral degeneration that are both its cause and its consequence. In this mode, Du Bois assures readers that the moral and material qualities

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<sup>25</sup> As many of Foucault’s inheritors and critics have argued, the intersection of race and sex is at the all core of all forms of biopolitical power, though configurations and meanings of race and sex, as well as their particular entanglements, vary across time and space. See, e.g., Ann Laura Stoler on Dutch colonial biopolitics in Indonesia (1995) and Dorothy Roberts on genomics as entailing new forms of biopolitical racism (2011).

of his own household shore up the normality of the aggregate. Among other things, this rhetorical mode allows Du Bois to present the value of Burghardt's short life as equivalent to that of any other cherished child of any other citizen family.

The term "insurrectionary," stands in a more oblique relation to biopolitics.<sup>26</sup> *Society Must Be Defended* (2003) is the 1975-1976 lecture series that contains Foucault's most robust account of biopolitics. The first lecture of that series, however, does not focus on biopolitics. While, at the very end of the lecture, a mention of "race war" as central to modern notions of power foreshadows later discussions of this concept, the first half of the lecture develops an account of the term *genealogy*. He uses this term both to endow with a retrospective coherence his own eclectic researches at the Collège de France into, *inter alia*, psychiatric and penal knowledge and institutions, and to characterize recent forms of critique that are "not supported by any overall systematization" like Marxism or psychoanalysis, such as Deleuze and Guattari's rejection of psychiatric authority, and attacks on "morality and the traditional sexual hierarchy," (2003, 5). Foucault argues that these forms of investigation and critique entail an "insurrection of subjugated knowledges," by which, he says, he "mean[s] two things" together: first, meticulous historical scholarship that unearths elements overlooked by conventional accounts, and, second, marginalized, local forms of knowledge:

a series of knowledges that have been disqualified as...hierarchically inferior knowledges, knowledges that are below the required level of erudition or scientificity...disqualified knowledges...the knowledge of the delinquent, what I would call, if you like, what people know (and this is by no means the same thing as common knowledge or common sense but, on the contrary, a particular knowledge, a knowledge that is local, regional...) (2003, 7-8).

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<sup>26</sup> I thank Sidney Plotkin for challenging me to make explicit the reasoning behind this term, and Andy Davison for making explicit the link between the term and Foucault's first lecture in this series.

Foucault characterizes as genealogical this pairing of careful scholarship with disqualified vernacular knowledges, this “combination of erudite knowledge and what people know...which allows us to constitute a historical knowledge of struggles and to make use of that knowledge in contemporary tactics” (ibid., 8). This “insurrection of knowledges,” he argues, “is above all...an insurrection against the centralizing power-effects that are bound up with the institutionalization and workings of any scientific discourse organized in a society such as ours” (ibid., 9).

I use the term “insurrectionary” to describe the moments in “Of the Passing” in which Du Bois refuses, rather than laying claim to, the figurations of normality that characterized the prevailing scientific discourse of biopolitics. In contrast to the normalizing mode, his insurrectionary rhetoric foregrounds the non-equivalence of life for blacks and whites under Jim Crow, in terms of both experience and value. Among other things, Du Bois, in all his erudition, invokes an unlikely legacy of disqualified local knowledge—the bitter ambivalence of enslaved motherhood—to demonstrate the specifically African American tragedy of Burghardt’s potential life as well as his death. In using this designation, I thus want to suggest that, in this register, Du Bois employs tactics similar to those of the critical “antiscientific” projects that, decades later, Foucault terms genealogical. Following Levering-Lewis, I argue above that *Souls*, and “Of the Passing” in particular, signals Du Bois’ turn from science to persuasion. The elegy’s insurrectionary rhetorical mode can be said to represent the apogee of this move, as the normalizing mode entails less a rejection of the “institutionalization and workings” of the scientific discourse of biopolitics than a case for the expansion of its boundaries. It is to this normalizing mode that we now turn.

**Alike, dear reader, “in heart and life and longing”<sup>27</sup>: The normalizing mode**

Depicting the Du Bois household’s scrupulous conformity with the conventions of morality and affect characteristic of late-Victorian family life, “Of the Passing of the Firstborn[’s]” normalizing rhetoric challenges the prevailing biopolitical figuration of African Americans as both exceptions and threats to the health of the nation. This depiction not only counters allegations of blacks’ moral and affective deficiencies; it also sets the stage for a reversal of this judgment, casting whites, not African Americans, as morally deficient and grotesquely unfeeling. It levels this challenge, however, by adopting virtually the same figurations of gender—“true womanhood” and its masculine counterpart—that Hoffman employs to throw into relief the aberrations of African American parents. It thus replicates the some of the exclusionary and gender-oppressive elements of the biopolitical rationalities outlined above. Melvin Rogers’ account of *Souls* as a work of rhetoric (2012) helps to clarify this dilemma of persuasion; at the same time, the dilemma itself points out a limitation in Rogers’ account. Rogers writes that “*Souls* attempts to craft a common horizon for author and reader from which shared emotional judgments regarding racial inequality might be reached” (2012, 189). However, he does not consider the ways that oppressive gender norms also comprised part of the “common horizon” thus crafted. The normalizing rhetoric in “Of the Passing” both serves as an

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<sup>27</sup> From Chapter 1 of *Souls*, “Of Our Spiritual Strivings” ([1903] 1994, 2). The whole quote, about Du Bois’ own boyhood, reads, “Then it dawned upon me with a certain suddenness that I was different from the others; or like, mayhap, in heart and life and longing, but shut out from their world by a vast veil.” As discussed below, Du Bois’ contrast between his own boyhood—and lifelong—disillusionment and Burghart’s preservation from this disillusionment by death is key to Du Bois’ insurrectionary rhetoric.

instance of the persuasive and affective work that Rogers explicates, and draws attention to the oppressive elements that this mode of political speech can smuggle in.

In developing his account of *Souls* as a work of rhetoric, Rogers foregrounds its appeal to the feelings of white readers in particular:<sup>28</sup> “the power of *Souls* is bound up with its aspiration to persuade through an appeal to affirmative and negative emotional states, namely, sympathy and shame. Indeed, it is precisely Du Bois’s quest to evoke in the reader sympathy for the suffering of black folks and shame in being complicit in their suffering” (2012, 194). Against allegations that Du Bois’ politics were essentially elitist and vanguardist (Gooding-Williams 2009, Reed 1997), Rogers argues that, because true persuasion signifies that speaker’s case must always be judged worthy by the auditor, consideration of *Souls* as a work of rhetoric highlights Du Bois’ democratic political sensibility (2012, 189).<sup>29</sup> Whereas manipulation forces a person to hold an externally imposed belief, violating her “reflective agency,” persuasion aims to make the auditor *feel* what is at stake in this judgment, and, reflecting on that feeling, to come to a new understanding of the self—as ethical agent—and world (196). Persuasion respects, and in fact depends upon, the reflective agency of the auditor.

In the case of *Souls*, Rogers argues, Du Bois’ rhetoric aims “to elicit an emotional response in the reader that might generate a reasoned desire to alleviate the condition of African-Americans and to expand the political–ethical imagination of the broader citizenry” (195). The exemplary case that Rogers uses to demonstrate this dynamic is the account of Alexander Crummel. Crummel “serves as a proxy for what goes unappreciated

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<sup>28</sup> Rogers emphasizes that *Souls* is not written only for a white audience (2012, 189), but concentrates on this particular rhetorical relationship—as does my reading.

<sup>29</sup> Rogers does not deny the elitist elements of Du Bois thought, but on his reading these are in tension with, rather than precluding, more democratic impulses.

and unnoticed about blacks in America—their striving for success, the work of their lives, the character they model, and their frustrated attempt at self-realization” (199). The figuration of Crummel as the subject of “a fundamental human quest for self-realization that unites blacks and whites” (199) aims to engender sympathetic identification on the part of the white reader; this identification may incite a sense of shame on the part of the reader, as a member a polity that systematically thwarts the self-realization of fellow citizens. As Rogers writes, “In suggesting that they (speaker and listener) will arrive at shared judgments regarding the plight of blacks and the deficiencies of the polity, [Du Bois] also suggests that they will have tied themselves together in a community based on shared emotional dispositions” (198). Yet Rogers’ selection of Crummel as the exemplary expression of Du Bois’ rhetorical appeal throws into relief the gendered terms of those shared emotional dispositions. The quote that Rogers selects as evidence of Du Bois’ incitement of sympathy on the grounds of shared humanity makes this clear: “This is the history of a *human* heart,—the tale of a *black boy* who many long years ago began to struggle with life that he might know the world and know himself” (in Rogers 2012, 199; italics in original). It is as the story not only of thwarted humanity but of thwarted *manhood*, specifically, that “Of Alexander Crummel” gains its affective purchase.

My aim here is not to cast Rogers as an apologist for Du Bois’ masculinism. With reference to the Crummel example, Rogers writes in a footnote that “Du Bois’ constant reference to “black men” and to male leadership reveals his patriarchalism—a patriarchalism all the more problematic in the context of arguing against political–ethical inequality” (199 fn12). Rather, I argue that Rogers’ insights about the shared sentimental horizon enabled by *Souls* miss the fact that the affectively charged constellations of

gender are an integral part of that horizon, and thus of the work's persuasive power. Interestingly, Rogers notes the potent renderings of masculinity and femininity in the women's rights rhetoric of Elizabeth Cady Stanton, quoting an 1860 speech: "What father... could rest at his home by night, knowing that his lovely daughter was at the mercy of a strong man drunk with wine and passion, and that, do what he might, he was backed up by law and public sentiment?" (2007, 183, on Rogers 2012, 202). Commenting on these lines, he writes that "Stanton's graphic portrayal focuses on stimulating sympathy in her male audience, and thus pursues the same rhetorical approach I observed in Du Bois" (Rogers 2012, 202). But this explicit assimilation of Stanton's approach to that of Du Bois appears to refer only to the fact that Stanton is using vivid imagery to elicit sympathy on behalf of, and as a member of, a politically disfranchised group, for Rogers does not thematize the masculinity of Crummel, or the gender of other figures in *Souls*, as *part of* the work's rhetorical appeal. Rather, in his vigorous defense of Du Bois' democratic sensibilities, Rogers seems to posit Du Bois' own figurations of gender as a problem external to, and in tension with, the inherently democratic political practice of persuasion.

Rogers writes that *Souls* "enacts and exemplifies" the "aim of rhetoric[:]" to take the reader to the experiential source from which appropriate emotions and judgments spring" (195). But Du Bois' own sense of "appropriate emotions"—like that of most of his contemporaneous readers—was itself deeply patriarchal. As Hazel Carby writes, invoking Raymond Williams (1977, 133-134), *Souls* is permeated with "highly gendered structures of intellectual and political thought and feeling" (1998, 12)—gendered structures of feeling that Du Bois had absorbed from his Victorian upbringing and

education, and which he would have shared with the majority of his readership.

Supplementing Rogers' insights about *Souls*' rhetorical power with Carby's feminist critique, I argue that Du Bois' patriarchalism was in fact central, in "Of the Passing of the First Born," to the persuasive efficacy of the normalizing tactic's challenge to biopolitical racism. As twenty-first century readers of *Souls*, we can simultaneously appreciate the efficacy of that challenge, and note the ways that a shared ethical and affective horizon may replicate some exclusions even as it enables the rejection of others.

The rigid gender roles that characterize Du Bois' account of his family are evident from the beginning of the chapter. As Levering-Lewis and Shamoan Zamir both point out, the chapter's opening lines cast Burghardt's birth in eschatological terms (Levering-Lewis 1993, 226-227; Zamir 1995, 193); the chapter begins with a dual biblical allusion to the birth of the messiah, in Old Testament prophecy and New Testament annunciation: "Unto you a child is born" ([1903] 1994, 127).<sup>30</sup> But the figure of Du Bois himself, addressee of this message, embodies the image of the secular public man, "unconsciously wandering" at a great spiritual as well as geographical distance from the "sanctuary" of the birth chamber (127). His wife, Nina Gomer Du Bois, unnamed in the chapter, is cast as his feminine counterpart, the pious, chaste, and all-giving heart of the home; the new father, speeding home, thinks "in awe" of her womanly self-sacrifice, of she "who at my bidding had offered itself to win a life, and won" (127). On his arrival, her "wan" face testifying to the depth of this ordeal, Du Bois' finds her reclining on the "altar" on which this offering had been made, his Madonna and child (127). A stranger to the mysteries of the nursery, he wonders, "perplexed," at "this tiny formless thing...all head and voice,"

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<sup>30</sup> "Unto us a child is born" (Isaiah 9:6, King James Version); "For unto you is born this day in the city of David a savior, which is Christ the Lord" (Luke 2:11, KJV).

and deems it at first “a ludicrous thing to love” (127). Emphatically not so, however, his “girl-mother”: “her I loved... she whom I now saw unfolding like the glory of the morning—the transfigured woman” (127-128). This glory lights the way to his own transfiguration into adoring father: it is “[t]hrough her [that] I came to love the wee thing, as it grew and waxed strong; as its little soul unfolded itself...and as its eyes caught the gleam and flash of life. How beautiful he was” (128).

With a few quick strokes, Du Bois thus paints a poignant initial picture of life in precise conformity with bourgeois turn-of-the-century morality, represented in Hoffman’s text as quintessentially “Anglo-Saxon,” foregrounding its normative figurations of masculinity and femininity. The literal distance of the professional Du Bois from the scene of the birth dramatizes the gendered separation of the feminine domestic and masculine public spheres to which Welter calls attention in her account of “true womanhood” (1966; also see Pateman 1989, 118-140). This separation of spheres, and their respective depictions as pious and profane, is further fleshed out by the figuration of the birth chamber and bed as “sanctuary” and “altar,” upon which Nina Gomer Du Bois had offered herself as willing sacrifice. In diametrical opposition to the notion of black women as utterly immoral, as propounded (and repeatedly pounded) in Hoffman’s account, Nina embodies the very essence of true womanhood, the pure and innocent “girl-wife” glorified and transfigured through the fulfillment of her motherly destiny. The passage’s glancing description of her physical appearance arguably invokes canonical literary depictions of white feminine suffering through her postpartum depiction as

“wan,” signifying pallor.<sup>31</sup> This detail accords with Shawn Michelle Smith’s analysis of the images of light-skinned single women in Du Bois’ photographic project, published in 1900, *Types of American Negroes, Georgia, USA*. Smith argues that

White supremacists posed the light-skinned woman of color as both the object and the instigator of interracial mixing, as both the sign and cause of racial degeneration...Du Bois reclaims the image of the pale African American woman so highly fetishized in racial hierarchies, re-presenting her as a woman of grace, elegance, and refinement...His photographs celebrate her innocence and purity, to then contain and circumscribe her sexuality by laying out the future roles she is to assume within a patriarchal African American family (2007, 361).

Nina’s depiction in the inner sanctum of the birth chamber can be thought of as a post-matrimonial afterimage of these virginal portraits.

Beyond providing a picture of irreproachable patriarchal morality, this initial depiction also challenges the attribution of innate affective deficiency as a “race trait.” Hoffman, as emphasized above, endorses and elaborates on Herbert Spencer’s allegations of a mutual disregard between African American intimate partners that translates to a fatal apathy toward offspring. Because “Of the Passing of the Firstborn” serves, among other things, as an impassioned rejoinder to this notion, Spencer’s argument is worth quoting at length:

[i]nferior forms of marriage...cannot develop to any great extent that powerful combination of feelings...affection, admiration, sympathy...which in so marvelous a manner has grown out of the sexual instinct. And in the absence of this complex passion...the supreme interest in life (the raising up of members of a new generation) disappears...a prevalent unchastity severs

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<sup>31</sup>From the *OED*: 1803 in Scott *Minstrelsy Sc. Border* (ed. 2) III. 391: “There, wan from her maternal throes, His Margaret, beautiful and mild, Sate in her bower, a pallid rose.” 1867 M. E. Braddon *R. Godwin* i: “Clara Westford’s noble face is pale and wan this sunny morning.” And in noun form: 1847 Tennyson *Princess* iii. 9: “Melissa, tinged with wan from lack of sleep.” Interestingly, the Anglo-Saxon etymological root of this word signifies a dark rather than a pale aspect.

the higher from the lower components of the sexual relation: the root may produce a few leaves, but no true flower” (in Hoffman 1896, 208)

In what could serve as a direct response to Spencer’s hypothesis, Du Bois narrates his own affective development as a father in terms that mirror Spencer’s account of civilized reproduction. Initially at a perplexed emotional distance from the “winking, breathing, and sneezing” newborn ([1903] 1994, 127), it is precisely through his “complex passion” for his wife that he comes to love Burghardt in body and soul.<sup>32</sup> “Her I loved,” he writes, and it is this love that enables his expanding appreciation of Burghardt as a distinct and precious life, from an alien “wee thing” that he designates as “it,” to a particular soul unfolding, to the exultant exclamatory emphasis on the baby as both physically comely and male: “How beautiful *he* was[.]” In Goethe’s *Faust*, allusions to which pepper *Souls*,<sup>33</sup> the seduced innocent Gretchen’s intercession to save Faust from eternal damnation is commemorated in the final line of the drama: “*Das Ewig-Weibliche zieht uns hinan*,” “the eternal feminine draws us onward.” Nina Gomer Du Bois, innocent transfigured by the holy and eternal duty of motherhood, draws Du Bois himself toward the comprehension of his child as both sacred soul and embodied and particular son. Mutual devotion soon translates to literal adoration of the child on both parents’ counts. As far as possible from the criminal neglect that Hoffman imputes to black parents, Du Bois writes that “we were not far from worshipping this revelation of the divine, my wife and I” (128). Manifestly the product of “affection, admiration, [and] sympathy” between chaste wife and loving husband, Burghardt is a consummate “true flower.”

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<sup>32</sup> Following Paul Gilroy (1993), I suggest an alternative reading of this ambivalence below.

<sup>33</sup> E.g. in Chapter 5, Du Bois quotes a line from Part 1 of *Faust*: “*Entbehren sollst du, sollst entbehren*” (Deny yourself, you must deny yourself”) (52).

As we saw above, the moral and affective criteria of normative femininity were conjoined in the figure of “true womanhood,” and Du Bois depicts his wife accordingly, as consumed by the signature passions of virtuous maternity.

Her own life builded and moulded itself upon the child; he tinged her every dream and idealized her every effort. No hands but hers must touch and garnish those little limbs; no dress or frill must touch them that had not wearied her fingers; no voice but hers could coax him off to Dreamland, and she and he together spoke some soft and unknown tongue and held it in communion (128).

Du Bois depicts himself as a devotee at this same altar, but his own liturgy is a distinctively masculine counterpart to Nina’s maternal rites. Nina and Burghardt are literally knit together in prelinguistic unity; if her hands must themselves lose contact with the infant’s body, the dresses and frills that she makes serve as soft prostheses. In contrast, musing alone above an already sleeping Burghardt, Du Bois’ own arm stretches not toward the babe but toward the future; and it is not homely fibers but the tiny arm of Burghardt himself that extends the father’s reach, as Du Bois extends that of his own “black fathers.” Where Nina babbles along with Burghardt in a private language, Du Bois hearkens to the “voice of the prophet,” bearing some great message for the people within the Veil, in the “baby voice” of his heir. For Nina, Burghardt constitutes the immersive and immediate present; for Du Bois, he is the future.

These gendered characterizations of feminine stasis and masculine action, immediacy and futurity, private and public frame the account of Burghardt’s illness and death as well as his life. His mother nurses him at the bedside; the father goes out to seek the doctor the night of the final crisis. Even after the terrible final breath, the passing from the world that changes nothing and everything, the parents’ respective devastations follow this pattern. Nina, “the world’s most piteous thing—a childless mother,”

inarticulately “writhe[s]” in the “chamber of death,” while Du Bois rails against his fate, emphasizing his life of active public endeavor in the face of great adversity.<sup>34</sup> In an anguished triple apostrophe to Death, he cries out at the cruelty of its intrusion into the very home itself; willing to risk all in public strivings, Death has instead invaded his “one little coign of happiness,” his one refuge—*domus sua cuique est tutissimum refugium*—within the cold “dull land that stretches its sneering web about me” (129).<sup>35 36</sup>

This rigidly gendered self-stylization lends unequivocal support to Carby’s argument that, in *Souls*’ figuration of black thinkers and leaders, Du Bois “conceptual framework...encompasses only those men who enact narrowly and rigidly determined codes of masculinity” (1998, 10). Yet I argue that this scrupulous conformity with prevailing norms of masculinity and femininity was also key to engendering the sympathetic identification of white readers—albeit, as I argue below, at a cost. These ties of sympathy, once established, enable the narration of exclusion and violence particular to black life to erupt with all the more force. The tactic of normalization, in other words, enables the color-line to be cast as a profound cruelty to which “decent people”—people just like you, Gentle Reader, “in heart and life and longing,” are unjustly subjected.

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<sup>34</sup> When Nina finally does speak, it is to express faith in Burghardt’s happiness in heaven, displaying the piety of “true womanhood”; Du Bois, in masculine contrast, mutters a skeptic’s prayer (130).

<sup>35</sup> The image (and legal constitution) of the house as man’s refuge from external dominion comes from English common law: Sir Edward Coke’s *The Institutes of the Laws of England* (1628) holds that “For a man’s house is his castle, *et domus sua cuique est tutissimum refugium* [and each man’s home is his safest refuge].” But as Welter (1969) makes clear, the gendered separation of spheres in the 19<sup>th</sup> century entrenched and elaborated this image, figuring the outside world as profane and dangerous, and home and hearth as the singular and sacred refuge of the storm-tossed public man—a figure clearly employed in this passage.

<sup>36</sup> Levering Lewis rightly points out that Du Bois here effectively eclipses Nina’s bereavement with his own (1994, 227).

Rogers observes that “the structure of *Souls* moves from attempting to cultivate sympathetic identification in several of the early chapters to eliciting shame in the reader by the end of the book. It is the work of sympathy—creating a shared normative and affective horizon—that increases the chances that a sense of shame will emerge” (200). “Of the Passing” can be said to employ the same structure in miniature. Du Bois’ anguished apostrophe—though dismissed by West as “glib theodicy” (1999, 92)—stands at the top of a kind of crescendo of the chapter’s normalizing depiction of the bereaved parents, setting the stage for the moment of devastating cruelty that mars Burghardt’s funeral procession. The apostrophe’s effect is topped off with a rose-colored funeral portrait of Burghardt’s short but “perfect life” (though, as we will see below, there are more subversive elements embedded in this short remembrance) ([1903 129-130). And then:

Blithe was the morning of his burial, with bird and song and sweet-smelling flowers... And yet it seemed a ghostly unreal day... We seemed to rumble down an unknown street behind a little white bundle of posies, with the shadow of a song in our ears. The busy city dinned about us; they did not say much, those pale-faced hurrying men and women; they did not say much,—they only glanced and said, “Niggers!” (130)

By the time the procession occurs, near the end of the chapter, readers have been primed to feel the shock of shame: invited into an intimate tableau of maternal devotion and paternal dreams, precise embodiments of the defining norms of the proper family—perhaps even leading readers to identify Burghardt’s angelic babyhood with that of one of their own. Thus positioned at close range, they have then witnessed the terrible loss, the baby’s death and his parents’ (properly gendered) anguish. Du Bois’ careful characterization of the conventional, I argue, disposes his readers to acknowledge Burghardt as, in Judith Butler’s phrasing, “a grievable life,” a human life that counts as

human and thus as a loss to be mourned (2004, 20). For contemporaneous readers, identification may have been further strengthened by the fact that, while black infant mortality, then as now, significantly exceeded the mortality rates of whites, a significant proportion of all families at the turn of the century lost at least one child in infancy (Meckel 1990). It was not unlikely, then, that Du Bois' narration of the "ghostly unreal day" stirred similar memories, or conjured concrete fears. The little beflowered procession along streets made unfamiliar by grief, and the busy city indifferent as the trees and grass had been at the moment of Burghardt's death, likewise bespeak a loss that could be felt by any and all. But then, into this seemingly universal scene of sorrow, irrupt the cold white glance<sup>37</sup> and the cruel word. This brief scene could almost serve as a direct rejoinder to Hoffman's depiction of the "typical"—pauper—African American funeral sketched above, the culmination of his case for blacks' affective deficiency (Hoffman 1896, 246-247). There is no dearth of flowers on Burghardt's little coffin, and the reader knows already the depth of anguish that his bereft parents are suffering. No lack of parental providence had marred his short life, no carelessness had caused his death. In Hoffman's account, he alone, as white witness to the dismal funeral scene, had commanded a proper sense of sorrow, and felt a pitying revulsion at blacks' apathy toward their lot. Here, in contrast, it is not the mourners but the passing whites that display a gruesome lack of human feeling.

Following Rogers' reading, white readers' sympathetic identification—cultivated over the course of the chapter—sets the stage for the jarring impact of the funeral

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<sup>37</sup> A white glance that refuses recognition of black personhood is also key in the Chapter 1's crucial calling card scene; the white schoolgirl, the "tall newcomer" whose refusal of Du Bois' calling card provokes the latter's consciousness of the Veil, "refuses it peremptorily, with a glance" (*SBF*, 2).

procession scene, potentially giving rise to a motivational shame at the nation's failure to live up to its own ideal of equal humanity. This sympathetic identification, however, has been enabled by the family's representation as embodying prevailing gender and class norms—as “fit” biopolitical subjects, in other words, according the same moral and affective rationalities that Hoffman uses to categorically condemn African Americans to extinction. Had Nina been a single mother, or a “fallen woman,” or engaged in waged work, or absorbed, like Du Bois, in her own studies rather than the baby's every waking moment; or had Du Bois depicted not the new bourgeois ideal of the nuclear household, but a multi-generational family crowded into one home, and sharing the care as well as the grief, the response of the educated white readership to whom this rhetoric was directed could not have been counted on in the same way. Likewise, the representation of a middle-class African American funeral, evincing all the expected markers of sentiment and loss, powerfully counters Hoffman's allegation that all blacks are emotionally deficient. Yet it leaves undisturbed the notion that African American *paupers* may indeed be as devoid of proper affective ties as they are of providential sensibilities—that these specimens may indeed not be fully grievable lives.<sup>38</sup> The fact that this is so in no way invalidates Rogers' larger point about the democratic dynamic of Du Bois' rhetoric; rather, it urges us to look closely at the ways that, in Rogers' own terms, the “aspirational” figurations of “the people” (2012, 193) can themselves replicate some of

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<sup>38</sup> Moreover, Nina's labors as purely domestic—rather than waged—and the glimpses of the bourgeois correctness of the Du Bois home's interior—the recurrent mention of Burghardt's “wee white bed” shows that the family does not sleep together willy-nilly, as tenement and country-folk do—evokes the elitism of fin de siècle African American clubwomen's “politics of respectability” (Higginbotham 1993, 187-196) and of early 20<sup>th</sup> century uplift politics more broadly (Gaines 1996). See Chapter 3 for a discussion of Higginbotham's critique of the clubwomen's politics of respectability.

the exclusions by which the official citizenry—in biopolitical terms, “the population”—is defined.

As Carby writes, “Du Bois described and challenged the hegemony of the national and racial formations in the United States at the dawn of a new century, but he did so in ways that both assumed and privileged a discourse of black masculinity” (10)—and, we can add, bourgeois sensibilities. The normalizing rhetoric of “Of the Passing of the First-Born,” accordingly, raises a potent rhetorical challenge to the biopolitical exclusion of African Americans precisely by depicting the loss of Burghardt in a deeply patriarchal, as well as economically elitist, Victorian moral and sentimental idiom. For Rogers, “Crummell serves as a proxy” for the individual strivings and frustrations of black men in America, whose trials are meant to engender recognition of common humanity on the part of readers. Indeed, at the heart of authentic persuasion is the auditor’s ultimate recognition of himself in the new position to which he has been persuaded (Rogers 2012, 196); Crummel’s conformity with prevailing norms of masculinity—his constitution, in Carby’s terms, as a “Race Man” (1998)—is part of what enables that recognition. Du Bois’ depiction of himself, his wife, and his son likewise serves as a proxy for the African American family, demonstrating its biopolitical fitness, just as worthy as any white family for inclusion in the life of the nation. Both of these proxies make a powerful case for black inclusion in ways that challenge the present position of the biopolitical line circumscribing the legitimate population, separating those whose lives are valued from those who must be “let die” (and who are not to be grieved). Yet given the normalizing terms in which both traffic, they fail to displace the biopolitics’ exclusionary logic itself.

But this problematic shared horizon does not exhaust Du Bois’ rhetoric in “Of the

Passing of the First-Born”; the elegy also contains more disruptive tactics of persuasion. It may be that the apparently seamless overlap of “the people” with the biopolitical “population” established by these normalizing figurations also enables Du Bois to carry the reader toward more subversive challenges to the racial status quo. Alternatively, the normalizing rhetoric outlined above may stand in irreconcilable tension with this more insurrectionary mode. Whatever the case may be, it is to this latter mode that we now turn.

### **Insurrectionary tactics**

If the sympathy cultivated by the careful representation of the ideal bourgeois family challenged the present circumference of the “population” in a way that replicated the logic of biopolitical exclusion. But Du Bois also leads the reader toward positions more deeply disruptive of the rationalities of Jim Crow biopolitics. The first is a rejection of the equation of physical health with racial purity. The second is an ambivalence about the value of life and death, potentially upending the logic of biopolitics itself. I outline each in turn.

### **“Mingled blue and brown”: Against racial purity**

We recall that in Hoffman’s text, the physiological rationality of exclusion is grounded in the criterion of racial purity: racial hybridity (for Hoffman, always the product of sexual immorality) is allegedly responsible for African American’s moribundity as a race.

Beyond Hoffman’s text, however, the law of the land confirmed the importance of racial purity: the 1883 Supreme Court decision on *Pace v. Alabama*, which unanimously upheld

the constitutionality of state anti-miscegenation laws, held that “The evil tendency of the crime [of adultery or fornication] is greater when committed between persons of the two races” because “[i]ts result may be the amalgamation of the two races, producing a mongrel population and a degraded civilization, the prevention of which is dictated by a sound policy affecting the highest interests of society and government” (106 U.S. 583). Du Bois rejects the ideal of racial purity in two key ways. First, he frankly celebrates of Burghardt’s as a radiantly beautiful and vital embodiment of racial mixture, and second, he expresses a defiant unconcern with racial categories both as a state of natural innocence and as a political aim.

Signaled, perhaps, by the “bit of *yellow paper*” that bears the good news of Burghardt’s arrival, Du Bois’ representation of his infant son’s beauty is inextricable from his hybridity. Hoffman, offering statistical and anecdotal evidence to support the conventional wisdom of the day, locates hybridity at the root of race decline, depicting these “hopelessly mixed” specimens as ill-favored and repulsively diseased, possessed of an “inferior vitality” (1896, 175). Against these notions, Du Bois boldly celebrates the dazzling beauty of his son’s racial mixture: “his olive-tinted flesh and dark gold ringlets, his eyes of mingled blue and brown, his perfect little limbs, and the soft voluptuous roll which the blood of Africa had moulded into his features” ([1903] 1994, 128). Golden curls and blue eyes are the trademarks of innocence and purity among children in the day’s sentimental literature (Ofek 2009, 113).<sup>39</sup> Du Bois, having already introduced the olive hue of Burghardt’s complexion, appropriates these features of idealized white babyhood in the service of a glowing depiction of his mixed-race baby, proceeding

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<sup>39</sup> Compare the “yaller ringlets” of the white nursling in the verse representation of the adoring enslaved black nurse in Chapter 1, p. 102.

through three steps of increasing intensity. The ringlets are not simply golden but “dark gold”—a qualifier that moves only slightly away from conventional description. The eyes, next, are “mingled blue and brown”; while clearly signaling mixture, this could also be simply describing Burghardt’s irises as hazel. The third step, however, is unequivocal: his features’ “soft voluptuous roll,” handiwork of the “blood of Africa.” Effecting in miniature the chapter’s tension between convention and subversion, Du Bois’ first two steps draw readers closer, positioning them for the third’s defiant “reveal”: Burghardt radiantly embodies the dual heritage that Hoffman, and the broader white world, would simultaneously deny and condemn to death. In direct contrast to Hoffman’s claims that “the mulatto is...of all races the one possessed of the least vital force” (1896, 181)), he is “perfect,” not only beautiful but possessed of a magnificent vitality. He is “sturdy and masterful...filled with bubbling life” ([1903] 1994, 128). And this, Du Bois makes clear, is not only the assessment of the proud father; “the world” itself “loved him”; women, men, and children alike found him irresistible (130).<sup>40</sup>

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<sup>40</sup> It could, of course, be argued that Burghardt’s early death in fact constituted evidence in favor of Hoffman’s hypothesis. However, Du Bois’ representation of parental virtue and devotion disallows the application of both of Hoffman’s explanatory algorithms for infant death, the immorality algorithm (sexual immorality→diseased parents→physiologically moribund offspring) and the affective deficiency algorithm (immorality→lack of feeling between sexual partners→lack of affection for offspring→fatal neglect of offspring). For what it is worth, Hoffman classed diphtheria, from which Burghardt died, as a disease overwhelmingly affecting white children, along with croup, measles, and scarlet fever. Unlike the allegedly “race trait”-related pathologies of black children such as syphilis, these illnesses could be traced to environmental causes: “The prevalence of these diseases is very much influenced by conditions of life, especially overcrowding...and inefficient sanitary supervision of schools” (1896, 113).

Hybridity is not uniformly celebrated in *Souls*. In Chapter 6, Du Bois—speaking, however, in a voice not entirely his own<sup>41</sup>—calls attention to racial mixture as the result of sexual violence perpetrated by white men: “And if in just fury you accuse their vagabonds of violating women, they also in fury quite as just may reply: The rape which your gentlemen have done against helpless black women in defiance of your own laws is written on the foreheads of two millions of mulattoes, and written in ineffaceable blood” ([1903] 1994, 65). But in Chapter 14, he casts racial mixing in more positive terms, as the corporeal aspect of a nation that must be affirmed as the collaborative work of blacks and whites: “Actively we have woven ourselves with the very warp and woof of the nation,—we fought their battles, shared their sorrow, *mingled our blood with theirs*, and generation after generation have pleaded with a headstrong, careless people to despise not Justice, Mercy, and Truth ([1903] 1994, 163, emphasis added). Rogers notes of this passage that this “formulation is striking because it stages a contrast between the black “we,” and the ruling “people” from which the “we” is excluded. In effect, Du Bois not only linguistically marks the point of exclusion...but also projects a vision of the nation (now hybridized) that might be born anew” (2012, 192). Burghardt, his “wild pride of being” neither black nor white but harmoniously both, can be said to embody the (literally) nascent hope of that hybrid nation.

It might be argued that Du Bois’ emphasis on the gold and blue in Burghardt’s aspect, is merely another instance of the normalizing depiction discussed above, packaging racial difference in terms that ultimately preserve the biopolitical rejection of

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<sup>41</sup> Du Bois is here staging a hypothetical dialogue between the white reader (addressed here in the second person) and the African American masses, embittered at thwarted hopes, double standards, and arbitrary violence to which the white world subjects them. He distances himself from fully endorsing this statement, but refuses to disavow it.

blackness as abnormality. Yet Du Bois' mention of "the blood of Africa" calls deliberate attention to difference rather than sameness. Given the increasing hold of antimiscegenationist texts like Hoffman's, and the growing pervasiveness of strict racial classification laws,<sup>42</sup> the deliberate thematization of racial mixture could not have been counted on to elicit the sympathies of a white audience. As Shawn Michelle Smith argues with regard to photographic depictions of light-skinned, blue-eyed African American babies in Du Bois' 1900 Atlanta series, such images "challenge white supremacists' investment in separating the races by signaling an undeniable history of physical union between them" (2007, 360). Similarly, Evelyn Hammonds argues with regard to the photographic gallery included in the 1906 Atlanta Study, *The Health and Physique of the American Negro*, "Along with sociological data Du Bois used the new technology, photography, to make visible the evidence of race mixing that white society denied" (1997, 110; quoted in Smith 2007, 376 fn14).

Moreover, it is not only in Burghardt's physiognomy that this hope of acknowledged hybridity inheres, but also in his innocent gaze. Shannon Mariotti offers a detailed reading of Du Bois' optical practices and metaphors in *Souls*, and of the transformation by loss of his own way of seeing in "Of the Passing of the Firstborn" (2009), but she does not explicitly thematize Burghardt's own vision. Yet Burghardt's eyes are, in a sense, the fixed stars around which the chapter turns. Describing his own process of learning to love his son, Du Bois notes the way that the baby's "eyes caught the gleam and flash of life" (128). The "eyes of mingled blue and brown," as noted above (and also

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<sup>42</sup> As Smith writes, "By the turn of the century, several states had laws that deemed one-thirty-second African or African American ancestry the key that distinguished "black" from "white," a distinction so narrow as to make explicit the invisibility of "blackness" and "whiteness" as racial categories" (2007, 359).

discussed below), mark Burghardt's mixed heritage. And they are innocently penetrating: "bright wondering eyes," Du Bois writes, "that peer into my soul" (128). Others, too, found this infant gaze transfixing: "men looked gravely into his wonderful eyes" (129). And as mother and father stood beside his little deathbed, too, he "turned toward us with great eyes" (129) and they knew that death was near. After the death, Du Bois reflects that he might have read in those eyes the signs that his son was not long for this earth: "I might have known that yonder deep unworldly look that ever and anon floated past his eyes was peering beyond this narrow Now" (130).

As this last reflection makes clear, Du Bois is elegizing not only Burghardt's physical eyes but his way of looking: the beyond that he perhaps saw, as his father muses in his bitter mourning, but also what he did not—did not yet, and now never would—see. Like all African Americans, Burghardt has been "born with a veil," but the "gift" of second sight had not yet imposed itself on his vision. But while the Veil has woven itself irreversibly into Du Bois' own optical faculty—he cannot help but see "the shadow of the veil as it passed over my baby" (128)—Burghardt does not yet see the painful deception of the "land whose freedom is to us a mockery and whose liberty a lie" (128). He simply "watched the world with wondering thoughtfulness," for "he knew no color line, poor dear—and the Veil, though it shadowed him, had not yet darkened half his sun. He loved the white matron, the loved his black nurse; and in his little world walked souls alone, uncolored and unclothed" (130). It is his innocent vision that brings down to earth an "incarnation of the ideal universal realm" (Mariotti 2009, 368) previously accessible to Du Bois, as Mariotti points out, only as a solitary scholarly exercise, as his communion with "Shakespeare, Balzac, Dumas, Aristotle, and Aurelius...above the Veil" ([1903]

1994, 67; Mariotti 2009, 368). Burghardt's innocent gaze brings this airless realm "above the veil," with its eternal pantheon, into humble human time, a sunny epoch *before* the veil, where love can flow between human hearts with a reciprocity unhindered by the color line. Moreover, his vision, preserved by death as in amber in this innocent *before*, points toward the possibility, however faint, of a future political optic *after* the Veil, toward which Du Bois gestures at the close of the chapter: "when men ask of the workman, not "Is he white?" but "Can he work?" When men ask artists, not "Are they black?" but "Do they know" (131)?

As a radiant embodiment of racial impurity, Du Bois's depiction of Burghardt counters the physiological rationality of biopolitical exclusion. Further, his account of Burghardt's vision resignifies purity itself: immediately after the image of souls "uncolored" in his eyes, he writes that "I—yea, all men larger and purer by the infinite breadth of that one little life" (130). Purity in this sense has nothing to do with driven-snow chastity or bloodlines preserved from amalgamation; rather, it is a way of seeing that obviates the biopolitical boundary between whiteness and blackness. Having depicted his family in normalizing terms, in which, with relatively little effort, his white readers might recognize themselves, Du Bois thus moves them toward the prospect of a world altogether beyond the racialized distinction between normality and deviance. As we will see, the second insurrectionary tactic compounds this more radical current.

### **Beyond biopolitics: Ambivalence toward life itself**

Du Bois' narration of his personal tragedy in part reflects his enrolment in what Valerie Sanders characterizes as "the underlying tragedy of Victorian fatherhood" (2009, 196): a

general negotiation, among middle-class Anglophone men, between an increasingly intimate and tender conception of fatherhood and the expectations of strength and protection that attended the still-dominant image of the all-powerful paterfamilias. This new depth of connection with their offspring forced them to confront with new poignancy the “impossibility of being the all-powerful protector against the chance contingencies of modern life” (ibid.). Du Bois’ portrayal of his own specific anguish, among its other effects, thus communicated a sense, likely shared by contemporaneous readers, of bourgeois Victorian fatherhood in general as a tragic position. To a certain extent, then, Du Bois’ representation of his own tragedy can be understood within the ambit of the normalizing framework, demonstrating the assimilability of (at least some) African Americans’ affects and morals to those of the white population.

Two important moments in the chapter, however, defy such assimilation, evincing instead a marked ambivalence toward life and death that rejects the logic at the heart of biopolitics itself. If respectable-fatherhood-as-tragedy further cultivates the sympathetic identification of the readers, these two moments reveal the limits of a shared affective horizon. Meditating on the public self-presentation of murdered black youth Trayvon Martin’s bereaved parents, Stephen Marshall writes that “respectability is a discipline that frames black abjection for sympathetic engagement by non-blacks. It is a filter that subtracts racialized excess and mutes the “guttural cries” and “wrenching moans” which constitute the ordinary language of fungibility,” such that the depth and breadth of African American experiences of intimate loss—always against a living history of unacknowledged injury—can never truly achieve a public hearing (2012). Du Bois’ ambivalent moments depart from the respectability of the normalizing framework, risking

readerly sympathy in an attempt to articulate the complex and bitter specificity of a black parent's loss.

As noted above, Du Bois expresses an initial ambivalence about the newborn Burghardt, writing that "I did not love it then; it seemed a ludicrous thing to love" ([1903] 1994, 127). I argue above that this first articulation of ambivalence is an element in Du Bois' normalizing narration of his own affective development as a father, with Nina as the crucial mediator. But it also prefigures the chapter's moments of more radical ambivalence.<sup>43</sup> The first of these key moments occurs in Du Bois' account of the family's southward journey. Burghardt's distinct features, initially celebrated as a felicitous combination—a gleaming of dark gold, a joyous mingling of colors, sweet voluptuous curves—now augur danger as the new family descends into the South. Du Bois writes that "I held him in my arms...held him, and glanced at the hot red soil of Georgia, and felt a vague unrest" (128).<sup>44</sup> In his repetition of "held," the holding becomes an anxious grip, a constriction palpable in the shift, in the "southern" half of the paragraph, from expansive appreciation to defensive reaction, heralded by the cry, both plaintive and suspicious: "Why was his hair tinted with gold?" In the lines in which Marx discerned the transformative power of money, Shakespeare's King Timon of Athens observes that "Gold...will make black white, foul fair, wrong right, base noble, old young, coward valiant."<sup>45</sup> Likewise, the gold tint here against the red Georgia landscape effects an

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<sup>43</sup> Paul Gilroy reads this initial ambivalence as significant in itself, disruptive of the relation of paternity, race, and nation (1993, 139)

<sup>44</sup> Tellingly, Du Bois also uses the term "a vague unrest" two chapters later, in "The Coming of John," to characterize the ominous unspoken links that rupture the strict separation of black and white worlds of the small town of Altamaha, foreshadowing the tragic deaths of John and his white double ([1903] 1994, 143).

<sup>45</sup> The passage is quoted by Marx in "The Power of Money," in the *1844 Manuscripts*:

unnatural reversal in the doting father. Seized with an uneasiness so deep as to abstract the mere colors of hair and eyes, for a moment, from the living, breathing unity of his son, he constricts more deeply into his own private gallery of bitter memories: “an evil omen was golden hair in my life.” Returned to unnamed sufferings of the past, he inhabits, for a moment, a mirror-image of the patriarchal “one-drop” paranoia of the surrounding white world: “why had the brown not crushed out the blue? For brown were his father’s eyes, and his father’s father’s” (128). Momentarily alienated from the beauty of his son’s hybridity, he decries the manifest fact of mingling, even gesturing, to a small degree, toward the intimations of illicitness that, as illustrated by Hoffman, the prevailing view of racial mixing entailed.<sup>46</sup> Marking their entry into the “Land of the Color-Line” (128), the Veil’s optics of self-alienation are shown to insinuate themselves into the father’s gaze as well, as Du Bois is made to look Burghardt “through the revelation of the other world” (2).

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“Gold? Yellow, glittering, precious gold?  
No, Gods, I am no idle votarist! ...  
Thus much of this will make black white, foul fair,  
Wrong right, base noble, old young, coward valiant.  
... Why, this  
Will lug your priests and servants from your sides,  
Pluck stout men’s pillows from below their heads:  
This yellow slave  
Will knit and break religions, bless the accursed;  
Make the hoar leprosy adored, place thieves  
And give them title, knee and approbation  
With senators on the bench: This is it  
That makes the wappen’d widow wed again;  
She, whom the spital-house and ulcerous sores  
Would cast the gorge at, this embalms and spices  
To the April day again.

<sup>46</sup> The idea that “race will out” also animated, of course, the anxious horror at the heart of the genre of white miscegenation melodrama.

First inviting the reader close to adore Burghardt's infantine beauty, then narrating his own momentary recoil from the beloved creature, Du Bois thus dramatizes the anguish of parenthood under the color-line: a painful ambivalence about his son's life and prospects, haunted by his own bitter experience. As Dumm writes, "Perhaps for Du Bois, the formulation of grief is already written into the life of the child who is mourned. Du Bois grieves upon the birth of his son" (2000, 157). This is an ambivalence to which the parent of a white child would simply not be subject; the fear of unhappy contingency, tragic lot of the Victorian father, is magnified and compounded beyond assimilability by the agonizing anticipation of inevitable violence, disappointment, and degradation to which the child will be subject, an anticipation which also entails a painful reliving. His baby's unique loveliness, like the father's own singular pulse of life, counts for nothing under the binary logic of race: like his father, he is nothing but "a Negro and a Negro's son" ([1903] 1994, 128). Just as the enjoyment of Burghardt's physical attributes is tainted with both memory and fearful expectation, paternal appreciation of the "unbowed pride" of Burghardt's little head is alloyed with the heavy certainty that some future day will see it bowed, if not crushed. The pleasure of the clinging "tiny dimpled hand" is made bitter with the knowledge that the father's own hands can construct no sufficient protection from the crushing defeats to come.

This moment of haunted ambivalence about Burghardt's life prefigures, and is mirrored by, Du Bois' attestation of ambivalence about his death near the end of the chapter. After the shock of the funeral procession, Du Bois admits to an "awful gladness in [his] heart" at the thought that his son's death was in truth a blessing.

My soul whispers ever to me saying, "not dead, not dead, but escaped; not bond, but free." No bitter meanness now shall sicken his baby heart till it die

a living death, no taunt shall madden his happy boyhood. Fool was I to think or wish that this little soul should grow choked and deformed within the veil...In the poise of his curl-crowned head did there not sit all the wild pride of being which his father had hardly crushed in his own heart? For what, forsooth, shall a Negro want with pride amid the studied humiliations of fifty million fellows? Well sped, my boy, before the world had dubbed your ambition insolence, had held your ideals unattainable, and taught you to cringe and bow. Better far this nameless void that stops my life than a sea of sorrow for you (130).

The same “shadow of the veil” that had damped his joy as the new family had traveled southward here alloys the expected grief with a bitter relief.

This ambivalence does not only jar with the restrained but unambiguous paternal bereavement that the foregoing depiction of exemplary Victorian fatherhood would lead readers to expect. In fact, it risks horrifying them—risks even, perhaps, serving as a partial confirmation of the notions of parental affective deficiency propounded by Hoffman and his ilk. If the chapter’s normalizing rhetoric emphasizes the assimilability of Du Bois’ paternal experiences and affects to the white reader’s own, this passage lays bare the abyss at which that shared horizon stops—or, at least, where it begins to require a more arduous exercise of political imagination. Du Bois acknowledges the potential limits of readerly identification by prefacing this passage with an appeal to the reader not to judge him harshly for a sentiment with no equivalent in the white reader’s affective compass: “nay, blame me not if I see the world thus darkly through the Veil” (130). This appeal makes clear that the author is not giving up on sympathy, but it also signposts the fact that the same smooth progression from narration to sympathy to shame that normalizing tactics permit cannot here be presumed. The rupture of neatly buttoned-up commensurability points toward the inarticulate state of injury that black existence

under biopolitical racism entails, and toward the more drastic measures that its transformation would require.

It is perhaps a testament to this passage's departure from the conventions of fatherly grief that it evokes, more than anything, the moments of *maternal* ambivalence that thread through African American slave narratives, political speech, and historical fiction. In an appeal made the year of Burghardt's birth to the white National Congress of Mothers, Du Bois' contemporary, Mary Church Terrell, expresses her anguish, as well as the limits of whites' sympathetic identification, in strikingly similar terms. Terrell, who had lost three children within days of their births, underlines the incommensurability of experience between mothers able to rely unreflectively on the knowledge that their own offspring are objects of the mandate to "make live," and those who mother in the shadow of the knowledge that their own are not.

Contrast, if you will, the feelings of hope and joy with thrill the heart of the white mothers with those which stir the soul of her colored sister. Put yourselves for one minute in her place (you could not endure the strain longer) and imagine, if you can, how you would feel if situated similarly—As a mother of the weaker race clasps to her bosom the babe which she loves as fondly as you do yours, her heart cannot thrill with the joyful anticipations of the future. For before her child she sees the thorny path of prejudice and proscription which his little feet must tread...So rough does the way of her infant appear to many a poor black mother that instead of thrilling with the joy which you feel, as you clasp your little ones to your breast, she trembles with apprehension and despair (Terrell 1899, in Boris 1989).

While she stops short of invoking death as a release from this grim destiny, Terrell's depiction of black mothers' "apprehension and despair" about the future, where white mothers can "thrill with...joyful anticipations," reveals an unbridgeable distance between the experiences of motherhood within and without the Veil. Like Du Bois, she begins with the establishment of affective symmetry between mothers of the "stronger" and

“weaker” races—the latter “loves [her baby] as fondly as you do yours”—and then dramatically emphasizes the non-identity of these experiences. Also like Du Bois, Terrell simultaneously asks for white auditors’ identification with her complex sentiments and acknowledges the impossibility of full identification. She asks the audience to “put yourselves...in her place,” yet almost peremptorily declares that they could never withstand the anguish that this would entail.

In this attempted articulation of the unarticulable, both Terrell and Du Bois are inheritors of a legacy of maternal ambivalence under the sovereign power of enslavement. This ambivalence about whether the child’s good would be best served by nurture under the social death of slavery, or by physical death in preference to this death-in-life, is difficult to track. The most visible traces of this maternal dilemma are those cases that have ultimately taken the latter position, choosing infanticide over enslavement; Margaret Garner’s case, fictionalized by Toni Morrison in *Beloved*, is the most well known of these (Weisenburger 1999; Morrison 1987).<sup>47</sup> But less decisive expressions of this ambivalence also appear in the record. Ex-slave Nancy Williams recalls in an interview an “Ant Cissy,” several of whose older children had been sold away from her. When one of her younger children with her fell ill and died, she said to her master: “Praise Gawd, Praise Gawd, my little child is dead...That’s one child of mine you never gonna sell” (Perdue, Barden, and Phillips 1976, 322-323).

In its elegant formal register and rhetorical construction, Harriet Jacobs’ autobiographical account of the anguish of enslaved motherhood perhaps most closely prefigures Terrell and Du Bois’ expressions of ambivalence.

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<sup>47</sup> Cornel West makes this link explicitly: “Morrison’s Sethe echoes Du Bois’ own voice upon the painful passing of his firstborn” (1999, 106).

When he was a year old, they called [my son] beautiful. The little vine was taking deep root in my existence, though its clinging fondness excited a mixture of love and pain...I loved to watch his infant slumbers; but always there was a dark cloud over my enjoyment. I could never forget that he was a slave. Sometimes I wished that he might die in infancy. God tried me. My darling became very ill. The bright eyes grew dull, and the little feet and hands were so icy cold that I thought death had already touched them. I had prayed for his death, but never so earnestly as I now prayed for his life; and my prayer was heard. Alas, what mockery it is for a slave mother to try to pray back her dying child to life! Death is better than slavery (Jacobs 1969 [1861], 60).

As Du Bois and Terrell would do four decades later, Jacobs reaches out to readers with rhetorical formulations—collective attestation of her son’s beauty, her own deep attachment to the “little vine,” the Madonna-like image of watchful mother over sleeping babe—that establish an affective symmetry, while simultaneously showing that the respective experiences of parenthood are utterly incomparable. Saidiya Hartman observes that Jacobs’ narration of her own seduction as an adolescent under deep duress, while seeming to concede moral superiority to her virtuous readers, in fact demonstrates that womanly virtue is impossible under chattel enslavement, forcing them to acknowledge “the situational ethics of the enslaved” (1997, 107). Similarly, in this passage, even as Jacobs depicts herself as the very image of idealized maternity, she shows that even the seemingly universal affect of mother love is situational. Under a system in which black life is utterly devalued, maternity is shown to present an agonizing paradox: the clearest expression of love for a child, the highest expression of care for its innocent life, may be the wish for its death. Dramatizing the gap between the affects and expectations of free

and enslaved motherhood, Jacobs highlights the obscenity of the sovereign power over African American life with which slaveowners are invested.<sup>48</sup>

In representing his own “awful gladness” at his son’s death in terms strikingly similar to those that Jacobs employs, Du Bois draws attention to the continuities of domination between the regime of enslavement and the depredations of post-emancipation life within the Veil. Maternal ambivalence toward the life of infants under chattel slavery opposed itself to sovereign power—the power to kill or allow to live; Du Bois’ analogous ambivalence points out the degree to which blacks continue to be subject to sovereign power as the excluded part under the post-emancipation biopolitical regime. Whereas the tactic of normalization aims to demonstrate that (some, “decent”) blacks are eligible for state concern, to be made to live rather than made to die, this ambivalence refuses the binary logic at the heart of biopolitical exclusion altogether. If being made to live entails a spiritual death, and if, conversely, life’s unhindered expression can only be preserved by an early physical death, the distinction between life and death itself dissolves. Just as Burghardt is neither black nor white, defying the binary categorization of race, Du Bois here rejects the dualism of normalization and deviance, inclusion and exclusion, life and death. He insists on a more capacious notion of life than the bare biological existence prioritized by the biopolitical framework: a “wild pride of being” whose crushing makes (for himself, he implies, *has made*) for a death in life.

I argue above that the respectability of Burghardt’s funeral procession serves to counter Hoffman’s portrayal of affective deficiency in his pauper funeral scene, but fails

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<sup>48</sup> Letter from N.W. Beckwith to Tocqueville, February 20, 1857: “[T]he planter *is* a monarch, an absolute sovereign, in his small territory, and among his black subjects” (in Tocqueville 2009).

to displace the logic that would exclude poor or otherwise “deviant” blacks even if the “biopolity” were to enlarge its circumference. Du Bois’ insurrectionary ambivalence here levels a more comprehensive challenge. His passionate attachment to Burghardt, too vividly depicted in the earlier portion of the chapter to allege any dearth of feeling, severs the link that Hoffman makes between the affective and actuarial rationalities of exclusion. It is not, as Hoffman alleges, that blacks, arelational in the present, are similarly unattached to their future selves or to the fate of progeny. Rather, in showing that life currently entails a “living death,” a “chok[ing] and deform[ing]” of the soul, Du Bois refuses any future that simply projects the exclusionary conditions of the status quo forward in time. Whereas normalizing mode aims to demonstrate that a particular black child is a grievable life, this ambivalence suggests that, under current conditions, *life itself* may not be a grievable *loss* from the point of view of the African American infant’s “wild pride of being.” In the insurrectionary mode, it is not African Americans who must become more normal, but rather whites that must confront their implication in a polity whose guarantee of life for them entails a living death for their black fellow citizens. It is not African Americans who must become more provident, but rather the political conditions that must be changed to allow them a future life worthy of the designation. Just as Jacobs’ narration of the paradox of her motherhood is ultimately a plea for the overthrow of the system of chattel slavery, Du Bois’s paternal ambivalence refuses the system of biopolitical racism through which sovereign power over black life persists in rationalized form.

## **Conclusion**

Reflecting on “Of the Passing of the Firstborn” as a document of specifically African American loss, Dumm writes that “as democratic theorists, we must try to reckon not only [Du Bois’] loss, but his loss as amplified by the losses of millions of others who one by one have suffered it directly as its most prominent victims, and indirectly as witnesses who have so far been muted in response to the damage it has done to us...as our collective inheritance of a culture” (2000, 156-157). Reading Du Bois’ text as a response to the biopolitical racism of his own place and time can perhaps aid us in that reckoning. I have argued that, as a response to turn-of-the-century biopolitical racism, Du Bois’ rhetoric in “Of the Passing of the First-Born” comprehends both normalizing and insurrectionary modes. The former emphasizes blacks’ actual or potential conformity with prevailing norms. This is key to Du Bois’ rhetorical project of engendering the sympathetic identification of his white readers, but it also problematically partakes in the biopolitical framework’s racialized boundary between normality and deviance, even as it challenges the particular location of that boundary. The insurrectionary moments, in contrast, refuse the logic of that boundary itself, confounding the dualisms—black and white, life and death—on which it depends. The relationship between these approaches is not simple. Does the tactic of normalization prime the reader to be moved toward more subversive sentiments? Or does the depiction of black respectability that Du Bois so carefully cultivates ultimately muffle the defiant impact of the insurrectionary moments? Or do these approaches stand in irreconcilable tension?

It may that this complexity itself is instructive. In his response to biopolitical racism of his day, Du Bois at once makes a case for inclusion in an exclusionary system, and contests the terms of that inclusion. Regardless of how we judge the ultimate effect

of this tactical combination, contestation of the ongoing and fatal devaluation of black infant life in the United States may require a similarly complex approach. On one hand, we cannot neglect to demand the robust fulfillment of protections nominally guaranteed to racially excluded groups within the “population,” and these demands may often entail rhetorics of normality, as in the recent well-publicized study showing that black fathers are at least as involved in their children’s lives as other fathers—a salutary rejoinder to discourses of African American family pathology (Reyes 2013). At the same time, we must reject the binary logics that divide the protected life of the population from others—not only “decent” versus “deviant,” but citizens versus noncitizens, children nearby versus children in remote villages of Afghanistan or Yemen—who can be allowed to die. Only by keeping both in view can we work toward the promise, still “long, long years to come,” if it ever does at all, of the “mighty morning” when all life can claim and receive a just and loving response.

### **Chapter 3 The Midwife's Bag: The Material of Racial Domination and Resistance**

As sketched in the introduction, the reform campaign targeting Southern African American midwifery was a key component of the Children's Bureau/Sheppard-Towner configuration of the biopolitics of black infant mortality, entailing the institutionalization of racially bifurcated maternity care from the 1920s through the 1950s. The 1921 Sheppard-Towner Act for the first time provided federal funds to states for maternal and infant care. While reformers looked mostly to environmental causes for infant mortality among native-born whites and European immigrants in the nation's North and West, they blamed "ignorant," "filthy," and "superstitious" black midwives for high infant mortality rates in southern communities (Fraser 1998).<sup>1</sup> Efforts to combat infant mortality in the South therefore focused not on one-on-one maternal nursing care, infant clinics, or sanitation, as in northern cities, but rather on reforming midwives through periodic inspections and classes, eliminating those deemed "unfit to practice," imposing legal sanctions on non-compliant midwives, and eventually changing state laws to prohibit community midwifery. But white caregivers often refused to provide obstetrical care for poor black women, and, even when available, such care was systemically marred by racial discrimination and abuse. The midwifery reform campaign reform effort thus had the effect of depriving many southern black women of the familiar and experienced care of midwives, while failing to make significant improvements to the national pattern of racial disparity in infant mortality, which persists to this day.

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<sup>1</sup> Mexican American midwives in the Southwest were characterized in terms similar to African American midwives, but little has been written about the specific ways that the loss of this legacy of knowledge and practice unfolded. See Ladd-Taylor 1988, 260-261.

This paper employs Bruno Latour's Actor-Network Theory (ANT), a mode of analysis whose political ontology includes non-human as well as human actors, to understand the dynamics and texture of the micropolitics at work within the more synoptic biopolitical story described above. In combination with critical race feminism, feminist anthropology, and the work of Michel Foucault and Michel de Certeau, this paper uses ANT to trace everyday forms of racial and gender domination and resistance through the trajectory of a seemingly banal object: the bag carried by southern African American midwives from roughly 1920 to 1960. The bag is ubiquitous throughout not only the narratives of midwives, but also photographic and cinematic records, public health manuals and curricula, and articles and commentary of white doctors, nurses, and public health officials, sympathetic and otherwise. Tracking the career of this highly cathected object reveals a complex topography of raced and gendered struggles, revealing fragmentations and tensions within the biopolitical project itself (Weir 2006), as well as the resistances that impeded and reworked biopolitical logics. ANT's detailed attention to the material stuff of social transformation reveals the unevenness, conflicts, and specific forms of resistance to midwifery's defeat: an examination of what Audre Lorde calls the "cell[s] of the past" whose materials must be mined and put to use if we are to have viable forms of life in the future (1986). As I show in a later chapter, it is in these cells that contemporary Black midwifery politics draws inspiration and examples for confronting reproductive injustices today.

The eradication of African American midwifery is, in many ways, a tragic story of loss: loss of an important site of womanly and community authority (Fraser 1998, Susie 1988), loss of a whole domain of practical knowledge of the body and of herbal medicine

(Fraser 1998), loss of autonomous spaces where African American birthing was cherished and protected (Mathews 1992, Fraser 1998). Acknowledging these losses in no way means the dismissal of the technical improvements in care for Southern African American women and infants that (often all-too-slowly) succeeded the midwife's eradication. But while there is no doubt that the access to hospitals and obstetrical care has generally improved the life chances of Black mothers and babies, African American women to this day routinely encounter hostility and neglect from the still white-dominated medical profession (Krieger 2008), against a backdrop of toxic stereotypes and punishing policies from a white society morbidly obsessed with the Black female reproductive body (Spiller 1987, Hancock 2004). Anthropologist Gertrude Fraser, whose account of the transformation from midwifery to obstetrics among rural blacks in Virginia I draw on throughout this chapter, implies that perhaps the greatest loss was that of a collaborative path untaken, in which the protected spaces, affirming relationships, and effective knowledge of African American midwifery care could have been respectfully combined with the advantages of obstetrical medicine (1998, 260; *cf.* Susie 1988, 101).

Because of the gravity of these losses, and the enormous and persistent racial gaps in maternal and infant survival and thriving, is tempting to assume the denunciatory mode that characterizes the earlier feminist historiography of European midwifery's defeat by obstetrics,<sup>2</sup> and also some of the grimmer contemporary accounts of biopolitics (e.g. Agamben 1999; Gregory 2004). But on its own, a purely denunciatory mode of critique on behalf of the dominated can obscure the very resistances that that domination

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<sup>2</sup> E.g. Ehrenreich and English 1971, Arms 1975

encountered. In neglecting the complexities involved in imposing the new regime of public health obstetrics, we risk figuring southern African American midwives and childbearing women as passive victims, reenacting the exclusion of their voices and experiences from official accounts. Fraser warns that, “In attempting to provide a corrective to past injustices, there is a danger of “exoticizing” informants, presenting them either as victims or as saints” (1998, 262-263). Even though there are far more official accounts than texts authored by midwives and those they served, from the proliferation and vehemence of these anti-midwife texts it is clear that the emerging public health establishment found the midwives anything but passive, recognizing them, however contemptuously, as agents to be reckoned with. As Fraser writes, “Like it or not...southern public health officials had to confront the African American midwife as a privileged knower and knowing subject” (1998, 119). We in no way must deny that the eradication of African American midwifery took place in the context of crushing white supremacy. But the denunciatory mode of critique tends to construe the biopolitical project of racially bifurcated maternity care/neglect as unified and all-powerful. It thus misses the weaknesses and fragmentations, tensions and contradictions within that project itself. Symbol and instrument of both state control *and* midwives’ authoritative knowledge, the bag’s trajectory in the pre-civil rights South sheds light on these crucial complexities and their political potentialities.

Before embarking on this endeavor, we first take a closer look at Latour’s insistence on including objects in the social and political landscape. We then briefly observe an example of one object that has been central to the construction of mainstream (white) midwifery’s critical narrative of patriarchal obstetrics: the forceps. Turning to the

bag itself, we examine an array of visual and textual evidence of the bag as a site of struggle. Along with archival photographs, manuals, medical journal articles, nurse reports, and oral histories, we take an extended look at *All My Babies*, a 1952 film designed for the education of empirical midwives in Georgia, but which has reached a far larger audience. An unusual blend of documentary and fiction, this film dramatizes the bag's ambivalent powers.

### **“Making objects participants in the course of action”: ANT's mediators**

Latour writes that “[p]ower and domination have to be produced, made up, composed. Asymmetries exist, yes, but where do they come from and what are they made out of” (2005, 64)? Actor-Network Theory is concerned nothing if not attention to these constitutive materialities, and one central element of this attention is an insistence on including non-human objects as participants, or *mediators*, in social action. This does not mean all objects are always agents—in fact, much of the time most of them are not (they are *intermediaries* rather than mediators<sup>3</sup>). Rather it means that the presence and specific form of objects “make a difference in the course of some other agent(s)’ action” (2005, 71). Recognition of this mediation, for Latour and his allies, crucially expands our political ontology, as we come to recognize that the processes of world-making entail a far larger cast of characters than anthropocentric accounts allow. As Jane Bennett, who has recently taken up Latour's approach (among others) to elaborate a “political ecology of things,” writes, the

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<sup>3</sup> Though see Graham Harman's account of Latour's metaphysics, which argues that everything is always a mediator in some sense (2009, 15).

habit of parsing the world into dull matter (it, things) and vibrant life (us, beings) is a “partition of the sensible,” to use Jacques Ranciere's phrase. The quarantines of matter and life encourage us to ignore the vitality of matter and the lively powers of material formations, such as the way omega-3 fatty acids can alter human moods or the way our trash is not “away” in landfills but generating lively streams of chemicals and volatile winds of methane as we speak (Bennett 2010, vi).

Bennett’s emphasis here is theorizing new discoveries from neuroscience and ecology in terms of a sort of “chemical agency” of objects in our cells and environment (Chapter 4 makes a similar move in theorizing new findings in epigenetics and public health). But the recognition of objects as actors does not necessarily require us to stretch beyond our everyday knowhow. For Latour, “If [we] can, with a straight face, maintain that hitting a nail with and without a hammer, boiling water with and without a kettle...walking in the street with and without clothes, zapping a TV with and without a remote...are exactly the same activities, that the introduction of these mundane implements change ‘nothing important’ to the realization of tasks” (2005, 71), then we are manifestly uninterested in the actual workings of the social and political world. This is not to say that ANT reverses causation, positing that the hammer itself determines the blow upon the nail, rendering the human a mere vessel for this action. Rather, he writes, “it means that there might exist many metaphysical shades between full causality and sheer inexistence. In addition to...serving as a ‘backdrop for human action,’ things might authorize, allow, afford, encourage, permit, suggest, influence, block, render possible, forbid, and so on” (ibid., 71-72).

A skeptical political theorist might raise an objection here. This object-inclusive metaphysics, she might say, perhaps enables a richer sociological description, but it does not seem relevant to the political realm. What does including the hammer in the action of

hammering tell us about power, contestation, or domination? Perhaps a hammer might be somehow construed as politically relevant in a context that we already know is political, say, if it were banging on a pan in a protest of austerity measures by the Spanish *Indignados*, or if it were not actually a hammer but were instead the ice pick used to assassinate Trotsky. For Latour, however, the move of slowing down and taking account of all of the actors, including non-humans, is absolutely necessary for revealing the actual makeup of the political world—the supports and levers, computer hardware and horseshoe nails, that explain the reach and endurance of “the huge asymmetries, the crushing exercise of power” in our political landscape (2005, 72). One example that he offers in passing is that of Lord Kelvin’s telegraph experiments: through this technology, the British Empire is “given a reach, a faster reaction time, a durability it will never have without the tiny cables laid out in the ocean. Kelvin’s science creates, in part, the Empire...[it is in part] made to exist by telegraph wires that are turned into full-blown mediators” (2005, 108).<sup>4</sup> Accounting for all of the actors and following the connections between them, allowing ourselves to be surprised at unanticipated agencies and relationships, enables us to comprehend the precise shape, extent, and constitution of those phenomena that we would like to change. Latour argues that “action is only possible only” where the overwhelming scale of “structures...and totalities [is shown to] circulate inside tiny conduits, and where for each of their applications they have to rely on masses of hidden potentialities. If this is not possible, then there is no politics” (2005, 252). If we fail to take stock of all the non-human actors and connections that make regimes of domination possible—guns (their constituent materials, marketplaces where

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<sup>4</sup> On Kelvin and the telegraph see Smith and Wise 1989.

they are exchanged, their paths and vehicles of transport), redlining maps (and their administrative and commercial pathways of dissemination), cheap tomatoes and expensive diamonds (and their chains, sometimes literal, of production and consumption)—then we cannot comprehend the components of resistance, or how an object or connection in the former group may also be put to use in the latter. As we will see, the midwife’s bag was just such an ambivalent mediator, making a difference in at least two directions.

### **The forceps: Midwifery’s classic mediator object**

Before diving into the bag itself, so to speak, we should pause to note that the histories of Euro-American childbirth, which began to proliferate in the 1970s, offer a perfect example of a mediator object: the forceps. Accounts penned by proponents of the alternative childbirth movement cast the forceps as the instrument by which male physicians usurped the midwife’s traditional (and, for these authors, rightful) role as the skilled guardian of birth. These accounts hold that, with the gradual—and for many women and babies along the way, fatal—perfection of the forceps over the seventeenth and eighteenth centuries, male doctors were able to claim a new kind of expertise as scientists and technicians of childbirth: obstetrics as a progressive science versus the increasingly anachronistic art of midwifery (Rich 1986, 142-150; Donegan 1978; Leavitt 1985). For example, Jane Donegan writes, “It was the surgeons’ possession of the forceps that enabled them to challenge directly the women midwives’ traditional role as the

attendants at all normal cases” (1987, 47).<sup>5</sup> Refracted through the women’s health movement’s revolt against male-dominated obstetrics in the 1970s, the historical transformation enabled by the forceps was read by scholarly and activist proponents of demedicalized birth as the incursion of patriarchy into a traditionally female realm of authoritative knowledge (e.g. Arms 1975).

There is no doubt that this object was a key participant in the conceptual and practical transformation of birth, from a phenomenon whose outcome was determined by God to a field open to scientific experimentation and intervention. One especially vivid piece of evidence of the forceps’ perturbation of long-held notions of birth as a woman’s domain are vividly evidenced by the famous 1793 satirical cartoon of a “Man-Mid-wife, a newly discovered animal not Known in Buffon’s time” (fig. 1, which also graces the cover of Donegan’s book). The cartoon portrays a figure half-male (in waistcoat and breeches, half-female (in dress, apron, and bonnet), divided down the middle, with each side situated against a distinct background. The male side is shown holding a forceps, with another pair hanging in the background next to a pair of scissors and crochet (pronounced CRAW-chet) of monstrous proportions (the latter two were used to dismember and puncture the fetus in order to extract it in cases of irremediable impacted labor), against a veritable apothecary’s shelf of dubious remedies. The female side, in

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<sup>5</sup> First developed by the physicians of the Chamberlen family, *accoucheurs* to French and British royalty, part of the initial power of this object was its carefully guarded secrecy, maintained for over 100 years by the Chamberlens through elaborate rituals of concealment. These dissimulations included transporting it in a huge, ornately carved and gilded wooden chest, whose weight required two men to carry it, giving the impression that the secret was some kind of massive machine. Moreover, the parturient woman was blindfold to prevent her from seeing it, and relatives banished from the lying-in room. The Chamberlens also rang bells and made other misleading sounds during the operation of the forceps to obscure aural clues as to its actual mechanism (Dunn 1999).

contrast, shows nothing but the basic elements of water and fire in a homely hearth, and holds nothing but a single small vessel, perhaps for the placenta. As Lisa Foreman Cody has documented, this image and many others testify to the fact the forceps, and its exercise by male physicians' hands, was a controversial object in its own day.<sup>6</sup>

But not all historians endorse the interpretation of the forceps and its obstetrical regime as a clear usurpation of women's authority. Judith Leavitt, in particular, points out that, given the risks of death and permanent injury that each birth presented for the parturient woman throughout most of history, women themselves actively demanded interventions that promised to speed and safeguard the process of labor. Once in general circulation among male physicians in the eighteenth and nineteenth centuries, the option of forceps, along with techniques not used by midwives such as opiate administration and chloroform anesthesia, led elite women in England and the US to increasingly choose male medical doctors as their birth attendants (Leavitt 1985). In fact, the rates of death and infection did not actually decrease among US women and infants until after the turn of the 20<sup>th</sup> century: along with extracting malpositioned babies, the forceps also sometimes caused serious injuries to women's genitals and reproductive organs, as well as the tender skulls, faces, and bodies of their offspring. Moreover, another class of non-human actors that accompanied male physicians to births, the microbes carried from ill patients on clothing and, until the late 19<sup>th</sup> century, their hands, meant that puerperal infections were often higher among physician-attended births than among those attended by midwives (*ibid.*, 87). Nevertheless, the forceps, as part of a new repertoire of

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<sup>6</sup> Lisa Foreman Cody argues that, in Britain, political transformations and the identity of the nation itself were wrapped up in the controversy over the proper childbirth attendant (2004).

obstetrical tools, enabled a new regime of control (however initially haphazard and hazardous) over the process of childbirth—a regime in which women *with the option to do so* appear to have eagerly partaken.



Fig. 1

From this very brief sketch, the forceps comes into view as a very lively mediator object, one that undoubtedly made a difference in a particular domain. But what of differences *between* domains? On the anti-obstetrical interpretation, the forceps helped to extract, so to speak, the authority from midwifery across the board. While this may have a great deal of truth to it, the second interpretation, ascribing the spread of forceps use in great part to women's own choices, implicitly throws into relief the important distinction

between those women for whom the birth proceedings were a matter of choice, and those for whom this was not the case. While *choice* is a keyword of contemporary natural childbirth advocates, historical transformations in childbirth played out quite differently among “women [who] had few choices about anything...[For these women], when it came time for birth, who delivered their babies and where their babies were born had much more to do with rural isolation, race, and economics than with choice” (Smith and Holmes 1996, 35). Much more than the career of the forceps, the midwife’s bag illuminates the contours of intervention, appropriation, and resistance in a context where choice in birthing was mooted by geographical marginalization, racial exclusion, and economic oppression. It is to the bag that we now turn.

### **The midwife’s bag**

As we recall from Chapter 1, interventions in maternal-child health through the control of midwifery practices were not robustly instituted until the 1920s. However, in reports by the emerging maternal-child health establishment in the first decade of the 20<sup>th</sup> century, the bag is already visible as an object of public health and moral concern, as well as a mark of racial-national difference, bound up in foundational public health conceptions of health and disease, cleanliness and filth, virtue and vice. We recall that, after an exhaustive investigation of 500 New York midwives in 1906, Nurse Elizabeth Crowell submitted to the Public Health Committee of the Association of Neighborhood Workers a damning sketch of the midwives of New York as ignorant and backward immigrants of the “lowest grade” (Crowell 1907, in Litoff 1986). This assessment, however, encompassed not only on their persons but the bags that these midwives employed. She

writes, “As for the bags and their equipment, from a professional standpoint by far the greater number, would make fit decorations, for a chamber of horrors. Rusty scissors, dirty string, a bit of cotton, a few corrosive sublimate tablets, old rags and paper, some ergot and Vaseline, a gum catheter, wires, were the usual contents...” (in Litoff 1986, 42). Part of this concern was the threat of the midwife as abortionist, whose bag’s contents (like her person) would be not only physically contaminated but legally delinquent and morally aberrant. Crowell writes, “of the 500 midwives that I have visited I have classified 176 as criminal...[the majority] themselves furnished all the evidence necessary when they exhibited their bags, containing large gum catheters wired, uterine sounds, dilators, curettes and pessaries, in addition to the customary scissors and string and—dirt” (in Litoff 1986, 44).<sup>7</sup>

But Crowell’s profoundest disgust was reserved for the Italian midwives, and not, it seems, solely on the grounds of their alleged crimes. Given that she noted their leading the sample in both illiteracy and in not speaking English, they were also arguably the immigrant group whose racial difference seemed to her most marked.<sup>8</sup> Describing one Italian midwife, she reports being pushed beyond the very limits of language, not only by the state of the midwife’s hands but by her bag as well: “I was visiting one Italian midwife whose home was of the dirtiest, the condition of whose hands was indescribable,

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<sup>7</sup> Later, some Southern physicians characterized African American midwives as willing abortionists (Kerns 1927, in Fraser 1998, 90-91), serving a population of women themselves morally predisposed to abort their offspring (Fraser 1998, 95). But the focus on the bag by Southern medical and public health personnel was primarily associated with control of the birth event itself.

<sup>8</sup> Italian women, correspondingly, were of all immigrants the least like their US-born white counterparts in their birthing practices; 93% of their labors were attended by midwives, compared to 10% to 60% for other groups (Crowell 1907, in Litoff 40). See Vecchio 2006 for a detailed account of Italian American immigrant midwifery.

whose clothing was filthy, the condition of whose bag beggars description...” (in Litoff 1986, 42). Ladelle McWhorter argues that at the turn of the 20<sup>th</sup> century, the concepts of criminality and racial inferiority were basically coextensive, both manifesting an evolutionary degeneracy that required close management, careful separation from superior Nordics, and eventual elimination (2009, 202-203).<sup>9</sup> In view of this, perhaps it might be said more properly that Crowell’s characterization of Italian midwives as racially inferior (and thus criminal) did not depend on their alleged commission of the crime of abortion. Beyond their linguistic incomprehensibility, Crowell found ample evidence in the unspeakable condition of their persons and appendages, their hands and their bags. Crowell’s writings focused on midwives in New York, but this passage prefigures the ways that Southern public health texts and regimens notionally conflated the bag and the racialized person of the midwife, or figured in them metonymic relation, the bag’s contents and condition as manifesting the essence of its keeper.

As we learned in the previous chapter, the outcry about the United States’ wretched maternal child health statistics, culminating in the 1921 Sheppard-Towner Act, took two distinct forms. In the North, while blame was apportioned to immigrants’ backwardness, countervailing socioeconomic explanations ameliorated strict eugenic thinking at the local policy level. The Act thus channeled funds into some substantive (if still inadequate) improvements in the socioeconomic context of maternal and child health in Northern cities. In the South, rather than structural factors, “culturalist” explanations carried the day, particularly blaming midwives’ alleged filth, ignorance, and “voodoo”

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<sup>9</sup> This eugenic paradigm would, just over a decade later, underpin the restrictive Johnson-Reed Immigration Act of 1924, which would shrink the ranks of newly arriving Southern and Eastern European midwives as well as the women they served, who tended to be first-generation immigrants (Smith 2005, 45; Meckel 1990).

practices—rather than poor nutrition, desperate poverty, and a climate of fear—for high rates of maternal and infant death (*cf.* Fassin 2006). The funds channeled to Southern states were thus not used to combat poverty. Rather, along with establishing a sparse network of public health clinics mostly staffed by often-hostile white personnel, they were used to register midwives and to provide them with classes in basic hygiene. The midwives therefore had to be located, identified, counted, brought to account. And because it had already been determined that they were the problem, they had to be changed.

Latour writes that the actions of mediator objects often become most visible in situations of crisis and disruption (2005, 80-81). The midwife's bag appeared as both problem and solution when, under the Sheppard-Towner Act, "the South, although keeping its programs segregated, for the first time made an effort to extend public health services to blacks" (Meckel 1990, 212). Given rural African Americans' exclusion from white medical personnel's sense of "the public," given the generalized devaluation of African American life and health, given that "service" was understood as something rendered to whites by Blacks, never vice-versa, there is no doubt that this endeavor involved profound moral and cognitive dissonance on the part of whites. Mississippi physician Felix J. Underwood exemplifies this contradiction. In a paper given to the Southern Medical Association, he described African American midwives as "filthy and ignorant and not far removed from the jungles of Africa, laden with its atmosphere of weird superstition and voodooism" (in Smith 1995, 125). At the same time, he defended midwives' efficacy in reducing infant mortality (*ibid.*, 127). Fraser identifies a contradiction at the very core of prenatal care provision to Southern blacks: "On the one

hand, the emphasis on prenatal care formed part of the ideology of “race building” among whites; on the other, it was also used to draw African Americans under the authority of the state and medical science” (1998, 128).

Given this paradoxical situation, it is no small wonder that the bag, as actor, found itself cast in a variety of roles. Let us be its audience for a few of these: fetish object; disciplinary instrument; cover for traditional practices; and tool of effective care in the face of white supremacist medical and public health institutions.

### **The bag as fetish object**

*We children knew who [midwife Mary Coley] was. We children thought them babies was in that black bag she had. They told us that they get the babies out [of] the woods, so all of us thought that the babies was in that bag she carried [laughs]. But later I found out different.*

Albany, Georgia woman, client of Mrs. Mary Coley, interviewed for *Reunion of All My Babies* (Bagnall and Stoney 2010)

As a child, the woman quoted above imputed marvelous powers to the bag that her local midwife carried. As it turns out, white public health officials did too. Anthropologist of the state Tess Lea writes, “policy artefacts are endowed with an affective dimension that is denied to their formulators...bureau professionals *sacralise* their artefacts and attribute to them a great power to amend the world” (2008, 19-20). While Lea concentrates on policy documents themselves as magical artifacts in the culture of white “bureaucrats and bleeding hearts” that comprise Australia’s Indigenous health administration, her description of their “policy animism” applies just as well to the bag’s crucial role in the intervention in African American midwifery. Like Australian bureaucrats’ ever-proliferating mission statements, project reports, survey results, and workshop recommendations, the bag was imbued by white public health personnel with magical

properties, not only “becom[ing an] endpoint[t] for action, but...seen as in and of [itself] ‘making a difference on the ground’” (Lea 2008, 226).

Alabama midwife Onnie Lee Logan, active between 1936 and 1976, participated in her state’s registration and training programs; her mother, also a midwife, practiced in the years before the inception of these programs. In her autobiography,<sup>10</sup> Logan marks the difference between these two generations through the difference in their bags: “The midwives would always make them a sack. They didn’t have bags naturally like [the bag] that I have. But they would make them a sack and they would put their stuff in there and put a drawstring on it” (Logan and Clark 1989, 53). As an undated photo taken in Madison County, Mississippi, shows, at the outset of the midwife registration effort, African American community midwives simply used the materials available to them to contain their birth equipment (fig. 2, probably from the mid-1920s, in Smith 1995, 122). The photo is captioned, “A group of midwives in Madison County before any instruction,” and we can observe the variety of shapes and sizes of satchels that the

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<sup>10</sup> Mrs. Logan’s autobiography, *Motherwit: An Alabama Midwife’s Story*, was related orally to Katherine Clark. *Motherwit* is part of a small but significant genre of Black midwives’ oral histories “as told to” a younger woman from outside the community, often a white woman (women’s historian Linda Janet Holmes, coauthor of *Listen to Me Good* with Alabama midwife Margaret Charles Smith, is an exception; unlike other interlocutor/coauthors, she also spent several years with Alabama midwives in the course of graduate research and, later, public history projects), and often written in a style representing the midwife’s vernacular speech patterns as interpreted by the interviewer. Fraser cautions her readers against taking these narratives as merely transparent accounts (1998, 3, 13). Like any narration, midwives’ narrations are shaped by a variety of factors, *inter alia* the power relationship between narrator and interviewer/transcriber, expectations of the interviewer, the agendas of either party, self-stylization on the part of the interviewee, or self- or community-protective framings by the narrator, particularly given that midwifery became illegal in many Southern states in the 1970s. Craven (2010) notes that, in one case, the white interlocutor clearly edited out a critical account of racist physicians between the first and second editions, without any comment indicating the change in the latter.

midwives in the front row are clutching, or have set at their feet. Several are made of flour sacks. The paradox presented by the caption—had these women in fact never received *any* instruction, they could not be called midwives in the first place—captures the white public health regime’s epistemological commitments, which generally excluded midwives’ often extensive empirical training from the categories of instruction or knowledge.



*Fig. 2 “A group of midwives...before any instruction,”* (Smith 1995, 122)

This photograph of “untrained” midwives presents a striking contrast with the photograph taken at a week long 1934 “midwife institute,” or training course, in St. Augustine, Florida (fig. 3). Dressed in identical white gowns and headbands, each holds a standardized black leather bag on her lap (though there do appear to be two bag models). A white public health physician’s words depict this transformation from his perspective:

The old Negress in dirty nondescript dress, a pipe stuck in her mouth, and a few odds and ends of equipment thrown into a paper shopping bag or a drawstring cloth sack began to be replaced by a cleaner woman in a white starched dress and a white cap carrying a black leather bag which contained a carefully scrutinized set of supplies (Ferguson 1950).

For white public health personnel, the new bag, along with new vestments, worked an almost magical transformation of the midwife from black “Negress” to whitened (via dress and cap) woman,<sup>11</sup> from dirty to “cleaner” (though still not *clean*), from nondescript to “carefully scrutinized.” While the bag is a container, it also, both before and after, stands in for the midwife herself—unkempt and inscrutable in the first instance, in the latter both reassuringly contained and open to the relentless inspection of official eyes (more about surveillance in the next section).



Fig. 3 (Institute

for the History of Medicine Archive)

What’s wrong with giving shiny, sterilizable new bags to empirical midwives? Nothing, of course, in itself. But for many white public health doctors and nurses, like Lea’s Australian Indigenous health workers, the exchange of “primitive” for standardized bags served as a substitute for substantive transformations of the conditions affecting maternal and infant health. For instance, in South Carolina, the first several years of

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<sup>11</sup> Fraser discusses the pervasive “symbolism of the color white” in official descriptions of midwives’ garments (1998, 115).

midwife training “largely focused on bag and birth certificate checks and permit renewal” (Fraser 1998, 36) rather than on education for midwives or working with them improve the nutritional or overall health status of the women that they served. The bags’ dazzling uniformity also served to homogenize the midwives, obscuring potentially important differences between them; as a sign of (relative, good-enough-for-black-folk) competence, it pre-empted any acknowledgment of the broad variety of knowledge and experience brought by midwives to their work. Finally, returning again to the contrast between the photographs above, the second photo’s portrayal of the institute’s attendees as proud graduates, with their proper and “complete” bags as the *sine qua non* of their expertise, negates the knowledge of the empirically trained midwives in the first photo. Alabama midwife Margaret Charles Smith, empirically trained with an experienced elder midwife as well as a veteran of numerous state midwifery classes, points out the limits of this way of seeing in her autobiography: “I took training courses, but the midwife had already trained me, Ella Anderson...everything, everything I learned, I learned from Miss Anderson” (Smith and Holmes 1996, 75).<sup>12</sup> Nevertheless, as Holmes observes in her commentary on Smith’s narrative, “No matter how short or disparate the formal training program, [formally] trained midwives gained favor with professional health care providers” (ibid., 64). In a classic example of what James Scott calls the “clarity of the

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<sup>12</sup> Midwife Smith links this blinkered perception of training with the unrealistic standards that the state attempted to impose on mothers, whose preparedness for birth (with new linens and baby clothes) midwives were instructed to police. Looking back to a time and place where “[p]eople lived in newspaper houses...with flour holding it together,” she comments on the disconnection of the prescriptions from the realities of the context: “can’t nobody prepare what they don’t have” (Smith and Holmes 1996, 75). Like Lea’s health administrators’ fetishized policy documents in contemporary Australia, the enunciation of these imperatives for improving infant health was itself attributed transformative power, regardless of their irrelevance to the context that they were meant to transform.

high modernist optic” (1998, 347), a week-long training institute, accompanied by the proper appearance and a complete and sterile bag, counted for more than the decades of experiential knowledge that many midwives brought to childbearing women (*cf.* Smith and Holmes 1996, 64).

Given the highly charged mythos of the African American female body at that place and time, however, the Scottian insight that white public health personnel were “seeing like a state” (Scott 1998) can only take us so far. The midwives, as poor rural Southern Black women, might have counted themselves lucky to “only” cross the lens of a ruthlessly rationalizing state. Underwood’s words above capture the associations, obsessively repeated in this literature, of African American midwives with filth, ignorance, danger, and frightening primitive superstitions. Perhaps predictably, then, the transformation in which these writings often exhibit the most emotional investment is that of the palatability of the midwife’s bodily habitus to a white observer. Constance Van Blarcom, a nurse reformer, wrote a similar appraisal:

The rows of pupils with tidy heads and hands, immaculate in their wash uniforms, might have been the staff of any visiting nurse association. There were no leathery, rheumy-eyed old crones...Their bags with washable linings and appropriate contents, conformed to State Department of Health requirements. They were evidently put to practical use and were not merely for exhibition (1930, 331).

Van Blarcom’s insistence on the bags as tools of “practical use” rather than objects for show arguably testifies to some anxiety about the authenticity of this transformation. Nevertheless, the revolting specter of “leathery, rheumy-eyed crones”—the civilized reader cannot but recoil—against the “immaculate” backdrop of the white uniforms, showcases the bag’s importance as a container not only of equipment but of the unruly and abject corporeality of African American midwives in their “natural” state. Oozing

and intractable contamination has given way to “washable linings” and “appropriate contents.” The bag as a fetish object did a great deal of work: it stood in for more inconvenient and time-consuming interventions in maternal-child health; it conjured up squadrons of uniform caregivers, suddenly visible now that they were equipped with the bag. And as that conjuring meant that contact with the Black midwives could not be avoided, it also served as a sort of reverse Aladdin’s lamp, into which their more frightening characteristics could be bottled back up.

### **Instrument of racial discipline: The bag inspection**

Let us hazard one more glance at the photograph of the St. Augustine midwives’ institute. In particular, let us direct our attention to last line written at the top: it reads, “Largest per cent complete equipment” (Fig. 3, above). Besides location, date, and the 100% attendance rate, this positive grade awarded to the midwives’ bags (though the temporal and geographical reference points for “largest per cent” remain unclear) was the only datum deemed worth preserving in the written record. Moreover, on at least two of the bags, tags are visible; up close, these tags were likely very similar, if not identical to, the tag in the photograph below (Fig. 4). Though both of these images are from Florida, similar tags were used throughout the South, listing the equipment that midwives were officially required to keep in their bags, accompanied by a hortatory slogan, such as this one: “The Safe Midwife keeps her bag clean and ready at all times.” Potentially useful as checklists for busy practitioners, the tag’s exhortation also served as a reminder that the midwife was to maintain her bag constant readiness for display.

Lea observes that “a fetish object...does not concentrate any magic without first being sacralised through ritual activity” (2008, 37). And, indeed, sources both contemporary and historical, from midwives’ oral narratives to public health officials’

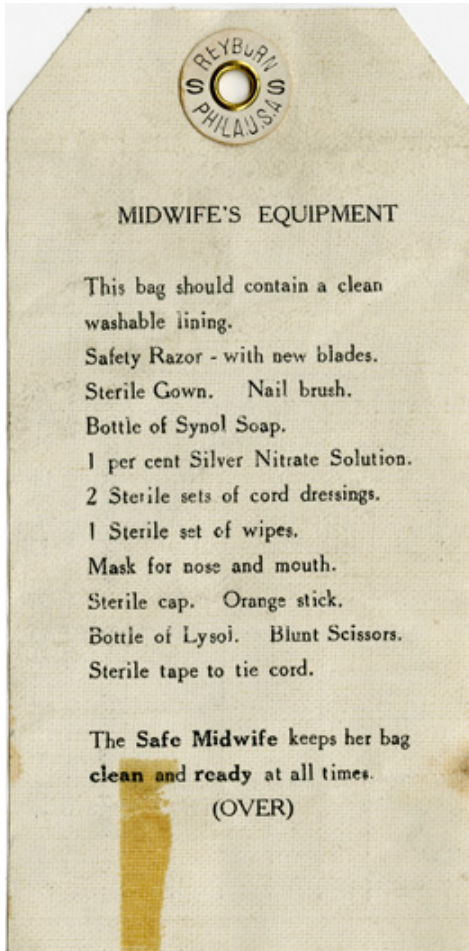


Fig. 4 (Florida Memory Project)

accounts, are strikingly unanimous in their depiction of one particular ritual: the ritual of the bag inspection (Fraser 1998, 114). Inspections were performed at each mandatory midwives’ meeting and training course, as well as justifying visits by white nurses to African American midwives’ homes. If they refused, if the equipment were found incomplete, or if prohibited items were found in the bags, midwives faced harsh sanctions, including fines and the loss of their permits (Smith and Holmes 100). The bag inspection was, in Beatrice Mongeau’s assessment, “the official agency’s first mechanism

of control and the means through which the changes in the midwife's practice [were] to be brought about" (1973, 83).

As Fraser notes with respect to the state midwife training apparatus more broadly, the bag inspection is can be usefully understood as a technique of discipline (Foucault 1977), aimed at inciting within the midwife an attachment to the priorities and criteria of public health by which she will come to judge herself. More precisely, using Foucault's schema of disciplinary procedures, the bag inspection can be characterized as a unique form of *the examination*. The examination "imposes on those whom it subjects a principle of compulsory visibility" (1977, 187); as a record of this continual surveillance, it creates an archive of written documentation that makes of each subject an individual "case" comparable to others (189-191). Combining "hierarchical observation" with "normalizing judgment," Foucault locates the examination at the core of the disciplinary apparatus.

The examination...makes it possible to qualify, to classify, and to punish. It establishes over individuals a visibility through which one differentiates them and judges them. That is why, in the all the mechanisms of discipline, the examination is highly ritualized. In it are combined the ceremony of power and the form of the experiment, the deployment of force and the establishment of truth. At the heart of the procedures of discipline, it manifests the subjection of those who are perceived as objects and the objectification of those who are subjected (1977, 184-185).

The ritual of the bag inspection indeed imposed a relentless visibility (1977, 186-187) upon the examined midwives. We recall from the public health doctor quoted above that the key characteristic of the bag was its "easily scrutinized contents" (Ferguson 1950), and accounts of midwife meetings are nearly unanimous in depicting the bag inspection as the opening activity of each gathering. Fraser writes that "[i]nspections of

midwives' bags formed part of the routine of the relationship between public health nurses and African American women" (1998, 113). Kelena Reid Maxwell concurs that the new regime of inspections exposed midwives to unprecedented scrutiny: "Aspects of their lives and their work, which were previously hidden from the gaze of white medical officials, were routinely examined" (2009, 20). Even accounts that aim to portray a happy cooperation between nurses and midwives cannot but acknowledge the unidirectionality of the gaze. Roberts and Reeb's retrospective account describe the two groups in rural Mississippi as having created "a partnership that worked." And yet, in their description of a typical midwife meeting, they write that "[t]he nurse prepared her set-up and the midwives began to arrive. *It was a bit tense as bags were inspected*" (Roberts and Reeb 1994, in Fraser 1998, 109; my emphasis). Their formulation does not specify the subjects of this tension—nor, for that matter, who was doing the inspection—but there is no getting around the fact that it was midwives, not the nurse, who were on the spot. In accordance with Foucault's account, this regime of visibility was accompanied by a proliferation of written documents. In addition to bag tags, midwife manuals, permits (Wertz and Wertz 1989, 214), permission slips to attend patients, syphilis test results (E.g. Bureau of Child Hygiene, Texas State Board of Health, 1925, in Litoff 1986, 70-76), and assessments of personal hygiene (Lee 1996, 39), public health officials maintained an ongoing written record of the bag evaluations on midwives' registration cards (Lee 1996, 44).

Of course, the bag inspection was a ceremony not just of institutional but of racial and gendered power. Drawing on the linkage made by David Brion Davis (1975) between the Bentham's Panopticon—Foucault's model of disciplinary power—and slave

plantation management, Saidiya Hartman argues that it is “necessary to consider the way discipline itself bears the trace of what Foucault would describe as premodern forms of power but which perhaps are more aptly described as ‘discipline with its clothes off’” (1997, 138). Fraser outlines this form of racial-disciplinary power, observing that midwives were conscripted into “a ‘unified’ field of observation in which not only midwives but also physicians, pregnant women, births, deaths, ‘health conditions of the races,’ marital patterns, and sexuality could be systematically monitored and studied and the racial and economic hierarchy of the society reproduced and maintained” (Fraser 1998, 77). The metonymic relation between the midwife and her bag, as her entire practical repertoire, and even her moral worth, was judged according to the bag’s condition, makes vividly literal Foucault’s observation above that disciplinary subjects are “perceived as objects.” But the ease of this conflation is also inseparable from the longstanding objectification, in the sense of denial of personhood, of Black women in the US. Likewise, the disciplinary visibility regime entailed by bag inspections was inseparable from the polity’s racial and gendered optics more broadly, which, as many Woman of Color feminist thinkers have noted, render African American women hypervisible as racial and sexual stereotypes while obscuring their individuality, humanity, and citizenly qualities. Audre Lorde writes that, in the US, “where racial difference creates a constant...distortion of vision, Black women have on one hand have always been highly visible, and so, on the other hand, have been rendered invisible through the depersonalization of racism” (1984, 42).<sup>13</sup> The bag inspection as disciplinary

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<sup>13</sup> Compare Melissa Harris-Perry (2011): “[B]ecause of their history as chattel slaves, their labor market participation as domestic workers, and their role as dependents in a punitive modern welfare state, black women in America live under heightened scrutiny

examination dovetailed with the hypervisibility/invisibility paradox lived by the midwives as African American (and also poor, rural, Southern) women.

This two-pronged hypervisibility is evident in a 1921 *Public Health Nursing* article's description of an early program of this kind:

Beside a kitchen table borrowed for the occasion stood the nurse with the demonstration materials. In front of her were arranged the twelve "mammies," each resplendent in garb of snowy cap and gown, and each bearing proudly a little black bag to be presented to the nurse for inspection. The opening of these bags revealed an interior perfect in detail of equipment (Dodd 1921, 289, in Maxwell 2009, 23).

Here we see enacted, against the humble backdrop of a borrowed kitchen table, the ritual combination of hierarchical observation and normative judgment, as the nurse stands before the group of identically clad midwives, their "resplendent" garb signaling purity, each proffering her bag as evidence of meticulous compliance. In accord with Foucault's account, the field of visibility encompasses the midwives only; the text makes no note of the nurse's appearance. But this is not all. As Maxwell observes, the use of the term "mammies" to describe the midwives conveys an indulgent contempt for their capacities and a dismissal of their expertise, assimilating their role to that of slaves or servants eager for their mistress' approval over a neatly executed piece of mending. The bag's usefulness as a potential tool for saving lives or alleviating pain is eclipsed by the paramount importance of its orderliness (Maxwell 2009, 23). Reenacting a plantation "big house" tableau, to the evident appreciation of its audience, the inspection ritual shifts the criterion of legitimate practice from skill as community healer to appropriate appearance in the eyes of the nurse supervisor. Moreover, as is commonplace in such

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by the state. As members of a stigmatized group, African American women lack opportunities for accurate, affirming recognition of the self and yet must contend with hypervisibility imposed by their lower social status" (2011, 39).

accounts, the optics of racial discipline are signaled by the exaggerated tonal contrast of the scene, between “snowy” white garments and the black bag, the latter standing in for the (unmentioned, but obviously implied) dark skin of the midwives (compare, from above, Ferguson’s “cleaner woman in a white starched dress and a white cap carrying a black leather bag” (1950)).

Of course, bag inspections could never render the midwives’ practices entirely visible. Even where regular midwife assemblies were required, the bags could not always be counted on to reliably testify to midwives’ actual practices: an anxiety betrayed, as noted above, by Van Blarcom’s insistence that the reformed midwives’ bags were “not merely for exhibition.” The group bag inspections were thus supplemented by the one-on-one extension of the ritual into midwives’ homes, through the technique of (often unannounced) home visits. As a pair of white nurses in Mississippi reported in the 1930s, “We...never miss an opportunity to stop at their homes and inspect bags whenever we are in the neighborhood” (in Smith 1999, 448). Maxwell affirms that this was common practice: Public health nurses throughout the South conducted random bag inspections in the homes of the midwives under their supervision.

Assessing the state of the bag was the putative reason for these visits, but the bag also served as a kind of warrant for the nurse supervisors to inspect the hygiene of midwives’ homes as well. For instance, white educator Marie Campbell’s 1946 account of Georgia midwives, which includes accompanying a nurse supervisor on a home visit, includes a detailed assessment of the domestic scene: “Martha’s house was beautifully clean throughout. The bed coverings were fresh and clean, the window curtains were newly laundered, and the bare pine floors were scrubbed white” (83). While indisputably

positive (an affirmation signaled, as in the snowy garb of the midwives above, by the whiteness of the scrubbed pine floor), this description reveals the casual entitlement of nurse and author to inspect the midwife's five-room home "throughout." The house served as an extension of the bag's space, equally open to unclasping and scrutiny by white observers, its condition grounds for judgment in the continuous trial of the midwife's fitness in the eyes of state officials.

The bag as an instrument of racial discipline thus situated the nurse supervisors within the venerable lineage of white women as philanthropic visitors to the homes of people of color, from Reconstruction-era northern "friends of the race" to social workers. Hartman notes that the "genre of the philanthropic visit" comprises the benign-sounding components of "the evaluation of progress, the inspection of order, an examination of proper domestic hygiene, and the dispensation of advice." But, in fact, she argues that, during Reconstruction, "The domestic was the ultimate scene of surveillance: a fence in need of whitewashing, a dusty house...invited punitive judgments. The description of the [domestic] good life...actually authorized the normative gaze, which, by detailed observation of all areas of life, judged the suitedness of the formerly enslaved to freedom" (1997, 160).<sup>14</sup> Many decades later, a similar dynamic characterized social workers' surprise visits to welfare recipients, assessing the domestic virtues and vices

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<sup>14</sup> Intrusions into black private space were not limited to these nominally benign visits. Rather, home visits can be thought of as situated on the less violent end of a spectrum of white intrusions that precluded the stabilization of a private sphere for African Americans. Elsa Barkley Brown notes that, during Reconstruction in Richmond, Virginia, as black citizens began to occupy the city's public spaces, "raids on black homes, which made all space public and subject to the interests of the state, obliterated any possible distinctions between public and private spheres" (1994, 9). The political effects of this persistent disruption or foreclosure of private space might be thought through with Arendt's discussion of public life's need for the private as a dependable space of withdrawal (1958, 71).

(such as the presence of a man in the house) as grounds for approving or denying continued assistance (Quadagno 1994, 119-120). As Evelyn Higginbotham writes, the racial regime in the US has historically “rendered [blacks] powerless against the intrusion of the state into their innermost private lives” (1992, 265). Following this pattern, the bag-cum-home inspection subjected the midwife’s private domain to the discretionary judgment of the public health nurse, serving as a ritual reinforcement of racial domination as well as potentially affecting the former’s continued eligibility to practice.

The bag inspection as a technique of racial discipline thus joined the patterns of visibility common across disciplinary regimes with the hypervisibility specific to the black female body. In prioritizing the bag’s (and the midwives’ own) orderly appearance as the primary sign of competence, above less visually evaluable criteria of skill and experience, it devalued midwives’ expertise and short-circuited the potential for respect for and responsiveness to communities’ own needs and preferences. It also replayed scenarios of racial abasement that, from the vantage point of the present, uncomfortably echo idealized images of pre-Emancipation domestic dynamics between the white mistress and enslaved black women. And as a “gateway object” for home hygiene inspections, the bag affirmed white authorities’ implicit right to the intimate spaces of African American life, as its perpetual openness to scrutiny was seen as necessary to the health of the social body.

This is a lot of activity for such a humble thing, but it did much more besides. If, as a fetish object and an instrument of racial discipline, the bag served the ends of domination, it also participated in tactics of resistance. These tactics, needless to say, were not free-floating expressions of defiance toward white supremacy or patriarchy in

general. As Foucault writes, “resistance is never in a position of exteriority in relation to power” (1978, 96). Following the most obvious sense of this formulation, the two tactics examined below were specific responses to the state midwifery campaigns’ regime of racial discipline outlined above. Oversimplifying for the sake of analytical clarity, we can say that each of these tactics resisted one aspect of the dual hypervisibility that this regime imposed on midwives. On one hand, the *bag as a cover for alternative and forbidden practices* worked to thwart the continual scrutiny borne by midwives as disciplinary subjects. On the other, the *bag as a symbol and tool of professional expertise* worked, among other things, against the hypervisibility/invisibility of black women as walking stereotypes of ignorance, sexual promiscuity, and degeneration, projecting instead an educated and progressive respectability. While working, to some extent, at cross-purposes, both tactics also refused the biopolitical devaluation of African American life. But Foucault’s formulation can also be read as a caution against ascribing to resistance a purity free from the taint of power. As we will see, tactics of resistance themselves can replicate aspects of the domination that they oppose. These contradictory and sometimes uncomfortable details, however, are not to be swept under the carpet; far from invalidating midwives’ resistance as resistance, they help us, as ANT analysis demands, to chart the intricate networks in which the midwives and their bags played their parts, and to pinpoint where action, always ambivalent, was possible.

### **Cover for alternative knowledge and practices**

Under the disciplinary regime described above, the metonymy of the bag was arguably supposed to work two ways: in the presence of nurse supervisors and public health officers, it stood in for the midwife, its cleanliness and compliance continuous with and

substitutable for her own personal hygiene, its easy unclaspability continuous with her mandatory openness to scrutiny. But in the field, at births, where nurses and public health personnel rarely ventured, it seems also to have been meant to serve as a kind of supervisory proxy, the bag tag's admonitions echoing those of the instructors, its stern official outlines and shiny surface, out of place in the rough cabins where midwives did their work, evoking the implacable observational presence of the public health officers, ensuring that midwives felt themselves under their gaze even there.

But many of the texts produced by and about midwives during the period of the state campaigns to reform them suggest that this was not always the case. George Stoney, the documentarian whose film we examine below, observed a quite different practice as he accompanied rural Georgia midwives for several months in the course of his preparatory research:

One county health officer pridefully had me observe his monthly inspection of the midwives' bags and equipment. I never saw cleaner scissors or whiter towels. Two hours later I was sitting in the kitchen of one of his midwives when she explained without a trace of guile: "Yes, the Doctor, he likes our things to look nice and clean at the inspection. So all us ladies keeps one bag to show and one to carry" (1959, 83).

In fact, many accounts suggest that at least some midwives habitually prepared two bags, "one to show [to officials] and one to go [to births]" (Smith 1999, 454). A powerful disciplinary object in some settings, the bag opened onto an array of oppositional possibilities in other contexts, acting as a cover for alternative knowledge and practices. The irony of these mutually opposed valences is not lost on Valerie Lee, in her work braiding together historical midwifery narratives with contemporary representations of African American midwifery in black women's fiction. She writes that while "[i]ntended

to represent [midwives'] compliance with professional codes, their bags attested more to [their] ingenuity and rebellion" (1996, 45).

Midwives were permitted to carry only the items listed on their bag tags (Fig. 4, above) or similar official inventory lists. This list showcases the extremely narrow scope of practice within which the disciplined midwife was expected to confine herself; her tasks focused on cleanliness, and she was expected to eschew both practices deemed "unscientific" and those considered overly advanced for her allegedly limited intellectual and moral faculties. As Fraser writes about the case of Virginia, "midwifery programs intended to clean up the midwife, strip away her superfluous rituals and beliefs, and make her, so far as was possible, a creature of science" (Fraser 1998, 109). Thus substances and practical objects deemed insufficiently medico-scientific for a (semi-) trained (semi-) professional were banned. Primary among these prohibited items was the midwife's extensive, if largely unwritten, *materia medica*, which was rooted in Native American, African, enslaved African-American, and southern Euro-American herbal knowledge. Passed on over many generations, it included remedies for pain relief, management of labor, breastfeeding problems, diseases of infancy, and emergencies such as hemorrhages. For example, Linda Janet Holmes names castor oil, ginger tea, black pepper tea, and May apple root as commonly employed labor stimulants (1986, 286; Fraser 1998, 187-188; Fett 2006). Midwife Margaret Charles Smith recalls that a health official threatened to imprison midwives who continued to use herbs. "No more pepper tea, no dirt dauber, no kind of root or nothing'... They said, 'They better not catch nobody giving no tea of no kind. If they do, she was going to jail and then the pen'" (Smith and Holmes 1996, 100). Also prohibited were any items related to folk practices deemed

“superstitious” or unnecessary for the rationalized procedures of birth and postpartum care (Fraser 1998, 113).

At the other extreme, the rules also prohibited equipment deemed overly medico-scientific for a humble sub-auxiliary. Gloves, in particular, used to perform vaginal examinations during labor, were strictly prohibited, as vaginal examinations were the exclusive province of physicians. The vaginal exam was a highly charged locus of struggle in the ascendancy of obstetrics over midwifery in the United States more generally.<sup>15</sup> In a context in which nearly all doctors were white men, however, this prohibition also throws into relief the dual vulnerability of the black female body under intersecting systems of racial and patriarchal domination. Like the nurse supervisor’s surprise home inspections, the definition of black women’s birth canals as the exclusive domain of white physicians reflects the broad prerogative of white authorities to enter the most intimate spaces of African American lives and bodies. But it also instantiates the power relationship that inhered in what Hazel Carby calls “the institutionalized rape of black women” (1987, 39), even if it did not entail the act itself. As Darlene Clark Hine (1995, 381 in Guy-Sheftall) suggests, rape and the threat of rape by white men were ever-

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<sup>15</sup> Beginning in the early 20<sup>th</sup> century, a common accusation against immigrant and black midwives was that they spread filth and disease through internally examining their patients with unclean hands (recall the heavily freighted attention, in Crowell’s condemnation of Italian midwives, above, to the condition of their hands). In fact, physicians were responsible for the deaths of many more women from puerperal fever, as they transmitted virulent microbes on their hands. This remained the case even after the necessity of antiseptics was proven by the work of Oliver Wendell Holmes, Ignaz Semmelweis, Joseph Lister, and Louis Pasteur—conclusions that many physicians resisted (obstetrician Charles Meigs asserted that “doctors were gentlemen and gentlemen’s hands were clean” (Wertz and Wertz 1989, 122). A 1930 study by the New York Academy of Medicine showed that cases attended (mostly immigrant) midwives resulted in significantly fewer maternal mortalities than physician-attended births (Wertz & Wertz 1989, 215).

present dangers in the lifeworlds of black women under Jim Crow apartheid. The mythos of savage black female sexuality (McWhorter 2009) in combination with the legal impunity that attended white-on-black violence, extended the entitlement, established under slavery, of white men to black women's reproductive bodies. Despite these protocols, however, midwives appear to have violated the prohibition on gloves as well as those on folk medicine. "The appearance of gloves in the midwife's bag suggests that some women continued to use their knowledge about checking the progress of labor by vaginal exam...precisely the activity that public health personnel and physicians defined as outside the midwife's jurisdiction" (Fraser 1998, 114).

Lee, detailing with relish this apparently widespread defiance, goes so far as to call the midwife's bag a "bag of resistance" (1996, 43). But what kind of resistance? Some important theorizations of black resistance under Jim Crow have drawn upon the work of James Scott, particularly his concepts of the "hidden transcript," to characterize the encoded expressions of dissidence, subtle aggressions, and dissimulations practiced in the presence of whites, and "infrapolitics," the small, everyday acts of subversion—pilfering, foot-dragging, sabotage, absenteeism—that comprise much of the political life of the dominated (Kelley 1993; Higginbotham 1992, 274). Fraser, whose anthropological account of Virginia midwives I draw on heavily in this chapter, uses Emily Martin's schema of resistance to characterize the midwives' acts of bag-swapping dissimulation (as well as other divergences from protocol) in similar terms, as a form of "sabotage," which Martin defines as "actions or words meant to foil some process or behavior perceived to be detrimental but intended not to be detected" (Martin 1987, 186, quoted in Fraser 1998, 236). I want to argue, however, that the bag here acts more like a wig, in the

sense of Michel de Certeau's account of *la perruque*, explained below, than a shoe (i.e. the *sabot* of sabotage).

"*La perruque*," de Certeau writes in *The Practice of Everyday Life*, "is the worker's own work disguised as work for his employer" (1984, 25); "the wig" carries the sense of both a disguise and pulling the wool over the eyes of the boss. Describable neither as pilfering, since "nothing of material value is stolen" nor as absenteeism, *la perruque* could entail, for example, "a cabinetmaker's "borrowing" a lathe to make a piece of furniture for his living room." *La perruque* consumes no goods, but rather turns both the tools and timetables of rationalized production toward the worker's own ends.

[T]he worker who indulges in *la perruque* actually diverts time...from the factory for work that is free, creative, and precisely not directed toward profit. In the very place where the machine he must serve reigns supreme, he cunningly takes pleasure in finding a way to create gratuitous products whose sole purpose is to signify his own capabilities through his work and to confirm his solidarity with other workers or his family...Far from being a regression toward a mode of production organized around artisans or individuals, *la perruque* reintroduces "popular" techniques of other times and other places into the industrial space (that is, into the Present order) (1984, 26).

This concept is a particularly appropriate counterpoint to the theorization of the bag as an instrument of discipline, because one of de Certeau's stated aims in the book is to think through Foucault's disciplinary society from the point of view of the dominated. "If it is true that the grid of 'discipline' is everywhere becoming clearer and more extensive, it is all the more urgent to discover how an entire society resists being reduced to it, what popular procedures...manipulate the mechanisms of discipline and conform to them only in order to evade them" (1984, xiv). For de Certeau, increasingly rationalized scientific, political, and economic institutions leverage power through strategies that attempt to

create spaces in conformity with abstract models. *La perruque* is a key tactic or procedure that diverts or manipulates rationalized spaces and routines.

Of course, the wig does not fit the bag seamlessly. De Certeau here describes a mode of resistance specific to the industrial setting, where stolen time could potentially be calculated according to the punch clock. In contrast, midwives were not paid by the state for their labors, though they were sometimes awarded a nominal amount for completing birth certificates. Their wages, when they were paid at all, came from small fees or in-kind goods paid by the poor—often extremely poor—families that they served. As midwife Margaret Charles Smith notes, this situation trapped midwives in the worst of both worlds: “That’s another thing that I disliked about it, the strict law on us and no pay” from the state (1996, 75). Fraser confirms this: “the midwife was to provide primary care for those patients who could not afford to pay a physician [and could often not afford to pay the midwife either], but at the same time she had to be brought under bureaucratic and professional control” (1998, 69). Like the factory worker, she was subject to surveillance and discipline; unlike the factory worker, the disciplinary regime of (in her case, re-) production did not remunerate her. This showcases the triple devaluation, from the perspective of the dominant economic system, of midwives’ labors as black women attending other black women in the latters’ homes: 1) the private sphere of the home, though permeable for white representatives of the state, was hived off from the realm of “official” waged labor; 2) the conception of black women as natural servants or slaves, animal-like, and ignorant disqualified them from consideration as workers entitled to a

decent wage; and 3) the services were provided to other racially devalued women.<sup>16</sup>

Holmes' observations about rural Alabama midwives can be applied more generally to their work across the South: midwives' "cooperation with...the public health system was not rewarded with full respect or support...lay midwives remained trapped at the bottom of the social and medical hierarchy" (Smith and Holmes 1996, 68).

Moreover, the kind of carceral homogenization of society as a whole envisioned by Foucault, and taken up as a challenge by de Certeau—both thinkers at work in the context of hyper-bureaucratized France—does not map easily onto a sparsely institutionalized landscape riven by racial apartheid. Yet *la perruque* as a tactic need not be limited to the European industrial setting. In fact, within an analysis of resistance that largely takes its bearings from Scott's concept of infrapolitics, Robin D.G. Kelley briefly suggests that de Certeau's concept could be useful for analyzing situations of domestic resistance under Jim Crow: a maid reading an employer's books while ostensibly working, or washing her own family's laundry with that of the employers' household (1993, 91).

Conceding that it sits somewhat askew upon the bag, the concept of *la perruque* nevertheless illuminates the forms of resistance enabled by the bag's role as a cover for forbidden practices. De Certeau writes of the factory worker's *perruque* as the creation, "[i]n the very place where the machine he must serve reigns supreme," of "products whose sole purpose is to signify his own capabilities through his work and to confirm his solidarity with other workers or his family." Just as the worker does not quit, the midwives did not refuse the official tools and tasks of hygiene; rather, they offered

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<sup>16</sup> For a very thorough recent account of the pervasive devaluation of black women's labor, see Branch 2011.

something beyond official requirements. The inclusion of herbal remedies and gloves, in addition to the officially approved bag contents, affirmed midwives' capabilities, the forms of expertise that they had learned through apprenticeship and their own experiences as practitioners. Moreover, this was not merely an act of individual self-affirmation. As these practices had been developed and preserved in the context of African American communities over time, it was also an expression of solidarity, a responsiveness to the needs and expectations of the women that midwives served. In the words one of the responses to a 1925 midwife survey in rural Texas, which gathered answers to the question of why women chose midwives over physicians: "Midwife does more for you, gives tea etc., and helps with her hands" (Bureau of Child Health, Texas Board of Health, 1925). Similarly, Margaret Charles Smith quotes one of her clients as saying that other women had been "telling me [the client] about what good stuff you [Smith] had. Why don't you give me some? Fix some for me so I can get through with this baby" (Smith and Holmes 1996, 99). Although Smith narrates this episode as part of her own ultimate relinquishing of herbal remedies in the face of threats of incarceration from public health officials, she judges the official system, not her own, as an insufficient repertoire of care, representing its restrictions on herbal remedies as a mandate "not to try to help [parturient women]" (101). Moreover, relating her experiences after having retired from practice, and therefore out of the reach of sanctions, she reveals that, while she eventually acquiesced to the official restrictions, "I had been working a good while when I threw that root out of my bag" (ibid.).

Of course, unlike the factory worker's product, there was nothing "gratuitous" about the midwives' offerings; carried in under the demure cover of the bag, they put

their officially forbidden tools to work in the service of the lives and health, as well as the comfort, of the women and babies that they served. For at least some midwives, complying with the imposed regime of practice would have been incompatible with the fulfillment of their calling. Smith recalls that one midwife at a meeting, when told that she could not employ herbal remedies, replied defiantly, “I think I’ll bring my bag in and give it to you all because you all are not there when this labor is going on. You don’t know how it goes. Rubbing helps and teas help. If I can’t give them some hot teas which I know will help, I just as well ought to give it up” (Smith and Holmes, 100). While outright challenges to the authoritative knowledge of the nurse supervisors appear to have been rare,<sup>17</sup> Smith’s inclusion of this episode without critical commentary—in fact, she prefaces it by commenting on public health officials’ unjustified fears of herbal remedies’ effects—seems to indicate that the sentiment was shared.

Like *la perruque*, the bag as a cover for alternative equipment and practices also “diverts time... for work that is free, creative, and precisely not directed toward profit.” Doctors refused to serve women who could not pay their fees, which were considerably higher than those of midwives (Fraser 1998, 96). Midwives’ practices, in contrast, were emphatically not profit-driven. Almost always framing their vocation as service to God, and themselves as vessels through which divine power performed its work (e.g. Smith

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<sup>17</sup> This reported outburst actually quite closely resembles Scott’s example of a hidden transcript breaching the boundary of public discourse; he uses an episode from George Eliot’s *Adam Bede*, in which Mrs. Poyser, a poor tenant woman, dresses down the cruel and stingy landowner to his face in the hearing of other tenants. He writes, “Judging from how rapidly the story traveled and the unalloyed joy with which it was received and retold, the rest of the community also felt Mrs. Poyser had spoken for them as well” (Scott 1992, 7). Smith’s retelling of this episode suggests that she, and perhaps the other midwives present, likewise felt their own position represented by that midwife’s defiant words.

and Holmes 1996, 84-85; Logan and Clark 1989, 89,142; Susie 1988, 166), midwives' narratives universally testify to their service to families regardless of ability to pay, despite the financial hardship that this entailed. A fourth-generation Virginia midwife in Fraser's account states that she had "never known a midwife to refuse a case, no indeed, even if they owed her from the last baby she would go" (1998, 163; cf. Smith and Holmes 1996, 76). Moreover, they often stayed with families for multiple days, depending on the needs of the mother and baby, sometimes performing the cooking and domestic tasks that would otherwise have fallen to the mother, and even sewing clothes for the infants of the very poor (Fraser 1998, 163; Logan and Clark 1989, 95; Bureau of Child Hygiene, Texas Board of Health 1925). Over the first half of the twentieth century, in addition to becoming more and more expensive, obstetrical care in the United States was an increasingly rationalized affair, requiring women to conform to a standard time-scale of "normal" labor, or else submit to interventions, creating quasi-Taylorist routines for processing parturient women, and rejecting any practices deemed insufficiently "scientific" (Leavitt 1985). While carrying a standardized bag that signified their participation in this new regime, midwives, despite the threat of sanctions, maintained a syncretic practice of care that combined the scientific (gloves and hygiene supplies) with herbal remedies and traditional knowledge. This creative and pragmatic approach, which Fraser terms midwives' "philosophy of praxis" (1998, 260), was responsive to the needs of individual women and their particular situations.

Given the pervasive surveillance to which midwives were subjected, what made this form of resistance possible? Bearing out Foucault's observation about the relationship between resistance and power, Darlene Clark Hine suggests that, due

precisely to the longstanding hypervisibility of black femaleness, African American women developed a “culture of dissemblance”: “behavior and attitudes...that created the appearance of openness and disclosure, but actually shielded the truth of their inner lives and selves from their oppressors” (1989b, 380). She argues that, “in the face of the pervasive stereotypes and negative estimations of the sexuality of black women, it was imperative that they collectively create alternative self-images” (383). Following Hine’s reasoning, it is possible that, as black women practiced in the arts of necessary dissimulation, midwives were able to resist, to some extent, the incitements of discipline, and the underlying regime of truth that precluded recognition of African American birthways as valid modes of care.

Moreover, disciplinary hierarchy, so effective in the classroom, did not travel so well. Stoney reports that several Georgia nurse supervisors confessed that fear of exposing their own inexperience with labor and delivery prevented their ever accompanying midwives on deliveries; the authority to instruct assumed by all would crumble if they were “called upon by the midwife to do something they knew nothing about” (Stoney 1959, 83). The defiant midwife’s charge that the nurses really “don’t know how it goes” very likely struck a nerve.

Hine, however, also attends to the potential costs of dissemblance, cautioning that “it could also be argued that [black women’s] secrecy...contributed to the development of an atmosphere inimical to realizing equal opportunity or a place of respect in the larger society” (1989b, 382). It should be acknowledged that the tactic of employing the bag as a cover for forbidden practices was a form of resistance that failed to displace the hardship, nearly universal for African American women, of tremendous work for very

little pay. In fact, it often added to these women's burdens. Many midwives performed this service in addition to full-time jobs as domestic servants, cleaners, or fieldworkers. Moreover, even as we can appreciate midwives' extensive knowledge, creative innovations, and responsive modes of caring, the fact remains that their practices—including their subversions of the disciplinary regime—thrived to the extent that they did in part because the white medical establishment did not consider black mothers worth its attention. The new obstetrical imperatives to manage labor scientifically, and to administer the mercy of intrapartum anesthesia, simply did not apply to black women, at least in the rural South (Fraser 1998, 95-96). Nor did public health bureaucrats see fit to implement deep-going improvements in the socioeconomic status, nutrition, or access to medical care for the great majority of Southern blacks. While challenging their own compulsory visibility as disciplinary subjects, using the bags themselves to resist the surveillance that they were designed to enable, midwives' *perruque* could not challenge the hypervisibility/invisibility complex that thwarted black women's claims to equal consideration as citizens. A second technique of resistance, examined below, directed itself precisely toward this end.

### **Tool of professional expertise, symbol of respectability**

If one mode of resistance to midwives' subjectivation as inferior and ignorant auxiliaries entailed smuggling in forbidden repertoires of expertise under the cover of their bags, midwives also employed the opposite tactic, that of irreproachable professional compliance. Given the bag's polysemy—disciplinary instrument in the presence of public health supervisors, but virtually indistinguishable, to the layperson's eye, from the bags

of doctors and nurses—a perfectly clean and organized bag, along with a spotless uniform, could signify not only subservience to the rules but also a level of professionalism and progress that was out of reach for most Southern rural blacks. Moreover, this tactic was not merely symbolic. Many midwives valued the state-provided equipment that made aseptic procedures more tenable in homes that usually lacked running water and electricity. As Fraser writes, given the previous wholesale exclusion of African Americans from advances in medical care, “[t]he medicalization of childbirth was, on the whole, seen as a positive occurrence—good for women, their families, and the African American community” (1998, 177). Public health planners trained and equipped midwives as a medium-term stopgap on the road to a fully medicalized system of maternity care in the South (never mind that few doctors were available or willing to take this on), which would of course require their eventual elimination. But midwives, unaware of this ultimate aim, used their bags, equipment, and other professional accoutrements to assert themselves as active participants in these improvements.

Unlike the tactics of *la perruque*, this mode of resistance was inherently ambivalent in its relation to racial, gender, and class hierarchies. A passage from the narrative of Alabama midwife Onnie Lee Logan, one of the last black midwives practicing in the South, captures some key ambivalences.

When I goes to deliver a baby I wear white. All white. My white coat. All white. We wears a lil white cap...I carry in my bag my scrub brush, my orange stick, a separate brush in a separate bag...I sterile it when I get home and hang it out on the line to dry and don't open it again until I get ready to use it the next time...I have my sterile cord and silver nitrate...all sterile and wrapped from the bo'd a [board of] health... On one side of my bag is my equipment such as my gown, my scrub brush, my orange stick. On the other side is all the equipment...that belongs to the baby...I never have done without or been without my orange stick, my scrub brush. Not a single time since I've been working. Now if those old midwives in those rare days didn't

have any of that to work with I feel like they was doin the best they could (Logan and Clark 1989, 137-138).

The repetition of details here (“my scrub brush, my orange stick”) give her recitation a litany-like quality, reminiscent of the rituals of compliance that Logan enacted over years of midwife meetings. She is, in essence, enacting a virtual bag inspection for the benefit of her interlocutor. It may be that, in the presence of that white interlocutor, and aware that her words would reach a broader audience, she is taking special care to emphasize her strict observance of the official guidelines (*cf.* Fraser 1998, 155). Perhaps most striking, however, are Logan’s own deployment of the color white, similar to the descriptions by public health officials of “reformed” midwives as a symbol of cleanliness and purity, and her invocation of empty-handed “old midwives” juxtaposed against her own hygienic and well-equipped image. While she judges the “old midwives” efforts relatively positively, without the unflattering descriptors that public health commentators favored for the unreformed, a similar contrast is nevertheless implicit in the comment that “they didn’t have any of that to work with.” Logan seems to be recapitulating, though in softer terms, the official derogation of informally trained midwives’ empirical knowledge. A similar picture emerges from her comparison of store bought medicine with the home remedies that her mother and grandmother, both midwives, would have kept in their own unstandardized satchels. Though she recalls some of the herbs in vivid detail, she says that “I didn’t use as much of those home remedies... you could go to the drugsto’ ...durin my time. So I didn’t have to deal with those home cures ...I’m glad I wasn’t here to have to... With all that science I didn’t have to come in contact with so much of that other stuff” (Logan and Clark 1989, 64). But the unfavorable light on midwives in the past is perhaps most unequivocal in this passage:

I wouldn't criticize [the old midwives] so much because they were doin the best they could and doin a job well done as fur as their knowledge would lead em. I don't call that ignorant...Tryin to help where the doctors didn't come around to help...The person with all the knowledge and all the sense didn't come around and didn't make no effort and didn't do nothin. I don't say she wasn't filthy. I don't say she wasn't uncompetent. Those old Negroes in those days needed trainin (Logan and Clark 1989, 65).

Of course, this is not a pure assimilation of the dominant rationality of white public health officials; she defends the old midwives from charges of ignorance, even while characterizing their knowledge as comparatively limited, and makes a sharp critique of (white) doctors—a motif that runs through the book—as having failed in their duties to care for those who needed it. Yet the filth and incompetence of Logan's figures are unmistakably similar to the “rheumy-eyed,” pipe-smoking apparitions conjured up in white public health officials' accounts.

At the same time, in the context of a narrative that charts her dedicated care for thousands of births over several decades, Logan's scrupulous inventory of the bag and the care that she takes with her garments cannot be reduced to a mere parroting of the dominant discourse. They also communicate an affirmation of her own competence, her professional appearance and expert capabilities. Where public health officials appear to have appreciated the white vestments mainly for their magical ability to tame the appearance of African American midwives and to introduce a pleasing uniformity to their groupings, Logan and other midwives inhabited these gowns, using them, along with their bags' other contents, in their care for mothers and babies who were largely excluded from public health officials' conceptions of the public. Logan's account bears witness throughout to the extreme economic hardship and racial oppression that she and the members of her rural Alabama community faced, including pervasive fears of medical

violence (Logan and Clark 1989, 101-102). In this context, her gown testifies to her and other midwives' key participation in African American communities' "refusal to be negated" (Scheper-Hughes 1992) in the face of biopolitical exclusion.

Moreover, in addition to its role as a tool of practical resistance, the gown has important symbolic liberatory dimensions. Logan herself worked full-time for decades as a domestic servant for a local white family in addition to her labors as a midwife. Her white midwife garb is distinct not only from the alleged dirtiness of the old midwives, but from the maid's uniform or housedress that marked her subservient role in that household. Issued to her by the state, even if by contemptuous officials or patronizing nurses, it signaled a professional capacity, her aptitude and qualification to bear the enormous responsibility of caring for mother and child during birth.<sup>18</sup> For impoverished black women trapped by stereotypes of hypersexuality and ignorance, with few options for education or autonomous and challenging work, this was no small thing.

Nevertheless, we are left with a tension: along with the emancipatory elements of Logan's relationship to her gown and bag, we must acknowledge the partial reliance of those elements upon her disavowal of the allegedly incompetent ways of her midwife forbears, including her own mother and grandmother. Not only does her disavowal affirm, to some extent, public health officials' racist stereotypes. It also partakes in the very discourse that justified the wholesale abrogation of black midwifery, not excepting the meticulously groomed and compliant practitioners with state training like Logan

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<sup>18</sup> Compare the optics of the following passage from (and the title of) Darlene Clark Hine's book on the political and professional struggles African American nurses, *Black Women in White*: Henrietta Smith Chisholm "decided to become a nurse at the age of twelve when she saw a cousin in a nurse's uniform. The image of a black woman dressed in a crisp, clean, white uniform left an indelible impression on the young girl" (Hine 1989a, 142).

herself. In wanting to accentuate Logan's claims to professional expertise as a form of resistance, it is tempting to gloss over these uncomfortable contradictions. Anthropologist Lila Abu-Lughod, in her analysis of the resistance tactics of North African Bedouin women, cautions against this temptation, arguing that an insistence on the purity of resistance in fact blunts analysts' understanding of the very political configurations that give resistance its complex and often ambivalent meanings and effects. She writes that the "tendency to romanticize resistance, to read all forms of resistance as signs of the ineffectiveness of systems of power and of the resilience and creativity of the human spirit in its refusal to be dominated...foreclose[s] certain questions about the workings of power" (1990, 42). Instead of this approach—which coincides with what Foucault calls the "repressive hypothesis" (1980)—she suggests that we should interpret "resistance as a diagnostic of power" (Abu-Lughod 1990, 42). Thus, rather than narrating resistance tactics as expressions of the indomitable human will to freedom, we can "use them strategically to tell us more about forms of power and how people are caught up in them" (ibid.). She argues that this approach is particularly useful for attending to contradictions, for fending off the desire to paint subaltern actors in a uniformly positive light, because "contradictory details enable us to trace how power relations are historically transformed—especially with the introduction of forms and techniques of power characteristic of modern states and capitalist economies" (ibid.).

Abu-Lughod tracks the ways that younger Bedouin women, inheritors of a long tradition of micro-resistances to patriarchy, are incorporating some new tactics of consumption—of, *inter alia*, lingerie and soap operas. While these effectively defy elements of entrenched patriarchal authority, they also disrupt female solidarity across

generational lines and solidify new class and gender distinctions. Her point is not to dismiss these tactics as reactionary, however, but rather to understand the lessons that they offer about the interactions of different forms of power, as a global political economy makes unprecedented incursions into Bedouin communities. “It seems to me,” she writes, “that we respect everyday resistance not just by arguing for the dignity or heroism of the resisters but by letting their practices teach us about the complex interworkings of historically changing structures of power” (53).

The contradictions present in the narratives of Logan and some of her contemporaries can likewise tell us about the shifting systems of power in the rural South during the years of their practice, which spanned the middle decades of the 20<sup>th</sup> century. Logan’s bag, in its scrupulous compliance with the professional standards of the disciplinary regime, offers insights into the complexities of this transformation. It also offers an instructive comparison with more organized forms of black women’s resistance during the Jim Crow era. The bag and gown, standing out against the foil of the unclean and “untrained” old midwives, partook in a dynamic similar to what Evelyn Brooks Higginbotham terms a “politics of respectability” (1993) in her study of the women’s movement within the black Baptist church from 1880 to 1920. Higginbotham details the ways that, especially after 1900, with the formation of the Women’s Convention, Auxiliary to the National Baptist Convention (WC), the discourse of respectability among black churchwomen simultaneously challenged the pervasive negative stereotypes of black women in the US and replicated some of the hegemonic norms of race, class, and gender. She writes that “[r]espectability demanded that every individual in the black community assume responsibility for behavioral self-regulation and self-improvement

along moral, educational, and economic lines. The goal was to distance oneself as far as possible from images perpetuated by racist stereotypes” (196), pernicious images that—according to the rationale of respectability—justified racial segregation and subordination in the minds of whites. The Baptist churchwomen achieved this distancing principally through the collective—and vigorously self-policed—avowal of the virtues of “temperance, cleanliness of person and property, thrift, polite manners, and sexual purity”; this, to their thinking, “served to refute the logic behind their social subordination” (193).

This distancing, however, entailed not only the positive enactment of the prevailing societal set of feminine virtues, but also the condemnation of the corresponding vices among black folk themselves: perceived intemperance, filth, prodigality, uncouthness, promiscuity. In essence, Higginbotham writes, their fidelity to prevailing norms in constructing a contestatory image of exalted black womanhood “led to their insistence upon blacks’ conformity to the dominant society’s norms of manners and morals” (1993, 187). Blacks who deviated from these norms were, in the thinking of the churchwomen, undermining the cause of racial equality in the eyes of whites; the women of the WC regularly condemned these behaviors in writings and speeches. Ironically, however, “[in] its denunciation of those blacks who rejected hard work, piety, cleanliness, sexual purity, and temperance, the WC unwittingly reinforced prevalent stereotypical images of blacks” (195). Their myriad efforts to combat the menace of deviant behavior—through leaflets, neighborhood campaigns, and door-to-door visits—threw into relief class distinctions and regional identifications, as they “endeavored to implant middle-class values and behavioral patterns among the masses of urban blacks

who retained rural folkways of speech, dress, worship, and other distinct cultural patterns” (196).

A similar combination of radical critique and assimilationism circulates through the accounts of Logan and some other Southern black midwives. The spotless white gown, the meticulous attention to sterilization, the bag maintained in perfect order and readiness, all serve to contest the stereotypes of ignorance and filth that these women faced from white society. Moreover, in Logan’s case, this irreproachable compliance with the rules is paired with a scorching critique of white medical neglect and violence that runs throughout her narrative. For example:

The black people would always prefer a midwife [in the 1940s and 1950s]...They didn’t go to no clinic to have no baby...they knew how they was gonna be treated. Scornfully. They knew how they was gonna be talked to. Like they wasn’t a human bein... they was afraid of doctors givin em a dose of something just because they was black...And from the way they was treated, they had a right to think of such...They thought the doctors would do some kind of experiment on em. Removin this and removin that cause it wasn’t nothing but a black body (Logan and Clark 1989, 101-102).

Arguably, Logan’s consciousness of her own perfect compliance with the rules fostered a sense of moral high ground from which to make these criticisms. At the same time, analogous to the case of Higginbotham’s WC vis-à-vis deviant or “backward” African Americans, Logan’s positive image of professional expertise also hinges on the distance that she puts between herself and the specter of the unsanitary empirically trained midwife of bygone days.

This is, of course, not a perfect analogy. The WC, with its annual meetings, leaflets, and associated training institutions, was a major organizational force for urban black women, and itself constituted a robust counterpublic. Midwives, who lived in rural

and often isolated communities in the South, and were often illiterate, in no sense constituted an organized political grouping. Given its reliance on individual acts rather than concerted efforts, the challenges and conformities that their image-management entailed is more properly termed a *micropolitics* of respectability (*cf.* Higginbotham 1992, 274).

Nevertheless, some strikingly similar patterns can be discerned even given these differences in scale and degree of publicity. Like Logan's depiction of the old-time midwives as filthy and incompetent, "at times, the rhetoric of the black Baptist women sounded uncannily similar to the racist arguments that they strove to refute" (Higginbotham 1993, 203). And just as the midwives' coordinates of respectability were attached to a regime of surveillance, Higginbotham characterizes the Baptist churchwomen's urgent and unflinching sense of propriety as a product of racial discipline: "From the public spaces of trains and streets to the private spaces of their individual homes, the behavior of blacks was perceived as ever visible to the white gaze...in much the same way that Michel Foucault analyzed panopticism" (1993, 196). Even the apparently divergent temporalities of distancing from their respective figures of negative comparison share some elements in common. Logan's "old midwives" are obviously situated in diachronic contrast to Logan's own skilled, hygienic modern repertoire (*cf.* Fraser 1998, 155), while the Baptist churchwomen's disparagement of the unassimilated of their race was synchronic, focused on current behaviors that hindered the uplift of US blacks. But in fact, given that progress was a guiding ideal for the WC, deviant African Americans were at least tacitly positioned as less evolved. Conversely, despite Logan's her consistent criticism of medical racism throughout the text, in addition to her

unfavorable characterization of the old midwives, she engages in criticism of mothers on welfare that resemble the WC's condemnation of immoral blacks; in fact, her terms are virtually indistinguishable from the Welfare Queen rhetoric of conservative politicians. In implicit contrast to her own work ethic and standards of cleanliness, she complains that these women "Don't get up and try to get a job...the childrens be walkin around dirty, nasty, filthy, and hungry...And they're a lot of times they're unmarried...got two and three childrens who get the money with the food stamps livin on the flower beds of Eve...takin dope" (Logan and Clark 1989, 99). This position, it should be noted, is not widespread among midwifery narratives, but it showcases the cohabitation of subversive and conservative elements within one Southern midwife's particular micropolitics of respectability.

Like the self-definition of Higginbotham's churchwomen, Logan's use of the bag as a symbol of her professional expertise and officially sanctioned training "reflected and reinforced the hegemonic values of white America, as it simultaneously subverted and transformed the logic of race and gender subordination" (Higginbotham 1993, 187). Her qualified derogation of empirically trained midwives (and, even more, her unbridled contempt for women who received welfare) trouble any attempt to paint her resistance to dominant norms, and their attendant exclusions, as a micropolitics as pure and spotless as her gown. But these contradictions, as Abu-Lughod argues, can also help us to understand the broader workings and transformations of systems of power. During this time, the most blatant exercises of sovereign power of whites over black life, though never to disappear completely, were giving way to disciplinary forms of power, which offered some (limited) institutional inclusion for blacks, along with expansive new

punitive protocols that tended to preserve racial hierarchy. Discipline reached into systems of authoritative knowledge in rural black communities, impacting self-perceptions and disposing community members toward new, standardized ways of knowing and doing, even when access to these new ways remained out of reach (Mathews 1992). Logan's report of her own consumption patterns with respect to medicines, like Abu-Lughod's account of the younger Bedouin women, also reflects political economic transformations that these changing configurations of power entailed, as mass-produced commodities made new incursions into cash-scarce rural economies that relied heavily on barter (and debt, on the part of tenant farmers) and where nearly everything was made by hand.

Finally, the sharp contrast that Logan draws between herself and the old-time midwives testifies to changes—not necessarily positive—in social power. Despite the modern and competent image that she projects, her own position as a midwife with only very basic formal training was precarious. In the 1980s, when she told her story, she was one of the very last of her kind, since the convergence between expertise and advanced education had become virtually absolute, even as the pathways to advanced education remained (and remain) disproportionately inaccessible to women of color. Moreover, her ugly portrait of mothers on welfare reveals that, despite the introduction of social programs in the 1960s, the lack of economic opportunity that Logan details at length in her account of her childhood and adult life continues to define her rural Alabama community. Expectations, however, may indeed have changed. Logan, who reports being told repeatedly that she would have made a good doctor, worked as a career domestic servant. It may be that the mothers that she judges so harshly are, understandably,

unwilling to take up the kind of hard, poorly remunerated, and despised labor that Logan performed—and from which the impeccably kept bag and gown of her alternate persona distinguished her. In Logan’s time, the still-living legacy of community midwifery bequeathed to her by her mother and grandmother made a small space for her self-definition as an independent practitioner, even as the shift toward disciplinary power compelled her to disavow it and calling gave way to profession—a transition that would ultimately leave Logan and other state-trained midwives behind. One certain effect of the social and economic transformations that Logan’s account helps us to limn is the closure of that space. These transformations have also no doubt called into being new forms of resistance, such as, perhaps, the refusal of demeaning work (Shelby 2012), which Logan’s own micropolitics of respectability did not position her to discern as such.

We have charted four distinct roles that the midwife’s bag played: fetish object, disciplinary instrument, *perruque*, and tool and symbol of professional expertise. In the next and final section, we get to see some of these roles in action.

### ***All My Babies*: The bag acts in a film**

*All My Babies* is an instructional film for the education of empirically trained midwives, made in 1952 for the Georgia State Board of Health by documentary filmmaker George Stoney. Its selection for inclusion in the National Film Registry of the Library of Congress for “historical, cultural, or aesthetic merits” in 2002, however, bears witness to its transcendence of the instructional film genre, as does the odd fact that, according to the introductory paragraph to an anthologized 1959 essay by Stoney about the film, it was “required viewing in most medical *and* film schools” (Hughes 1959, 77; emphasis mine).

Shot in the small segregated town of Albany, Georgia<sup>19</sup> in 1952, it communicates far more than proper procedures for maternity care. A pedagogical tool scripted as a sort of morality tale, it is at once a moving homage to the expertise and ingenuity of an African American midwife and an endorsement of her subordination to white medical and public health authorities. As one of the producers, a northerner, recalled, the film was a “glorification of a figure [the midwife]...whom the southern medical establishment wasn’t at all anxious to glorify, although it was highly dependent on her” (quoted on Jackson 1987, 371). Of course, anxiety at any sign of African American power was the order of the day not just among white doctors but across the board. The film was made in what Georgia Health Department physician William Mason, liason between the film crew and the African American community, called “an almost reign of terror inimical to the emotional and to some extent the physical health of blacks” (Jackson 1987, 376). Notwithstanding this climate of everyday violence, it was made clear to Stoney by the Georgia public health officials that there could be “no intention of even suggesting an unhappy relationship between whites and blacks existed, nor in any way promoting a change in black-white relationships” (Jackson 1987, 369).

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<sup>19</sup> Less than a decade later, of course, this was the setting of the Albany Movement of 1961-62, a coalition of the Ministerial Alliance, NAACP, Federation of Women's Clubs, the Negro Voters League, and SNCC, later joined the SCLC—Dr. King was jailed during Christmas 1961 for leading a march in Albany. Though the demonstrations and sit-ins did not yield any immediate concessions, the Albany Movement was important for a number of reasons, including the birth of the SNCC Freedom Singers. Its setbacks also served to sharpen Dr. King’s future strategies and to broaden criteria of success; he writes that “When we planned our strategy for Birmingham months later, we spent many hours assessing Albany and trying to learn from its errors. Our appraisals not only helped to make our subsequent tactics more effective, but revealed that Albany was far from an unqualified failure. Though lunch counters remained segregated, thousands of Negroes were added to the voting registration roll” (King 2001, n.p).

The film is an odd blend of documentary and fiction, with non-actors in all of the roles, and several of the health care practitioners playing themselves. Mary Frances Hill Coley, a highly experienced midwife in Albany, was cast to play herself in the starring role of the film, and the bag that she carries in nearly every scene is her own. Though subtitled *A Midwife's Own Story*, the film was in fact fully scripted, though largely from real-life dialogue recorded by Stoney over the months that he spent shadowing Ms. Coley through her attendance at labors and checkups, and it was finalized in intensive collaboration with Ms. Coley (Stoney 1959). It was shot both “on location” (in Ms. Coley’s actual house and the real public health clinic), and in a rural shack borrowed for the purposes of the film. Intended to depict childbirth authentically in both good and miserable conditions among Southern African Americans, it features two contrasting characters as patients of Ms. Coley. “Ida,” played by an actual pregnant patient of Ms. Coley, has a supportive husband and two beautiful young children (played by Ms. Coley’s son and grandchildren, respectively) and a comfortable, relatively spacious home in town. In contrast, “Marybelle,” troubled and underfed, is childless, having suffered two stillbirths. Already seven months pregnant, she has he has drifted into town with her husband and they have settled in an isolated, squalid shack. Unlike the character of Ida, the woman playing Marybelle was not a patient, nor even pregnant during the shooting, but a student from the North attending Albany State College, on whose campus she was recruited for the film (Jackson 1987, 376); like the rest of the cast, she was a non-actor, but she alone invented her role entirely.<sup>20</sup>

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<sup>20</sup> The casting of a northern, college-educated woman in the role of this shiftless, sick, desperately poor southern mother, and the way that she acts it, is worth an analysis in itself.

The storyline is straightforward; principally, it follows Ms. Coley’s exemplary attendance upon the pregnancies and births of two contrasting characters. It also depicts her as a faithful subordinate to the doctor and nurses who run the public health clinic. Ms. Coley’s bag, featured in nearly every scene, constitutes a key element in each of these “plotlines.”



Fig. 5

### *Preparing the bag*

After a voice-over introduces the characters, the very first scene shows midwife Mary Coley preparing her bag. She is ironing a clean gown while chatting with Ida, who is admiring the baby photographs that cover Mrs. Coley’s wall; Mrs. Coley affirms that they are “all my babies—I’ve delivered over fourteen hundred.” The camera lingers on the bag and its neatly arranged contents as Mrs. Coley carefully folds the gown and places it in the bag along with the rest of the equipment (Fig. 5), zipping the bag once all is organized within. The bag’s first appearance, then, is in its disciplinary role, as the camera enacts a

virtual bag-cum-home inspection, panning over the array of approved equipment in Ms. Coley's own front parlor. The demonstration of a "clean and complete" bag remains in the camera's gaze for several seconds longer than the photographs of some of the 1400 children delivered by Ms. Coley. While showing the equipment is important for the instructional content of the film, this asymmetry of attention tacitly attributes a secondary importance to Ms. Coley's extensive experience, compared to the visible orderliness of her bag—echoing the caption of the photograph of Mississippi midwives "without training" (fig. 2). For the observing gaze, the neatness of the interior is matched by the reassuring spectacle of Ms. Coley engaged in the quintessential domestic task of ironing, signifying proper hygiene of the home. Moreover, though she is not clad in a white uniform, the iron similarly serves to tame her, rendering her as an icon of the industrious house servant. But the bag works in another way as well. Even as elements of its preparation assimilate her to a familiar image of black female subservience, other elements of the scene testify to her expertise and autonomy. She is, after all, ironing for herself and not another. Her deft movements in preparing her bag, as she proudly confirms the number of babies she has delivered, project professional accomplishment and competence.

These two roles, disciplinary instrument and sign and tool of professional expertise, comprise the bag's primary repertoire in *All My Babies*, though the fetish object, as we see below, plays a supporting role. Given that this is an instructional film commissioned by the state public health authorities, there was of course no scope for the rebellious tactic of the *cover*, secreting gloves or teas in the bag; Ms. Coley, whatever her real-life practices, was charged with demonstrating official protocols. The film's only

*perruque*, perhaps, inheres in Stoney's determination to reach beyond the format of the instructional genre to capture the beauty and everyday drama of Ms. Coley's practice. Stoney recalled that he had been deeply influenced by the Italian Neo-realist filmmakers, particularly Vittorio De Sica's 1946 film, *Shoeshine*, in their lushly shot portrayal of everyday struggles for survival, dignity, and justice, using non-actors from among Italy's poor and working classes. Although Stoney averred that this influence never extended to determining the sequence of his shots (Jackson 1987, 374), his filming similarly lingers on the expressive faces and hands—he writes admiringly of “the graceful certainty of [Ms. Coley's] hands” (1959)—of his subjects at their daily work in conditions of hardship. This was a gratuitous use of film if the goal is pure instruction; Stoney, in fact, went into a great deal of personal debt to finish the project (Stoney 2010).<sup>21</sup> De Certeau writes that, as researchers, professors, and other relatively powerful participants in knowledge production, our privileges can enable a form of *la perruque*: “we can divert time owed to the institution; we can make textual objects that signify an art and solidarities...Realizing no profit...and often at a loss, [those who do this] take something from the order of knowledge in order to inscribe “artistic achievements” on it” (1984, 28). After months of accompanying Ms. Coley in her attendance on pregnant and parturient women, Stoney writes that the practical and routine became suffused for him with aesthetic power: “seen thus, as real and important as life itself in her tremendous hands, things I had once regarded as ‘merely technical’ became fascinating, alive with

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<sup>21</sup> This is not to paint Stoney's own aesthetic resistance to the racial disciplinary regime as pure or unproblematic; both the film and his 1959 essay about its making contain some elements that are troubling to readers and audiences now, such as offhandedly describing the black midwives in general as ignorant, in the same breath as his praising them as remarkable (1959, 85).

dramatic meaning and rich in possibilities for visual pattern: the strength of movement as she cut and tied an umbilical cord, for example” (1959, 94). Watching Ms. Coley practice had transformed his own vision and his vision for the film; Stoney pushed beyond the bounds of the genre (and budget) of his commission to capture and enunciate in turn that transformative power, threading art and solidarity through the tableaux of disciplinary pedagogy.



Fig. 6 “A baby has died”

After a home visit to Ida—where the camera peers for a second time into the domestic space of an African American family’s home—Ms. Coley is shown seated among with several rows of other Black midwives in a meeting or class. This meeting has perhaps been convened because, as we learn, a newborn in the care of one of the midwives has recently died from a cord infection. Bags in their laps, the midwives listen gravely to the doctor standing before them (Fig. 6). While acknowledging that it can be

“hard to keep clean in some the homes where you have to go,” and that, despite this difficulty, the midwives have done a “wonderful job,” he gravely states that the infection occurred because “something wasn’t clean” (Fig. 7). Brandishing one by one the pieces of equipment that stock the midwife’s bag, he speculates, “Maybe they didn’t boil scissors long enough, or use sterile dressing.” The doctor’s conclusion that a midwife’s unclean equipment is to blame for the infant death is plausible. But it also showcases the bag’s role as a fetish object, magically able to deflect attention from the structural causes of high infant mortality among blacks in the South. Offering the bag as a stand-in for more expensive measures in official efforts to prevent these deaths, the persistence of death becomes the failure of midwives to properly deploy the bag’s sanitizing powers—and, secondarily, the inability of the households that they serve to “keep clean.” Blamed on “untrained” midwives before the initiation of the reform campaigns, infant deaths remain figured as the outcome of black deviance even after training: ignorance, failures of hygiene, self-neglect. Fraser discusses a similar dynamic at work in a medical report from Virginia in the 1940s that explained the circumstances of a young mother’s death from postpartum hemorrhage after doctors waited eleven hours before initiating a transfusion. Although the report acknowledged a grave mistake on the part of the doctors, it concluded that in fact the death was the fault of the patient herself, as she was to blame for “the absence of prenatal care, the failure to seek medical attention at the onset of the bleeding [the sign of danger]. These failures were due to neglect or ignorance on the part of the patient and her family” (Maternal Health Committee 1942, 335; in Fraser 1998, 133). Like the fetish object of the “clean, complete and sterile” bag, the notion of available care—the actual availability of which may reasonably be doubted, and which in

any case would have comprised the very doctors who let the woman bleed for several hours—makes it possible to exclude both structural and proximate factors from considerations of causation, and blame African Americans for their own demise.

Given that this is a class, disciplinary elements are, perhaps needless to say, robustly present as well. Though we are not taken through the ritual of the bag inspection, the next sequence shows all of the midwives practicing the correct cord-tying technique on dolls, under the close-range gaze of the white nurse supervisor (Fig. 8). Ms. Coley walks home in the dark afterward with her bag, singing a hymn: “I am ready to run all the way” (Fig. 9).



Fig. 7 “Something wasn’t clean”



Fig. 8

We see Ms. Coley's bag put to use as a practical tool when she is called for Ida's birth. As she enters Ida's bedroom, she nods approvingly: "I wish to God all my mothers could have things fixed up this nice." Aunt Matty, an older female relative, has set up all of the bed linens, baby clothes, and sterilized bottles; Ms. Coley carefully inspects her handiwork, the midwife here herself made the subject, rather than the object, of domestic surveillance. The gaze, however, quickly returns to Ms. Coley's own bag and person. As she empties her bag to set up for the birth, the camera dwells on the details of her equipment—her scrub brush and scissors, sterile gauze in a basin on a table (Fig. 5)—and her scrubbing and gowning routine as well.

When Ida gets close to pushing, the camera pans down and lingers on Ida's fully exposed genitals as Ms. Coley washes them with sterile gauze. This sudden and prolonged exposure is jarring: given the absorbing aspect of the film as documentary, in no small part thanks to Ms. Coley's on-screen charisma, it is easy to forget that this is in the first place a training film for midwives—and that a white male director and crew are

in the room with a parturient Black woman, in an age before birth videos were commonplace, in a town where African Americans are subjected to a daily climate of white supremacist violence. The camera remains trained on Ida's genitals during the entire birth of the baby, from the head's first visibility on Ida's perineum, the moment of crowning, and the head and then the body. The triple surveillance of—and white entitlement to—the interiors of the bag, the home, and the black female body thus all converge in this scene. Even as Stoney's portrayals are meant to—and do—capture the dignity and humanity and beauty of his subjects, the camera's extended shot here cannot but replicate aspects of this violence: the invasive and prolonged white gaze, which Black eyes are warned not to meet; the entitlement to enter the most intimate spaces of African American life; and, of course, the ever-present threat of sexual violence. Viewing this exposure is even more unsettling, and even heartbreaking, when we read that, decades later, when contacted on the occasion of the writing of a film studies article about *All My Babies*, the woman filmed giving birth in the character of the relatively affluent Ida petitioned George Stoney for some funds to help get her “out of the slums” (Jackson 1987, 389). Whatever the real powers of Mrs. Coley and her bag to protect and nurture the lives of the women in her community, whatever magnification of those powers might have been achieved by Stoney's cinematic *perruque*, it could not protect against the pervasive effects of poverty and racism.

After examining and weighing the baby, and dressing its cord with sterile gauze, Ms. Coley casts off her delivery gown, as Ida's husband and children enter to lovingly greet the newborn. She asks Aunt Mattie to help gather up all of the dirty linens and equipment and bundle them inside the gown.



Fig. 9 “I am ready to run all the way”



Fig. 10 The bag’s insides, out

Ms. Coley arrives home from the birth at 5 a.m. Exhausted, she sits on the bed and puts the bag and the bundled gown on a night table (Fig. 11), saying to herself, “Too wore out to fix a clean bag tonight. I’ll fix it in the morning.” The screen darkens. The camera cuts to a close-up of her face as she tosses and turns in bed. Her eyes are closed, but a forehead creased with worry tells us that all is not well. A voiceover of the White

doctor's admonition reveals what is echoing in her head, like God's call to Samuel, as she tries to sleep: "something wasn't clean," he says, and repeats: "Something wasn't clean. Something wasn't clean." Ms. Coley opens her eyes: "Can't sleep with them thoughts preying on my mind," she mutters (Fig. 12).



Fig. 11 "Too wore out to fix a clean bag tonight"

The bag comes into its own as an actant in this sequence. Given the biblical, or at least ghostly, resonance of the doctor's echoing admonition, the bag can be seen working again as a fetish object. But rather than standing in for the midwife, as it does in the rituals of inspection, it now channels official disapprobation, an angry little idol reproaching Ms. Coley for her neglect from its perch on the table. But fetish here blurs into disciplinary object, as her pricks of conscience reveal the depth of her self-surveillance. The bag, in its current unsanitized state, perhaps suggests less the external supervising eye than the disruptions of dirt, an unsightly stain or unwashed dishes, for a disciplined housewife, a mortifying betrayal of intimate disorder. Ms. Coley cannot let

this stand; she gets up in her nightgown to sterilize her instruments and restock the bag with clean linens.

Testifying to Ms. Coley's scrupulous rule following, this can also be understood as signaling her dedication to her practice. Like the hymn she sings earlier in the film, "I am ready to run all the way," it also valorizes an ethic of self-sacrifice: a clean bag is more important than Ms. Coley's sleep. Quiet resistance to stereotypes of incompetence and filth through the appropriation of official protocols and the surpassing of standards of expertise comes at the cost of self-care.<sup>22</sup>



Fig. 12 "Can't sleep with them thoughts preying on my mind"

Perhaps unsurprisingly, Ms. Coley's sacrifice of sleep for sterilization turns out to be providential. No sooner has she gotten back into bed for a well-deserved rest when Adam, Marybelle's husband, roars up in his truck: Marybelle is in premature labor. The shack where Marybelle and Adam are living is cold and dirty, practically unfurnished;

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<sup>22</sup> Paula Giddings identifies a somewhat similar dynamic in the ways that black women's politics have often required a disavowal of their own sexuality (1995).

Ms. Coley, again briefly inhabiting the surveilling eye, pronounces it a “regular mess.” In stark contrast to Ida’s snug and orderly chamber with its abundant preparations, nothing has been made ready to welcome Marybelle’s baby: no clean linens, not even a fire in the fireplace. The cardboard box in which Marybelle was supposed to collect baby things is empty; flies crawl on Marybelle’s face during her labor. The contrast between the interiors showcases the racial disciplinary assimilation of hygiene and morality—and Ms. Coley’s participation in this assimilation, to some extent, as part of this disciplinary regime—and the apportionment of responsibility that follows from this. Ida, evidently a neat housekeeper, has obediently followed the protocols of care, submitting to examination by the white doctor and nurse to obtain approval for Ms. Coley’s care; her birth is healthy and uncomplicated. Marybelle has neglected to care for herself and initiated prenatal care only reluctantly, very late in the pregnancy. As in the case of the young woman who hemorrhaged to death in Fraser’s account, Marybelle’s two previous losses, it is implied, were her own fault.

Without the auxiliary efficiency of an Aunt Matty, Ms. Coley’s supplies are even more crucial. Like the fairytale purse from whose small dimensions can be pulled a whole table spread for a feast, her bag’s equipment allows her to quickly transform the squalid shack into an aseptic environment. Having scolded Adam into starting a wood fire, she boils instruments on fireplace, and layers fresh newspaper under clean cloths on the bed. Marybelle’s baby is born (unlike Ida’s, a simulated birth scene); he is small and premature. Ms. Coley sends Adam to fetch an incubator from the clinic. Miss Penny, the white nurse, accompanies Adam back to the shack with the incubator, to set it up and instruct the couple in its use. Marybelle, distraught, wails that the baby is too small to

survive. But the denouement reveals that Adam Jr., thanks to Ms. Coley's expert delivery and the timely arrival of the incubator, is thriving at four months of age, just like Ida's baby.

The film thus depicts the bag in three of its roles. A public health official inclined to think of the bags as a sufficient guard against maternal and infant deaths among blacks, and of African Americans' alleged shiftlessness, ignorance, and native filth as generally responsible for racial disparities in mortality, might easily have come away from the film confirmed in these convictions. Ms. Coley's compliance with the disciplinary protocols of bag hygiene is clearly shown to have allowed her to help save Marybelle's baby. To some extent, her virtues rely on the extent to which she has internalized the relationship of surveillance congealed in the bag. In a manner somewhat similar to Onnie Lee Logan's own micropolitics of respectability, Ms. Coley's disapproval and gentle disciplining of Adam and Marybelle align her with the hegemonic rhetoric of responsibility. Nevertheless, Stoney's film also shows that the bag could never have served its purpose without its skillful deployment in Ms. Coley's expert hands. It pays tribute to Ms. Coley's unassuming power to make a place where black mothers and infants were cherished and protected, for a little while, from a hostile and indifferent social world. And it also evinces, though perhaps not intentionally, the burdens that accompanied her role as expert caregiver. As dramatized by this film, attention to the bag's shifting and simultaneous roles reveals lines of tension and contradiction within the biopolitical project of racially bifurcated maternity care. It highlights both the precise constellations of domination in which it was enrolled, as well as moments of resistant agency in their complexity, costs, and beauty.

### **Coda: Contemporary African American midwifery as an alternative biopolitics of black infant mortality**

As the introduction and Chapter 3 make clear, midwives played a principal role in the 20<sup>th</sup> century biopolitics of black infant mortality. Under what I call the Sheppard-Towner biopolitical paradigm, starting in 1921 and lasting until the late 1930s (and through the 1950s in the most rural parts of the South), federal funds for maternal and infant care in Southern states were used not for the visiting nurse and maternal education programs emphasized in the North, but for midwife regulation and re-training, with the long-term goal of eliminating the midwives altogether. As I show in Chapter 3, the regulatory programs, which enrolled close to 25,000 midwives, emphasized subservience to a standardized care regime prescribed by a white supremacist public health establishment, disqualifying great numbers of older and more experienced midwives through literacy requirements and criminalizing the use of herbal medicines and other time-tested techniques (Ladd-Taylor 1988, Fraser 1998). Although, as I emphasize, midwives both resisted and appropriated elements of this regime, its strictures deprived many communities of expert birth care, even as medical facilities continued to deny black Southerners full (or, often, any) access. Unsurprisingly, African American birth outcomes in the South improved little over the ensuing decades. While the Johnson era's anti-poverty programs, desegregation of medical facilities, the implementation of Medicaid, and blacks' hard-won political enfranchisement saw the racial gap in infant and maternal mortality narrow somewhat (a short-lived trend that would begin a long-term reversal under Reagan in the 1980s (Kreiger et al 2008)), it also witnessed the demise of African American community midwifery in the South. As medicalized prenatal care provided in clinics became the norm—albeit unevenly available and often inadequate and impersonal,

if not overtly racist—most Southern states passed laws prohibiting out-of-hospital midwifery, and the remaining African American midwives were forced to stop practicing (Susie 1988).

I briefly note at the close of the introduction that a new network of black midwives, along with birth workers and reproductive health activists<sup>1</sup> has recently emerged. Largely located outside of mainstream medical institutions and emphasizing community-based care practices, these midwives locate themselves as inheritors of the Southern black midwifery tradition. At the same time, both critical public health scholarship and reproductive justice activism inform their work. Their explicit collective aim is to eliminate racial disparities in infant and maternal mortality in the United States, although many also share in a more transnational vision. And, in fact, many of them are realizing this aim, working in clinics and small-scale projects in several sites across the country (National Association of Birth Centers of Color, Commonsense Childbirth 2007, Day 2013). So far, however, their remarkably effective efforts remain outside the notice of most public health agencies, practitioners, and researchers alike. For the most part, this dissertation has trained its focus on the past, examining the political meanings and forms of action that have accrued around black infant mortality in a variety of settings and registers, discursive and material formations, from about 1800 to the 1930s. In this brief coda, I examine the contemporary resurgence of African American midwifery, both as a window onto the present-day biopolitics of black infant mortality and as unique biopolitical configuration in itself. I also gesture toward avenues for future research.

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<sup>1</sup> By “birth worker” I include doulas—trained labor support persons—along with childbirth educators, labor and delivery nurses, lactation specialists, and other care providers whose work centers on pregnancy and birth.

Thomas Lemke argues that an “analytics of biopolitics” as a research perspective “investigates the network of relations between” three components: “knowledge practices,” “power processes,” and “modes of subjectivation” (2011, 119). By *knowledge practices*, Lemke means “the regime of truth...that constitutes the background of biopolitic[s]...what knowledge of the body and life processes is assumed to be socially relevant and...what alternative explanations are devalued or marginalized[?] What scientific experts and disciplines have the legitimate authority to tell the truth about life, health, or a given population?” Second, *power processes* refer to how this knowledge is generated, disseminated, and mobilized according to “structures of inequality, hierarchies of value, and asymmetries that are (re)produced by biopolitical practices” (119). These processes establish which “forms of life are regarded as socially valuable, and which are considered “not worth living[,]”” They also determine which “existential hardships, what physical and psychic suffering, attract political, medical, scientific, and social attention and are regarded as a priority for research, and which are neglected and ignored[.]” Power processes also mean the “how...forms of domination, mechanisms of exclusion, and the experience of racism and sexism [are] inscribed into the body, and how...they alter it in terms of its physical appearance, state of health, and life expectancy...who profits and...who suffers such burdens as poverty, illness, and premature death” (119-120)? Finally, by *subjectivation*, Lemke means “the manner in which subjects are brought to work on themselves, guided by scientific, medical, moral, religious, and other authorities[.]” The question of subjectivation highlights “[h]ow... people [are] called on, in the name of life and health (one’s own...and [those] of the family, nation, “race”...)...to act in a certain way...How are they brought to experience their life as

“worthy” or “not worthy” of being lived...“higher” or inferior”[?] How do subjects adopt and modify scientific interpretations of life for their own conduct” (120)? These three components offer a useful schema for understanding the role of midwifery vis-à-vis the contemporary biopolitics of black infant mortality.

### **Knowledge practices**

Under the Sheppard-Towner paradigm, physicians and public health officials did not consider African American midwives’ ways of knowing to be legitimate or valuable. As discussed in Chapter 3, even as midwives’ outcomes were often as good or better than white physician-attended births (Fraser 1998, 70-71), public health officials did not consider midwives’ apprenticeship-based expertise to be legitimate knowledge. The accounts of white medical and public health personnel, rife with examples of alleged ignorance and superstition, testify to the need to assert the supremacy of their rationalized approach. In Gertrude Fraser’s assessment, “In their almost formulaic references to the folk beliefs of the black midwife, it is as if...medical professionals wanted to convince themselves and the public of their own intrinsic worth as scientists and professionals” (121-122). Given that these officials were simultaneously charging midwives with carrying out the vital duties of health care and asserting their incompetence to do so, these assertions could reach a point of paradox. For example, as Molly Ladd-Taylor relates:

While experienced midwives could turn the fetus within the uterus to facilitate delivery, they were prohibited from doing so by health department regulations. Knowing that doing a version could save a life, a midwife trying to obey the new law was confronted with a dilemma. If she were discovered inserting her hand into the birth canal, she might lose her permit. If she obeyed the law, the patient might die. “Shall I jes' stan thar hepless and

tremblin?” a Virginia midwife asked rhetorically. To her colleagues, the instructor confided that experienced midwives had “some skill” in internal examination and that a version was the “only sensible thing” to do in an emergency. Nevertheless, she refused to admit the value of [this practice] to the midwives in her class” (268-269)

This epistemological dogmatism of white public health personnel, which emphasized health (for blacks) as an outcome of strict hygienic rule following and rendered black expertise a contradiction in terms, thus dovetailed with the logic of criminalization to which blacks were generally subject (Muhammad 2010). Poor health outcomes required authorities “to identify a culprit, to pin blame on easily observable individuals or groups... poverty or the lack of prenatal care as causes of ill health belonged to a more abstract world of ideas...[whereas] a set of rules—rules that when broken incurred specific penalties—[seemed] an eminently more sensible way of dealing with infant and maternal mortality” (Fraser 1998, 70). I argue in the introduction that this approach constituted a decontextualized biopolitics, working to the detriment of infants and mothers.

Today, reversing the dynamic of the Sheppard-Towner paradigm, it is African American midwives themselves who accuse the standardized medical approach of fatal negligence toward black infants, and not the other way around. In fact, they posit the community support, comprehensiveness, and unconditional care modeled by their Southern forebears as an antidote to the harms of a medical system and broader society in which women of color face signs of their devaluation at every turn (White and Monroe 1994). By necessity more formally trained and credentialed than their predecessors, contemporary African American midwives and birth workers both emphasize the value of experiential learning and culturally specific care practices, and speak in the idiom of

public health, at least in describing the problem of racial disparities. In particular, many of these midwives have taken up the emerging public health literature that posits systemic racism as “the cause of the cause” of persistent differentials between black and white infant mortality. Many of these midwives long ago made the connection between systemic racism and unequal mortality rates that the life course approach emphasizes (White and Monroe 1994, Kamara and Peacock 2012); nevertheless, they deploy this literature as part of their armamentarium in making the case for radical reproductive change. I mention this literature in the introduction, and offer a slightly more detailed account here.

Over a century after the black-white gap in infant mortality emerged as an object of debate, researchers still do not agree about the causes of this crisis. An increasing consensus among public health researchers, however, holds that disparity is rooted the profound and persistent physiological harms of white supremacy, including hypotheses about epigenetic processes and lifelong stresses of racism, and forwards radical structural remedies. The “life-course” approach, specified to focus on racism, offers the most general account of these harms.<sup>2</sup> In 2003, Michael Lu and Neil Halfon first outlined this position in their landmark article, “Racial and Ethnic Disparities in Birth Outcomes: A Life-Course Perspective” (Lu and Halfon 2003). As summed up in a more recent article, this approach “conceptualizes birth outcomes as the end product of not only the nine months of pregnancy but the entire life course of the mother before the pregnancy. Disparities in birth outcomes, therefore, are the consequences of both differential exposures during pregnancy and differential developmental trajectories across the life

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<sup>2</sup> See Colen 2011 for a “constructive critique” of some iterations of the life-course approach.

span (Lu et al 2010). *Stress* is the keyword of this approach—a black-box term that allows this perspective to encompass a variety of hypothesized mechanisms. On one hand, “greater exposures to stress hormones during pregnancy, early life, and possibly even in utero” is argued to trigger neuroendocrine and immune system effects that put black women and their offspring at risk for the pregnancy complications that are commonly implicated in infant mortality. On the other, the cumulative effects of chronic stress in a racist and sexist society cause undue wear and tear on black women’s bodies, inducing chronic ill health and inflammatory conditions (Lu et al 2010, 62; Dominguez et al 2008; Mustillo et al 2004). I review a number of hypotheses about the specific mechanisms through which these stressors enact their harm, as well as potential implications for political theory, in the section on power processes below.

The life-course approach quickly gained traction among critical public health scholars, partaking in the broader turn, since the 1990s, toward a “social determinants of health” model (e.g. Krieger et al 2008). PBS aired the documentary *Unnatural Causes*, about health disparities in the US, dedicating one of four hour-long segments to the black/white disparity in infant mortality, featuring Dr. Lu, along with a pair of neonatologists who independently began studying premature birth among black women (California Newsreel 2007). Lu’s 2011 appointment to the head of the US’s Maternal Child Health (HRSA n.d.) signals the ascendancy of the life-course approach as an explanatory paradigm for the racial disparity in infant mortality. This approach offers a radical critique of the complex impacts of institutionalized racism, along with the US’s failures vis-à-vis other wealthy nations to provide support for maternity and early childhood across the board. Yet, as we see in the section below, the inertia of power

processes has so far prevented the translation of this knowledge into a new practical paradigm that would address systemic racism.

### **Power processes**

In *Where Do We Go From Here: Chaos or Community?* Martin Luther King, Jr. links the formal devaluation of enslaved African Americans to the de facto biopolitical devaluation of black life in 1967. Infant mortality ranks among the principal manifestations of this devaluation:

When the Constitution was written, a strange formula to determine taxes and representation declared that the Negro was 60 percent of a person. Today another curious formula seems to declare that he is 50 percent of a person. Of the good things in life he has approximately one-half those of whites; of the bad he has twice those of whites. Thus, half of all Negroes live in substandard housing, and Negroes have half the income of whites...*The rate of infant mortality...among Negroes is double that of whites.* The equation pursues Negroes even into war...twice as many Negro soldiers died in action (20.6 percent) in proportion to their numbers in the population ([1967] 2010, 7; italics mine).

In the era of the War on Poverty, at least some public health research was turning toward the relationship between infant mortality and socioeconomic status, rather than classifications by race (e.g. Donabedian et al 1965). In his attention to housing and income as well as disproportionate death, King emphasizes the interconnections between poverty and blackness in the United States. The life course approach sketched above, however, while not dismissing these interconnections, posits an independent power to anti-black racism, especially as the black-white disparity in infant mortality—like black-white health disparities across the board—in fact widens at higher socioeconomic levels (Braveman 2010; Giscombe and Lobel 2005, 664-665).

As noted above, we do not know definitively how racism is inscribed into the flesh. As Cynthia Colen writes, “the specific pathways by which social, economic, and political forces interact over time to produce an exclusionary environment toxic to the health of African Americans remain largely uncharted” (2011, 80). Several pathways have been proposed, however. These include the epigenetic impacts of racism-linked maternal stress on the female fetus, an pattern that repeats intergenerationally if that fetus herself becomes a mother (Kuzawa and Sweet 2009)<sup>3</sup>; the notion that nutritional deprivation under slavery constituted an intergenerational form of “fetal programming,” maintained in place after Emancipation by persistent white supremacy (Jasienska 2010); and “weathering” approaches, which posit changes in maternal body chemistry due to psychological, emotional, ecological, and physical aggressions and deprivations that attend black existence in the US over the entire lifetime, potentially causing changes in maternal chemistry that predispose African American women to low birthweight and premature offspring (Love et al 2010; Lu et al 2010; Giscombe and Lobel 2005; Geronimus 1992, 2006). One recent study led by Amani Nuru-Jeter offers an intriguing variant of the weathering hypothesis. It suggests that black women, traumatized starting in childhood by direct racist encounters, institutional barriers, and witnessing the subjection of family and community members to racist violence, face new vicarious traumas—re-triggering and augmenting the physiological impacts of earlier experiences—when they become pregnant and throughout the parenting process,

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<sup>3</sup> Epigenetic factors are those that interact with organisms to influence the ways that genes are expressed; some epigenetic influences on the genome can be passed down intergenerationally (Jablonka and Lamb 2005).

knowing they cannot sufficiently protect their children from undergoing a similar pattern (Nuru-Jeter et al 2009).

For political theorists, these hypotheses raise important questions about the relationship between embodiment and the political environment. Some scholars working under the rubric of “new materialism” are beginning to explore interconnections between cellular and sub-cellular bodily processes and the environment more broadly, with potential relevance for theorizing how racism and sexism literally materialize in the reproductive body and fetal flesh. Diana Coole and Samantha Frost, for example, highlight recent developments in neuroscience, epigenomics, and ecology affirming that that organisms, including humans, are the outcomes of a dynamic interplay “between genes and a host of other factors such as hormones, neurochemical stimuli, dietary intake, and environmental conditions,” rather than products of a closed loop of genetic programming. Given this dynamism, they argue, “previously separate fields such as those of medical and political science must work together more closely since in such models the body is...understood as an open system and one whose interactions with its environment significantly shape its neurochemical functioning and the trajectory of health and disease” (2010, 17). Yet their example of what such innovative transdisciplinary collaborations might look like evinces a troubling disconnection from longstanding materialities of systemic racism. They point to

suggestive correlations between the demographics of criminal behavior and the geographic distribution of industrial pollutants. Inasmuch as the aggregated effects of environmental toxins can be shown to have deleterious effects upon judgment and behavior, the implication is that cleaning up the environment or changing diet may be more efficacious than incarcerating disaffected urban youth (18).

It must be granted that, although they class it as an instance of the “important policy-making implications” of attention to material processes, this is an example given in passing rather than an in-depth case study. Nevertheless, in this example at least, the price of attending to the dynamism of the material seems to be a naïve and depoliticizing willingness to hold constant such complex and racially saturated categories as “criminal behavior,” poor “judgment,” and “disaffected urban youth”—as well as a failure to attend to the ways that racism shapes the geographies of both corporate dumping practices and incarceration to begin with.<sup>4 5</sup> In order to account for the toxic material processes that appear to impinge on the reproductive life of African Americans, attention to the micro-level interactions between body and environment needs to be firmly wed to an understanding of the broader material practices through which racial hierarchy in the US is expressed and maintained, such as policing and residential segregation. To this end, a new materialist approach might be fruitfully combined with theorizations of the political ontology of race (Sexton 2008), discussed in Chapter 1.

In fact, the work of Audre Lorde offers rich resources along these lines. Several passages from her essay “Eye to Eye: Black Women, Hatred, and Anger” capture some of the material processes suggested by the Nuru-Jeter study’s hypotheses about intergenerational trauma in particular. “Black women,” she writes, “give our children

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<sup>4</sup> They also ignore the fact that “cleaning up the environment,” in the US at least, nearly always happens as a result of long-term environmental justice activism on the part of affected communities—usually communities of color—not as a policy decision from the top (Zimmerman and Miao 2009).

<sup>5</sup> A similar disconnection characterizes Jane Bennett’s discussion of the liveliness of “good” and “bad” dietary fats: evidence that omega-3 supplementation may reduce a variety of cognitive or behavioral pathologies, including propensity to criminal offenses, poor school performance among children, and schizophrenia, on one hand, and the phenomenon of obesity, on the other.

forth into a hatred that seared our own young days with bewilderment, hoping we have taught them something they can use to fashion their own new and less costly pathways to survival” (1984, 158). And even more vividly:

Every black woman in america has survived several lifetimes of hatred, where even in the candy store cases of our childhood, little brown niggerbaby candies testified against us. We survived the wind-driven spittle on our child’s shoe and pink fleshcolored bandaids, attempted rapes on rooftops and the prodding fingers of the super’s boy, seeing our girlfriends blown to bits in Sunday School, and we absorbed that loathing as a natural state. We had to metabolize such hatred that our cells have learned to live upon it because we had to, or die of it (1984, 156).

The candies and bandaids are the quotidian materials of a childhood whose major lesson is that the world does not have room for you as human: *brown is not a color of live flesh, brown is a pile of identical grinning confections, we will not see you, we will eat you up.* The murder of Sunday school companions delivers on that promise, destroys the flesh, empties the world of those particular lives that were intertwined with yours. The attempted rape, the intruding fingers of the boy in the apartment building, introduce the sexual objectification that compounds this dehumanization as the black girl becomes an adolescent. And then it unfolds again in your children’s movements through the same world “that seared our own young days”: the wind-driven spittle driving home the same message,<sup>6</sup> yet another lifetime of hatred. While Lorde may have employed the physiological terms of the cellular metabolism of this hatred as a potent metaphor rather than a diagnosis, her formulation strikingly prefigures the arguments of Nuru-Jeter and other researchers for whom the landscapes of racism constitute a quite literal

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<sup>6</sup> In *Zami*, Lorde narrates the way that her own mother responded to whites’ spitting at the child Audre herself, by pretending that they were simply unmannerly, without enough sense not to “spit into the wind” (1982, 16-17), whereas she inhabits the maternal role in the essay. Read together, these two texts make painfully clear the intergenerationality of the traumas of black maternity.

intergenerational physiological assault. Yet her emphasis on survival as an active process, of metabolism and not simply absorption, on fashioning pathways of endurance, even if at terrible cost, also refuses to surrender black female life to a traumatized stasis.

Recognizing that she learned both self-preservation and self-hatred from her own terribly wounded mother, she claims the power to prise them apart: “My mother taught me to survive from a very early age by her own example. Her silences also taught me isolation, fury, mistrust, self-rejection, and sadness. My survival lay in learning how to use the weapons that she gave me, also, to fight against those things within myself, unnamed” (150). Lorde attends also to the quotidian material practices that for her are essential to survival, such as writing poetry (1984, 37, 107) and teaching (88). As Alexis Pauline Gumbs writes, for Lorde, “Survival references our living in the context of what we have overcome. Survival is life after disaster, life in honor of our ancestors, despite the genocidal forces worked against them specifically so we would not exist” (2012). And survival also stretches out horizontally, intersubjectively, in forms of community that will live on: “I affirm my own worth,” Lorde writes, “by committing myself to my own survival, in my own self and in the self of other Black women” (173).

It is in this spirit that contemporary midwives and birth workers of color mobilize the life-course and related public health literature in their practices, political analysis and agenda, and organizational orientation. Kimberly Seals Allers, author of the *Mocha Manual* series, a lactation advocate and reproductive activist with a popular pregnancy, birth, and parenting website for black families, invokes the intergenerational terror of black maternity in a 2013 post, “Why Trayvon Martin Has Everything To Do with Black

Women's Birth Outcomes." Citing both Michael Lu and Fleda Mask Jackson, whose research is also associated with the life course approach, she writes:

when I was first pregnant, I prayed to God for a girl—literally—because I was afraid that I was not capable of successfully raising a black male child in this society. I feared raising a black male child in this society. And that fear was a constant source of stress. That stress was probably rooted in growing up watching my own mother fear for the safety of my younger brother. I remember her constantly warning him to not wear baggy jeans and hooded sweatshirts because police (especially in New York City) stereotype young black men with that type of clothing and often shoot first and ask questions later... And let me just say, that I grew up in a middle class section of Queens, in a private home, with two cars, and a mother who was at home until I was in middle school (2013)

More anecdotally, one prominent black midwife reported to me at a recent conference that two black clients of a midwife colleague in Florida had gone into premature labor when Martin was shot. A young midwife of color in Dane County, Wisconsin, site of one of the largest black-white disparities in infant mortality in the nation—16.9/1000 for black babies versus 3.6/1000 among whites (Wisconsin Council on Children and Families 2013, 17)<sup>7</sup>—reports that what surprised her most about becoming an independent practitioner has been the fact that her African American clients, entirely unprompted, tend to spend the first twenty to thirty minutes relating incidents of racism that they or family members have experienced since the last appointment (Islam 2013). With reference to the life course literature, she wonders whether the fact that this kind of unburdening is not possible in most maternity care settings in the area has something to do with the egregious black infant mortality rate. For many of the older midwives in this movement, moreover, an understanding of the connections emphasized in the life-course literature is longstanding. Makeda Kamara, a Boston nurse-midwife and former Black

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<sup>7</sup> This year the Annie E. Casey Foundation also named Wisconsin the worst state in the nation for black children, across a variety of indicators (2014).

Panther, remembers that the shared convictions of her group of black women promoting alternative birthing practices in the early 1980s were validated in a study led by Billye Avery, founder of the Black Women's Health Initiative:

As black women, we were stripped of our culture, and generally as you became more educated, you became more isolated as a black woman. The resulting stressors of that situation increased the likelihood of poor birth outcomes, and much more aggressive forms of dis-ease among black women of a higher status...remember, this is way before "When the Bough Breaks," the PBS special [featuring Dr. Lu and other life-course proponents] that came out in 2008 (Kamara and Peacock 2012).

As noted in the introduction, while national and state public health agencies are paying lip service to the notion of systemic racism as the ultimate cause of black-white disparities in birth outcomes (Centers for Disease Control 2013a), the current model of intervention to ameliorate these disparities nevertheless tends to emphasize parental lifestyle, forwarding individualized maternal behavior-focused solutions such as safe sleep campaigns and "preconception health management" over attention to the environments of infant mortality (Casper and Moore 2009, 84). This emphasis on individual behavior is evident in a public service message from the Office of Minority Health's "A Healthy Baby Begins with You" campaign: "Our babies are dying at 3 times the rate of white babies before their first birthday. Our children need us to take action and I need your help. Take care of your health before, during, and after pregnancy. Get prenatal care and put your baby to sleep on his back...A healthy baby really does begin with you" (N.d.). While this approach replicates the long-established pattern of decontextualized biopolitics, contemporary midwives of color, in contrast, give primary attention to context. While not linked to large-scale institutions that could change the

overarching national milieu of anti-black racism, they work to create local oases of care that affirm the worth, power, intelligence, and survival of every mother and infant.

Moreover, unlike their Southern forebears, contemporary black midwives and birth workers can collaborate with public health researchers to showcase the results of this care model. A 2007 study carried out by the Orange County, Florida Department of Health, showed that low-income African American patients receiving prenatal care at midwife Jennie Joseph's clinic, The Birth Place, had *no* low birth weight or preterm deliveries, the leading causes of infant mortality, compared to 14.6% low birth weight and 21.4% preterm deliveries for their demographic peers (Commonsense Childbirth n.d.). The Birthing Project USA—also known as “the underground railroad for new life”—founded by birth activist and public health scholar Kathryn Hill-Trujillo and now operating in sites nationwide and internationally, pairs young moms with older “SisterFriends” who help them navigate prenatal care, community resources, and the first years of motherhood; its Nashville participants from 2003-2008 likewise had no low birth weight babies, compared to 11% in the general population, and none of their babies died (Birthing Project USA, n.d.). The 93% of Joseph's mothers that reported the “highest satisfaction rating” with their care may point to some less tangible, but nonetheless crucial, factors that Joseph's model may be offering—and that standard prenatal care does not.

Yet even armed with such highly persuasive statistics, and evidence that their successes are both scalable and replicable across settings and providers, these birth workers face obstructive power processes similar in key ways to those of their predecessors. While a few public health agencies have partnered with the Birthing Project, most fail to see the unique efficacy of unconditional, patient-centered,

community-based care, having inherited from their Jim Crow antecedents a narrow vision of health that does not address the deep and ongoing effects of structural racial oppression. And institutional inertia means that, by and large, the same decontextualized approaches to the biopolitics of black infant mortality are funded, year after year, regardless of their efficacy, while the practices of most birth workers of color face a perennial financial struggle. Survival remains an open question.

### **Subjectivation**

If contemporary African American midwives and birth workers face obstructions in the realm of public health institutions, their care model also faces resistance within their own communities. Given the long association of Southern community midwives with ignorance, backwardness, and inferior care under the Sheppard-Towner paradigm, and the long, painful, and often fatal exclusion of black people from medical care, the notion of a “return” to midwifery is puzzling to many African Americans.

In his 1977-1978 lecture series, Foucault develops the term “counter-conduct” as a way to thematize modes of resistance that are expressed principally through the reversal or subversion of the specific, officially prescribed ways in which one is supposed to govern oneself (2007, 266). He coins this term as an alternative to “dissidence,” both to avoid the lionization inherent in the noun form “dissident,” and to emphasize the fact that this mode of resistance is not necessarily articulated in political terms, or even in oppositional language, but rather through practices (*ibid.*, 268). He develops this idea specifically in relation to what he calls “pastoral power,” or the forms of Ecclesiastical power exercised, through behavioral prescriptions, to ensure the salvation of “each and

all” of the souls of the Christian flock, particularly during the Middle Ages. Counter-conducts, in this context, entail forms of conduct that do not comply with the specific official behavioral prescriptions of the church, from devotional societies to breakaway sects to mysticism and, most importantly for Foucault, practices of asceticism (2007, 270-271 and *passim*). But he also discerns in this history the roots of what would develop, in secular form, into governmentality, or the conduct of conduct: the inculcation of individual techniques of self-government in ways that lead the collective toward particular ends—as well as the dynamic of resistance within such governmental regimes of power.

Significantly, he writes that this phenomenon of “revolts of conduct” lives on in particular within the field of medicine, as a modern secular inheritor of pastoral power:

In its modern forms, the pastorate is deployed to a great extent through medical knowledge, institutions, and practices. We can say that medicine has been one of the great powers that have been heirs to the pastorate. And to that extent it too has given rise to a whole series of revolts of conduct, what we could call a strong medical dissent, from the end of the eighteenth century and still today, which extends [from] the refusal of certain medications and certain preventive measures like vaccination, to the refusal of a certain type of medical rationality... (2007, 266)

With regard to reproductive medicine in particular, this kind of “medical dissent” is perhaps most readily discernible in the feminist texts and practices of the 1970s that championed midwifery and homebirth as a reclaiming of women’s experience, health, and generative power from a patriarchal obstetrical model (Ehrenreich and English 1973; O’Brien 1981; Arms 1975). We can note, however, that this mode of dissent was expressed mostly by relatively privileged white women (Nestel 2000; Jaggar 1994): subjects whose health-related conduct this obstetrical model—and, more broadly, the reproductive biopolitical imperatives of the American racial state within which it was

ensconced, pro-natalist for middle-class and wealthy white women and anti-natalist for women of color (Solinger 2005)—claimed as its proper domain of government. The standard mode of “scientific” obstetrical care—with its cold hospital rooms, lack of emphasis on personal attention, and “doctor knows best” paternalist authoritarian elements, rendering the woman a passive patient rather than an active agent—was thus theirs in particular to refuse.<sup>8</sup>

For a sector of the population that has been categorically excluded from the dominant model of medical care, the sense of counter-conduct will likely be, in at least some respects, somewhat different, consisting less in a refusal of dominant models of medical care than in demands and efforts to realize their robust and appropriate extension. As Alondra Nelson writes, among African Americans such claims and practices included alternative institution building, demands for integration and inclusion within white institutions, and what she calls the “politics of knowledge,” or the reinterpretation of racist medical science and its refutation through independent analysis (2011, 24-25). These modes of counter-conduct have characterized African American medical activism since the late 19<sup>th</sup> century, both around the issue of infant mortality and more generally. Communities of color were painfully conscious of the vastly unequal exposure of their smallest and most vulnerable members to premature death (e.g. Terrell [1899]; Du Bois 1906; Schuyler 1932). Early on, activists and organizations in these communities in fact generated precursors to the racial and social

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<sup>8</sup> As more recent scholarship has shown, this discourse of active and empowered birth has come to involve its own form of governmentality, inciting privileged women in particular to claim their “natural” birth experience and subjecting them to intense feelings of shame, failure, and self-blame for cesarean births or the use of analgesics in labor (Beckett 2005, Lyerly 2006, Mansfield 2008).

inequality-focused thinking that is prevalent today. When the race traits paradigm prevailed, most black scholars, health providers, activists, and community members, did not share in the perspective (nor did a number of white scientific authorities like Franz Boas (1905) and Louis Dublin (1923)). As discussed in Chapter 2, W.E.B. Du Bois (1897) and Kelly Miller (1897) both refuted in print Hoffman's interpretation of the black-white disparity in infant mortality rates, and in mortality rates more broadly. Physician C.W. Birnie similarly argued in 1910 that environmental causes and lack of access to medical facilities explained the disproportion.

A growing number of black doctors, nurses, and auxiliary personnel also worked heroically during this period to fill the enormous gaps in health care for their communities, initiating what McBride calls "the massive public health voluntarism" that emerged in the first part of the 20<sup>th</sup> century. While large-scale infant mortality prevention was not front and center in these voluntary medical institutions—understandable given the urgency of needs related to infectious and chronic disease—significant activist efforts included maternal and infant well being as a focus (1991, 24-27). Black women's clubs throughout the country directed efforts related to the problem, including both specific baby-saving measures modeled on the interventions for immigrant communities, like the pure milk programs associated with Provident Hospital in Chicago (Smith 1995, 24) and more general education in hygiene (McBride 1991, 25). Hygiene instruction relevant to baby care was also central to Booker T. Washington's Negro Health Movement, founded in 1915 as the "Health Improvement Week" (Brown 1937, McBride 1991, 26-27). Over the subsequent decades, increasingly well-funded and firmly institutionalized projects,

building on these early efforts, comprised what Nelson calls “the long medical civil rights movement” (2011, 5).

These strivings for medical self-sufficiency and inclusion, however, almost universally reflected a distancing from midwifery—a move that Toni Morrison portrays in both *Paradise* (1998, 272-273) and *Song of Solomon* (1977, 71). As Nelson notes, even the Black Panthers’ radical medical activism, which looked to Maoist China’s “barefoot doctors” initiative, empowering laypeople to participate in even the more technical aspects of their own communities’ health care (one of the Panthers’ major foci was sickle-cell anemia testing) evinced no interest in recuperating midwifery care (Nelson 2011, 65, 70, 71; 2013). Even in their militant community-based response to medical racism—resonating with Lorde’s emphasis on the term, the Panthers termed their political-medical interventions “survival programs” (2011, 1)—members wore white coats as a claim to an alternative, but no less legitimate, form of medical authority (2011, 77, 86). This sartorial claims-making recalls that of state-trained midwife Onnie Lee Logan, discussed in Chapter 3, who emphasizes the distinction between her own state training, white uniform, and equipment, markers of respectability and competence, and the more primitive repertoires of her predecessor midwives. As noted in that chapter, Logan’s “micropolitics of respectability” in fact signaled her own imminent disqualification as a practitioner, since, in the eyes of the very public health establishment that authorized her claims to a modicum of recognized expertise, the distinction between Logan and her forebears was far less fine—white coat notwithstanding.

But as the example of the Panthers suggests, many African Americans themselves share in this sense that midwifery belongs to the past. Thus it is that, in Gertrude Fraser’s

ethnography of memories of birth and midwifery in a rural Virginia black community (as noted in Chapter 3), “The medicalization of childbirth was, on the whole, seen as a positive occurrence—good for women, their families, and the African American community. This viewpoint was not unexpected given the history of segregated hospitals and inferior health care that southern blacks had endured” (1995, 54). Having survived a very different history than that which led some politicized white women to posit midwifery’s recuperation as an empowering alternative to overly standardized patriarchal obstetrics, for this community “the crucial issue was not resisting medicalization. Instead, reproductive change signaled a symbolic if not fully realized inclusion in the field of vision of [the] health-care bureaucracy...If this inclusion meant giving up the much valued midwife, it could also lead to being part of the public in “public health”” (57).

Limning a course between the notion of holistic birth as resistance to a technocentric and patriarchal medical model (without regard to other forms of subjection) and the demand for equal treatment in the face of biopolitical racism, contemporary activist midwives and birth workers of color are forging a unique mode of counter-conduct that partakes, to some extent, in the critical logic of each without being reducible to either. As Fred Moten writes, the “strife between normativity and the deconstruction of norms is essential not only to black academic discourse but also to the discourses of the barbershop, the beauty shop, and the bookstore” (2008, 78)—and, we might add, the birth room. On one hand, these midwives problematize the discourse of individual choice that permeates the white-dominant alternative birth movement, even as it partakes in—and substantially extends, through their reproductive justice orientation—that movement’s critique of medical hierarchy and violence (White and Monroe 1994, Kamara and

Peacock 2012). On the other, they argue that inclusion in standardized obstetrics is not an adequate solution, given the ongoing black-white disparities in infant and maternal survival. Not only does interpersonal racism still permeate encounters with obstetrical practitioners; even at its best, the model inadequately addresses the toxic political and social milieu in which African American pregnancy unfolds (Amnesty International 2010, 18; Basile 2012). In contrast to both of these visions, contemporary midwives and birth workers of color emphasize a holistic, “high touch, low-tech” (Davis-Floyd 1992) approach that remains both firmly politicized and practically responsive to the material, social, economic, and psychic realities of African American women’s reproductive lives. At the same time, as the recent founding National Association of Birth Centers of Color attests, they are also carrying on the venerable legacy of black institution building.

Shafia Monroe’s description of her organization’s Full Circle Doula (FCD) training program offers one articulation of this unique model. Monroe has been in active practice since the 1970s and is the founder of the premier training institute for African American midwives, the International Center for Traditional Childbearing (ICTC), in Portland, Oregon. The Full Circle program, created under the auspices of the ICTC in 2002, has trained over 400 doulas, 75% of whom have been women of color (Basile 2012, 145).

The Full Circle brochure reads:

The ICTC training teaches the one stop model to reduce poor birth outcomes, provides holistic care, and establishes trust in the community through wrap around services. This model has a cultural component that emulates the 20th century African American midwife's public health practice. The FCD training includes the midwifery model of care, public health, lead poisoning prevention, birth practices, breastfeeding support and postpartum care and rituals. The FCD model establishes a strong client relationship to reduce

infant mortality, improve birth outcomes, increase breastfeeding rates, and reduce postpartum depression (ICTC, in Basile 2012, 145-146)<sup>9</sup>

In figuring Sheppard-Towner-era midwives as public health practitioners, Monroe takes an alternate tack from the Virginia community members, on Fraser's interpretation of the latter. Rather than understanding the demise of Southern community midwifery as a fair trade for inclusion in the "public" of public health," Monroe figures the rural communities that her predecessor midwives served *as* a public, and the midwives themselves as the legitimate health experts within that milieu—drawing a clear parallel between that context and the midwife or doula's role in contemporary marginalized black publics. While laying claim to the midwifery model of care—a formulation also given pride of place by the major white-dominant midwifery organizations in the US, the Midwives' Association of North America and the National Association of Certified Professional Midwives<sup>10</sup>—the additional inclusion of elements as disparate as lead

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<sup>9</sup> The current description on their website reads slightly differently:

The ICTC Full Circle Doula is a well-rounded professional trained to offer both prenatal and postpartum services. As you may know, there is an alarming disparity of infant mortality in the African American community; ICTC strives to close this gap by training women to become doulas in every communit[y].

Our training is built on the legacy of the African American Midwife, who was a pioneer in her community...

The ICTC Full Circle Doula Training is an intensive 29-hour (3.5 days) prenatal, labor and postpartum doula training course. Topics include, and expand beyond: The history and duties of labor and postpartum doulas, the legacy of the African American midwife, the midwifery model of care, signs and symptoms of pregnancy, labor and birth, birth justice, perinatal comfort measures, reproductive anatomy, medical terminology, the role of the father, physiology of labor and birth, cultural awareness, breastfeeding support, infant care, postpartum rituals, bonding and family integration, the spirituality of birth, intuition and "Motherwit," infant mortality reduction, and entrepreneurial skill (ICTC).

<sup>10</sup> The Midwives Model of Care includes:

poisoning prevention and postpartum depression reduction communicates the politicized holism that contemporary African American midwives' vision of what "reducing poor birth outcomes" entails. In contrast to the decontextualized approaches that have been the signature of the biopolitics of black infant mortality since its initial emergence, these midwives and birth workers foreground an understanding of maternal, infant, and community well-being as nested within a material landscape of political relationships, economic in/security, nutritional abundance or lack, environmental toxins, and social support systems, considered both synchronically *and* diachronically. This biopolitical counter-conduct strives to create new political milieus, in which intergenerational vitality, rather than premature mortality, characterizes African American life.

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- monitoring the physical, psychological and social well-being of the mother throughout the childbearing cycle
  - providing the mother with individualized education, counseling, and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support
  - minimizing technological interventions and
  - identifying and referring women who require obstetrical attention.

The application of this model has been proven to reduce to incidence of birth injury, trauma, and cesarean section (Midwives' Alliance of North America, n.d.)

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