SYMPOSIUM: MAKING FAMILIES

Black celebrities, reproductive justice and queering family: an exploration

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Abstract  Decades ago, political theorist Cathy Cohen reflected on the meaning and possibilities of coalition among groups as diverse as gay men and single mothers. This article focuses on Black women's fertility struggles as they navigate controlling images and the Black fertility mandate. I compare accounts of how celebrities and non-celebrities have discussed making families through reproductive technology, and whether we can read these narratives as attempting to redefine and even 'queer' family. Ultimately, while the horizons of reproductive technology are ever expanding, those of us who care about justice would do well to ask if and how, in the everyday operations of our life, the technology does anything to change how the particular society in which we are embedded views people on the reproductive margins, such as single mothers and others who ‘queer’ typical narratives of reproduction.

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Introduction

Assisted reproductive technology (ART) offers a range of ways to make a family. At one end are the ways that 'complete' a family that fits the traditional ideal of two married parents with children biologically connected to them, through to scenarios that include a range of people involved in various stages of producing children for intended parent(s) that disrupt traditional ideas of family and expand the meaning of family.

Family is both a key site of social meaning, with stories about families being mobilized to advance or impede specific policies, and a site of economic activity (Collins, 2012). Thus, ‘(b)ecause conceptions of families and economic security are so intertwined, narratives about desirable and undesirable families take on added significance’ (Collins, 2012: 125). The possibility of pushing against traditional ideals of family in favour of a broader definition fits well with the goals of reproductive justice advocates. A reproductive justice approach and a queering of reproductive imperatives raise

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different questions about technology. Reproductive justice comprises an analytic framework, movement, praxis and vision of the world (Luna and Luker, 2013). Reproductive justice is ‘... the social, political and economic power and resources to make healthy decisions about our gender, bodies and sexuality for ourselves, our families and our communities’ (Asian Communities for Reproductive Justice, 2005: 1). Or put another way, ‘it is important to fight equally for (1) the right to have a child; (2) the right not to have a child; and (3) the right to parent the children we have, as well as to control our birthing options, such as midwifery’ (Ross, 2006: 1). Central to reproductive justice is an intersectional analysis that emphasizes how power manifests simultaneously through statuses such as race, class, gender, sexuality and ability, among others. A society’s resources are distributed differently based on these statuses – a reproductive justice approach makes clear that rights have little meaning for people if they do not have the resources to exercise those rights, whether we are talking about incarcerated people (e.g. Sufrin, this issue) or less extreme scenarios.

Some families have long been deemed a problem to national interest or less worthy of protection. This is obvious when we consider the history of the global slave trade, which reveals the tenuousness of biological relationships in a social system that does not respect those bonds. As slaves were property, legally they could not have families. It becomes clear that some families are deemed more worthy than others, that families have always had porous boundaries, and community members in physical proximity become ‘kin’ taking care of one another irrespective of bloodline for sheer survival (see Smietana et al., this issue). These different family forms that were accentuated during slavery were the ‘root of the problem’ according to powerful social scientists such as Senator Daniel Moynihan, whose widely cited 1965 report presented Black families as stuck in a ‘tangle of pathology’ evidenced by non-nuclear structures ‘out of line with the rest of the American society, seriously retard(ing) the progress of the group as a whole’ (Moynihan, 1965: 28).1 While the report noted that there was ‘no special reason’ why a patriarchal family structure should be preferred, deviating from it disadvantaged Black families. Activists and some politicians immediately repudiated the Moynihan report, but its underlying logic of Black families as deficient continues to pervade the work of policy makers and scholars. For example, various policy initiatives and studies focus on how to ‘solve’ the supposed problem of irresponsible absentee Black fathers, while ignoring the many ways in which Black men construct meanings of fatherhood and are successful (Johnson and Young, 2016). Anthropologist Carol Stack’s (1975) All Our Kin: Strategies for Survival in a Black Community offered readers a different perspective on poor Black families, and noted creativity in developing caring family networks that extended beyond blood relationships and the boundaries of blood.

Of course, these arrangements are not all idyllic. Poor parents and parents of colour face more scrutiny from the state, and are thus more likely to have their parenting choices questioned and their children taken from them to be placed in child welfare systems (Reich, 2005; Roberts, 2002). Further, some care arrangements may be required rather than desired. In a study on the role of Black grandmothers, despite limited economic and emotional resources, grandmothers took on the care of their grandchildren, often alongside their own child(ren) still at home, when the grandchildren’s parents were unable or unwilling to care for their children (Pittman, 2014). Still, the attention to extended kin networks and the embracing of non-biological relations as families reflect what Ruha Benjamin argues has always been a necessity: ‘Running against the penchant towards social abandonment, black people have always had to construct their own afterlives through alternative family formations in the midst of crisis’ (Benjamin, 2018: 49). Even outside of obvious crisis, different structural realities produce a willingness to conceptualize family beyond biological relations to a larger network of support. Nonetheless, and even though ART was initially used to pursue an idealized nuclear family composed of two heterosexual parents and a child (or two), desire for biological family is not absent for Black families.

Infertility affects thousands of people globally, and in some communities, low income and people of colour are disproportionately affected (Inhorn and Patrizio, 2015). Sarah Franklin and Marcia Inhorn note that, ‘To date, IVF [in-vitro fertilization] has often been viewed as a form of fertility treatment largely available to privileged Western consumers in the global North, and in general as a technology that affects relatively few people’ (Franklin and Inhorn, 2016: 5) despite infertility being a global phenomenon affecting all with specific ‘reproductonal’ histories behind the development and deployment of ART. Even if that revision to IVF histories is taken into account, the discourse surrounding ART continues to emphasize White heterosexual consumers in the global North through its structuring around particular types of families. Staff who work at infertility clinics tend to operate with the default idea that a child’s best interests include being born to a family with heterosexual parents with economic resources, and treatment tends to mirror this implicitly through its patterns of access and deployment (Thompson, 2005). These assumptions are highly racialized as both providers and patients who seek treatment reify stereotypes (Roberts, 2009; Russell, 2019; Thompson, 2005; Twine, 2012).

The broader stakes in queering reproductive technology in the sense of working against the oppression of the normative without erasing race become clearer when we consider Cathy Cohen’s (1997) original call to consider the ways in which identities and politics are intertwined: I envision a politics where one’s relation to power, and not some homogenized identity, is privileged in determining one’s political comrades. I am talking about a politics where the nonnormative and marginal position of punks, bulldaggers, and welfare queens, for example, is the basis for progressive transformative coalition work’ (Cohen, 1997: 438, emphasis in original).

In revisiting the implications of earlier research on lesbians’ use of sperm banks, Laura Mamo observes, ‘As dykes, gays, fags, transmen and women, and queers of all kinds seek pregnancies and the information communities, gametes and technologies needed to do so; they are subverting legal vulnerability at the same time as normalizing bio-ties’ (Mamo, 2013: 237). Mamo’s observation reminds us of the power of the market to create and accept new consumers even when – perhaps especially when – cultural norms do not match the market’s pace. Cultural norms still emphasize two-parent families and having children without

1 He used the term ‘Negro’ which was congruent with the language of the time in the USA.
technology. Thus, falling outside of those norms disrupts a narrative that creates a type of deviance.

Historically, controlling images of US Black women emphasize hypersexuality, matriarchal dominance (Collins, 2000) and hyper-reproductive capacity (Roberts, 1999). These images have their origins in slavery, and produced a narrative of ease childbearing that supported capitalist slavers’ needs (Roberts, 1999). Hill (2009) points out that these ideas reinforce stereotypes of Black women who endure hardship and pain, and persevere stoically despite obstacles. Infertility is one of those obstacles. Ceballo et al. (2015) describe a ‘Black fertility mandate’ that ‘represents the simple, yet stereotypical, assumption that all African American women are fertile’ (503). In their qualitative study with African American women, their research showed that the medical community’s language does not fit with lived experiences of the people trying to become pregnant. Their initial interviews revealed that women were uncomfortable with the medicalized language, preferring instead ‘difficulty getting pregnant’ (Ceballo et al., 2015: 500).

Silence around fertility struggles was the most common experience, with all but one of the interviewees mentioning this idea. Further, many expressed beliefs that Black women were particularly fertile, despite their own contrary experiences.

From this framing of ART in relation to racialized histories of fertility and the family, I move now to analyse individual Black women’s testimonies about fertility struggles. I start with celebrities and media figures, ranging from an MSNBC commentator to Former First Lady Michelle Obama. Then I turn to examples of non-celebrity Black women’s fertility narratives. I argue that these celebrity narratives offer a lens into the work to create and maintain families. In sharing their experiences, these women simultaneously produce a normalizing narrative of family, but by discussing pain, complex emotions and the range of people involved in their version of family, the potential to queer reproduction and its technologies remain.

Materials and methods

The empirical portion of this article is based on qualitative analysis of documents and media in which celebrities of colour discuss their fertility experiences and reproductive technology. While medical professionals and social scientists offer their perspectives on ART, mass media is a source of information and producer of narratives about ‘normal’ fertility. Celebrities and media figures increasingly have a larger reach through various mediums. While celebrities have historically been used to advertise products explicitly, they increasingly sell the idea of a lifestyle. With various forms of social media, a celebrity creates their own narrative offering a seemingly direct connection between the celebrity and hundreds of thousands or even millions of fans globally. Audiences get instant images or quotes directly from the celebrity, seemingly direct, unmediated.

Analysing narratives produced about and by people with comparatively vast resources helps us to understand how infertility and reproductive technology intersect with economy and culture. For example, television remains an important medium, and some forms unintentionally offer ‘backdoor reality’ insights into the range of people’s experiences with reproductive technology (Edge, 2014). Comparing celebrity examples offers ways to see how reproductive technology still holds possibilities for disrupting ideas of the traditional family and offering a potential site for queering reproduction.

For the purposes of this analysis, celebrities included actors, singers and television personalities. For each case, a set of print and online articles was read. In addition, television episodes or clips were viewed. Broad themes were developed. While a larger study included cases of other women of colour, this article focuses on US Black women in the public spotlight. Focusing on Black women (or any celebrity of colour) offers a particular lens as their racial status puts them in a racial minority category, which is marginalized in the USA, yet their celebrity places them in a privileged category regarding class.

Breaking the silence on infertility

Beyoncé, aka Queen Bey, ‘announced’ her pregnancy during a performance at the MTV Video Music Awards (Carter, 2011). In January 2012, at 30 years of age, Beyoncé gave birth to her first child, a daughter, Blue Ivy. Days after the birth, Jay-Z released a song to his daughter that referenced how ‘Last time the miscarriage was so tragic/We were afraid you’d disappear/But nah, baby you magic (voilà).’ The mention of a miscarriage surprised audiences. A 2012 documentary about Beyoncé, ‘Life is but a Dream’, included her reflecting on an earlier miscarriage. On an episode of Oprah, Beyoncé talked about why she and her husband had not discussed the miscarriage previously, which the singer described as ‘one of the hardest things I’ve been through’ (‘Beyoncé’, 2013). Further, she explained how the first miscarriage led her to worry during her second pregnancy with her daughter Blue Ivy.

Since Beyoncé had exposed other intimate details of her life, her hiding the disruption of the typical pregnancy narrative suggests a particular shame and pain for the singer. Her albums before then included songs about her relationship and eventual marriage to Jay-Z. Thus Beyoncé, like many celebrities, was familiar with making public deeply personal aspects of her life. In 2017, at 35 years of age, she announced her pregnancy with twins via an Instagram post that, to date, has over 11 million ‘likes’. Beyoncé’s fertility narrative of continued triumph after pregnancy loss and family chaos offered hope, as was demonstrated in responses over the years.

Making a family of ‘blood and love’

Some of the discourse around reproductive technology emphasizes its ‘wild’ and unregulated status in many countries as necessarily producing ethical dilemmas and adversaries. A decade ago, the non-profit ‘Generations Ahead’ challenged this assumption by bringing together seemingly adversarial groups to discuss these issues, such as disability rights advocates and reproductive rights advocates. Around surrogacy, Generations Ahead considered collaborative models: ‘Would people think about and practice surrogacy differently if they were aware of the needs and perspectives of all four stakeholders (not just their own) and worked to treat each other with respect, care and dignity?’ (Generations Ahead, 2008).
In early 2014, media commentator and professor Melissa Harris-Perry highlighted this ethical model at the height of her media career. Harris-Perry, a political science professor, had become visible as the host of her own show on MSNBC. She regularly discussed race, invited speakers to debate issues, and had a fan base that she referred to as ‘Nerdland’.

On 15 February 2015, Harris-Perry posted a message on Twitter: ‘Best Valentine Ever! @JamesHiPerry and I welcomed our daughter yesterday! #TinyNerdinNerdland’. This was the first public notice about the child as she had not previously discussed their fertility efforts. In a blog post, Harris-Perry explained her journey:

My pregnancy with my first daughter was blessedly uneventful; this one, however, was indeed an event. It took two families, three states, four doctors, and five attorneys to get this little girl here. And while our gestational carrier has no genetic tie to our little one, she is now our family. She gave our daughter love, safety, and nourishment for nine months. On Valentine’s Day, she gave her life and placed her in our arms. Her immediate and extended families have supported all of us along the way. They crowded the hospital room this weekend and shared in our joy. We are all bonded for life and our daughter has a bevy of grandparents, aunties, and siblings tied to her by blood and love. We are sharing this experience, but our gestational carrier and her family do not wish to share it publicly. It is our sincerest hope to protect their privacy as she has protected our daughter (Harris-Perry, 2014).

In discussing the process of making this family, Harris-Perry seamlessly intertwined the realms of the cultural, legal and technological throughout narrative, demystifying some of the many steps involved in this particular ‘ontological choreography’ (Thompson, 2005). In the blog, Harris-Perry used terms like ‘gestational surrogate’ and wrote of the legal aspects of the creation of this type of family – two technical moves that are common in academic writing about reproductive technology but rare in celebrity narratives. While Harris-Perry clarified that she had given birth to her first child, her narrative also highlighted health problems common among Black women. The blog explained that a prior surgery to remove her uterus impacted her ability to give birth to future children, although she had retained her ovaries. Black women experience fibroids at a higher rate, and hysterectomies are more than twice as common in Black women due to fibroids (Jacoby et al., 2010; Kjerulf et al., 1993).

Harris-Perry reiterated a broad kin-based, potentially queer reading of family by noting that the people involved in the process ‘are all bonded for life and our daughter has a bevy of grandparents, aunties, and siblings tied to her by blood and love’ (Harris-Perry, 2014). Rather than focus solely on the relationship between her and her second husband, she was making clear that family is more than blood and genes (which separate in gestational surrogacy, in any case), but also depends upon experience and indefinable emotions like love. It was particularly poignant in that she was invoking these broader ideas of love around a day that, in Western advertising, has focused on love between two heterosexual people.

Many reproductive justice activists note that reproductive decision-making occurs in context, which Harris-Perry modelled. Some noted that Harris-Perry’s revelation opened up critical conversations that were long overdue (Zinni, 2014). If more people with celebrity status who used ART talked about it as intentional and the work it does to redefine family, we can imagine how this could contribute to shifting conversations for audiences who, in some ways, seek to emulate their lives. Yet, the rarity of this type of disclosure shows how private discussions about reproduction remain, and how tied people are to insisting on a specific narrative of family creation.

**Childlessness and ‘choice’: stopping the IVF ‘merry-go-round’**

When reproductive justice activists refer to the ‘right to not have children,’ this is often associated with access to contraception and abortion. However, a less advocated issue is not having children as a life choice. Some policy makers are so concerned that ‘millennials’ are not having as many children that they are considering different strategies to encourage birth rates (Miller, 2018). Remaining childless intentionally disrupts social norms in multiple ways, including delinking sex and reproduction.

On the morning talk show ‘The Talk’, co-host Aisha Tyler, a comic/actress, shared her experience with trying to become pregnant for more than 1 year. Tyler described realizing that due to age and a blocked Fallopian tube, her likelihood of pregnancy was low. She offered what, for her and her husband, was a realistic view of the ‘97% that it’s likely that you’re not going to get pregnant’ (Pendleton, 2013). Her honesty and sadness were visible to many viewers. Her reflections disrupted the idea that people need to bear biological children at all costs, financial and physical. Tyler noted, ‘When we found out that [getting pregnant] was going to be difficult to impossible, it really was a choice to stop’. Explaining her reasoning for sharing, Tyler remarked, ‘I wanted families [and] couples to know that it was a valid choice not to get on this crazy merry-go-round of IVF and tens and tens of thousands of dollars’. The fact that Tyler and her husband were not pursuing treatment when it was financially feasible for them was newsworthy.

Tyler illuminated the financial constraints that people like her viewers would face; ‘People who do what I do for a living can afford that stuff, but most people can’t. They mortgage their homes and they break themselves.’ Dispelling the myth of ART automatically producing pregnancy, Tyler emphasized, ‘And by the way, most of them don’t get pregnant. We only focus on the Cinderella stories. We don’t focus on all the people that don’t do it. And I wanted people to feel – men and women – it’s okay to say, ’I love my marriage, I love my life, I choose not to have children’ (Huffington Post, 2013). By Tyler referring to a fairy tale, she pushed against consumerist narratives that construct ART as a magical solution if only people will commit their money and body to fixing the problem of infertility.

Through explicitly disclosing her own financial resources, and differentiating for her viewers ‘their’ likely financial costs (‘mortgage their homes’) and emotional costs (‘break themselves’), she spoke in relatable terms. Her comments disrupted the Black fertility mandate and the illusion that the average person can easily emulate the actions of celebrities who ‘can afford that stuff’ such as ART. Tyler said that they were not ready to consider adoption. A year later, she explained she had ‘snapped back into work mode’
and was considering other options for family formation because ‘There’s a clock ticking on the pregnancy thing, but not a clock ticking on adoption’ (Rothman, 2014). Tyler’s initial comments disrupted ideas of normative families as Tyler insisted that two people together without children could comprise a legitimate family. Her later comments point to a decision not to pursue biological parenthood at all costs, instead offering expanded ideas of family through non-blood relations.

Career and complexity of modern motherhood

Perhaps one of the most vocal celebrities of recent times to discuss issues of family and fertility is Gabrielle Union. For 5 years, Union portrayed the eponymous character on ‘Being Mary Jane’, a provocative Black Entertainment Television drama that garnered 4 million viewers for its season premiere. The main character, Mary Jane Paul, was an Atlanta-based news anchor who navigated the politics of broadcast journalism while serving as a key source of financial and emotional support for her brothers and niece, all while unapologetically engaging in multiple sexual relationships. Mary Jane’s stories focus on a range of issues, although she advocates for a specific emphasis on racial issues with a focus on Black women. She navigates career and personal life with the aid of her trusty producer, a recently divorced Latina mother of two. One storyline in the first season presents Mary Jane desperate around fertility as evidenced by her stealing an ex-boyfriend’s sperm. In the second season, she takes a different approach by doing a story in her network’s Modern Motherhood series. In a bid to increase ratings, Mary Jane turns the lens on herself by having cameras follow her as she pursues egg freezing on live television. Her plans go awry when, on camera, the doctor explains that not enough eggs remain to complete the procedure. Mary Jane later talks with one of her best friends, a fellow anchor who is a Black gay man, asking why he did not stop her. He tries to mollify her by bringing up his own compromises to stay on television which included in one picture, well beyond a nuclear family.

As the series ended, Union published a memoir that featured an excerpt of the book Redbook, one of the handful of ‘seven sister’ magazines established in the 20th century to appeal to married women (Carmody, 1990). In the cover story, Union offered an ‘unfiltered’ discussion of her life, including fertility and family. Both the print and web versions of the article included similar text and the same picture of Union and Wade hugging, but only the print version included her quote about her status as a stepmother: ‘When people tell us how kind [the boys] are, that’s rewarding. Though as a stepmom, you can only take about 15% of the credit.’ The quote highlights the joys of her role, but also reminds readers of the challenging role that step-parents can sometimes fulfill: responsibility without recognition. In the print version, a photo of the family has a simple descriptive caption: ‘Gabrielle (with Dwyane and her stepsons and nephew)’, but it offers a more extended view of family (Blackstone, 2018: 83). The family stood on the red carpet, presumably at a charity event since the backdrop is covered in logos for D. Wade’s All-Star Bowling Classic. That the family includes stepchildren and blood kin (a nephew) appears normal, but stepping back we know that there is a web of relations connected in one picture, well beyond a nuclear family. Under the cover story section titled ‘Make your Dreams Tangible’, Union talks about creating vision boards to include images of things a person wants in life. Hers have included an image of a pregnancy test. The actress remarks, ‘The only things that have not come to pass are a cosmetics line, Machu Picchu, and a baby. I’ve had the positive stick, but also a number of miscarriages, so maybe I just have to go more specific and show a woman with a human being traveling through her orifices. I’ll put those things back on this year’s board and see what happens’ (Blackstone, 2018: 82). Of these three as-yet-unattainable items, the first two are more clearly in her reach since she already has a hair care line and could schedule a trip to Peru. Months later (August 2018), a series of articles covered Union’s discussion of her new insight into her fertility due to a medical diagnosis of adenomyosis. Many articles quoted Gabrielle Union comments at the BlogHer18 conference: ‘Fertility is not an older women issue, it is an issue period.’ In an ABC news post, ‘Gabrielle Union reveals adenomyosis diagnosis, here’s what to know about it’, Union notes that ‘Towards the

\[2 \text{Redbook maintained a readership of over 2 million as recently as 2016 (Hearst Communications, 2017). The magazine’s last issue was December 2018.}\]
end of my fertility journey, I finally got some answers, because everyone had just sort of chalked it up to ‘You’re a career woman, you’ve prioritized your career, you waited too long and now you’re just too old to have a kid!’” She went on to explain that she had a rare disease: ‘There is nothing you can do about adenomyosis. The gag is that I had adenomyosis in my early 20s’ (Vyas, 2018). Later in the post, the author (identified as a doctor) provides a perhaps unintentional counterpoint to Union’s claim by noting that an adenomyosis diagnosis is more common in older women. The implication is that Union may not have had the disease in her 20s. A ‘Good Morning America’ segment embedded in Vyas’ story features an interview with a doctor demonstrating declining fertility with ping-pong balls. One headline challenged a popular criticism of later mothers – that they focused on their careers – by insisting that readers ‘Don’t Blame Gabrielle Union’s Infertility On Her Career’ (Yuko, 2018). That appeared to be the end of the story.

Approximately 3 months after the stories about Union’s diagnosis circulated, Union and Wade surprised fans with an Instagram post on 8 November 2018 that announced their baby by surrogate. The picture shows Union seated holding a bundled baby against her chest as Wade fixes the blanket. Union wears a headwrap, with strands of hair outside of her bun. In the background of the photo sit the edges of a desk with a computer keyboard and some wires, which suggest a hospital room. Her post started by quoting lyrics from the classic Bill Withers’ song ‘A Lovely Day’. It continued: ‘A LOVELY DAY [Black baby emoji] We are sleepless and delirious but so excited to share that our miracle baby arrived last night via surrogate and 11/7 will forever be ❤️ We sit in our own pain, thinking that somehow we’re broken’ (Kindelan et al., 2018). Further, Obama explained that as she reached her mid-30s, she had to use IVF to conceive their daughters, Sasha and Malia. To prepare herself for IVF, Michelle Obama was ‘largely on [her] own to manipulate my reproductive system into peak efficiency’, including injecting herself with requisite hormones, as her husband’s job as a senator kept him busy (Kim, 2018). This revelation about her fertility challenges even surprised Roberts who had interviewed Obama over the years (‘Reporter’s Notebook’, 2018), and the revelation itself received typical US coverage but was also featured in newspapers throughout the UK and beyond (Clarendon, 2018; Smith, 2018).

While Michelle Obama wanted her memoir ‘to be useful’, there is no doubt that it leaves out important aspects. While many Black families have been deemed deviant for their different structures, the ones that adhered to White, middle-class values have historically been lauded for their normalcy. As others have noted, the Obamas were highly aware of the stakes in their being the first Black family in the White House, and utilized media effectively to create narratives about themselves (Collins, 2012). We would not expect this to stop after leaving the White House.

During the fertility challenges, the Obamas were not yet international figures. The young couple was highly educated and they both held stable jobs and had health insurance – an economic resource that many people lack in the USA. On one hand, they were clearly seeking to expand their biological family. However, they did not feel comfortable or safe disrupting the narrative of themselves as a typical family due to the public scrutiny they received over every other issue. Even now, after its revelation, the telling of this aspect of the story still fits within a common narrative about them that emphasized family respectability based upon responsible fatherhood and work–family balance (Collins, 2012). As a Black man, Barack Obama constantly had to be and to appear to be an Ideal father even as he served his country. In using technology to create a normative nuclear family, the Obamas were also defying stereotypes of (White) families through Michelle working. Later, when they had children and Barack Obama became President, it appeared that the nation had never seen a more ‘ideal’ first family: engaged with the community, heterosexual and with a long-lasting marriage. However, the Obamas further defied traditional ideas of White family by engaging in a practice common in Black families: Michelle Obama’s mother came to live in the White House. By having multiple generations in one house, theirs was a kin-focused family and household, at times offering a subtle disruption to the typical idea of family even as they worked to present an image of the ideal family.

**Becoming the most famous black family**

Days after Union’s post, another Black woman revealed her own fertility challenges and use of ART: former First Lady Michelle Obama. ABC had secured her first interview since leaving the White House and promoted the exclusive interview for weeks. Obama’s much-anticipated memoir, Becoming, was set to be released days after the interview. An extended promotional clip for the interview showed Obama and interviewer Robin Roberts in a range of settings. Obama disclosed that she had experienced a miscarriage decades ago: ‘I felt like I failed because I didn’t know how common miscarriages were because we don’t talk about them’ (Kindelan et al., 2018). She recalled the shame she had felt about the miscarriage: ‘We sit in our own pain, thinking that somehow we’re broken’ (Kindelan et al., 2018).

While these celebrities have engaged with different media, audiences have responded in varying ways to their
revelations of the use of technology and discussions of the complexity of family. Of note is how audiences push back on the ways that fertility is discussed as easy or when a celebrity does not discuss the complexity of fertility issues in their narrative.

A column in the New York Times’ Motherlode section affirmed some of the myths produced by common discourses about Black women’s fertility. One Black woman’s column headline summarized the contradiction: ‘I Was Taught That Getting Pregnant Is Easy for Black Girls — Too Easy. But It Wasn’t for Me’ (Townsend, 2014). She detailed how, from a young age, she received warnings against pregnancy rooted in discourse around Black women’s supposed hypersexuality and hyper-reproductive capacity. Thus when, as an adult, Townsend could not become pregnant, she felt confused and isolated. This confusion and isolation eventually led her to found ‘Broken Brown Egg’.

The particular reproductive experiences of Black women also raised concern for some of her fans. A blogger on the site of the nationally known Black Women’s Health Imperative wrote quite simply: ‘We All Can’t Be Beyoncé: Black Women and Infertility’ (Crony, 2017). The author, like others, assumed that Beyoncé used ART although this was not confirmed (‘Beyoncé with the money and resources for the best fertility treatments’). The author noted how the discussions of Beyoncé focused on the singer’s vulnerability in discussing miscarriage, but failed to mention her resources. Pointing to the differences, Crony noted that ‘unlike Queen Bey, many Black women don’t have the support and security to express their experiences with infertility, despite the fact that they are almost twice as likely to experience infertility compared to White and Hispanic women’ (Crony, 2017). Beyoncé had literally performed the role of the strong Black woman throughout her career. She released albums, danced to sold out arena concerts worldwide, and rose to even higher fame. Images like those Beyoncé–infertility warrior–II was Taught That Getting Pregnant Is Easy for Black Girls — Too Easy. But It Wasn’t for Me’ (Townsend, 2014). She detailed how, from a young age, she received warnings against pregnancy rooted in discourse around Black women’s supposed hypersexuality and hyper-reproductive capacity. Thus when, as an adult, Townsend could not become pregnant, she felt confused and isolated. This confusion and isolation eventually led her to found ‘Broken Brown Egg’.

The particular reproductive experiences of Black women also raised concern for some of her fans. A blogger on the site of the nationally known Black Women’s Health Imperative wrote quite simply: ‘We All Can’t Be Beyoncé: Black Women and Infertility’ (Crony, 2017). The author, like others, assumed that Beyoncé used ART although this was not confirmed (‘Beyoncé with the money and resources for the best fertility treatments’). The author noted how the discussions of Beyoncé focused on the singer’s vulnerability in discussing miscarriage, but failed to mention her resources. Pointing to the differences, Crony noted that ‘unlike Queen Bey, many Black women don’t have the support and security to express their experiences with infertility, despite the fact that they are almost twice as likely to experience infertility compared to White and Hispanic women’ (Crony, 2017). Beyoncé had literally performed the role of the strong Black woman throughout her career. She released albums, danced to sold out arena concerts worldwide, and rose to even higher fame. Images like those Beyoncé project offer a particular narrative that researchers such as Hill note are damaging in certain ways.

Images of famous Black women who become pregnant at an ‘advanced’ age can contribute to stereotypes of Black women’s hyperfertility, which may further silence Black women experiencing fertility problems. When Black people struggling to become pregnant do not have a superstar’s resources, they only sometimes find support online offline. A semi-anonymous poster, Jai, writes a blog ‘Maybe Mama: a blog about a 30-something, fibroids, and infertility’. Despite being a self-proclaimed ‘infertility warrior’ with a goal ‘to be 100 transparent’, Jai notes that she blogs under a pseudonym as her husband is not ready to share his experience (Jai, 2014). Jai explains that after a myomectomy for fibroids, she needed a space since ‘no one talked about infertility in real life. She noticed this was especially true for Black women’ (Jai, 2014). She later reflects on her feelings of loss: ‘I was not just grieving the death of embryos, but of a dream. A tiny piece of hope stopped growing in that lab that day. It was OK to not be OK. It was OK to grieve’ (Jai, 2018b). Jai reflected on the role of technology in her infertility experience (‘hope stopped growing in that lab’). Women such as Jai may be particularly vulnerable to how stories of triumph offered by celebrities such as Beyoncé place pressure on Black women like her.

Others may find their way to the Broken Brown Egg, a website for Black women experiencing infertility that is building chapters in major cities (Townsend, 2018). Broken Brown Egg’s emphasis on women of colour is so rare that several major newspapers have profiled the organization including The New York Times. One story that discussed the site, ‘Infertility, Endured Through the Prism of Race’, framed the issue of infertility as being ‘about’ race because the story explicitly identified the people experiencing infertility as racial minorities (Vega, 2017). These stories are written as if Whiteness is not a race that offers a level of social buffer from deviance. However, everybody has a race, including the White women who experience infertility for whom it is often a technology of access to treatment, resources and ideologies of family normality.

One blogger took the opportunity to discuss the implication of Beyoncé and Janet Jackson’s pregnancies for the public’s understanding of aging and pregnancy noting ‘Whether they didn’t do treatment or had any assistance, it’s ultimately nobody’s business. People are genuinely happy for them to be able to have a family. The real point is when we see a celebrity who is “older” (again, I use that term loosely) who is expecting, my concern as an advocate is that it sends out false hope that one can delay having children and have no problem conceiving’ (Palumbo, 2017). While this blogger observed how discussions of age were elided in celebration of these celebrity pregnancies, and implored readers to take proactive steps to assess fertility, she failed to acknowledge that the two celebrities she was discussing were Black and how this might have shaped the narrative.

Some Black women’s stories of infertility – particularly wealthy popular culture figures – are used to stand in for the experience of all women. A Washington Post writer equated Obama sharing her fertility history with the historic US midterm 2018 elections, claiming that ‘In a week that saw tremendous gains for women in public office, Michelle Obama just broke another major barrier’ (Itkowitz, 2018). While fertility struggles affect all classes, Michelle Obama’s open discussion of fertility challenges and ART resonated with audiences worldwide.

**Discussion**

These examples reveal key themes: silence, pressure on women of colour to deal with fertility, and the tensions between normativity and subtle and less subtle deviance. After decades of debate between scholars and some activists about whether ‘queer’ is a political stance that can include anyone of ‘deviant’ reproductive modes or only describes people engaging in particular sexual practices, this is far from settled territory (e.g. see various pieces in this issue including Stacey, 2018). There is power, however, to reading these cases, following Cathy Cohen, as a politics of family queering because of the ways in which norms are broken and reinforced together, not least of which is the re-silencing in these narratives of queer Black parenthood.

**Silence around fertility challenges**

One of the most common themes in the narratives of both celebrities and non-celebrities of colour, especially Black women, in the USA is the lack of discussion around the issues. This can lead to the perception that fertility challenges remain
a ‘rich, white woman’s issue’ (Campbell, 2015a). These women revealed their fertility problems months or even decades after the initial fertility struggle, from Beyoncé who revealed her prior miscarriage after completing her second pregnancy to Union who, after a countless number of miscarriages (she literally could not remember how many), constructed a narrative of ‘hope’ which ended in eventually using a surrogate, about which she had been silent during the process. This is noteworthy when we consider the other intimate issues that had been discussed about their lives before the reveals, including suspected (in)stability of their marriages and parent-ing choices.

Some of the celebrity narratives highlight the particular-ity of Black women’s health problems. Similar to Harris-Perry, Black women disproportionately receive diag-noses of fibroids and are presented with the ‘solution’ of hysterectomy. These issues reveal themselves as uniquely Black, and social media offers an increasing space of support. Podcasts like the popular ‘Black Girl Therapy’ addressed the topic of infertility in 2018 (Solange Knowles tweeted about the companion site’s therapy directory, leading to so much web traffic that the site crashed). Or Bravo TV reality star ‘Dr. Jackie’, an OB-GYN whose show ‘Married to Medicine’ ended up cataloguing her own infertility journey (‘Married’, 2018) in another example of ‘backdoor reality’ (Edge, 2014) that unintentionally developed a storyline due to the star’s unexpected life path.

Beyoncé and Michelle Obama’s stories raise the question of why a person would share a painful fertility experience years or decades after it occurred. However, all spoke from the relatively safe position of socially sanctioned heterosexual marriage and financial independence. Still, these narratives conceal the feelings of their spouses, reinforcing the idea that men in a heterosexual partnership have little, if any, responsibility for fertility concerns or feelings about them (Almeling and Waggoner, 2013). Similarly, against hyperablist and heterosexual controlling images of Black people, queer and disabled Black women’s and men’s fertility and family formation struggles remain almost invisible (Moore, 2011). Thus, even in narratives designed to offer a degree of honesty, major silences remain.

### Tension of pushing against the norm and seeking it

Harris-Perry, Tyler, Union and Obama pursued family formation through technological means. Despite their different choices, multiple aspects of their family-building efforts can be interpreted as challenging norms of appropriate family: Harris-Perry by speaking openly about the range of people who she included in the idea of ‘family’, Tyler by speaking openly about resisting the imperatives to pursue technology just because a person can easily afford the cost, and Union by resisting narratives of the selfish career women while revealing the joys and challenges of a ‘blended’ family. These celebrities already disrupted the typical narrative of making a family.

Not having children within the expected timeline (e.g. marriage then children) may have raised questions for Beyoncé, Tyler and Union but does not demand an answer from audiences in the same way as the sudden appearance of a child (Harris-Perry, Union). These women did not have to tell people why they were not having children. Thus, the desire to express and to share is an interesting one. It potentially points to Black women’s desires to disrupt an assumption of their adherence to a cultural normal: normalcy would require keeping silent about the work to create and maintain families, which cultural narratives continue to emphasize as supposedly ‘natural’. Thus by speaking out, these women push a common narrative of the ease of family creation, instead of offering a view of its complexity.

These celebrities all share some different aspects of challenges to fertility narratives that assume fertility is easy and stereotypes that Black women experience pregnancy easily, and show how they push against these narratives. It is the pushing that offers possibilities for redefining one’s own relationship to reproduction, and placing one’s fertility expe-rience in the context of a range of reproductive experiences and a range of feelings that puts a slight crack in the façade of perfect families created ‘naturally’. Even for those families which appear to be living ‘the dream’, the American dream of fame, fortune and success is complicated with loss, disagree-ments and accommodation, and both joy and complexity are involved in creating kin through raising stepchildren or enlisting surrogates.

Of course, no matter the advances in ART, particular bodies remain under surveillance for their appropriateness for producing children. Further, as the Movement for Black Lives has helped the public understand, people of colour, particularly Black people, have to think about the reality that authorities can kill their children without any recourse for justice. It is no small issue that there are Black people and other racial minorities throughout the world who worry about the survivability of their children. White parents and potential parents have the privilege to worry only about the health of the baby and finances. Minority families often worry about discrimination that their child will face from an early age, or even death. In contrast, in research on what White parents tell their children about racial tensions, a recent study found that most parents avoided a conversation because they did not perceive racial tension as relevant to their lives or want to disturb their children, preferring instead colourblind discourse or reframing slavery as an exam-ple of Black women’s strength rather than racial domination (Underhill, 2018). Avoidance remains a luxury that minority users of technology in any country will not be able to afford, including these celebrities who have at different points publicly discussed racism they experience and anticipate that their children will also experience. Union, who spoke about living in Florida where Trayvon Martin was killed, spoke of warning her stepsons about police brutality (Golding, 2017).

These celebrity narratives offer us different lenses into the ways that kin can be created, and the work to create and maintain families. In sharing their experiences, they simulta-neously produce a normalizing narrative of family, but by discussing pain, complex emotions and the range of people involved in their version of family, the potential to queer reproduction and the technologies of it remain. Specific groups (e.g. unmarried people, poor people, queer people, people with disabilities) remain under social surveillance for their reproduction and their choices regarding marriage. It is vital to keep in mind what one reproductive justice blogger noted: ‘Stigma Around “Non-Traditional” Families Won’t End With Assisted Reproductive Technology’ (Campbell, 2015b). Those
who care about justice would do well to ask if and how the technology does anything to change how the particular society in which we are embedded view people on the reproductive margins, such as single mothers and others who ‘queer’ typical narratives of reproduction. To be more disruptive, technology users would need to align themselves more closely with the marginalized disruptors of ideas of family including single parents and the voluntarily childless. To truly change the idea of family, we all have to embrace the discomfort of deviance.

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Inhorn and Patrizio

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