

Questions of Violent Care and Radical Imagination: Enslaved Women and Reproductive Resistance in Eighteenth Century St. Domingue

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Motherhood in almost every culture is viewed as a privilege, a sacred act of bringing new life into the world. However, outlying circumstances can force women into this act, and with new life comes the absence of their autonomy and choice. For enslaved women in St. Domingue, one of the most brutalized French colonies in history, motherhood was not always a celebration, but rather a sign of a loss of autonomy over themselves and their future child. Infanticide, or the act of killing an infant, was especially common in St. Domingue before the turn of the eighteenth century and the subsequent transformation of the country into the first Black Republic. Often, the accused culprits of this act were midwives, enslaved women who were entrusted to handle obstetric and gynecological care of expecting mothers.¹ Examining the motivations of midwives in this act points to an environment of endless labor and cruel living conditions for enslaved people instituted by French planters digging endlessly for profit. Furthermore, for enslaved women in particular, the constant threat of sexual violence meant that safety for them and their children was never guaranteed. Forms of reproductive resistance including infanticide, abortion, and marronage during pregnancy allowed enslaved women in St. Domingue to regain agency by choosing to have children on their own terms, thus disrupting the continuation of forced reproduction by planters within chattel slavery.

In 1695, the French officially laid claim to St. Domingue, and in 1734, the colonists had their first harvest of coffee.² To keep up with their additional

cultivation of sugar and indigo, French colonists “devastated” regions in Western Africa, capturing the indigenous people and selling them into slavery.³ After a harrowing journey through the Middle Passage, enslaved people were sold after arriving to the island, roughly inspected against their will by planters looking for labor. The sugar cane crops, in particular, “demanded an exacting and ceaseless labor,” and “exhaustion was stamped on every face” of the hundreds of enslaved people (men, women, and children) toiling for close to eighteen hours each day.⁴ In fact, the enslaved population made up the majority on St. Domingue, outnumbering planters significantly.⁵

Planters granted enslaved laborers few hours of rest, crowded living conditions, and little to no food.⁶ If enslaved individuals did not obey the planters’ orders, they were punished mercilessly through mutilation, burns, and whippings.⁷ Enslaved women who were pregnant were not left out either. According to C.L.R. James, “The torture of the whip, for instance, had ‘a thousand refinements,’ but there were regular varieties that had special names, so common were they. When the hands and arms were tied to four posts on the ground, the slave was said to undergo ‘the four-post’...The pregnant woman was not spared her ‘four-post.’ A hole was dug in the earth to accommodate the unborn child.”⁸ Additionally, most planters forced enslaved women to continue laboring even while pregnant, wanting to maximize their monetary gains.⁹ This constant and

¹ Karol Weaver, “The Enslaved Healers of Eighteenth-Century Saint Domingue,” *Bulletin of the History of Medicine* 76, no. 3 (2002): 446, <http://www.jstor.org/stable/44448995>.

² C. L. R. James, prologue to *The Black Jacobins: Toussaint L’Ouverture and the San Domingo Revolution* (New York, NY: Penguin Books, 1938), <https://files.libcom.org/files/TheBlackJacobinsCLRJames.pdf>.

³ James, *The Black Jacobins*, chap. 1.

⁴ James, chap. 1.

⁵ James, chap. 1.

⁶ James, chap. 1.

⁷ James, chap. 1.

⁸ James, chap. 1.

⁹ Jayne Boisvert, “Colonial Hell and Female Slave Resistance in Saint-Domingue,” *Journal of Haitian Studies* 7, no. 1 (2001): 63, <http://www.jstor.org/stable/41715082>.

exhausting labor had severe effects on the long-term health of enslaved women as well, causing numerous miscarriages and even sterility.¹⁰ Justification for this by white colonists was the pervasive racial stereotype of African women as immune to pain and as such, able to endure pregnancy and give birth easily when compared to white women.¹¹ Since the beginning of the slave trade, many colonists also believed that promiscuity led to infertility, and these racialized notions of African women as hypersexual provided the answer for the lack of population growth, rather than the brutal living conditions as imposed by white planters.¹² More specifically, the persistent threat of sexual violence that planters in St. Domingue wielded over enslaved women was nonstop: “[b]ecause he owned her as property, the white slave owner routinely used the female slave as his sexual object to take or to give to others. In the atmosphere of physical and sexual degradation, many slaves perished very quickly at the hands of their oppressors.”¹³ In fact, the average lifespan of an enslaved individual after arriving to St. Domingue was only seven more years on the island.¹⁴ With the systemic patterns of sexual abuse came no path of legal retribution for enslaved women whose bodies were viewed by planters only as vessels for personal gratification and reproduction of labor.¹⁵ In the Caribbean as a whole, over half of enslaved women did not end up ever giving birth, pointing to a regional pattern of physical and emotional stressors inhibiting fertility.¹⁶

¹⁰ Barbara Bush-Slimani, “Hard Labour: Women, Childbirth and Resistance in British Caribbean Slave Societies,” *History Workshop*, no. 36 (1993): 86, <http://www.jstor.org/stable/4289253>.

¹¹ Katherine Paugh, “The Politics of Childbearing in the British Caribbean and the Atlantic World During the Age of Abolition, 1776–1838,” *Past & Present*, no. 221 (2013): 131, <http://www.jstor.org/stable/24543613>.

¹² Paugh, “The Politics of Childbearing,” 129.

¹³ Boisvert, “Colonial Hell and Female Slave Resistance,” 63.

¹⁴ Boisvert, 63.

¹⁵ Bush-Slimani, “Hard Labour: Women, Childbirth and Resistance,” 87.

¹⁶ Rhoda E. Reddock, “Women and Slavery in the Caribbean: A Feminist Perspective,” *Latin American Perspectives* 12, no. 1 (1985): 66. <http://www.jstor.org/stable/2633562>.

Known as the “Torrid Zone,” the unique climate of St. Domingue along with the crowded course through the Middle Passage meant that disease was rampant, afflicting planters and enslaved people alike.¹⁷ Lack of clothing, adequate housing, malnutrition, and brutal working conditions contributed to the proliferation of severe or fatal health conditions for enslaved people.¹⁸ Specifically, pulmonary and respiratory diseases were common, along with the contraction of intestinal worms and yaws, a bacterial infection causing disfigurement and sores on the body.¹⁹ Due to the prevalence of these debilitating health conditions, the French government began to require hospitals by law in 1784, staffed by practitioners including royally trained surgeons and medical officers.²⁰ A part of broader trends in the 1780s and 90s across Caribbean colonies, this law belonged to a set of reforms known as amelioration, meant to improve conditions for enslaved women in the hopes of increasing natural reproduction of laborers instead of purchasing more individuals.²¹ These laws included provisions such as reducing the number of working hours for pregnant enslaved women and providing them with more food, clothing, and specialized medical attention.²² However, even amid these changes, white, male practitioners still looked to enslaved healers for guidance.²³

Enslaved communities often had their own natural or herbal remedies to help heal wounds acquired through labor, punishment, or other facets of daily life. For example, to protect against *mal de mâchoire*, also known as tetanus, enslaved people were observed by physicians to use castor oil or crushed castor beans on the jaw of the afflicted.²⁴ Tetanus is known to be caused by bacteria that creates a toxin in the body, causing painful muscle spasms and often, muscle tears or fractures.²⁵ In St. Domingue,

¹⁷ Weaver, “Enslaved Healers,” 434.

¹⁸ Weaver, “Enslaved Healers,” 436.

¹⁹ Weaver, “Enslaved Healers,” 436–437.

²⁰ Weaver, “Enslaved Healers,” 437.

²¹ Reddock, “Women and Slavery in the Caribbean,” 70.

²² Reddock, 70.

²³ Weaver, “Enslaved Healers,” 439.

²⁴ Weaver, “Enslaved Healers,” 442.

²⁵ “Tetanus,” *Penn Medicine*, 2025, <https://www.pennmedicine.org/for-patients-and-visitors/patient-information/conditions-treated-a-to-z/tetanus>.

newborns were known to be especially susceptible to tetanus, and end up unable to feed because of it.²⁶ However, the causes of mal de mâchoire were thought by colonists to be intentionally induced “as a result of the maliciousness of enslaved women.”²⁷ Healers, along with more formal medical positions occupied by enslaved women, came to be associated with the complicated mythologization of mal de mâchoire.

Within plantation hospitals, enslaved women played a number of roles. They could be trained as *hospitalières*, who worked under the plantation surgeon, or *accoucheuse*, otherwise known as midwives.²⁸ *Hospitalières* were responsible for a number of daily tasks caring for patients within hospitals, such as providing food and routine treatment.²⁹ Alternatively, the *accoucheuse* was specifically responsible for the gynecological and obstetric care of enslaved mothers.³⁰ The *accoucheuse* utilized herbal remedies similarly to healers, and there has been considerable overlap between these categorizations. Additionally *hospitalières* and midwives are thought to have practiced both “African and European healing methods,” often being African-born women.³¹ These medical roles were considered to be some of the highest ranking that enslaved women could achieve; other forms of labor included working in the fields, within the house, or washing clothes.³² However, both the *hospitalières* and the *accoucheuse* were often viewed with suspicion by white society. Médéric Louis Élie Moreau de Saint-Méry, a lawyer and deputy to the French National Assembly who lived in St. Domingue before the Revolution, wrote of enslaved women and midwives:

²⁶ Weaver, “Enslaved Healers,” 442.

²⁷ Karol Weaver, “She Crushed the Child’s Fragile Skull: Disease, Infanticide, and Enslaved Women in Eighteenth-Century Saint-Domingue,” *French Colonial History* 5, no. 1 (2004) 94, <https://dx.doi.org/10.1353/fch.2004.0015>.

²⁸ Weaver, “Enslaved Healers,” 446.

²⁹ Weaver, “Enslaved Healers,” 449.

³⁰ Weaver, “Enslaved Healers,” 455.

³¹ Crystal N. Eddins, *Rituals, Runaways, and the Haitian Revolution: Collective Action in the African Diaspora* (Cambridge: University Press, 2022), 142.

³² Reddock, 65.

What a pity that ideas of incontinence and sometimes very sad ideas bring the mothers to deprive their child of his existence before he even sees the light of day. I would be less than truthful if I did not say that this outrage upon nature is as common among the black women of the cities as it is in the country. It is joined with the danger of lockjaw or tetanus, and hatred or jealousy know how to multiply it. Together they destroy a great many beings. What I have said about the inexperience of the midwives explains well enough in any case why so many negroes are subject to illness and hysteria. The old matrons know how to aggravate affairs even more, by making themselves ‘healers’ of mal de mere.³³

Moreau’s opinion reflects that of white society at the time, which viewed enslaved women as cruel mothers, committing infanticide out of hatred and unrestrained anger, not concern. Furthermore, Moreau discredits midwifery as a medical practice and attributes the low fertility rates of enslaved women to lack of skill, rather than recognizing the oppressive environment these women were forced to work and live within. White colonists also believed that mal de mâchoire was caused because of the carelessness of enslaved mothers, claiming their tendency to drink rum or eat red pepper caused prenatal issues.³⁴ As discussed previously, the stereotypes of Black women as quick to anger and selfish contributed to the idea that they would not prioritize their baby in utero, making notions of infanticide seem not that far-fetched. Trinidadian writer and historian C.L.R. James also discusses infanticide, and labels the phenomenon as an intentional choice on the part of enslaved women:

The most dreadful of all this cold-blooded murder was, however, the jaw sickness – a

³³ Médéric-Louis-Elie Moreau de Saint-Méry, *A Civilization That Perished: The Last Years of White Colonial Rule in Haiti*, (Philadelphia, published by the author, 1797-1798), translated, abridged, and edited by Ivor D. Spencer, (Lanham, MD: University Press of America, 1985), 52, <https://revolution.chnm.org/exhibits/show/liberty--equality--fraternity/item/313>.

³⁴ Weaver, “She Crushed the Child’s Fragile Skull,” 102.

disease which attacked children only, in the first few days of their existence. Their jaws were closed to such an extent that it was impossible to open them and to get anything down, with the result that they died of hunger. It was not a natural disease and never attacked children delivered by white women. The Negro midwives alone could cause it, and it is believed that they performed some simple operation on the newly born child which resulted in the jaw-sickness. Whatever the method this disease caused the death of nearly one-third of the children born on the plantations.³⁵

As James discusses, infanticide was widespread and viewed as the fault of midwives. One can understand how midwives were easily targeted as being responsible for infanticide due to their direct responsibilities with postnatal support. Other scholars have commented on infanticide not as act of cruelty, but one of care, such as law student Stephane Martin Demers, who discusses infanticide by enslaved women as “an imaginative tool to bring about the liberation and independence that they sought.”³⁶ Demers asserts infanticide as an act independent from and in defiance of plantation authority—a choice by enslaved mothers to protect their unborn children from the invasive demands of colonial systems.³⁷ Thus, these acts scared white society because they signified a loss of control over their laborers. One ad within the French-run St. Domingue newspaper *Les Affiches Americaines* points to a specific case of a runaway midwife accused of infanticide:

Zabeth, a Creole from Port-de-Paix, aged 55, stamped F. DUCONGÉ, and below PORT-DE-PAIX, with an illegible stamp, resembling a burn, having no teeth, ran away on January 10th last; the said Negress was a midwife at her master's house, and was discovered to have committed

several crimes, by the death of thirty newborn children, whom she said died of jaw pain. Eleven Negroes or Negresses, Negrittes or Negrillons, who died from swellings and puffiness, since last April, despite all the treatment and care he was able to give them, and a much larger number at different times, always coming from the same illness, caused by the same Negress.³⁸

With the direct reference to mal de mâchoire, this quote demonstrates the power that enslaved midwives had and also the frustration that planters felt towards containing infanticide as a pattern of behavior. Another largely infamous case of infanticide was documented by Michel Étienne Descourtilz, a French physician and botanist who lived in St. Domingue throughout the Revolution.³⁹ He wrote of a midwife who was accused by a planter on the Fleuriau plantation of killing over seventy children.⁴⁰ She confessed that she inflicted “locked jaw” by pushing a pin into the children's skulls.⁴¹ As a result, she was forced to wear a necklace with seventy knots as a reminder of her actions.⁴² Here, it is important to note that if planters believed that midwives committed infanticide or provided abortions, they would severely punish them, often through torture and physical violence.⁴³ Due to this, accounts of outright confessions of infanticide without the threat or act of torture are hazy. Mothers who were also accused were forced to wear an iron ring or a carved wooden baby on a rope around their necks until they had another child.⁴⁴ These punitive measures often meant that enslaved women went to

³⁵ James, chap. 1.

³⁶ Stephane Martin Demers, “Contemplating the Afterlife of Slavery: Gynecological Resistance, Marronage, and Revolution in Late Eighteenth-Century Saint-Domingue,” *University of Toronto Journal of Caribbean Studies* 6, no. 2. (2021): 34, <https://doi.org/10.33137/cq.v6i2.36939>.

³⁷ Demers, “Contemplating the Afterlife of Slavery,” 35.

³⁸ “Saint Domingue,” Advertisement, *Les Affiches Americaines*, 1786. <http://www.marronnage.info/fr/document.php?id=659>.

³⁹ Lili Tavlan, “The Infamous Rosalie: Infanticide as Female Slave Resistance,” *Historical Perspectives: Santa Clara University Undergraduate Journal of History*, Series II 27, no. 10 (2022), 83. <https://scholarcommons.scu.edu/cgi/viewcontent.cgi?article=1308&context=historical-perspectives>.

⁴⁰ Tavlan, “The Infamous Rosalie,” 83.

⁴¹ Boisvert, 67.

⁴² Weaver, “She Crushed the Child's Fragile Skull,” 105.

⁴³ Weaver, “Enslaved Healers,” 456.

⁴⁴ Boisvert, 68.

extreme lengths not to have children, instead turning towards abortion as a preventative measure.

To provide abortifacients, enslaved midwives relied on local plants and roots.⁴⁵ Pouppeé Desportes, French royal physician to the King, studied botany in St. Domingue for many years, observing local midwives and recording their methods in his guide *Treatise of Common Plants in Domingue* in 1770. Within his book is a section on *plantes hysteriques*, referring to plants used to treat women. Among these plants, Desportes listed the “Liane a Calcon” plant which he writes, “recalls menstruation and repressed urination,” alluding to inducing abortion.⁴⁶ In addition to natural abortifacients, enslaved women also would attempt “mechanical” abortions through the use of sharp sticks or other objects.⁴⁷ Many of these methods originated from West Africa and were a part of the knowledge that these women brought with them to Caribbean colonies.⁴⁸

The plantation surgeon, who usually monitored enslaved women who were pregnant, would admit women to the hospital long-term if he believed they were at risk for attempting abortion.⁴⁹ This surveillance demonstrates how planters began to pay closer attention to the conditions of pregnant enslaved women, and their shift of trust onto the plantation surgeon over the midwives as the default for obstetric care. Moving into the end of the eighteenth century, due to a decline in midwifery in France, along with the anxiety around *mal de mâchoire* and midwives’ activity, the plantation surgeon and other white male physicians began to be viewed as the experts in obstetric care.⁵⁰ Previous to this, midwives only called on the plantation surgeon during labor if dire circumstances required it.⁵¹ Tools such as the forceps also gave plantation surgeons new methods to approach the labor process, adding to their reputations as the now preferred medical

practitioner.⁵² This demonstrates how the idea of infanticide hung over the heads of colonists, convincing them to abandon the women who had been practicing this care for generations.

Besides infanticide and abortion, within St. Domingue it was not uncommon for enslaved people to intentionally end their own lives through starvation, hanging, or poison. Enslaved people made this choice not only to escape suffering but also as a way “to inflict economic damage on their masters.”⁵³ Additionally, some enslaved people ended their lives due to their faith that “death, they believed, meant not only release but a return to Africa.”⁵⁴ Women in particular were known to commit suicide more than men.⁵⁵ Poison specifically was not an unorthodox method, and enslaved women were involved within the networks and distribution systems of the poison itself.⁵⁶ One such famous case involves François Mackandal, a formerly enslaved man who was also known as an herbalist and worked extensively with poison as a form of “slave rebellion.”⁵⁷ Mackandal had escaped from a northern plantation into the Limbé mountain range and as a maroon he traveled to various plantations to form connections with local enslaved people willing to participate in poisoning planters.⁵⁸ Mackandal was known for giving impassioned speeches and lessons about “restoring racial justice” in his travels, trying to instill a sense of drive for collective liberation for enslaved people across St. Domingue.⁵⁹ In 1757, Mackandal was arrested for his attempts and successes at disseminating poison for enslaved people to use to kill their owners.⁶⁰ Mackandal’s wife, Brigitte, played a key role in his network, as did many other enslaved women; they

⁴⁵ Weaver, “Enslaved Healers,” 456.

⁴⁶ Pouppeé Desportes, *Treatise or Abridged Version of Common Plants of Domingue* (Paris: House of Lejay, 1770), 23-24.

⁴⁷ Bush-Slimani, 92-93.

⁴⁸ Bush-Slimani, 92.

⁴⁹ Weaver, “Enslaved Healers,” 449.

⁵⁰ Weaver, “She Crushed the Child’s Fragile Skull,” 104-105.

⁵¹ Weaver, “She Crushed the Child’s Fragile Skull,” 105.

⁵² Weaver, “She Crushed the Child’s Fragile Skull,” 105.

⁵³ Boisvert, 64.

⁵⁴ James, chap. 1.

⁵⁵ Boisvert, 64.

⁵⁶ James, chap. 1.

⁵⁷ Eddins, *Rituals, Runaways, and the Haitian Revolution*, 117.

⁵⁸ Eddins, *Rituals, Runaways, and the Haitian Revolution*, 117.

⁵⁹ Eddins, *Rituals, Runaways, and the Haitian Revolution*, 120.

⁶⁰ Eddins, *Rituals, Runaways, and the Haitian Revolution*, 121.

served as the “couriers” of the poison itself.⁶¹ Brigitte also knew how to make the poison, and both she and Mackandal drew from their African roots to create the herbal solutions.⁶² Brigitte and other women in the network worked within the domestic side of life, allowing them to hand off the poison more inconspicuously. The act of poisoning, along with the broader themes of suicide and infanticide, can be considered forms of reproductive resistance as these acts were disruptions to the system of chattel slavery, both economically and politically, in terms of the statement that this violence made about the quality of life under French colonization and subjugation.

Marronage, or the act of escaping slavery to join maroon societies, was not as common for enslaved women as it was for men. In fact, women only made up fourteen percent of maroons reported within ads for runaway slaves in *Les Affiches Americaines*.⁶³ Enslaved women often faced more barriers to marronage when compared to men, as they were less likely to occupy mobile roles that allowed them to leave the plantation, such as artisanship or apprenticeship.⁶⁴ Additionally, if they had children, marronage would become much more complicated, which aligns with the finding that most runaway women were reported alone.⁶⁵ Most planters did not care about keeping families together and quickly auctioned off infants, pointing to a strong motivator for enslaved mothers to find a way to leave with their children.⁶⁶ *Les Affiches Americaines* specifically contained multiple ads referencing enslaved mothers with their children such as this: “A Negress named Désirée, of the Congo nation, without a stamp, went maroon on the night of the 4th to the 5th of this month, with her daughter, named Modeste, aged about 16 months, with a very large navel.”⁶⁷ Here,

one can observe that Désirée was most likely in the process of marronage due to the malnutrition of her child, Modeste, as demonstrated by her swollen stomach. This trait is caused by *kwashiorkor*, a disease resulting from malnutrition and lack of protein intake, which was common within enslaved children in the West Indies from the ages of six months up to two years old.⁶⁸ These accounts dispute narratives by white colonists that enslaved mothers did not care about their children. As with many stories such as this one, by joining maroon societies, enslaved women were able to have more control over their own autonomy and safety.

One such society, known as the Maniel maroons, was located within the Baoruco mountains close to the Spanish colony, Santo Domingo.⁶⁹ According to scholar Crystal N. Eddins, the Maniel maroons had a child to woman ratio almost twice that of enslaved populations on sugar, coffee, and indigo plantations in 1791.⁷⁰ This comparison demonstrates how women who escaped enslavement had more reproductive autonomy without the threat of sexual violence, thus making them more comfortable having children and raising them outside of the system of slavery. Eddins writes, “Marronage was not just an act of flight, but created a liminal space between freedom and slavery where revolutionary potential could be nurtured, and the fullness of humanity expressed.”⁷¹ This quote demonstrates the use of imagination by enslaved mothers to reach for something better than the oppressive system they were within. Reproductive resistance includes this radical practice by enslaved women to refuse to watch their children struggle against a system meant to keep them down and profit off of their bodies.

Today, the tradition of midwifery as a respected medical practice continues in modern-day Haiti. However, Haiti has one of the highest maternal mortality rates in the world, pointing to a need for

⁶¹ Eddins, *Rituals, Runaways, and the Haitian Revolution*, 121.

⁶² Boisvert, 70.

⁶³ Crystal N. Eddins, “Rejoice! Your wombs will not beget slaves! Marronage as Reproductive Justice in Colonial Haiti,” *Gender & History*, 32 (2002): 573, <https://doi.org/10.1111/1468-0424.12497>.

⁶⁴ Eddins, “Rejoice!” 573.

⁶⁵ Eddins, “Rejoice!” 573.

⁶⁶ Boisvert, 66.

⁶⁷ “Une Negresse nommée Désirée,” Advertisement, *Les Affiches Américaines*, May 15, 1773, <http://www.marronage.info/fr/document.php?id=3637>.

⁶⁸ Jerome Handler, “Diseases and Medical Disabilities of Enslaved Barbadians, From the Seventeenth Century to around 1838,” *West Indian Medical Journal*, no. 6 (2009): 34-35, https://www.mona.uwi.edu/fms/wimj/system/files/article_pdfs/handler_diseases_and_medical_disabilities_of_enslaved_barbadians.pdf/.

⁶⁹ Eddins, “Rejoice!” 565.

⁷⁰ Eddins, “Rejoice!” 566.

⁷¹ Eddins, “Rejoice!” 565.

the strengthening of the midwifery profession more than ever.⁷² Understanding the history of midwifery and reproductive resistance by enslaved women before and after the inception of the first Black Republic allows scholars to consider the importance of bodily autonomy and care that understands cultural specificity. Additionally, critically deconstructing the arguments around infanticide bolsters the notion that care is not always clean or simple. Care, especially under systems meant to be repressive, often has to be dirty, difficult, and hard to look at. For enslaved women living and working under the constant threat of violence, care to them did not always look like raising a child under the same circumstances. As scholar Lili Tavlan writes, “trauma is embodied in the very bodies of these slaves, from scars to pregnancies,” demonstrating the need to connect how trauma influences care, and how those notions of care are passed down through generations.⁷³ Infanticide, abortion, and marronage were not simple decisions, and are sure to have been full of complicated feelings about the exacting cost of resistance. These women made one of the largest sacrifices; giving up their children or attempting to leave slavery altogether, in the hopes of a more liberated and nurturing future.

⁷² “Haiti: Continuing to Improve Maternal and Child Health Services,” *Agence Française De Développement*, July 19, 2023, <https://www.afd.fr/en/actualites/haiti-continuing-improve-maternal-and-child-health-services>.

⁷³ Tavlan, 83.

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