In May 1896, Frederick Hoffman, German-born white statistician for the Prudential Insurance Company, published his influential treatise, *Race Traits and Tendencies of the American Negro*. Hoffman’s 330-page tract begins by declaring its dedication to the most comprehensive and disinterested scientific investigation: “Only by means of a thorough analysis of all the data that make up the history of the colored race in this country,” the introduction reads, “can the true nature of the so-called ‘Negro problem’ be understood.”

*Race Traits* presents an unprecedented synthesis of new criminal, demographic, epidemiological, and vital statistics with older anthropometrical studies and anecdotal evidence. Hoffman argues that his statistical methods place his findings beyond dispute: “it is a fact which can and will be demonstrated by indisputable evidence, that of all races for which statistics are obtainable . . . the negro shows the least power of resistance in the struggle for life.” Conversely, Hoffman argued, these numbers proved the enduring vitality of the Anglo-Saxon race.

As Khalil Gibran Muhammad observes, Hoffman’s treatise was pivotal in establishing statistics as objective “proof” justifying the white supremacist racial order, offering unprecedented—and apparently unshakeable—validity to long-standing myths of Black inferiority and deviance, “shaping racial statistics into a powerful, full-blown
narrative of Black self-destruction, racial decay, and the futility of reform.”

Hoffman’s comparative infant mortality statistics, and his interpretations of them, were a key component of these findings. Employing mortality tables from New York City, Brooklyn (two years before the other four boroughs annexed it), Boston, Philadelphia, Baltimore, Washington, DC, New Orleans, Charleston, and Richmond, Hoffman observes that the difference in mortality “for the earliest period . . . is enormous.” Black infant survival, he concludes, is compromised throughout the nation: “Nowhere else do we meet with such a frightful infant mortality as we find prevailing among the colored population of the large cities, both North and South.” It is clear that compared with their white counterparts, Black infants are faring extremely poorly. Hoffman proclaimed that these much higher rates of Black infant mortality, rather than reflecting the perilous conditions for Black families in these cities—relegation to poor, expensive, and often extortionate housing, withholding of sanitation services, exploitative and dangerous working conditions, uncertain access to good food and clean water, criminalization, medical apartheid, and increasing racial terror—heralded a dying race. As Muhammad writes, this “disappearance hypothesis” came to prevail among white analysts of the so-called “Negro Problem” during the racial nadir of the 1890s.

For Hoffman, this hypothesis relied on the rationale that under enslavement, Anglo “masters” had benignly protected Blacks as a race from the rigors of the “struggle for life.” Translating into the idiom of statistical science the comforting myths of slavery apologists like John C. Calhoun, he attempts to erase not only the current death-dealing conditions of Jim Crow city life, but the still-recent horrors of the lash, forced labor, routine sexual violence, and family separation. Black infant mortality rates in the 1890s, for Hoffman, allegedly show that race survival was impossible without that tender “protection.”
He thus places great emphasis on the comparison of the newest generation with their elders. He presents age-differentiated mortality tables showing that Black and white mortality rates diverge less among older adults, whereas the gap widens dramatically for infants and children: “the greatest excess of mortality amongst the colored falls on the early age groups.”

Hoffman also adduces evidence diachronically, using Charleston’s data to compare the “excess mortality” of Black people in 1890 compared with 1848, noting little change in the oldest category age-differentiated vital statistics but significantly increased mortality rates among the young. Although this is only one city for which he presents such data, Hoffman asserts that “we have an abundance of testimony . . . that previous to emancipation the negro enjoyed equal health if not superior to that of the white race”—although no evidence he cites supports such robust health. Since emancipation, in contrast, this “superior” health has only declined, to the point that now “the young generation is the one least fit for race survival.” He notes that other analysts have long observed the “excessive mortality of the colored race.” However, his inclusion and interpretation of African American infant mortality statistics constitutes new support for this alleged trend of race extinction. Allegedly reflecting both the inherent “traits” of physiological and moral weakness and their correlate “tendencies” of parental deficiency, Hoffman argued that Black infants’ mortality rates heralded the fate of the race as a whole.

By the 1920s the disappearance hypothesis no longer held sway in white experts’ discussions of Black infant mortality. These explanations no longer propounded inherent biological “race traits” and even brought certain environmental factors into view. They nevertheless remained wedded to a notion of “race tendencies,” ultimately blaming the neglect and allegedly harmful behaviors of Black families, especially mothers, and community members—especially midwives. Their explanations thus, like Hoffman’s, ultimately
deflected attention from the root causes of Black infants’ increased vulnerability to death. For example, in a paper given at the 1920 American Public Health Association meeting, published in the *American Journal of Public Health* that year, Dr. Stewart B. Thompson, director of Vital Statistics for the Florida State Board of Health, offered his analysis of “factors that influence infant mortality” in his state, which was not yet included in the country’s vital statistics registration area. He noted that Florida’s numbers compared favorably with those aggregate numbers, taken largely from the Northeast and the Midwest, noting that the registration area’s annual white infant mortality rate was 91 per thousand births, and Florida’s was 72, while the numbers for “colored” babies were 149 and 126, respectively.13

As was usual in such reports at the time, the striking disproportion between Black and white rates in both areas passed without comment. Yet Thompson did take an unusually fine-grained approach to the question of seasonal causes among Florida infants, graphing mortality in both groups by month for 1917 and 1919. This revealed a significant spike in Black infant deaths in the months of April and May, while white infant deaths remained relatively steady. Thompson had a theory about the cause of this spike: “In many parts of the state,” he wrote, “colored women are employed to dig the enormous potato crop which is harvested during the spring of the year. The diggers travel long distances in auto trucks and many camp nearby until the end of the season. All children who are able to work follow their mothers, and of course the little babies are very much neglected; not only improperly fed, but irregularly and often underfed.”14 The everyday violence of postpartum mothers forced to stoop for weeks from dawn to dusk, the brutal normalization of Black child labor, gasoline fumes on the road between sites, and the flimsiest of shelters during the night goes unremarked.15 The ascriptions of neglect and improper feeding, moreover, shifts the lion’s share of the blame from these deplorable conditions onto mothers themselves.
Yet the violence and deprivation that would “of course” prohibit mothers from feeding and caring for their newborns are nevertheless discernible here.\textsuperscript{16} In short, Thompson offers an account—albeit unaccompanied with even the barest response to its horror—of the social and economic etiology of Black infant mortality within a racialized labor hierarchy monstrously predatory on Black women’s labors and capacities. Apart from this disclosure, however, Thompson’s report closely hews to the common explanatory logics of the day, including the era’s de rigueur diatribe against “ignorant,” unsanitary, and “superstitious” Black midwives, whom he implicitly blames for the “53% of the infant deaths last year . . . reported as occurring from tetanus, convulsions, [and] diseases of early infancy.”\textsuperscript{17} In one of the grand deflections of the first half of the twentieth century, white health officials throughout the South blamed not poverty or medical neglect—let alone racist terrorization—for high Black infant mortality rates but the alleged ignorance and unhygienic practices of Black midwives, instituting programs of midwife surveillance and control that largely fostered official indifference to the deleterious conditions of Black infant life and death.\textsuperscript{18}

Thompson’s concluding summary of the causes of infant death makes no mention of the racialized labor regime as a causal factor. Rather, he names malaria and other disease factors common in Florida at the time and emphasizes the Black “midwives with their superstition, lack of education and training” and parental deficits—this time without reference to context or working conditions: “ignorance and lack of care . . . insanitary conditions of the home.”\textsuperscript{19} He concludes by remarking on Florida’s salutary climate: “The mild climate is a factor in reducing the infant mortality rate as it is possible to keep the baby out in the fresh air most of the time.”\textsuperscript{20} This “fresh air,” evoking the domesticated outdoors of screen porches and shaded yards, neatly eclipses the forced exposure of infants in the potato rows and trucks. Thompson thus briefly brings into view a damning
account of the fatal impacts of Black infants’ social and political milieu, a racialized labor hierarchy in which Black women and children were bound to the very bottom rung, with its life-depleting demands and toxic exposures. Yet the final analysis reverses course completely, repeating the familiar tropes of dangerously ignorant Black midwives and careless parents.21

These two foundational explanations for Black infant mortality are distinct—one positing an inherent pathology within the bodies of Black infants themselves, the other focused on malignant maternal behaviors and community birth practices. Yet they each serve as a declaration of innocence on the part of the white commentators. They each allege that the harm that causes Black infant death is located within Black life itself, whether in the particular organism or in the communal lifeways within which it is embedded. Nowhere do the investments, interests, or life-insulating factors that characterize the white ownership class to which these commentators belong appear as part of the story. They do not appear in relation to the white infant mortality rates that, within the comparative frame, appear as the neutral norm, let alone in their relation to the sanctimoniously lamented numbers, the deviant data points, by which they count Black infant deaths. But for a scientific community and citizenry invested in a white national future, these rationalizations conveniently effaced both the conditions that threatened Black infant life and the lived experiences of loss for Black mothers, fathers, kin, and communities.

Throughout this book I argue that these dual ascriptions— inherent pathologies and dangerous practices—comprise the fatal deflections on which the biopolitics of Black infant mortality in the United States was founded. These ascriptions prevailed among white physicians and experts in explicit and unapologetic terms during at least the first three decades of the twentieth century. Yet in more subtle ways they have persisted long past this time, and, as I argue, are still discernible in early twenty-first-century approaches. For one
brief example, in 2007, the Office of Minority Health initiated a targeted national intervention in response to high infant mortality rates among Black communities, titled “A Healthy Baby Begins with You.”22 As the name suggests, the campaign laid personal responsibility for infant outcomes on Black mothers themselves. Of the “nine risk factors that contribute to infant mortality,” seven focused on maternal behaviors or individual characteristics: “Late Prenatal Care, Smoking, Substance Abuse, Poor Nutrition, Obesity, High Stress.”

As I detail in chapter 5, this emphasis on stress reflected emerging understandings of how racism in the United States can impact Black people across the life course. Yet the intervention prescribed by the campaign nonetheless held individual mothers responsible for their stress levels.23 Not only did the campaign brochure direct mothers to exercise and eat healthy—obscuring the racial and class geographies of grocery stores, sidewalks and parks, and labor conditions that shape access to these “choices”—and to avoid alcohol and drugs but to “keep stress under control, do pleasant things that will keep you in good spirits.” In other words, this national-level public health campaign forwarded a notion of risk apparently isolable to maternal traits and behaviors, decoupled from any mention of systemic racism or economic deprivation. In just the fifteen years since that campaign, the discourse has shifted significantly. Research is establishing ever-clearer causation to the harms of systemic and medical racism in their complex intersections with class hierarchies, sexism, ableism, and other systems of oppression. Yet if not explicitly confronted, the habitual ascriptions of inherent traits and pathological behaviors can still shape frameworks of intervention and protocols of care.

The biopolitics of racial innocence is what I term this long-standing pattern of deflection that characterizes dominant physician and health authorities’ explanations of and interventions into Black infant mortality. In her work on the US carceral regime, political scientist Naomi Murakawa defines racial innocence as “practiced
blamelessness for the death-dealing realities of racial capitalism . . . maintained through willful ignorance, blame displacement, and liberal reforms.”

Murakawa’s formulation builds on James Baldwin’s analysis of US whites’ disavowal of the genocidal racism that has constituted them as a people, in a kind of Möbius strip of deadly violence and willful denial: “they have destroyed and are destroying hundreds of thousands of lives and do not know it and do not want to know it. . . . [I]t is not permissible that the authors of devastation should also be innocent. It is the innocence which constitutes the crime.”

Throughout this book I use the biopolitics of racial innocence to describe the institutionalized mechanisms, habits, and techniques of practiced blamelessness that have at once enabled, obscured, and perpetuated racial capitalism’s fatal impacts on Black maternity, gestation, birth, and infancy. As Ruth Wilson Gilmore writes, “the forms and patterns that coalesce into premature death, reveal human sacrifice as an organizing principle.”

These fatal deflections set the dominant terms under which the political thinkers and actors whose work is at the center of this book lived, mourned, organized, and worked to transform the conditions that imperiled their children. In different ways they all refused this biopolitics of racial innocence. Importantly, in many ways this expressed a collective refusal. Hoffman blamed Black parents for their own infants’ demises just when race leaders W.E.B. Du Bois and Mary Church Terrell themselves became bereaved parents in the 1890s. Du Bois and fellow scholar Kelly Miller challenged this hypothesis at the time in critical reviews of Hoffman’s text. Among other strategies, Du Bois situated US Blacks’ numbers within international mortality statistics, showing that death rates were equally high for urban poor in several European cities, to argue that Hoffman’s conclusions about race decline were erroneous. Moreover, Du Bois’s careful studies of Black living conditions in The Philadelphia Negro, as well as other studies undertaken under the auspices of
Atlanta University, demonstrated that these numbers were anything but natural.29

Along with other Black clubwomen, Terrell addressed the urban conditions that made Black mothers and infants vulnerable, establishing daycare centers, kindergartens, and homes for single women new to the cities.30 Du Bois and Terrell also contested the biopolitics of racial innocence rhetorically, along with its keystone figurations of Black parental damage, infant moribundity, and white beneficence—emphasizing instead the death-dealing environments and murderous bad faith of whites that menaced their infants’ life chances. Rural Southern Black midwives, situated very differently than Du Bois and Terrell in terms of geography, education, and class location, likewise carried out their praxes of care for infants and mothers under the shadow of accusation of being agents of death. Thompson’s indictment of midwives in 1920, though present in texts from decades earlier, had become paradigmatic by that date and would be at the heart of the Southern interventions ushered in by the Sheppard-Towner Act the following year. Midwives refused the biopolitics of racial innocence primarily through their practices of community care: what Gertrude Fraser calls their “philosophy of praxis”—though some of their own narrations of this history, reflecting decades after the implementation of midwife control programs, also entail powerful discursive contestations.31 In the present day, calls for birth justice, which explicitly frame the United States as a hostile environment for Black maternal, infant, and community life, carry this lineage forward in the realms of rhetoric and practice alike.32

As with Baldwin’s formulation of innocence, these words and deeds reveal the structural nature of these fatal deflections. That is, racial innocence is both produced by and essential to the violence of racial capitalism, which, among its many harms and horrors, underwrites Black infants’ unjust vulnerability to preventable death. Together, these accounts make clear that the biopolitics of racial
innocence is a key component of *white settler reproductive futurity*—the organization of space, social, political, and economic structures, institutions, laws, and norms to preserve US whites’ entitlements to stolen property, intact family, relative health, and wealth from generation to generation, at apocalyptic cost to Black and Indigenous peoples in the United States, and to communities, workers, and life worldwide under those entitlements’ monstrous extractive footprint. Though at unjustly vast variance in timescales and intensities of violence, white settler reproductive futurity imperils all human and other-than-human beings and relations on earth—even, eventually, its “innocent” beneficiaries. Yet both in terms of US white citizen memory and self-regard, and as a defining feature of the white baby as avatar and material locus of intergenerational entitlement, racial innocence preserves, sustains, and serves as alibi for the mass murderous, planet-killing trajectories of commodification, extraction, hoarding, and ongoing theft of lands, peoples, and labor.33

**Innocence and Reproductive Racial Capitalism**

The text from which Baldwin’s formulation of innocence is taken, “My Dungeon Shook: Letter to My Nephew on the One Hundredth Anniversary of the Emancipation,” in fact thematizes the predatory conditions that both expose Black infants to death and conveniently obscure, for the white public and its governing bodies, any responsibility for those conditions. While the essay’s most well-known lines, quoted above, blast the culpability of whites’ innocence in the massive destruction of life, Baldwin stages the birth of his beloved nephew—also named James—fifteen years before as a particular and telling scene of innocence’s crimes. The lines immediately following those quoted above read: “Now, my dear namesake, these innocent and well-meaning people, your countrymen, have caused you to be born under conditions not very far removed from those described for us by Charles