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Well-Born: Black Women, Infertility and the Crisis No One is Talking About
By Kaara Baptiste
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BY the time Josephine Kender landed her registered nursing gig and husband, her uterus was crowded with fibroids. At 42, the pieces of her life had come together, but she couldn't land her ultimate goal: having a baby. Recurring fibroids had caused three miscarriages. So Kender and her husband Calvin turned to fertility doctors for help. The couple, who asked not to use their real names to protect their family's privacy, soon found themselves financially and emotionally drained.

"I was always low-level depressed, annoyed, and thinking about having a child," she said.

Two failed IVF cycles later, Kender had an idea: since she needed an egg donor, due to her age, she would source her own—her 24-year-old niece—for the next embryo transfer. Her niece was young and in good health, and it was easier than waiting for her clinic to get eggs from black donors, which were a rarity.

Kender and her niece arrived at the fertility clinic one day to discuss the procedure. The nurse practitioner greeted the two women, looked at Kender and asked, "Where did you find this girl?"

Kender, a self-proclaimed "hard-ass," was happy to share.

"I went on the corner and found myself a crack addict. How else would a black person find a donor egg?"

The nurse was not amused.

There are 7.3 million people struggling with infertility in the United States. The inability to conceive or carry a pregnancy to term after 12 months of trying to conceive affects 12 percent of women of reproductive age.

But black women are twice as likely to experience infertility than white women. Nearly 12 percent of black women report infertility compared to 7 percent of white women. Despite the higher occurrence, black women are still less likely to seek fertility services; and when they do, they are less likely to conceive. Yet the face of fertility services is overwhelmingly white, skewing towards middle- and upper-class families.

Several factors can contribute to infertility from low sperm count and pelvic infection to environmental exposure and chemotherapy. Some infertility diagnoses are, literally, unexplained. So the disparate rates of black infertility are even more confusing. And no one is really talking about it.

News about black women having higher rates of infertility gets less coverage than the statistic that 73 percent of black children are born into single-parent homes. There is a certain narrative that society is comfortable digesting about black families. Assumptions about black sexuality and fecundity are contributing to silence both within and outside the black community. Fertility clinics rarely reach out to black women. And the black community has not seen the need to discuss infertility until very recently.

“Sometimes I’m the only black person sitting in the fertility office and I get questions like ‘Where do you get the money from?’, ‘Are you a nurse?’, or ‘Who’s that man with you?’” Kender shared. “It’s like they don’t really empathize with you as an individual.”

The nurse’s question that day confirmed for Kender what she had already known from multiple visits to fertility clinics: she was a rare sight. She was black, made a good living, and was married to a white Australian. “I was an enigma.”

But Kender was not going to let the discomfort keep her from her goal of having a baby with her husband. She and niece went ahead with the egg retrieval. Her doctor transferred the fertilized eggs and the Kenders waited.

Audio: Josephine Kender shares her experience as black fertility patient:

<https://soundcloud.com/kaybee8/kender-enigma/s-wpHCS>

FERTILITY patients enter an insular world where conversations about progesterone and Clomid come naturally. They share YouTube tutorials on intramuscular hormone injections and create online forums where users write candidly about their infertility factors, IVF cycles, and miscarriages. But black families are missing.

There were more than 65,000 babies delivered through assisted reproductive technology (ART)-- 99 percent through in vitro fertilization-- in 2012. But black women were just 1 percent of the women who used fertility services between 2010-2012.

“When we ask people what the typical infertile female looks like, they say a middle-class white woman,” said Dr. Desiree McCarthy-Keith, a reproductive endocrinologist at Georgia Reproductive Specialists. As one of two black fertility physicians practicing in Georgia, she is passionate about spreading awareness about infertility in the black community. “Black women have not been at the forefront of campaigns for infertility care,” she said. “I try to put my face out as much as I can to just talk about it so people realize it’s OK to discuss, it’s OK to go through fertility treatments.”

Though, statistically, women with lower income and educational levels actually have higher rates of infertility, Keith said the perception of fertility patients being white is common even among doctors and nurses.

“So you have physicians who see ladies on a daily basis, and in the back of their minds, they’re less likely to refer someone who does not look like the typical infertility patient. But if they have a woman who does, they’re like ‘Yep, you’re having trouble. You need to go.’”

Audio: Dr. McCarthy-Keith discusses some infertility factors:

<https://soundcloud.com/kaybee8/mccarthy-keith-infertility>

And off they go to fertility clinics where the majority of doctors, nurses and clientele will look like them. Thumb through fertility clinic brochures and websites and the images of smiling white couples with their white babies predominate. Black fertility issues are not hinted at.

The medical reasons for higher black infertility rates are murky. One factor doctors agree on is fibroids, benign tumors that can overtake your uterus. Fibroids, which can block the Fallopian tubes, are larger and more frequent in black women but there is no definitive reason why.

“It’s just a fact of life,” Dr. Edward Marut, medical director with the Fertility Centers of Illinois, said. It is the only infertility factor he believes is solely tied to race. Tubal swelling and pelvic infections also are more commonly seen in black women.

Time is also a factor as black women wait longer before going to a doctor for infertility symptoms.

Middle and upper-class white women will get to their gynecologist early on if they suspect a problem. They monitor their basal body temperature and chart their ovulation cycles for ideal conception conditions. This regimented approach to fertility is very different from the conception methods of women of color or low economic status. Ann Bell, professor of sociology at the University of Delaware, studied infertility disparities by socioeconomic status. Women with low socioeconomic status want to conceive “naturally,” Bell found, so they shun calendars and kits for unmonitored unprotected intercourse. “This could go on for, sometimes, years and then they’d realize “Hey, I’ve now been having unprotected sex for eight years and I haven’t gotten pregnant, what’s going on here?”

The result is patients and doctors assume infertility is not a problem their black patient is having. Doctors are less likely to refer black women to fertility specialists.

“If black women have certain pelvic symptoms, even as adolescents, the assumption is they must be sexually active, they must have infections, so let’s just treat the infection,” rather than testing them for other infertility factors, like endometriosis, said Dr. Marut.

Audio: Dr. Marut talks about misperception that could impact diagnosis for infertile black women: <https://soundcloud.com/kaybee8/dr-edward-marut-endometriosis-and-misdiagnosis>

Delayed referrals for black women, who tend to be older because they waited longer to seek help, decrease the chances of success for pregnancy. Just getting women in the door isn't enough, said Dr. McCarthy-Keith.

“The thinking needs to be reset when you think about infertility because it touches all ethnicities and all economic backgrounds.”

Audio: Dr. McCarthy-Keith talks about fertility misperceptions:

<https://soundcloud.com/kaybee8/mccarthy-keith-labels>

KENDER'S transfer with her niece's eggs failed. This was her third try. She had been to fertility doctors all over New York City, from Columbia University to the Upper East Side to Staten Island. Five years, and she still could not get pregnant.

She searched the Internet for successful fertility options specific to black women and found the site for the Barbados Fertility Centre after “this white woman's face kept coming up” in her search.

The woman was Dr. Juliet Skinner, a Barbadian native and director of the clinic that is the only facility providing fertility services for women in the Caribbean. Upwards of 90 percent of BFC clients are international and it boasted an in-house egg donor program, on an island with a 90 percent black population.

“I pushed myself to think outside of the box because I couldn't take it anymore in America,” Kender told me.

Cautious, but intrigued, she emailed the clinic. A BFC representative replied that same day that, yes, they could help her find a donor egg for another IVF cycle. If Josephine was skeptical, her husband Calvin was even more so.

“He said ‘No, we're not doing it. We're not spending another dime,’” she recalled. But she was determined to give IVF one more chance.

So it was that one afternoon in May 2012, Kender had her first phone consultation with the Dr. Skinner. Kender told her about her past IVF failures. Dr. Skinner told her what she would do differently, Then Dr. Skinner told her the cost for an IVF cycle at the center: \$5,750 plus medication for her and her donor-- a total of almost \$7,000.

IVF cycles generally run around \$12,000 per treatment in the United States, not including medication which ranges between \$3,000-\$5,000 per cycle. The Kenders' insurance had already tapped out at around \$32,000, so they had to shoulder the cost of subsequent

treatments on their own.

Kender was sold.

IN the black community, infertility is a little-discussed topic. Most families find it hard to get support because there is a lack of information and a sense of shame tied to fertility challenges.

“We tend to be a very conservative population when it comes to things like sexuality and sex,” said Valerie Rochester, director of programs at Black Women’s Health Imperative, a national health education and advocacy organization. The silence around issues like infertility, HIV, and even breast cancer in the Black community contributes to accessibility disparities, she said.

Since slavery, black women’s bodies and sexuality have been fetishized as the exotic, promiscuous “other” in contrast to respectable white women. Look at pop culture’s obsession with booty, which this year has inspired article and photo spreads in Vanity Fair, New York Times and Time magazine.

When Vogue declared the era of “the big booty” this summer and cited Jennifer Lopez, Iggy Azalea, and Miley Cyrus as examples, it was about the celebration of form. Yet, when Nicki Minaj shared the bootylicious artwork for her ‘Anaconda’ single—which sampled Sir Mixx-A-Lot’s “Baby Got Back,” 1990s ode to big posteriors—it was roundly condemned as salacious and crude. Minaj responded to critics by sharing pictures of Sports Illustrated models baring their cheeks with the caption “Angelic. Acceptable. Lol.” Her point was clear: pop culture’s obsession with booty is not colorblind. Black booty is linked to sex and vulgarity. The fixation diminishes black women to body parts and sexual caricatures.

Female slaves were often stripped naked and their booties were quite literally examined on the auction block. They were forced to sleep with their masters, male relatives, and overseers. The sexual terrorism that permeated slavery fed the notion that black women were naturally overtly sexual and welcomed these attacks. The black woman as exotic ‘Jezebels’—promiscuous, sexually available and immoral women—has persisted, even as it is coopted by white women.

Just last month, reality star Kim Kardashian and editors at Paper magazine conspired to “Break the Internet” with pictures of her famed derriere bared on their cover. French photographer Jean-Paul Goude had Kardashian—credited with making big butts acceptable in the mainstream-- recreate “The Champagne Incident,” a pose of a naked black woman balancing a champagne glass on her bottom. Goude, who once said, “I have always admired black women’s backsides, the ones who look like racehorses,” shot the original photo for his 1982 book, *Jungle Fever*. Yes, you read that correctly.

Kardashian’s pose drew comparisons to “the original booty queen” Saartjie “Sarah” Baartman, a South African woman whose large buttocks made her an international curiosity in the early 1800s. She toured London in human zoos, posed in flesh-colored suits and performed suggestive “native” dances as entertainment at the coercion of her handlers. She was dubbed ‘Hottentot Venus’, a nod to her exotic sexual creature in the midst of staid Europeans.

That Goude used Kardashian to mimic a photo steeped in voyeuristic fascination with the black body is not surprising. Kardashian and others have coopted black women’s sexuality to signal their hyper-sexuality. Just think of Miley Cyrus twerking with her voluptuous black dancers as she transitioned to her raunchy, post-Disney identity. No one has mentioned that irony that black women might not be so oversexed in the first place.



In the 1800s, Sarah Baartman, the Hottentot Venus, was exploited for being a black woman with a large butt. Now, Kim Kardashian and others are co-opting markers of black hyper-sexuality for popularity.

In the Jim Crow South, much was made of protecting white women from the advances of out-of-control black studs, but black women were fair game. In the 1970s, Blaxploitation flicks gave us images of Foxy Brown and Cleopatra Jones, badass women who oozed fierce sex appeal. They were equal parts sex kitten and masculine bravado, fighting bad guys in go-go boots and cleavage-baring halters. And the music video vixens of the 1990s and 2000s like Karrine “Superhead” Steffans and Melyssa Ford-- “hot” women, like animals in heat, writhing and grinding on rappers and cars—have given way to top

performing artists like Beyonce and Minaj who do the same.

The hypersexual stereotype has left many to think, at least subconsciously, that black families do not have fertility problems. Even within the black community, many still have not shaken the notion that infertility is not “our” problem.

“We’ve gotten labeled as being on public assistance with lots of babies, so when you’re in the community and having trouble getting pregnant, you feel like ‘I must be the only one’,” Dr. McCarthy-Keith said of a common concern she encounters with her black clients.

“They think ‘All black women can get pregnant real easy, so I must be an odd person’ and that keeps people away.”

That pervasive stereotype has led to silence within the black community, Dr. McCarthy-Keith said, which can make differences in fertility diagnoses and treatments worse.

“It further isolates these women. They don’t have any support, and they don’t know anyone else who has gone through fertility treatment. So they close up and don’t pursue their treatments.”

Audio: Dr. McCarthy-Keith shares some common objections she hears from the black community about fertility treatment: <https://soundcloud.com/kaybee8/mccarthy-keith-outreach>

AFTER her initial consult with Dr. Skinner, Kender convinced her husband to try one more IVF cycle. Two months later, in August 2012, the Kenders flew to Barbados for treatment at the Barbados Fertility Centre. They only told one person—Josephine’s best friend—about their plans.

“I knew what I was doing was radical,” Kender said. “We just told people we were going on vacation. But we hoped we would come back pregnant.”

At the Barbados Fertility Centre, Kender found a clinical experience completely different from those she had had in New York. BFC emphasized relaxation through acupuncture, yoga, and therapy. When Josephine would get anxious, staff would recommend day trips for her and Calvin.

Kender also relished not being the lone black patient at the fertility clinic. Though BFC does not focus primarily on black clientele, it attracted more than Kender had seen in her experience.

“I went and white women were in the minority and black women and black eggs were the majority. If you came from England to Barbados, you’d have to wait maybe six months

for an egg. Whereas as a black woman, I did not have to wait for a donor egg. It was really a win-win for me.”

The couple stayed in Barbados for two weeks to do both the egg retrieval and embryo transfer. Kender’s donor was an anonymous local Barbadian who already had three children.

As Josephine lay on the operating table the morning of the embryo transfer, she couldn’t help but worry that this transfer wouldn’t work. She and Calvin couldn’t bear another disappointment. She broke the silence in the room to remind Dr. Skinner that previous physicians had encountered difficulties entering her uterus.

“Not me,” Skinner assured her.

Within minutes, she directed the Kenders’ eyes to the monitor beside the bed.

“ ‘There’s the baby’, she told me. And it was like a bright light,” Josephine recalled.

She looked at her nurse, then her husband, and they all burst out crying.

A couple days later, the Kenders boarded a flight back to New York, hoping that 14 days later they would receive the news they had waited years to hear.

SIR Francis Galton wanted to contribute to society. He saw a problem—unfit people having children—and determined to fix it.

Galton was an English polymath who pursued his intellectual whimsy. After a nervous breakdown and his father’s death curtailed his studies in his 20s, he devoted himself to years of international travel, invention, and whatever else caught his eye. At various points he was a mathematician, anthropologist, meteorologist and even an inventor of a technique to deliver the perfect slice of cake.

But by 1859, the former child prodigy was in a childless marriage and had become obsessed with heredity and fertility. That same year he found inspiration for his next venture after reading a book his cousin had recently published.

The book was *The Origin of Species*. And his cousin was Charles Darwin.

Darwin’s work sparked a spiritual and philosophical shift for Galton, upending “all ancient authorities whose positive and unauthenticated statements were contradicted by modern science,” he later wrote in his autobiography.

For Galton, Darwin's science shattered the idea that we are all the same. Not only were we not all the same, some of us were better than others—smarter, stronger, and, therefore, better candidates for reproducing.

“I have no patience with the hypothesis occasionally expressed, and often implied... that babies are born pretty much alike, and that the sole agencies in creating differences between boy and boy, and man and man, are steady application and moral effort. It is in the most unqualified manner that I object to pretensions of natural equality,” Galton once wrote.

Galton considered himself to be of pretty high-quality genetic stock--brilliant, really--according to a family pedigree he created. He soon became fascinated by selective breeding and set out to establish a science that would help create an ideal race. It didn't take long for him to start plying the more nefarious parts of his trade. In 1873, the esteemed traveler wrote ‘Africa for the Chinese.’ In the letter, he suggested the Chinese emigrate to Africa so “they would multiply and their descendants supplant the inferior Negro race.”

Galton eventually coined the term eugenics, meaning “well-born,” in 1883, and dedicated himself to promoting the idea that only the genetically fit should be allowed to reproduce. Those considered feeble should remain celibate lest they bear children doomed “to destruction by the laws of nature.” Ironically, this would have included Galton's older sister Adele who, despite being partially disabled, is often credited with nurturing the young Galton's intellect.

By the early 20th century, Galton's ideas had taken hold and snowballed into a very popular movement in America. Backed by big money elites like the Carnegie Institution and the Rockefeller Foundation, the eugenics movement peaked in the 1920s and 30s. Leaders wanted to fix social problems like poverty, rising crime rates and promiscuity that they pinned on lower elements of society, including the poor, blind, promiscuous women, alcoholics, and certain racial groups, including blacks, Mexicans, and the Chinese. Their solutions included group homes for the feebleminded, forced sterilization and euthanasia.

“They were concerned about the quality of the white race, and about the kind of immigrants coming into the country and outbreeding Anglo Saxons,” said Johanna Schoen, history professor at Rutgers University, who has written about eugenic sterilization in North Carolina.

Organizations like the American Breeders Association and the Race Betterment Foundation, founded by John Kellogg, sprouted up. These groups and their studies would become influential in shaping popular discourse.

The movement seeped into various parts of society, including entertainment. The American Eugenics Society hosted Fitter Family Contests at state fairs. Wholesome

families submitted their family history and subjected themselves to tests to determine their quality. Winners--usually White, usually of northern European heritage-- received bronze medals with the inscription “Yea, I have a goodly heritage.” That was much better than “Some people are born to be a burden on the rest,” a slogan seen at a Philadelphia fair.

Galton, ever the Renaissance man, spent his final years working on a novel called *Kantsaywhere*. It was a love story set in an eugenic utopia, where a suitor tries to woo his love by proving his genetic fitness. The manuscript was rejected from publication shortly before his death and his family subsequently destroyed almost all of it. *Kantsaywhere* would have been the most benign remnant of his legacy.

Galton died in 1911 and would never see his science find its fullest expression. By 1927, the United States Supreme Court legalized compulsory sterilizations and nearly 30 states had those laws on the books.

Then came the Nazis.

Audio: Noah Fuller discusses the legacy eugenics has today. Fuller is co-curator of “Haunted Files: The Eugenics Record Office,” an exhibit bringing the early 20th-century hub of eugenics research to life: <https://soundcloud.com/kaybee8/noah-fuller-eugenics-legacy-and-question>

THE question of who should reproduce still exists. The eugenic notion that certain kinds of families—poor, minority—should not be making more children is present, just subtler. In fertility medicine, where you need a referral to see a reproductive endocrinologist, many black women cannot get past their gynecologist.

The reluctance and differential treatment of low-income women is rooted in stereotypes that have been ingrained in the medical industry, said Professor Bell.

“These ideas that poor women are hyper-fertile, having too many children, and middle and upper-class women aren’t having enough children have been around for a long time. There’s this idea that we need to control the reproduction of poor women, and encourage the reproduction of women of high socioeconomic status.”

When White women cannot have children, it is a tragedy. When Black women cannot, it is not because black women are not typically celebrated as part of the norm for motherhood. Popular images of black motherhood have mainly been pathological and deficient. The most common image of a black mother is of a poor, single woman—a “baby mama.”



FOX News was broadly criticized for calling Michelle Obama a "baby mama." Credit: Huffington Post

Attitudes towards single parenting have changed so drastically, the term “baby mama” is now mainstream enough to be thrown about to describe anyone from Bristol Palin to Kim Kardashian, and to be the title of a 2008 Tina Fey movie. But its connotation still harkens back to black women as shiftless and conniving, with no ambition higher than getting pregnant and living on welfare. That is why when a FOX network referred to Michelle Obama as “Obama’s Baby Mama” in 2008, it had a different sting. Michelle Obama, who is our real-life modern-day Claire Huxtable, still cannot escape the negativity.



Baby K'Tan denies racism after photos of a single black woman appeared in contrast to white couple on their sling product. Credit: Newsone.com

This summer manufacturer Baby K’Tan caught flak when images of its baby sling product hit the Internet. One package featured a white woman and man holding a baby; another featured a black woman holding her baby, alone. Social media erupted in

indignation: “What’s wrong with this picture?” Twitter user @Eric_Haywood wrote; “Absolutely disgusting message given off on your products that the black father is non-existent [sic],” said user @imjustsayin418; and most pointedly: “Black women: the asexual humans. We f--- and impregnate ourselves. *eye roll*” from @ForRevolution.

Baby K’Tan denied accusations of discrimination but the damage had been done. It was another day, another negative portrayal of black families. The dominant narrative of black motherhood for over 300 years has been negative, according to Dorothy Roberts, lawyer and author of *Killing the Black Body: Race, Reproduction and the Meaning of Liberty*. Black mothers were believed to be a bad influence on their children beginning at conception, Roberts wrote. “They damage their babies in the womb through their bad habits in pregnancy. Then they impart a deviant lifestyle to their children through their example.”

During slavery, mothers had little ownership over their families. Slaves gave birth knowing their children were considered property, to be sold or bartered off at the master’s whim. Sometimes this fear drove them to do horrendous things. Toni Morrison’s famed novel, *Beloved*, was based on the true story of Margaret Garner, an escaped slave who, when caught, slit her 2-year-old daughter’s throat, rather than see her returned to slavery. Of course, stories like this only reinforced the idea of black mothers as irrational and incapable of properly caring for their children.

Ironically, Mammies and Aunt Jemimas also grew out of this era. These women took care of the master’s children. They were feisty, unfeminine types: matronly enough to nurture white children, but not too delicate to do hard labor. But they spent so much time with the master’s family, they could not care in the same way for their own children who lived in slave quarters nearby.

Once slavery ended and black reproduction was no longer beneficial economically, it needed to be controlled. During the 1950s, state eugenics board and welfare officials were worried that black women, with their uncontrollable sexual behavior, would burden the welfare rolls with illegitimate children, though white families were the majority receiving assistance. By the 1960s, when blacks were eligible for welfare, black women were 60 percent of those sterilized in North Carolina, though they were only a quarter of the state’s population. “A persistent objective of American social policy has been to monitor and restrain this corrupting tendency of black motherhood,” Roberts explained.

Black women and welfare became inextricably linked after Ronald Reagan introduced the term “Welfare Queen” during his 1976 presidential campaign. Though race was never mentioned in his retelling of an account of a Chicago woman arrested for welfare fraud, it was not long before poor black women became the image of this nebulous irresponsible character.

Images of black mothers in media have varied but usually play along stereotypes of mammies (Good Times’ Florida Evans) or sassy Sapphires (Tyler Perry’s *Madea* character). Claire Huxtable, of the *Cosby* Show, broke those molds and is probably the

most well-known Black mom in recent popular culture. She was the second most loved television mom, behind June Cleaver and ahead of Claire Brady, in a 2013 Harris Poll.

But even Claire Huxtable's example was countered in the 80s and 90s with the crack baby epidemic in the news. Movies like *Losing Isaiah* and *The Blind Side* pushed the narrative of tragic black families with broken children needing white saviors.

"The media coverage of crack babies serves as a powerful cautionary tale about the inherent fitness of poor or lower class African American women to be mothers at all," Susan Douglass and Meredith Michaels, authors of the *Mommy Myth*, wrote.

Professor Bell thinks the legacy of determining who is "fit" to conceive is still present in the fertility industry. Physicians' expectations based on race and SES can skew the way they interpret data and provide medical attention, like delayed fertility specialist referrals for black women.

As one of Bell's interviewees said: "Why in the world would I go to my physicians to get help for my reproductive troubles when they've always discouraged me from getting pregnant?"

A WEEK after the Kenders returned to New York, a familiar worry started to creep in. Josephine's nights were punctuated with sleeplessness and bouts of crying. Fourteen days seemed too long to wait to see if she was pregnant. Finally, on day ten, she took an at-home pregnancy test. The results were negative. Her fears confirmed, Josephine tearfully called the patient liaison at BFC, who simply told her: *Wait*.

That same night she retrieved the discarded test from the trash and saw a faint mark indicating pregnancy. Four days later, she retook the test: dark pregnancy lines.

"I screamed to the high heavens. I was crying. My husband broke down crying," Kender recalled; she cried again as she remembered the exact moment.

Fertility treatment results vary, regardless of where the procedure is done. The average rate of success for nondonor ART procedures was 40 percent in women younger than 35 years old, and 32 percent for those aged 35-37, according to CDC data. The rate declines with age, to just 1 percent for women aged 44 years and older.

In 2013, BFC logged a 77 percent pregnancy rate for women 35 years and younger who received IVF in their clinic. The rate for women 42 years old and older was 11.1 percent.

Kender was one of the lucky ones, in more ways than one.

She estimated she and her husband spent around \$65,000 for all of her fertility treatments, including the procedure in Barbados. Insurance covered close to half of the amount. Though pretty well-off—they make a combined \$100,000 a year-- the out-of-pocket medical expenses were still a reach for the Kenders, who earn more than the typical household. The average household income for a Black family is \$33,321; it's \$57,009 for a White family. So access to expensive fertility treatments are out of reach for many black families.

But even when socioeconomic status, education level, and accessibility are taken out of the equation, racial disparities in fertility remain. Could remnants of the eugenic movement be propping up these discrepancies?

“I don't buy that,” Professor Schoen told me, quickly dismissing the thought. The true legacy of eugenics was the medical mistrust efforts like sterilization and the Tuskegee syphilis experiment created within the black community, she said.

But something else she said continued to ring in my head after our conversation.

“Eugenics, per se, was not interested in the reproduction of black people. It was really geared towards white people and their reproduction.”

That is the message the fertility industry continues to send and we should not be surprised, according to Dorothy Roberts. “White childbearing is generally thought to be a beneficial activity: it brings personal joy and allows the nation to flourish. Black reproduction, on the other hand, is treated as a form of degeneracy,” she wrote in “Killing the Black Body.”

Our society has been taught to celebrate white births and stigmatize black childbearing. The medical establishment has followed suit and the fertility industry's whitewash is the result. It caters to those who matter in society's eyes and those who can pay. In a country where black women were once used to breed slave labor, it is no surprise that their difficulties building families do not get the same attention.

After her successful IVF procedure at the Barbados Fertility Centre, Kender, in her typical hard-driving fashion, wanted others to know about the clinic.

“I created my own flyers and put them all over the place. I went to my old fertility clinics, parked my car, and put flyers for Dr. Skinner on every one of the cars outside.”

BFC did not do any fertility procedures specific for black women. But the fact that the medical staff was accustomed to working with black women and did not dismiss their concerns made the difference for Kender.

She recommends the center to women she knows struggling to get pregnant, especially black women seeking cultural competence lacking in their care.

“There are a lot of misconceptions. But women of color, if you don’t have a child in your early fertility days, you can have issues like anyone else. It doesn’t matter.”