From *Roe* to *Dobbs*: Black Women's Invisibility and the Limits of Reproductive Rights

Raymi Brown
Faculty Mentor: Dr. Aubrey Underwood
Department of African American, Africana Women Studies & History, Clark Atlanta University

From Roe to Dobbs: Black Women's Invisibility and the Limits of Reproductive Rights

Introduction

The 1973 Supreme Court decision in *Roe v. Wade* has often been regarded as a significant milestone in feminist progress; however, its overturning in *Dobbs v. Jackson Women's Health Organization* raises critical questions regarding the stability and inclusivity of these achievements. My research explores how and why Black women were excluded from the ruling in *Roe v Wade* and how these exclusions contributed to the uneven distribution of reproductive rights. The collapse of *Roe* illustrates the structural limitations intrinsic in a rights-based framework that neglects to prioritize Black women's reproductive experiences, resulting in an unstable and inequitable system of rights. Using a legal-historical methodology with archival evidence, periodization, and analysis of continuity and change over time, I place *Roe v. Wade* within a wider trajectory of reproductive control. The study examines how historical structures have shaped both the development and the limitations of modern reproductive rights. Integrating Supreme Court analysis, archival materials, and black feminist theory, this research explores how reproductive rights have been constructed, contested, and experienced throughout various periods. My analysis is based on a Black feminist perspective; this approach enables a critical evaluation of the intersections of race, class, and gender in shaping reproductive access and autonomy in both past and present contexts.

The Supreme Court's *Dobbs v. Jackson Women's Health Organization* decision instantly changed the narrative of feminist progress. By overturning *Roe v. Wade*, the Court removed the final federal protection for abortion rights and delegated regulatory authority to individual states. *Dobbs* represents a significant historical rupture, challenging the assumption that once-secured rights are inherently permanent. This reversal underscores the vulnerability of foundational feminist achievements to political and judicial shifts. Dobbs demonstrates that feminist gains are neither permanent nor assured, but rather contingent and reversible. This rupture prompts a deeper analytical inquiry: if feminism has advanced over time, why are protections eroding in the present? The tension between perceived progress and actual instability suggests that feminist advancement may not be linear but instead be unevenly distributed and limited in its capacity to produce enduring change. The fall of *Roe,* therefore, reveals structural weaknesses within the frameworks that previously supported it.

One limitation lies in the narrative of mainstream liberal feminism. Centered on the pursuit of legal equality and individual rights, it has prioritized access to the right to work, vote, or obtain an abortion as the primary measure of progress. However, these priorities reflected the experiences and interests of white, middle-class, and economically privileged women, whose access to resources made the exercise of such rights more attainable. As a result, the benefits of decisions like *Roe* were never evenly distributed. The ruling granted legal rights to abortion, but it did not account for the material conditions, such as income, geography, or access to healthcare, that shape whether that right can be exercised. This disparity reveals that not all women experienced *Roe* as a universal victory, underscoring the presence of inequality within feminism itself.

Black feminism challenges assumptions within mainstream feminist discourse by centering the intersection of race, gender, and class. This rejection of a universal female experience reveals how dominant narratives often prioritize certain voices, overlooking Black women. By reframing feminism, Black feminism highlights whose experiences are recognized and whose are rendered invisible within broader struggles for gender equality. Building on this critique, the reproductive justice framework encompasses a broader set of concerns, including the right to have children, the right not to have children, the right to raise children in safe and supportive environments, and freedom from state-sponsored sterilization. This shift moves beyond the formal recognition of legal rights to consider the material conditions necessary to exercise those rights in practice. Access to healthcare, economic stability, and community well-being become central components of reproductive freedom, revealing the limitations of approaches that prioritize individual autonomy without addressing structural inequality. In this way, reproductive justice reframes the conversation from one of rights alone to one of lived reality.

Taken together, these tensions and critiques form the foundation of this paper's central argument. The overturning of *Roe v. Wade* in *Dobbs v. Jackson Women's Health Organization* exposes the limitations of fourth-wave feminism, which, despite its emphasis on inclusivity, fails to center Black women's reproductive realities. To demonstrate this, the paper first traces the history of the control of Black women's bodies in the U.S., highlighting patterns of exclusion and uneven progress. It then analyzes the legal and ideological foundations of *Roe* and its eventual overturning in *Dobbs*. Finally, it applies Black feminist theory and the reproductive justice model to reveal the inadequacies of mainstream approaches and to propose a more comprehensive understanding of reproductive freedom. Through this analysis, the paper argues that true reproductive rights cannot be achieved without confronting the structural inequalities that have long shaped and limited feminist progress.

Historical Foundations: Reproduction, Slavery, and State Control

To understand the exclusion of Black women from Roe v. Wade, we must examine how U.S. history has systematically controlled Black women's reproduction. From slavery in the 18th century, Black women endured reproductive rights denial and severe violations by the colonial legal system and enslavers. Their bodies were exploited first to sustain slave labor and later stigmatized as a threat of overpopulation. By referencing Dorothy Roberts's *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (Roberts, 1997), I show how these historic patterns laid the foundation for the ongoing exclusion of Black women from mainstream reproductive rights discussions. Roberts's use of enslaved Black women's testimonies supports my argument that repeated reproductive domination enabled centuries of regulation, which continues today. Ultimately, these patterns of exclusion and exploitation shape the central principles defining reproductive justice (Roberts, 1997).

Reproduction Under Slavery (18th-19th Century)

Enslavers relied heavily on Black reproduction to maintain high productivity in the labor force with little to no initial investment. Masters viewed Black women's ability to reproduce as a tool to maximize productivity and profit. When the transatlantic trade ended in 1808, enslavers

turned to the practice of "slave breeding" to increase their labor force. "Slave-breeding" is a practice of an enslaver pairing an enslaved person whom they deemed as "prime stock" to mate with, resulting in the production of a child to add to the labor force. When Rose Williams, a sixteen-year-old slave girl, rejected a slave man's sexual advances, Master Hawkins made it imperative for her to follow through with the "slave breeding." Rosie recounted, "Woman, I's pay big money for you, and I's done dat for de cause I wants you to raise me chillens…Now, if you don't want whippin at de stake, yous do what I wants." Rosie Williams' testimony is an example of how Black women's reproduction was controlled to benefit the pockets of enslavers (Roberts, 1997).

Masters financially benefited from a slave woman's womb at the great expense of the woman's health. As Roberts provides the calculations of an anonymous planter in the chapter *Reproduction in Bondage*, controlling a slave woman's fertility increases their wealth: "I own a woman who cost me $400, when a girl, in 1827…She now has three children, worth over $3,000…" (Roberts, 1997). Masters also economically benefited from separating a slave mother from her child through auctioning. They can sell a mother or her child to pay off their debt or to get rid of a disobedient enslaved person as punishment, and can be waged at horse races and in lawsuits. All these ways of profiting from Black lives were legitimized by legislation. A nineteenth-century South Carolina court ruled that children could be sold away from their mothers, no matter how young, stating, "the young of the slaves…stand on the same footing as other animals." (Roberts, 1997) Another method of maximizing a master's labor force is sexually exploiting a slave woman. Slave women were often subjected to sexual abuse at the hands of their masters, which resulted in mixed-race children, who were automatically the master's property (Roberts, 1997). Nonetheless, weaponizing sexual abuse also reinforced white domination over their property, simultaneously requiring them not to purchase another enslaved person to add to their labor force.

Slave women were not only used for reproduction, but they were also expected to labor at the same capacity as their male counterparts, even through pregnancy and nursing. Slave mothers were forced to keep their children as they worked because the ability to reproduce didn't absolve them from their primary task of physical labor. While most slave mothers entrusted their children to enslaved people who could not work on the plantation, in other cases, slave women had to nurse their infants while working (Roberts, 1997). Slave women would strap their infant to their back as they worked or dug troughs in the ground to create makeshift cradles where they placed their babies as they toiled the soil. Former slave woman Ida Hutchinson recalled a tragic moment of the infants in the makeshift cradle drowning during a thunderous day on the plantation, "…the rain just came down in great sheets…the trough was filled with water, and every baby in it was floating round in the water, drowned." (Roberts, 1997) This fatal example proves how little the enslavers cared not only for their infants but also for the slave mother's capability to care and protect her babies.

All these horrendous methods to boost the productivity of the slave labor and the wealthy were possible through the legal system, since masters typically have the power to create and or influence laws. Since the nation's inception, the system of slavery was legalized with a Virginia statute made in 1662, which stated, "…all children borne in this country shall be held bond or free only according to the condition of the mother…" This statute was used as a legal

justification to separate a slave mother from her child (Roberts, 1997). Many more laws throughout the centuries would further justify and protect the mechanisms that masters used to preserve their slavery economic system. In 1846, another Virginia statute stated that, "if any free white man does ravish a woman over the age of ten years, when she did not consent before nor after,… the person so offending…shall be adjudged felons." However, there is not one single reported case in which a white man was prosecuted for the rape or attempted rape of a Black woman on record. Slave mothers had no legal claim over their children (Roberts, 1997).

Slave women resisted their masters' efforts to control their reproductive lives in various ways. Pregnant enslaved women would feign illness or physical ailments to get relief from work, since she is required to work up until their final months of pregnancy (Roberts, 1997). Another way Black women resisted against their masters was by abstaining from sexual intercourse or using abortive/contraceptives. Dr. E.M. Pendleton, a doctor from Georgia, noted from his observance of his female slaves, "the Blacks are possessed of a secret by which they destroy the fetus at an early stage of gestation." The techniques that Black women practice for self-induced abortion included "mechanical" mechanisms such as shoving a rolled towel into their vaginas. The most common technique was herbal remedies that were used in their African culture before their life as enslaved people. They would drink an herbal concoction of tansy, rue, roots, and seed of the cotton plant, pennyroyal, cedar gum, and camphor (Roberts, 1997). The most extreme method of resistance is infanticide, which is the killing of an infant. In 1831, a slave woman from Missouri named Jane was charged with killing her infant. In the indictment, Jane smothered her infant with bed coverings. Many slave women like Jane killed their infants to spare them from the brutalities of slavery, believing that death was better than living as someone else's property. Missouri law prosecuted Jane for infanticide because she sabotaged her master's potential future earnings, which he could've made from his "property." (Roberts, 1997)

Although emancipation formally ended the legal ownership of Black women's bodies, it did not dismantle the systems that regulated their reproductive lives. Instead, authority over Black women's reproductive lives shifted from masters to the emerging medical and scientific field. In the mid-nineteenth century, the professionalization of gynecology created new forms of control that shifted from increasing the population of the Black race to limiting the growth of the Black community.

The Emergence of the Study of Gynecology and Medical Racism

The developments of the Second Scientific Revolution in the nineteenth century are marked as a transformation of reproductive control over Black women's bodies. As the century progressed, authority over Black women's bodies increasingly shifted from the plantation to the clinic; the emergence of gynecology and obstetrics rearticulated earlier racial hierarchies through the language of science. The professionalization of medicine provided another layer of legitimacy for intervening in Black women's reproductive lives with inhumane and invasive practices such as sterilization abuse, public health regulation, and population control that would continue to operate under the guise of medical progress. In this section, I will be referencing Deirdre Cooper Owens's book, *Medical Bondage: Race, Gender, and the Origins of American Gynecology,* because it supports my central thesis that Black women were historically excluded from legal decisions regarding reproductive health (Cooper, 2017). My claim for this section is that Black

women were excluded from the historical development of the medical system that made *Roe* possible.

During the mid- to late nineteenth century, medicine in the United States underwent a process of professionalization marked by the expansion of medical schools, the consolidation of licensing practices, and the emergence of specialized fields. Gynecology developed as a distinct area of expertise focused on the diagnosis and treatment of women's reproductive organs. As this field gained authority, white male physicians increasingly positioned themselves as the primary arbiters of reproductive knowledge, displacing the role of midwives. This shift elevated medical institutions as central sites of power while simultaneously narrowing who could produce legitimate knowledge about women's bodies (Cooper, 2017).

The development of gynecology was deeply entangled with slavery and racial exploitation and was growing rapidly, along with the slave industry. Doctors developed relationships with slaveowners with the end goal of maintaining control over slave women's reproductive health, so that they could produce more babies for the slave labor force. The work of J. Marion Sims, often referred to as the "Father of modern Gynecology," exemplifies this relationship. In the 1840s, Sims conducted a series of experimental surgeries on enslaved Black women, including patients known as Anarcha, Lucy, and Betsey, to develop techniques for repairing vesicovaginal fistulas. These procedures were performed without anesthesia and were often repeated multiple times, as the women had no capacity to consent or refuse treatment under slavery. Although Sims's work contributed to advances in surgical practice, it did so at the expense of Black women's bodies to learn how to treat white women's reproductive health issues (Cooper, 2017).

The justification for these practices was grounded in emerging forms of scientific racism that constructed Black women as biologically different from their white counterparts. Physicians advanced claims that Black women possessed a higher pain tolerance, were naturally more robust, and were therefore suitable subjects for invasive experimentation. Former slave woman Harriet Jacobs detailed in her memoir how her owner forced a slave woman to eat food that killed his pet dog, because he believed that "the woman's stomach was stronger than the dog's." These ideas became embedded within medical training and practice, shaping diagnostic assumptions and treatment decisions (Cooper, 2017). In this way, racism was ingrained into scientific knowledge by allowing medical authority to legitimize forms of violence that would otherwise have been indefensible.

In the decades before gynecology became a formalized field, childbirth and reproductive care often unfolded in the hands of Black midwives, women whose knowledge moved quietly through enslaved quarters and free communities alike. They worked in intimate spaces, guiding births with practiced skill, long before white physicians entered these rooms, but as the nineteenth century progressed, their authority came under scrutiny and dismissal. One physician, recounting a difficult delivery, described it as "a badly managed case at first; for an old, ignorant negro midwife had been the first assistant of nature," reducing generations of embodied knowledge to incompetence in a single line. Such offensive reshaped the landscape of care, opening the way for white male doctors to claim authority over childbirth and women's health (Cooper, 2017).

As these men entered spaces once governed by women, the terms of care began to change. What had been communal and experiential became increasingly clinical and hierarchical. Black midwives, once central figures, were pushed to the margins, made to "acquiesc[e] to the complete authority" of physicians who now directed the course of treatment. Within hospitals, medical colleges, and plantation sickrooms, Black women themselves were transformed into objects of study, their bodies described as "clinical matter" in the hands of a profession seeking both knowledge and legitimacy (Cooper, 2017). The emerging field of gynecology came to represent "one of the largest encroachments black women faced," extending control over their reproductive lives in ways that were both visible and obscured by the language of care (Cooper, 2017). Decisions about their bodies rested with the enslavers who claimed authority over them. Even when a woman resisted, her refusal carried little weight; "even if an enslaved woman stated that she did not want to be operated on… an operation occurred." The setting may have shifted, but the structure of control remained. What had once been enforced through ownership was now exercised through diagnosis, treatment, and surgical intervention, carried out under the authority of science and medicine (Cooper, 2017). Long after slavery ended, the patterns established in these encounters endured, shaping how reproductive care would be delivered, who would have access to it, and whose autonomy would be recognized.

Early Birth Control Movement and Eugenics

The history of the early twentieth-century birth control movement and its entanglement with eugenic thought is indispensable for understanding the limitations embedded in modern reproductive rights discourse. In this section, I will be using Roberts's *Killing the Black Body* (1997) and Anne Overbeck's *At the Heart of It All* (2019) to demonstrate that competing imperatives of reform and social control shaped the progressive expansion of women's autonomy and how these rights were built upon a foundation that already excluded Black women's reproductive realities. By tracing the birth control movement's entanglement with eugenics, this section establishes that the inequities revealed in the post-*Roe* era are a continuation of a deeply unequal system of reproductive governance.

In the early twentieth century, African Americans who were seeking relief from the terrors of the Jim Crow South and economic prosperity migrated to northern cities. The mass migration of Black Americans coincided with the emigration of Europeans, causing overcrowding in urban neighbourhoods. These changes led to an interest in population control to preserve the racial hierarchy in America. The term "eugenics" was coined by British anthropologist Sir Francis Galton in 1883 and defined as a racist pseudoscience that focuses on the "improvement" of an undesirable race through controlled reproduction. Eugenics gained widespread popularity in the United States between the 1910s and 1930s, providing the scientific and moral justification for these interventions. Rooted in the belief that society could be improved, eugenic thought ranked racial groups hierarchically and promoted the restriction of those deemed "unfit." (Overbeck, 2019)

Writer and legislator William Hannibal Thomas blames the "poor quality of the Black race on black mothers because of their 'immorality' in his *The American Negro: What He Was, What He Is, and What He May Become.* This ideology is based on the negative stereotypes of Black woman as hypersexual beings that lack self-control over their sexual urges. This assumption of immorality being an inheritable trait permeated debates over family planning,

where “racial improvement through controlled breeding” became a widely accepted premise across political and social groups. Birth control advocates, policymakers, and social reformers adopted eugenic language to argue that limiting the reproduction of poor and nonwhite populations would alleviate poverty and strengthen the nation (Overbeck, 2019).

One notable birth control advocate, Margaret Sanger, increasingly aligned her goals with eugenic priorities with the mission of the American Birth Control League that she founded. In its 1932 “Negro Issue,” the publication explicitly positioned the Black population as evidence that birth control could facilitate the “improvement of the race” (Overbeck, 2019). These functioned strategically to justify expanding birth control services into Black communities under the guise of public health and social reform.

Simultaneously, eugenic discourse was not imposed solely from outside the Black community. As the chapter demonstrates, a range of African American intellectuals, activists, and middle-class reformers engaged with eugenic ideas, sometimes adopting “positive eugenics” as a strategy for racial uplift. Debates over “quantity versus quality” of the Black population reflected an internal negotiation over how best to achieve social progress in a racist society (Overbeck, 2019). For some, limiting births was seen as a means of improving economic stability and countering racist stereotypes, while for others, it raised concerns about racial survival and autonomy. Dr. W.E.B. Du Bois, a notable Pan-African civil rights leader, argued for the use of contraceptives to prevent African Americans from overpopulating society with people who “are at least intelligent and fit” (Overbeck, 2019). In the 1932 issue of the *Birth Control Review,* Dr. Du Bois closed his argument, stating, “They [Black population] learn that among human races and groups…quality and not mere quantity really counts (Overbeck, 2019).” This complexity underscores that Black participation in birth control discourse is shaped by competing political, economic, and social pressures.

Sanger drew selectively on arguments made by Dr. Du Bois regarding racial uplift and the responsibilities of the Black elite but repurposed them within a eugenic scope that justified reproductive regulation rather than genuine empowerment. In January 1939, Sanger’s American Birth Control League coalesced with the Clinical Research Bureau to become the Birth Control Federation of America and established a Division of Negro Service whose mission is to educate Black communities about their fertility. In Sanger’s project proposal in 1938, she defended the project’s purpose by stating, “ The mass of Negroes, particularly the South, still breed carelessly and disastrously, with the results that the increase among Negroes, even more among whites, is from that portion of the population least intelligent and fit, and least able to rear children properly.” Within that same year, the Division of Negro Service launched two pilot projects in Nashville, Tennessee, and several rural counties in South Carolina, both operated by Black doctors and nurses to “effectively disseminate birth control information” among the uneducated Black population (Overbeck, 2019).

The convergence of the birth control movement and eugenic ideology thus produced a contradictory legacy. On one hand, it expanded access to contraceptive knowledge and laid the groundwork for later reproductive rights movements. On the other hand, it embedded racialized assumptions about fertility, morality, and social worth into the foundations of reproductive healthcare policy. As Roberts and Overbeck make clear, this history is essential for understanding why the very institutions that promoted birth control were simultaneously implicated in efforts to limit the reproduction of those deemed undesirable (Roberts, 1997; Overbeck, 2019). Consequently, the early birth control movement must be understood not only

as a milestone in women's rights but also as a critical site in the development of reproductive oppression for Black women

Mid-20th Century: Sterilization Abuse and Public Health Inequality

In the mid-twentieth century, Black women continued to navigate a medical system shadowed by distrust and quiet warning. From The HistoryMakers Digital Archive, Adelaide Sanford recalls her aunt being sterilized without her consent. Her aunt, stricken with severe abdominal pain, was examined by a local physician who diagnosed her with appendicitis and insisted that immediate surgery was necessary. Though fearful of the hospital and what it represented, her grandmother relented, persuaded by the urgency of the situation and the doctor's instructions to arrive discreetly and wait outside until he came for them (Sanford, 2003). The next morning, they stood at the back entrance of the hospital, following his directions exactly. When another staff member appeared and urged them inside, her grandmother hesitated, repeating the doctor's warning to wait. But reassured that he had sent for them, they entered. What followed was not the operation they had been promised. Instead, her aunt was taken into surgery and subjected to a total hysterectomy (Sanford, 2003).

By the mid-1960s, conversations about Black family life had moved from private concern into national debate. In 1965, The Moynihan Report—*The Negro Family: The Case for National Action* circulated through government offices, newspapers, and universities, drawing a wave of attention and controversy. At the time, sociologist Robert B. Hill, then a student at Columbia University, first encountered it in the pages of the press. He recalled the report cast Black families as troubled and unstable, because the woman was the head of the household: "I thought the report was deeply devastating for Black families because it framed Black families themselves as the problem, particularly Black women who headed households. In response, some scholars, both Black and white, wrote rebuttals to the Moynihan Report, challenging its assumptions and conclusions (Hill, 2004). Serving as Assistant Secretary of Labor in the Lyndon Johnson administration, Daniel Patrick Moynihan had prepared it for President Lyndon B. Johnson's anticipated address at Howard University. The report provoked an immediate backlash, but what lingered most was the report's central claim that the primary crisis facing Black communities lay within the structure of the Black family itself (Hill, 2004).

The case of civil rights activist Fannie Lou Hamer illustrates the deeply racialized and exploitative nature of these practices. In 1961, Hamer was sterilized without her consent while undergoing surgery for a minor medical issue, a procedure that became so common in the South that it was colloquially referred to as a "Mississippi appendectomy". However, sterilization abuse was not confined to the South, with similar cases being documented in cities such as Boston, San Francisco, and New York. In 1965 alone, sixty Black women in Sunflower County, Mississippi, were subjected to postpartum sterilizations, highlighting the systematic nature of these interventions (Roberts, 1997).

Economic incentives further entrenched these practices within the healthcare system. Medicaid policies made sterilization procedures financially advantageous for hospitals, creating a perverse incentive in which providers could receive significantly higher compensation for sterilizations than for less invasive treatments. For example, in 1975, a hysterectomy cost $800 compared to $250 for a tubal ligation, with surgeons receiving reimbursements from Medicaid. By the early 1970s, it is estimated that between 100,000 and 150,000 poor women of color had been sterilized without informed consent or under coercive circumstances. Public exposure of

these practices through lawsuits such as *Relf v. Weinberger* brought national attention to the issue and demanded an end to state-sanctioned sterilization. By the mid-1970s, new federal guidelines required informed consent and imposed waiting periods for sterilization procedures, marking a formal acknowledgment of past abuses (Roberts, 1997).

Despite these reforms, the legacy of mid-century sterilization abuse reveals the persistence of reproductive inequality within American public health systems. The convergence of racial ideology, economic incentives, and medical authority produced a system in which Black women's reproductive autonomy was systematically undermined. This history underscores the central argument that reproductive rights in the United States have been unevenly distributed, shaped by enduring structures of race, class, and gender inequality.

Pre-*Roe* Reproductive Politics and Black Women's Position

“It was very painful I remember, it was humiliating I remember and it's hard for me to talk about it without tearing up because I have really tried to suppress this memory, but you know, I, I had to do it you know.” Dee Dee Bridgewater recalled undergoing an illegal abortion at eighteen while being a college student. In a “dirty hotel room,” a nurse inserted a “thin rubber tube” into her body, then drove from Flint to Champaign-Urbana with the tube concealed between her legs until she began to hemorrhage. The experience, she remembered, was “very painful” and “humiliating,” a secret she carried even from her parents (Bridgewater, 2014).

Before *Roe v. Wade* in the mid twentieth century, women like Dee Dee Goldwater resorted to illegal abortion care that was extremely hazardous. In the 1960s, most states criminalized abortion except when a physician determined that a pregnancy threatened a woman’s life. Yet despite these restrictions, abortion remained widespread. As documented in *The Search for an Abortionist: The Classic Study of How American Women Coped with Unwanted Pregnancy Before Roe V. Wade* by Nancy Howell Lee and Mark Crispin Miller (2014), the pre-*Roe* era was marked by a persistent gap between law and practice. Although officially prohibited, abortion was “one of the most common forms of illegal activity,” sustained through informal networks of physicians, midwives, and community knowledge (Lee & Miller, 2014). This section demonstrates that the pre-*Roe* period reveals a stratified system in which legality and safety were privileges rather than guarantees.

In the years before *Roe*, the search for an abortion was rarely straightforward, and for many women it unfolded as a quiet, uncertain journey shaped by the limits of their circumstances. Women maneuvered through informal networks, asking friends, relatives, and acquaintances for help, often in secrecy and distress. As one account describes, women were sometimes forced “to go up to people [they] hardly knew… and ask if they knew of someone who would help,” revealing how limited the reach of personal connections was. The vast majority of those approached for assistance came from within a woman’s immediate social circle— “258” out of “324 people” were friends or family (Lee & Miller, 2014). Some women were able to mobilize broader networks, obtain multiple leads, or even travel long distances—one woman journeyed “about five hundred miles” and paid hundreds of dollars for a procedure—while others encountered dead ends, refusals, or silence. Most women heard of only “one or two” possible providers, and many leads proved unusable because they were too expensive, too far away, or unavailable. In this landscape, the ability to secure a safer abortion requires money, mobility, and access to trustworthy recommendations, which were unevenly distributed across race and class lines (Lee & Miller, 2014). Secrecy further shaped the experience, limiting visibility and collective awareness. Women were selective about whom they confided in, sometimes sharing only with a few trusted individuals, while others avoided disclosure altogether out of fear or shame. Even when medical professionals were consulted, they often refused assistance for fear of imprisonment or loss of their medical licenses.

In this fragmented and unpredictable system, outcomes varied widely. The absence of regulation meant that safety, cost, and quality were determined not by standardized care but by the pathways available through one’s social network. For Black women, whose access to resources, mobility, and trustworthy medical care was already constrained by systemic racism, these conditions produced an even more precarious reality. Their reproductive lives were shaped

not only by restrictive laws but by an uneven landscape of access in which autonomy depended on navigating secrecy, inequality, and risk.

Roe v. Wade and Black Women's Reproductive Reality

The Supreme Court's decision in *Roe v. Wade* marked a significant shift in the legal regulation of abortion in the United States by establishing a constitutional right to terminate a pregnancy under the right to privacy. By invalidating many state-level abortion restrictions, *Roe* is often framed as a watershed moment in the expansion of women's rights. However, when situated within the longer historical trajectory of reproductive control, the decision reveals important limitations. While *Roe* transformed the legal status of abortion, it did not change the structural conditions that made access to reproductive healthcare unattainable for Black women. I will be referencing Linda Greenhouse's and Reva B. Siegel's, *Before Roe v. Wade: Voices That Shaped the Abortion Debate Before the Supreme Court's Ruling* in this section because it demonstrates how Black women's intellectual and political spaces in the post-*Roe* period reveal the contradiction at the time.

The Supreme Court's decision in *Roe v. Wade* is often celebrated as a landmark expansion of women's reproductive rights. Establishing abortion as a constitutionally protected right under a privacy framework, framed *Roe's* ruling to secure reproductive autonomy for women across the United States. However, as Black feminist scholarship demonstrates, the ruling's emphasis on individual choice obscured the structural inequalities that shaped who could exercise that right. A 1999 issue of the *Spelman Spotlight* situates reproductive rights within a broader matrix of inequality, noting that feminism itself was concerned not only with legal freedoms but with "issues such as reproductive rights, occupational mobility, and equal wages." Rather than functioning as a universal feminist victory, *Roe* reflected what one analysis identifies as the priorities of "white, middle-class feminism," relying on a framework that failed to account for uneven access to resources, safety, and dignity (Greenhouse & Siegel, 2012).

This gap between legal recognition and lived reality becomes clear when *Roe* is situated within the broader historical conditions shaping Black women's reproductive lives. Long before 1973, Black women were subjected to systemic forms of reproductive control, including coercive and non-consensual sterilization. Evidence from the mid-twentieth century demonstrates that thousands of poor and Black women were sterilized without informed consent, often under pressure from medical professionals or state institutions. In some cases, hospitals conditioned access to medical care on agreement to sterilization procedures, while financial incentives embedded in Medicaid made such procedures profitable for providers. By 1973, an estimated 100,000 to 150,000 women had been sterilized under coercive or uninformed circumstances (Guttmacher Institute, 2021). These practices reveal that reproductive "freedom" for Black women historically included not only restrictions on abortion but also forced limitations on their ability to have children.

Within this context, *Roe*'s narrow focus on abortion rights failed to address the broader spectrum of reproductive injustice. Black women's experiences were shaped by the intersection of medical racism, poverty, and state surveillance, which made it difficult to reduce reproductive politics to a single issue. As Billye Avery of the National Black Women's Health Project later explained, Black women activists consistently resisted framing reproductive rights solely around abortion, emphasizing issues such as infant mortality, healthcare access, and community well-being (In Our Own Voice, 2017). The inability of mainstream feminist organizations to

incorporate these concerns reflected a deeper disconnect. While white feminist movements centered on gender-based oppression, Black women confronted what scholars describe as "multilayered discrimination," making a single-issue framework inadequate.

These structural limitations were actively produced through legal and political strategies that narrowed *Roe*'s scope over time. In reflecting on the post-*Roe* landscape, Alyce Faye Wattleton, former president of Planned Parenthood Federation of America, explained that opponents of *Roe* adopted a deliberate strategy of "chipping away at the ability of women to exercise their right," a process that restricted "ever-growing numbers of women" from accessing abortion. Most strikingly, she concluded that "in a real practical sense *Roe v. Wade* has been overturned," because when "poor women do not have access…that chipped away at *Roe v. Wade*. (Wattleton, 2005, 12:34)" The limitations of *Roe* became even more apparent with the passage of the Hyde Amendment in 1976. By prohibiting the use of federal Medicaid funds for abortion, the policy effectively restricted access for low-income women, disproportionately affecting Black women who were overrepresented among Medicaid recipients (Guttmacher, 2021). In this sense, *Roe* did not eliminate inequality but was instead constrained by state policies that reinforced racial and economic disparities.

Taken together, these dynamics underscore a central tension that *Roe* expanded formal legal rights while leaving intact the structural conditions that limited their realization. Black feminist critiques emerged precisely from this contradiction, arguing that reproductive freedom cannot be reduced to the right to choose abortion but must include the material conditions necessary to exercise that choice. As one source frames it, reproductive freedom requires not only legal rights but also "resources, safety, and dignity." When placed within this broader historical framework, *Roe v. Wade* appears less as a comprehensive victory that addressed legal barriers while leaving deeper systems of inequality fundamentally unchanged.

Black Feminist Intervention and the Emergence of Reproductive Justice

To fully understand the limitations of mainstream feminist approaches to reproductive rights, it is crucial to understand the framework of Black feminist theory. Black feminist thought focuses on how the intersection of race, class, and gender operates simultaneously to shape lived experiences. This framework challenges dominant feminist narratives that rely on abstract, universal claims about "women" and instead insists on grounding analysis in the material realities of those most marginalized. Using works from Black feminist scholars such as Kimberle Crenshaw and Patricia Hill Collins provides a critical Black feminist lens for understanding the unequal development of reproductive rights.

A foundational concept within this framework is intersectionality, in *Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics,* Kimberle Crenshaw coined the term "intersectionality" to describe how multiple forms of oppression overlap and interact (Crenshaw, 1989). One of the key points Crenshaw made is that the judicial system doesn't acknowledge the distinctions between white and black women's lives, and perceives Black women's claims as so distinct from white women and Black men. Crenshaw (1989) approaches this problem by examining how the judicial system interprets claims made by Black women. For example, a group of Black women plaintiffs filed a suit against General Motors claiming gender discrimination. The district court ruled in favor of the defendant, stating that "…this lawsuit must be examined to see if it states a

cause of action for race discrimination, sex discrimination…but not a combination of both." In the context of reproductive rights, intersectionality highlights how access to abortion, healthcare, and safe living conditions is shaped not only by gender but also by systemic racism and economic inequality. As such, any legislation created that intends to protect women's reproductive rights but fails to include the experiences of marginalized women is subject to failure.

Closely related to intersectionality is the concept of the "matrix of domination," articulated by Patricia Hill Collins in *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment* (Collins, 2000). The matrix of domination framework conceptualizes power as a structured system in which multiple forms of oppression are organized and reinforced across social, political, and economic institutions. Rather than viewing inequality as the result of individual acts of discrimination, the matrix of domination situates power within broader structural arrangements that shape access to resources, opportunities, and rights. Black women occupy a distinct position within this system that cannot be fully understood through single-axis frameworks, because their experiences are shaped by intersecting hierarchies operating at both the macro and micro levels. Applying this framework to reproductive politics reveals that disparities in access to care, maternal health outcomes, and reproductive autonomy are produced and sustained by racist systemic forces (Collins, 2000). This structural perspective challenges the assumption that legal rights alone are sufficient to achieve equality.

Together, these concepts provide a critical reexamination of mainstream feminist assumptions, particularly the notion of a "universal woman." Historically, much of feminist advocacy has operated on the premise that women share a common set of interests and experiences, allowing for the formulation of broad, unified political goals. However, Black feminist theory exposes the limitations of this assumption by demonstrating how differences in race, class, and social position fundamentally shape women's lives. The idea of a universal female subject often masks how white, middle-class women have been positioned as the implicit norm, while Black women are rendered peripheral. This critique is especially relevant in the context of reproductive rights, where the framing of abortion as a matter of individual choice reflects a specific set of social and economic conditions that are not universally shared. For Black women, the ability to exercise "choice" is constrained in ways that mainstream feminist frameworks have not adequately addressed.

By challenging these assumptions, Black feminist theory reframes reproductive rights as inseparable from broader systems of power. It shifts the focus from formal legal protections to the conditions that make those protections meaningful in practice. For example, access to abortion must be analyzed in relation to factors such as geographic location, healthcare infrastructure, income, and exposure to state control. This perspective reveals that reproductive inequality is not simply a matter of individual limitation but is structurally produced. Consequently, addressing these disparities requires a transformation of the social and economic conditions that shape reproductive life.

This analytical shift lays the groundwork for the concept of reproductive justice, which emerges as a necessary alternative to traditional rights-based frameworks. In 1994, the term "reproductive justice" was coined by the Black Women's Caucus at a conference in Chicago.

Loretta Ross, founder of SisterSong (SisterSong, n.d.). While mainstream feminism has often focused on securing legal access to abortion, reproductive justice expands the scope of analysis to include the full range of conditions that affect reproductive autonomy. It recognizes that the right to choose is insufficient without the resources, support, and social environment necessary to act on that choice. By centering the experiences of Black women and other marginalized groups, reproductive justice redefines reproductive freedom, moving beyond individual rights to encompass collective well-being and structural equity.

In this way, Black feminist theory not only critiques the limitations of existing feminist frameworks but also provides the conceptual tools needed to reimagine them. By emphasizing intersectionality, structural power, and lived experience, it shifts the focus of analysis from abstract ideals to material realities. This shift is essential for understanding both the historical development of reproductive rights and their contemporary instability, as it reveals the deeper structural inequalities that continue to shape and constrain feminist progress.

Dobbs and the Collapse of Reproductive Protections

In June 2022, the Supreme Court announced its decision in *Dobbs v. Jackson Women's Health Organization* (2022), and with it, nearly half a century of constitutional precedent gave way. The ruling swept aside *Roe v. Wade* (1973) and *Planned Parenthood v. Casey* (1992), decisions that had once declared that state abortion laws could not stand where they infringed upon "the right to privacy… including a woman's qualified right to terminate her pregnancy. (*Roe v. Wade*, 1973, p. 132)" In 1973, the Court had spoken in the language of constitutional protection, insisting that the Fourteenth Amendment shielded intimate decisions from state intrusion; it held that laws which criminalized abortion "violate the Due Process Clause… which protects against state action the right to privacy. (*Roe v. Wade*, 1973, p. 133)" Yet by the time *Dobbs* (2022) arrived, that promise had already begun to fray. What appeared in 2022 as a sudden reversal was the final act of a slow erosion in which the protections of *Roe* had been narrowed, restricted, and rendered uneven across the nation. *Dobbs* (2022) revealed how fragile that precedent had always been, exposing a constitutional framework built on privacy that could be withdrawn as easily as it had once been declared.

In articulating this position, the Court drew upon an interpretive tradition that extended beyond explicit constitutional text. It connected reproductive decision-making to broader protections of "personal, marital, familial, and sexual privacy," aligning abortion with earlier precedents such as *Griswold v. Connecticut* (*Dobbs vs. Jackson Women's Health Organization*, 2022). Through this reasoning, abortion became situated within the evolving doctrine of substantive due process, which recognized certain unenumerated rights as fundamental to liberty under the Fourteenth Amendment. Nearly five decades later, the Court in *Dobbs v. Jackson Women's Health Organization* (2022) rejected this framework. Writing for the majority, Justice Alito asserted that abortion was not a constitutional right because it was neither explicitly enumerated nor "deeply rooted in this Nation's history and tradition. (*Dobbs vs. Jackson Women's Health Organization*, 2022, pg.132)" The decision abandoned the privacy-based reasoning of *Roe*, overturned its precedent, and returned authority over abortion regulation to the states, marking a decisive shift in constitutional interpretation and the scope of federal protection.

The Supreme Court in *Roe v. Wade* spoke in the language of privacy, locating the abortion decision within a constitutional tradition that had long been inferred from the "concept of liberty guaranteed by the first section of the Fourteenth Amendment." It concluded that "the right of personal privacy includes the abortion decision," even as it acknowledged that such a right was "not unqualified" and must be balanced against the state's interest in potential life (*Roe v. Wade*, 1973). Nearly half a century later, in *Dobbs v. Jackson Women's Health Organization* (2022), that language was stripped away. The Court returned to the Fourteenth Amendment with a different method, warning that "'liberty' is a capacious term" and insisting that judges must not confuse constitutional meaning with "our own ardent views about the liberty that Americans should enjoy. (*Dobbs vs. Jackson Women's Health Organization*, 2022, pg. 136)" In its place, the Court revived a narrower test: a right must be 'deeply rooted in this Nation's history and tradition' and essential to the 'scheme of ordered liberty' before it could be recognized at all. By this measure, abortion—absent from the constitutional text and unsupported, in the Court's telling, by longstanding legal tradition—fell outside the protections of substantive due process (*Dobbs vs. Jackson Women's Health Organization*, 2022, pg. 137).

With that conclusion, the ground beneath federal protection gave way. Declaring that "the Constitution does not prohibit the citizens of each State from regulating or prohibiting abortion," the Court announced that *Roe* and *Casey* had "arrogated that authority," and it now "return[ed] that authority to the people and their elected representatives. (*Dobbs vs. Jackson Women's Health Organization*, 2022, pg. 140)" What followed was not a single new rule but a fragmentation of law across the states, as authority once held at the national level dispersed into fifty separate jurisdictions. In some states, long-dormant statutes—laws written generations earlier when abortion had been "a crime in every single State"—stood ready to be enforced once more. In others, legislatures moved swiftly to enact new prohibitions, grounded in what the Court described as "legitimate state interests" such as "protecting the life of the unborn. (*Dobbs vs. Jackson Women's Health Organization*, 2022)" The result was an uneven legal landscape, where the meaning of constitutional liberty no longer traveled uniformly across the nation but shifted at state lines, producing a geography of rights defined by the varied and contested judgments of local power.

Long before the Court declared the end of *Roe*, its foundations had already begun to erode, not in a single moment but through a steady accumulation of restrictions that narrowed the meaning of the right in practice. In the years after 1973, lawmakers turned to funding as a tool of limitation. The Hyde Amendment, first attached to federal spending bills in 1976, "prohibits federal funding for abortion," effectively placing the procedure beyond reach for millions who depended on Medicaid and other public programs. By the late twentieth century, this restriction had grown into a vast architecture of exclusion: "the Hyde Amendment leaves 7.8 million women…with Medicaid coverage but without abortion coverage," and "half of those affected are women of color." What the law still recognized in principle, it quietly withdrew in practice. As one report observed, "for many Black women, having the legal right to abortion does not necessarily translate into being able to access that right," as public insurance systems refused to fund care. At the same time, states began constructing new barriers around clinics themselves (In Our Own Voice, 2017). Between 2009 and 2014 alone, "states enacted almost 300 new abortion restrictions," many of them in the form of Targeted Regulation of Abortion Providers laws that imposed costly requirements—hospital admitting privileges, surgical-center standards, waiting

periods—that forced clinics to close and stretched access across distance and time. The effect was cumulative: "the number of abortion clinics is declining, and clinics are closing at record levels," leaving "ninety percent of U.S. counties" without a provider (In Our Own Voice, 2017).

In the years leading up to *Dobbs*, the burden of restriction did not fall evenly across the nation but gathered most heavily in the same regions long shaped by racial governance. In the Southern states of Alabama, Georgia, Louisiana, Mississippi, North Carolina, and South Carolina—where Black populations remained high, lawmakers layered restriction upon restriction, so that each state carried "four to six abortion restrictions that hamper access to abortion care." Clinics began to disappear from the map. Since 2011, more than 150 providers have either shut their doors or stopped providing abortion care, and ninety percent of U.S. counties lack an abortion clinic, forcing women to travel distances many could not afford to cross. In these regions, access was geographically withdrawn (In Our Own Voice, 2017). What had once been framed as a constitutional right became, for many, a question of mileage, time, and survival.

The barriers deepened where poverty and policy converged. For Black women, who were more likely to rely on publicly funded health care, the law had already narrowed the pathway through Medicaid restrictions that refused to cover abortion care. The result was a system in which "having the legal right to abortion does not necessarily translate into being able to access that right. (In Our Own Voice, 2017)" Even when clinics remained open, the cost of travel, the loss of wages, and the absence of nearby providers turned legality into abstraction. These constraints were compounded by the growth of religiously affiliated hospitals that "explicitly deny access to many reproductive services," often serving as the only available provider in rural areas (In Our Own Voice, 2017). The landscape of care narrowed further, producing what many experienced as a healthcare desert—one where services existed in law but vanished in practice.

Yet this moment did not stand apart from history; it echoed it. Decades earlier, Black women had described how hospitals and state programs sought to control their reproductive lives, recounting how they were "forced to accept…sterilization…in exchange for a continuation of welfare benefits" and how medical institutions treated them as "a medical testing ground. (In Our Own Voice, 2017)" These practices formed a longer tradition in which reproductive control operated as a mechanism of racial power. The same text warned that "the lack of the availability of safe birth control methods, the forced sterilization practices and the inability to obtain legal abortions are all symptoms of a…society that jeopardizes the health of black women…in its attempts to control the very life processes of human beings. (In Our Own Voice, 2017)" In this light, *Dobbs* did not mark a new beginning. It marked a return—one that placed Black women once again at the center of a system where law, medicine, and policy converged to regulate not only rights, but life itself.

Conclusion

The overturning of *Roe v. Wade* in *Dobbs v. Jackson Women's Health Organization* has often been framed as a dramatic rupture in the trajectory of feminist progress. Yet, as this paper has demonstrated, *Dobbs* exposes long-standing weaknesses embedded within the frameworks that once sustained those rights. *Roe*'s legacy, while undeniably significant, was built upon a

narrow conception of reproductive freedom rooted in privacy and individual choice. This framework failed to address the structural inequalities that have always shaped access to reproductive healthcare, leaving its protections unevenly distributed and ultimately vulnerable. The collapse of *Roe*, therefore, should not be understood as an isolated legal event, but as the culmination of deeper limitations within mainstream feminist approaches to reproductive rights.

This analysis also underscores the extent to which contemporary feminism—particularly in its fourth-wave iteration—has struggled to resolve these foundational issues. Despite its emphasis on inclusivity, intersectionality, and the amplification of marginalized voices, fourth-wave feminism has not fully translated these commitments into structural change. The prominence of digital activism and visibility politics has expanded the scope of feminist discourse, but it has not fundamentally altered the systems that produce and sustain inequality. As a result, the gap between representation and material outcomes persists, leaving many of the same disparities intact. The continued marginalization of Black women within reproductive politics illustrates this disconnect, revealing that the language of inclusion alone is insufficient to address deeply rooted structural inequities.

Centering Black women within feminist analysis is therefore not simply an act of inclusion, but a necessary methodological shift that transforms how reproductive rights are understood. As this paper has shown, Black women's reproductive experiences have historically been shaped by coercion, surveillance, and systemic neglect—conditions that complicate dominant narratives of choice and autonomy. These experiences illuminate the limitations of frameworks that prioritize legal recognition without addressing the broader social, economic, and political conditions that determine whether rights can be meaningfully exercised. By foregrounding the perspectives of those most affected by reproductive inequality, it becomes possible to develop a more comprehensive and accurate understanding of the challenges facing contemporary feminist movements.

In this context, the reproductive justice framework emerges as a critical alternative to traditional rights-based approaches. By expanding the scope of reproductive rights to include the conditions necessary for autonomy, reproductive justice addresses the gaps left by earlier feminist frameworks. It recognizes that the ability to make reproductive decisions is inseparable from factors such as healthcare access, economic stability, environmental conditions, and community support. This holistic approach not only accounts for the diversity of women's experiences but also provides a more sustainable foundation for achieving reproductive freedom. In contrast to the fragility of rights grounded solely in legal doctrine, reproductive justice emphasizes the importance of structural transformation, offering a pathway toward more equitable and enduring outcomes.

Ultimately, the trajectory from Roe to Dobbs reveals that the struggle for reproductive rights cannot be reduced to the preservation or restoration of legal protections alone. While legal recognition remains a crucial component of reproductive freedom, it must be accompanied by efforts to address the structural conditions that shape access and opportunity. Without such efforts, reproductive rights will continue to be unevenly distributed and vulnerable to erosion, disproportionately impacting those who are already marginalized. The lessons of this analysis

extend beyond the specific issue of abortion, pointing to broader questions about the nature of feminist progress and the conditions necessary for achieving genuine equality.

True reproductive freedom cannot exist without addressing the structural conditions that determine who is able to exercise that freedom. By moving beyond narrow conceptions of choice and embracing a more expansive, justice-oriented framework, it becomes possible to reimagine reproductive rights in a way that is both inclusive and transformative. In doing so, feminist movements can begin to confront the limitations of their past and work toward a future in which reproductive autonomy is not only legally recognized but materially realized for all.

References

Collins, P. H. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment* (2nd ed.). Routledge.

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum, 1989*(1), 139–167. https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8

Bridgewater, D. D. (2014, November 10). *Interview by L. Crowe* [Interview]. The HistoryMakers Digital Archive.

Greenhouse, L., & Siegel, R. B. (2012). *Before Roe v. Wade: Voices that shaped the abortion debate before the Supreme Court's ruling*. Yale Law School.

Guttmacher Institute. (2021, May). *The Hyde Amendment: A discriminatory ban on insurance coverage of abortion* [Fact sheet].

Higginbotham, A. L., Jr., & Jacobs, A. F. (1992). The law only as an enemy: The legitimization of racial powerlessness through the colonial and antebellum criminal laws of Virginia. *North Carolina Law Review, 70*, 969–1024. https://scholarship.law.unc.edu/nclr/vol70/iss4/1

Hill, R. B. (2004, August 24). *Interview by R. Tucker Hamilton* [Interview]. The HistoryMakers Digital Archive.

In Our Own Voice: National Black Women's Reproductive Justice Agenda. (2017). *Our bodies, our lives, our voices: The state of Black women and reproductive justice*.

Lee, N. H. (2014). *The search for an abortionist: The classic study of how American women coped with unwanted pregnancy before Roe v. Wade*. Open Road Integrated Media.

Overbeck, A. (2019). *At the heart of it all? Discourses on the reproductive rights of African American women in the 20th century*. Walter de Gruyter.

Roberts, D. E. (1997). *Fighting the Black body: Race, reproduction, and the meaning of liberty*. Pantheon Books.

Sanford, A. (2003, September 19). *Interview by C. Sandler* [Interview]. The HistoryMakers Digital Archive.

Spelman College Archives. (1999, November 30). Modern-day feminist pioneer Gloria Steinem visits Spelman. Spelman Spotlight.

Wattleton, A. F. (2005, February 4). *Interview by R. Tucker Hamilton* [Interview]. The HistoryMakers Digital Archive.

Dobbs v. Jackson Women's Health Organization, 597 U.S. (2022).

Roe v. Wade, 410 U.S. 113 (1973).

SisterSong. (n.d.). *About us*. https://www.sistersong.net/about-x2