Reproductive Ethics with Camisha Russell

Christiane Wisehart, host and producer: I'm Christiane Wisehart, and this is Examining Ethics, brought to you by The Janet Prindle Institute for Ethics at DePauw University.

[music: Blue Dot Sessions, Single Still]

Christiane: Camisha Russell is an associate professor of philosophy at the University of Oregon. She's here today to help us explore the connections between Black Lives Matter and her work in the ethics of reproduction.

Camisha Russell: So for me, a lot of the questions I want to look at, is this the right thing to be paying the most attention to? The way that we do reproductive technologies now... Who is most often served? Who might not be served? Are there still these connections to eugenics?

Christiane: Stay tuned for our discussion on today's episode of Examining Ethics.

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[interview begins]

Christiane: Welcome to the podcast, Camisha Russell. We're here to discuss your article, "Which lives matter in reproductive biomedicine?" So first of all, could you just briefly set the stage for us? What's the question you're hoping to answer in this piece?

Camisha Russell: I was actually asked to write the piece in 2020. I was interested in trying to connect what was going on in terms of Black Lives Matter with my ethical research in reproductive biomedicine. And then I just wanted to think about how this idea about the value of certain lives connects with the practices of reproductive biomedicine.

It didn't end up there, but it was aimed at a publication read by practitioners more so than people who like to talk about the social and ethical implications of these things. So the idea at the time was actually to see if I could reach practitioners, which maybe it still does, but perhaps to a lesser extent.

Christiane: And really briefly, what is reproductive biomedicine?

Camisha Russell: Reproductive biomedicine can include a lot of things. So it can be about anything that's supposed to address any problems or health concerns involved in reproduction. So it can be addressing infertility. It can be addressing other problems of pregnancy, but it also increasingly has moved to looking at what fetuses are like genetically. And so we have a lot of

new genetic interventions and testing and things like that that have been developing since probably the eighties but have reached new capabilities recently. So it also includes that sort of thing.

And then my main area of interest includes assisted reproductive technologies that try to help either people who are infertile or people who are socially infertile–medically or socially–to have children, often using donor gametes, donor sperm or eggs, and sometimes using surrogates as well.

Christiane: Could you lay out for us some of the ethics issues that one might encounter in reproductive biomedicine?

Camisha Russell: For me there's two ways to look at ethical issues. So there are ethical issues that are involved with the individual relationships and desires and rights and needs of people involved in a reproductive technology. So there are the things that the intended parents want. There's the way that they're treated by practitioners, that kind of medical ethics, and questions of autonomy and choice. Even more thornier perhaps, are issues around donors and surrogates, so whether donors should be paid. Especially egg donors, they go through a more elaborate process typically than sperm donors. And so whether and what they should be paid or whether they must always be anonymous or shouldn't be anonymous and all these kinds of issues. And with surrogates, obviously there are questions then about payment and exploitation. There are concerns about what would constitute baby selling and that kind of thing.

There used to be a lot of worry about surrogacy when it was what we called traditional surrogacy, which meant that the person who was carrying the child for the intended parents was also a genetic parent of that child. So it was that woman's own egg and her womb. That kind of surrogacy is very uncommon now. Now surrogacy is typically gestational surrogacy, so that's where IVF is done, where an embryo is created outside the body, you know, bringing the sperm and an egg together outside the body to create an embryo. And that embryo is then implanted in a woman who is not genetically related to the child that she will carry. So that has to some degree reduced the controversy there.

So what I often talk about is not all of that, but actually what I think are the larger social-political-ethical issues around reproductive biomedicine. And a lot of that is about its origins, to what extent it remains connected to those origins. So I connect its origins to eugenics in the piece, although I recognize that a lot of what was going on in the intentions of people during the principle era of eugenics, if we will, in the early 20th century is not really going on in the minds of people doing reproductive biomedicine today. But I do think they share a history in terms of the development of the technologies and what they believed about what we could do, how we could control or improve upon reproduction scientifically and technologically.

Francoise Baylis has a nice phrase she uses: "Our time, talent, and treasure." So what we direct time, our skills, and our money toward. So for me, a lot of the questions I want to look at, is this the right thing to be paying the most attention to? The way that we do reproductive technologies

now... Who is most often served? Who might not be served? Are there still these connections to eugenics? So that's the kind of ethical questions that I tend to look at, but there are also a lot of interpersonal ethical questions.

Not to forget, in the interpersonal side, besides the donors and the gestational carriers and the intended parents, we also have actually the children who are eventually born. And so there are ethical considerations for them especially around questions of anonymity or non-anonymity. So do children born from reproductive technologies have a right to know who their donor was or who their surrogate was? So there's lots of issues interpersonally including with the actual children born of the technologies. But I'm more interested typically in the historical and social-political implications.

Christiane: So you mentioned eugenics, so help us understand what eugenics is, but then also what's the role of race in assisted reproductive technology?

Camisha Russell: So eugenics was a really widespread movement. People tend to associate eugenics with Nazi Germany during World War II and this idea of mass extermination of people who were thought to be biologically “unfit” and a preservation of some form of purity of a white race or an Aryan race. So people tend to think about Nazi Germany. But actually the eugenics movement was quite a bit older and really widespread. So it started in the late 19th century and was very popular really until World War II because of its association with the Nazis. So it lost its popularity because most people disagreed with Germany and what it had done, but it was very widespread in the US, everywhere else.

And it was just this idea that we should apply scientific knowledge and technological knowhow to improving human reproduction. And it was based in a number of beliefs. So certainly there were race-based beliefs, but there was actually a widespread view that the “inferior” races would die out. There was a lot of Social Darwinism. So the biggest concern for eugenics was always the health of the white race, of improving the white race. And so actually, there's a lot of ableism there, where a variety of disabilities, some of which are not actually disabilities... Things like idiocy or sexual promiscuity... All these things were thought of as potentially biological traits, and so these character traits that could be passed on, besides actual physical impairments as well or other actual conditions that we do consider to be disabilities today.

So anyway, the promise of eugenics was always strengthening dominant races by making sure the fittest among those races reproduced and the less fit were discouraged from reproducing and that could go up to forced sterilization. Again, not always actually people with disabilities: in the case Buck v. Bell, which allowed Carrie Buck to be sterilized by her institution. So eugenics was this really widespread thing that had this idea that we have to control how the human race reproduces and particularly to invigorate the stronger races with the idea that the so-called lesser races would actually die out.

But we did see after Buck v. Bell a lot of sterilizations as well, of people of color. There have been a ton of forced and coerced sterilization discoveries over time of a lot of different groups

and really up to really recently. I think even there were claims about coerced and forced sterilizations associated with migrant detention. So this long history of forced sterilization, which used to be practiced much more openly and widely.

So then the question is about how I think race is related to reproductive technologies. Part of the connection I want to draw out is the connection between the idea of race historically, the belief in the existence of human races, which again had this idea about how much your heredity determines your character and your capabilities and how smart you would be able to be and all these kinds of things. So that same understanding of human heredity that brings racism, that divides people into these groups and says some are inferior or superior, is connected with eugenics in general and is connected with this idea of reproductive biomedicine. It's this belief that scientists can master nature, human reproduction. And in so doing, they can bring about improvements.

And there are people actually who see themselves as of liberal eugenicists, contemporary people, who say, "Okay, clearly the old eugenics was wrong. It was based on coercion and bad science." But they think that we can be past that now and that it's not objectionable to approach making human beings better through science and technology. So it's really still a live question.

And I think a lot of people's support or non-support for this idea is based on whether they believe there's actually a connection between the old eugenics and these contemporary practices.

So I see these connections really strongly in this assumption about what science is capable of and this idea that it should be directed toward reproduction in this way, that what we need is fewer people with disabilities and that is the answer to ableism. Instead of a change to society that makes things more universally accessible. And of course, besides that not being the answer to ableism in general, it's also the case that people *become* disabled and go through periods of disability throughout their lives. Not all disabilities are things people are born with.

So for me, part of what we have to be concerned about is the way that these same ideas that produce race are connected with the reproductive technologies that we think about today. So that's one connection for me between race and assisted reproductive technologies. The other one is actually just in the actual use of donors and surrogates, gestational carriers, in the present day. So there are a lot of race-based dynamics there. There are dropdown menus. Anytime you're searching a gamete bank website, they offer a lot of different types of categorization. There's some that talk about race, some ethnicity, some skin color. So they classify it in a lot of different ways, but you will typically see very early on in the process of a database search as maybe your first or second menu option, this option to match the gamete to you ethnically or racially or in terms of skin color. So I think this reveals how important it is to people to have children that look like them.

Anyway, there really interesting ways that comes in. It also comes in with surrogates. People often hire surrogates who are in different countries who have different skin colors. This is thought of as a way to further distinguish the child that's going to be born to the surrogate from the surrogate herself who is already not going to be genetically related. And even actually surrogates themselves report that sometimes this is helpful for them. To be a gestational carrier for a child of a different race helps them to detach from the idea that they are the parent of the child. So I actually really just find it very interesting what using reproductive technologies reveals about how we still think about race and how important it still is in our daily lives.

Christiane: So you write that if we're going to try to understand how reproductive medicine and race are intersecting and meshing with each other and creating all of these issues that you've just been talking about, we need to shift away from thinking about reproductive rights towards thinking about reproductive justice. And reproductive justice is something that I usually associate just with abortion and abortion care. So why is this a shift we need to make and specifically why is this a shift we need to make when we're talking about IVF and assisted reproductive technologies?

Camisha Russell: So there's a reproductive justice movement that was started by women of color and it was started specifically in response to what they felt was left out in the abortion rights movement, which was largely dominated by white women. And it's not at all the case that women of color didn't think that access to abortion was important. And indeed with everything that's going on, women of color are very likely for a variety of reasons to suffer more where abortion is restricted.

So they had three pillars and one of them was the right to access abortion, but they wanted to add two other pillars based on their experiences. And so the second pillar was the right to have children. So not just the right not to have children, which is important, but the right to have children because as these long term victims of forced sterilization, a lot of coercive contraceptive use associated with welfare policy in the nineties... So a lot of, "You won't lose your welfare benefits if you have Norplant implanted," which is a long acting reversible contraceptive. But the thing about long acting reversible contraceptives is they typically involve medical care. Whereas with the pill, you could just stop taking it at any point, with things like Norplant, a doctor needs to remove it. And actually it's apparently much more difficult for doctors to remove Norplant than it is for them to implant it.

So these experiences of these coercive birth control and sterilization policies, the criminalization of people who are pregnant, often based on drug use... So these are policies that test women for drugs when they're giving birth or after they've given birth and then will potentially imprison them if drugs are found in their system. This whole approach to drug use as an intentional and culpable endangerment of a fetus rather than an addiction. So all these experiences that women of color have had with not being allowed to reproduce freely led them to say, "We need more for reproductive justice, not just the option to have an abortion, but also the rights to have a child if we want to."

And then the third pillar was the right to raise children in healthy and safe environments, so taking it past just birth to say, "Hey, look. Some of us when we go home with our children... They're not safe, not only from potential violence in given neighborhoods or police violence growing up, but also environmental toxins or lack of availability to healthy food in neighborhoods." So all these kinds of things that different communities are faced with that make it hard for them to raise their children in healthy ways and so that their children can thrive.

So the reproductive justice movement wanted to really expand how we think about what it is to help women and other people who can become pregnant and other people who reproduce who can't become pregnant to be able to really have freedom. You can not have a child if you don't want one. You can have a child if you do want one. You can actually have that child thrive after they're born. That's where the justice distinction came in with that original movement.

Christiane: You said that you were asked to write this in 2020, so you're asked to write this in the midst of this uprise of the Black Lives Matter movement. What is the connection between Black Lives Matter and these issues in reproductive biomedicine?

Camisha Russell: So for me what is really brilliant about the name of the movement Black Lives Matter is that... So we associate it I think typically with police violence and this is a very important issue, but even they themselves have a really large platform that involves a lot of ways in which we need to change the way that our institutions are run. So what I like about it is this idea of lives mattering, which implies that those lives haven't mattered. (And there's the gross misinterpretation of Black Lives Matter as being only black lives matter, which is manifestly not the point.)

So the statement Black Lives Matter is really trying to draw attention to the ways in which those lives have not traditionally mattered. So that's where I see this connection, that the reproduction of people of color has been much less valued than white reproduction in the US, really since slavery. So there was a certain value in black people reproducing under slavery because it created more slaves, but ever since then there have been these ongoing and multifaceted efforts–and not just against black people, but indigenous people, Mexican American women, Puerto Rican women–there's a lot of groups that have faced specific sterilization campaigns and things over time.

So the idea that those lives matter. It just doesn't feel that has been or even continues to be the case. When we think about Black Lives Matter, we don't want to just think about the lives of people who are old enough to experience police violence, which doesn't apparently have to be very old. But we want to think about should there be more people of color in the world? And I think so many policies since colonialism have suggested that that is not to be cared about.

So this latest replacement theory stuff. It connects with these ideas of white populations that are going to be swamped or overwhelmed by an overly reproductive non-white population. So this has been a narrative in the US before. It's been a narrative in South Africa. And it's certainly an immigration-related narrative, but this idea that if there were a lot of people of color who entered

any particular country, that something about that country would be changed and made worse. So there's this idea that there's just not a contribution for people of color or that only some of them can be here or something.

So I think it just really ties into a whole racist worldview that sees success in a nation, in an individual, in a business, in wherever, as tied to whiteness and western values. There is a tie, but it's a historical tie that's based on economic oppression and exploitation. So it is the case that white nations have more money, but that has been because of these exploitative and extractive policies from colonies and pseudo-colonies that these countries have controlled.

Christiane: So one of the reasons that this piece caught my eye recently was because Roe v. Wade was recently for us right now, struck down, which obviously has brought so much conversation about reproductive justice back into the mainstream. And so I was wondering... I know that, again, your piece isn't specifically about abortion care or that side of reproduction, but have your thoughts shifted or changed in any way since that decision? Or does it underline everything that you've said to begin with?

Camisha Russell: I think it would be very reasonable for any given person to say it is more urgent right now to try to protect this right to abortion than it is to worry about reproductive biomedicine in general. That would be a very reasonable political stance for anybody to take right now. This is very urgent. So certainly this might not have been the piece that I would've written in this moment because the sense of urgency and connection would've been different. It would've been framed differently I think. But I think as we think about the effects of the Supreme Court's decision and how to fight that, centering the experience of marginalized women and other pregnant people and thinking about how they'll be affected and their needs I think is really important.

And there's every reason to believe based on the last time that abortion was illegal in the US that the better off people are, the more likely they will be to be able to get safe abortions that they need, that they will travel, that they will know somebody who knows somebody to do things privately, that kind of stuff. So I think that the effects will be on those people who can't afford to travel. So I think we will want to be really focused on those experiences and the kinds of solutions and legislation and battles that will improve the situation of those most marginalized people in thinking about how we want to approach this. And I've heard really interesting conversations from people who were involved in the first battles prior to 1973 and who have said if there's any silver lining, this is a chance for us to do better policy than we did at that time to remake a right to abortion in ways that are more sensitive to a larger group of people.

With the idea of course that any solution that will help the most marginalized pregnant peopleare certainly going to also help the people who are most privileged. So always to center those experiences in order to create policies that are actually helpful and supportive for all.

[Interview ends] **[music: Blue Dot Sessions, Lowball]**

Christiane: If you want to find more about Camisha Russell's other work, download a transcript of the show or learn about some of the things we mentioned in today's episode visit prindleinstitute.org/examining-ethics.

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