The Debt We Owe

KORI A. GRAVES

ABSTRACT: African Americans’ efforts to protect reproductive rights and pursue reproductive justice have taken many forms. This article uses examples from the personal experiences and professional activities of Dr. Dorothy L. Brown—physician, adoptive mother, Tennessee state legislator, and abortion activist—to demonstrate why adoption was never a simple substitute for abortion for African Americans who had to utilize abortion, adoption, foster care, and child welfare institutions to address the needs of vulnerable women and children.

KEYWORDS: abortion, adoption, African Americans, Dr. Dorothy L. Brown, reproductive justice

WHEN I LEARNED OF THE US SUPREME COURT’S decision in Dobbs v. Jackson Women’s Health Organization (2022), I thought about Dr. Dorothy L. Brown. Born in 1914 to an unmarried woman, Dr. Brown spent the first twelve years of her life in the Troy Orphan’s Asylum in Troy, New York. Later, she had to overcome dire poverty to attend high school, college, and medical school. But she excelled. By the end of her life, the successes she had achieved belied these humble beginnings. As an adoptive mother, physician, and state legislator, she accomplished a number of notable firsts. She was the first single woman permitted to adopt a child legally in Tennessee (1956), the first African American woman admitted to the College of Surgeons (1959), and the first African American woman to win a seat in the Tennessee State Legislature (1966).1 It was in her role as a state representative that she introduced a bill in 1967 that would have made abortion legal in Tennessee in cases of rape, incest, danger to the mother, or the mental and-or...
physical impairment of the child. Dr. Brown believed that her bill was “sensible, morally correct, and certainly expedient” (Hunt). Not enough of her colleagues in the State House agreed. They voted down the bill and blocked Dr. Brown’s future attempts to revive that piece of legislation. Although Dr. Brown would continue to win accolades for her work as a physician, activist, and devout Methodist, she lost her bid for a second term as a representative, largely because of her determination to get an expanded abortion law on the books in Tennessee.

In many ways, Dr. Brown’s life and work help us think about the reasons reproductive choice mattered in the decades before Roe v. Wade and continues to matter today. She was intimately aware of the circumstances that could render certain women and children vulnerable. Think of it. She grew up in an orphanage because her birthmother could not take care of her. In her teens, she was taken in by foster parents who already had over ten children in their care. She became an adoptive mother to a child whose teenage birthmother could not care for her, and, as a physician, she was privy to the reasons that women sought abortions and the dangers that many encountered. She also knew that, historically, African American women faced constrained choices or an appalling lack of control over their reproductive lives.

From the colonial era to the American Civil War, enslaved African American women’s reproductive lives were controlled and scrutinized by masters with a vested interest in their procreative potential. By enacting laws mandating that a child inherited its status as free or unfree from its mother, the leaders of the British North American colonies and later the US made clear their investment in the reproductive labor of enslaved women. This legal move did not translate into greater protection or care of enslaved mothers, children, or families. Instead, masters’ economic interests in enslaved women’s reproduction created the corrosive conditions that disrupted family life for enslaved people, and, in the worst cases, encouraged heinous acts of violence against African American women. Scholars have identified ways that enslaved mothers resisted exploitation and attempted to retain control over their bodies and their families, but this history laid the foundation for generations of legal, medical, scientific, and social interference in, and regulation of, African American women’s reproductive choices.²

Freedom from slavery did not eliminate these practices. Throughout the twentieth century, regulation took the form of things such as forced or coerced sterilization on one end of the spectrum and limits on access to adoption services on the other. The disturbing history of the eugenics movement in the US shows that the policies that legitimized state-sanctioned institutionalization or the sterilization of people deemed unfit to reproduce targeted people of a diverse range of ethnicities and racial identities. But African American women were disproportionately sterilized, often without knowledge of what was being done to them or their consent. Even though the eugenics movement in the US fell out of favor after World War II, sterilizations continued until 1981.³
At the same time that state actors were working to prohibit reproduction of the so-called unfit, officials with public and private child welfare agencies and adoption agencies were establishing policies that made it difficult for African American women to relinquish a child for adoption or to adopt a child. The racialized ideas that reinforced eugenics also informed adoption policies. Consequently, child welfare officials scrutinized the birthmothers, potential adoptive parents, and children involved in the adoption process. African American women, children, and families often did not conform to the family and gender expectations that many officials looked for when approving families for adoption. These practices did not eliminate all forms of adoption for African Americans, however. There is evidence that African Americans took in and informally adopted children when they could not or chose not to legally adopt. But there were never enough adoptive or foster parents for the African American children who did enter the child welfare system. Even the highly controversial transracial placements that involved white adoptive parents and African American children represented a small percentage of all completed adoptions.4

Limits on their access to adoption services were not the only reason adoption was never the only solution African Americans pursued to help women who did not want to be mothers, or children in need of care. African Americans were and remain divided on issues of reproductive rights and reproductive justice. In the early twentieth century, some African Americans supported eugenics because they also believed that encouraging reproduction among the “best” African Americans would benefit the race. Some African Americans were suspicious of birth control because they worried that reducing the birth rate would lead to the extinction of the race. These concerns also informed some African Americans’ responses to the push to liberalize abortion laws. Many African Americans resisted interference in their reproductive choices because of their religious beliefs. Even adoption has been and remains controversial among some African Americans, though some have supported efforts to provide homes for children whose parents could not care for them. Others have believed that it could be dangerous to bring the children of other people into their homes. There has also been no consensus on the practice of transracial adoption. While some African Americans, most notably members of the National Association of Black Social Workers, opposed transracial adoptions of black children in the 1970s and 1980s, some have supported this practice or felt that these placements are more beneficial than harmful.

The lack of consensus on what reproductive choice meant to African American women and in African American communities, and the contested nature of these practices throughout US society, helps explain the resistance Dr. Brown faced in 1967. It is likely that she was aware of the criticism that would come her way from all sides of the political, social, and religious spectrum. But Dr. Brown had been working against steep odds her entire life. She did not come lightly to the conclusion that an expanded abortion law was necessary. Because of her Methodist
faith, she considered the morality of her position. Because she was a scientist and a physician, she worked to understand and explain the physical and psychological risks associated with abortion and with women’s lack of access to safe abortions. Because she was a woman whose life had been altered by constraints placed on her own and other women’s reproductive choices, she believed that limiting women’s access to options was “scientific and legal hypocrisy” (Brown, “The Debt” 14). She also knew, that adoption, especially for African Americans, was not an easy or obvious fix for the problems that caused a woman to seek an abortion. All of these perspectives also suggest she understood that some women needed protection to be mothers while others needed protection for their right to choose if and when they became mothers (Solinger, Pregnancy).

There are many lessons we can take from Dr. Brown’s life, but the one I am most moved by in the wake of the Dobbs decision is that defeats or reversals that threaten reproductive choice/justice/rights are not the end of the story. Dr. Brown continued to advocate for women’s reproductive rights even though her decision to do so cost her an important political position. She changed her tactics, but she did not lose hope. In one of many speeches Dr. Brown wrote called “The Debt We Owe,” she enumerated a few of the reasons she took seriously her service to people in her community (Brown, “The Debt”). In this speech and many of her public talks and interviews, she identified the ways she felt indebted to the many people who had helped her throughout her life. High on this list were her foster parents, whom she mentioned often and fondly. While she did not specifically mention her fight to secure reproductive choices for women as part of the way she paid the debt she owed, I can imagine that she did see this work as part of her service. And although she conceptualized her actions as important recognition of the efforts others had made to give her more options, she also knew that she was paying the debt forward to future generations of women who might, like her, need support to adopt, or who might need access to legal and safe abortion services. Remaining engaged in the work of guaranteeing reproductive choice is the debt we owe future generations, too.

Notes
1. See “First Negro Woman;” Ritter; and “For the Children.”
2. For more on the history of the regulation and control of enslaved women’s reproductive experiences, see Jones; Morgan; and Gray White.
3. For more on the history of race, eugenics, and the forced sterilization of African American women, see English; Roberts, Killing; and Schoen.
4. For more on the history of race and adoption, see Billingsley and Giovannoni; Briggs; Herman; Rymph; Roberts, Shattered; and Solinger, Wake Up.
Works Cited


“For the Children.” Times Record, 9 Apr. 1967, p. 35.


