Crack mothers, crack babies, and black male dope dealers productions of deviance during america's crack cocaine panic in the 1980s

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CRACK MOTHERS, CRACK BABIES, AND BLACK MALE DOPE DEALERS: PRODUCTIONS OF DEVIANCE DURING AMERICA’S CRACK COCAINE PANIC IN THE 1980s

by

Chantelle Renee Yandow

A Thesis submitted in partial fulfillment of the requirements for the Honors in the Major Program in Religious Studies in the College of Arts and Humanities and in the Burnett Honors College at the University of Central Florida Orlando, Florida

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ABSTRACT

A moral panic erupted during the 1980s among the American public when stories about crack cocaine saturated the media. In this thesis I analyze how discursive productions of deviancy operated in the CBS news documentary: 48 Hours on Crack Street (1986) and other print news sources at that time. Three salient characters that appear in news media discourse during the panic are “crack mothers,” “crack babies,” and “Black male dope dealers.” The news media frightened the public with such representations (among others) and the public urged politicians to get tough on drug crime to control the so-called crack cocaine plague. Politicians responded with omnibus drug reforms that established mandatory minimum sentences and the controversial 100:1 sentencing disparity between crack and powder cocaine. The enforcement of the draconian drug laws that were passed in response to the crack cocaine panic continues to be a contributing factor to America’s current prison crisis. Moreover, the laws are enforced in ways that disproportionately punish the poor and African-Americans. I conclude that the criminal disenfranchisement of millions of people since the 1980s relates to the media’s representation of the crack cocaine “epidemic” and the legislation that was passed to control illicit drugs such as crack cocaine.
Acknowledgments

Where do you end and where do I begin?

Lifetimes of causes and conditions brought me to this very moment. I owe infinite bows to each of my teachers along the journey.
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CHAPTER ONE: INTRODUCTION

Television has the power to shape thoughts, stir emotions, and inspire actions. It teaches, it sells, it entertains, it informs, and it has the capacity to influence powerfully.

President Ronald Reagan (Elwood 27)

During the 1980s the news media’s coverage of drugs skyrocketed. Stories about a new form of cocaine called crack dominated a major portion of the coverage. Media studies scholars Reeves and Campbell “screened all the news items between 1981 and 1988 (the Reagan era) listed under the subject heading ‘Cocaine’ in the *Vanderbilt Television News Index*: 528 items listed” (16). William J. Gozenbach, communications scholar from the University of Alabama, conducted a longitudinal analysis of drug related news coverage: “From July 1984 to June 1991, *The New York Times* presented 7,462 articles about the drug issue, and the three networks aired 2,600 stories on the evening news, for a total of 10,062 stories” (34). CBS and NBC also aired documentary specials about cocaine in 1986, *48 Hours on Crack Street* and *Cocaine Country* respectively. Steven R. Belenko, Senior Research Associate at the National Center on Addiction and Substance Abuse, Columbia University, notes that “crack generated unprecedented levels of public concern about its effects on crime and public order” (2). Moreover, he claims that “crack’s appearance among urban minorities and resultant barrage of media and political coverage helped drive an enormously expensive enforcement-based response that has filled the nation’s jails and prisons with crack users and dealers” (2). In this thesis I examine how discourse about crack cocaine produced a moral panic during the eighties, how deviant tropes were constructed in the *48 Hours on Crack Street* documentary (“crack mothers,” “crack
babies,” and “Black male dope dealers”), how disciplinary mechanisms produced knowledge about the aforementioned tropes, and the relationship between the construction of these tropes and the institutionalization of the war on drugs.

Moral panic is a complex phenomenon. A survey of academic material reveals multiple perspectives on moral panics, how they escalate, and why they occur. In this thesis I utilize Kenneth Thompson’s moral panic theory to frame my discussion of the crack cocaine crisis. While scholars debate what exactly constitutes a moral panic, Kenneth Thompson notes one inherent quality that is common to all moral panic phenomena:

Implicit in the use of the two words “moral panic” is the suggestion that the threat is to something held sacred by or fundamental to society. The reason for calling it a moral panic is precisely to indicate that the perceived threat is not to something mundane – such as economic output or educational standards – but a threat to the social order itself or an idealized (ideological) conception of some part of it (8).

To be clear, Thompson presents five key elements of a moral panic that follow Stanley Cohen’s (a pioneer of moral panic scholarship) definition of the phenomenon:

1. Something or someone is defined as threat to values or interests.
2. This threat is depicted in an easily recognizable form by the media.
3. There is a rapid build-up of public concern.
4. There is a response from authorities or opinion-makers.
5. The panic recedes or results in social changes (Thompson 8).

In the context of the moral panic that erupted during the 1980s, crack cocaine was deemed a dangerous threat, the media’s coverage of crack cocaine rose sharply, public fear increased in
response to the media’s coverage of the so-called crack cocaine epidemic, the Anti-Drug Abuse Acts of 1986 and 1988 were passed to control the drug problem, and people quickly forgot about the crisis as media coverage about crack dwindled.

Thompson explains two additional characteristics that are common among most moral panics: “On the whole there is agreement about at least two of the characteristics: that there should be a high level of concern over the behaviour of a certain group or category of people and that there is an increased level of hostility toward the group or category regarded as a threat” (9). Moreover, he claims that volatility and disproportionality are also typical features of a moral panic: Volatility “means that moral panics are likely to appear suddenly and be short-lived; they are similar to crazes, scares and other forms of collective behaviour” (9). The disproportionality of a moral panic refers to the aggrandizement of a threat that “is more substantial than is warranted by a realistic appraisal” (9). In this thesis I illustrate the signifiers of a moral panic within the context of the crack cocaine crisis and I utilize Michel Foucault’s theory of knowledge-power to explicate how the crack cocaine panic was socially constructed.

Stuart Hall conducted a well known and highly criticized analysis of moral panic in London. He analyzed a moral panic about “increased” mugging in the streets and he used Marxist theory to examine the phenomenon (Thompson 57). Hall claimed that elite leaders created the panic and he proposed that it was a social construction intended to divert the public’s attention away from the more important economic crisis at that time. Hall’s analysis raises interesting questions about the motivations of interest groups that may influence the production of a moral panic; however, I chose not to apply his Marxist technique in this thesis for two reasons: power cannot be reduced to economic terms alone and a Marxist analysis of power only
focuses on the repressive nature of power. Unlike other academic research about moral panics, I use Michel Foucault’s knowledge-power theory to analyze how the crack cocaine panic was produced during the eighties. This method is different from other moral panic analyses that ask why moral panics occur or what a moral panic is.

Michel Foucault describes power as a productive mechanism, even though he does not deny the real effects of hegemonic power. An analysis of power as a productive mechanism versus a repressive one is a useful tool that I utilize in this thesis to explain how knowledge about “deviance” was produced during the crack cocaine panic (i.e. the social construction of “crack mothers,” “crack babies,” and “Black male dope dealers”). The productions of these three tropes created public fear and the public’s reaction to these images begins to explain how the crack cocaine panic was created.

To clarify the theory of knowledge and power that I emphasize in this thesis, it is necessary to review the material by Michel Foucault that has influenced my research. Though I am not writing about sex or sexuality in this thesis, I will spend some time explicating how Foucault uses knowledge-power to frame the discursive production of sexuality. I thoroughly explain Foucault’s analysis of knowledge-power in *History of Sexuality Vol. I* to contextualize the mechanics that transform sex into discourse (i.e. sexuality) and to, then, relate those mechanics to the production of knowledge-power during the crack cocaine crisis.

In *History of Sexuality I*, Foucault refutes the “repressive hypothesis.” In other words, he claims that discourse about sex is not subjugated or censored. Instead, Foucault claims that, since the Victorian era, there has been a “steady proliferation of discourses concerned with sex” (*History* 18). Foucault emphasizes the importance of
the multiplication of discourses concerned with sex in the field of exercise of power itself: an institutional incitement to speak about it, and to do so more and more; a determination on the part of the agencies of power to hear it spoken about, and to cause it to speak through explicit articulation and endlessly accumulated detail (18).

Recognizing the error of the repressive hypothesis, Foucault asserts that “we must therefore abandon the hypothesis that modern industrial societies ushered in an age of increased sexual repression” (49). In accordance with his theory of productive knowledge-power, Foucault illustrates the history of sexuality as a proliferation (versus a repression) of discourse about sex.

Foucault explains that an incitement to discourse produced extensive knowledge about sex and knowledge about sex was utilized to construct normative concepts of sexuality. The knowledge produced was (and is) used to create a taxonomy of sex in which norms are constructed for the purpose of normalizing the sexuality of the population. He explains that

Western man has been drawn for three centuries to the task of telling everything concerning his sex; that since the classical age there has been a constant optimization and an increasing valorization of the discourse on sex; and that this carefully analytical discourse was meant to yield multiple effects of displacement, intensification, reorientation, and modification of desire (History 23).

The production of knowledge about sex is an effect of power. Simply put, power mechanisms produce the concept that is known as sexuality. Inversely, the production of knowledge also produces effects of power. In this instance, Foucault explains that power mechanisms have produced knowledge about sexuality. Furthermore, knowledge about sexuality has been utilized
to construct social codes meant to normalize the population’s sexuality and to discipline those
who have been labeled as sexual deviants.

Foucault’s knowledge-power theory can also be applied to moral panic discourse and the
construction of the crack cocaine crisis. The production of information and knowledge is an
important element of a moral panic. As noted previously, news media coverage of drug related
stories skyrocketed during the eighties. The multiplicity of discourses (e.g. news media,
psychiatry, medicine, criminology) that produced information about crack cocaine, specifically,
is analogous to a “discursive explosion” that Foucault highlights in *The History of Sexuality*. The
multiplicity of discourses about crack cocaine created a “new regime of discourses” that
controlled the production of knowledge about the drug and the people who used it. In a way
similar to the discursive transformation of sex, crack cocaine was transformed into discourse
during the eighties. The hegemonic effect of the regime of discourses is a “regime of truth” in
which dissenting voices are silenced. In this thesis I examine the production of a racialized
“truth” about crack mothers, crack babies, and Black male dope dealers. Poor African-American
men and women were constructed as deviant characters in the crack cocaine panic and crack
babies were stigmatized as future deviants.

The construction of “truth” is a disciplinary mechanism. Foucault explains that the
discursive construction of sexuality and its classification is used to discipline bodies and control
the population as a species. Classifications constructed sexual norms that also produced concepts
of deviance. The institutions that classified sex also sought to normalize and control the sexual
practices of the entire population. People who were not necessarily thought of as “abnormal”
before were at once constructed and produced as social and sexual deviants:
Criminal justice, too, which had long been concerned with sexuality, particularly that in the form of “heinous” crimes and crimes against nature, but which, toward the middle of the nineteenth century, broadened its jurisdiction to include petty offenses, minor indecencies, insignificant perversions; and lastly, all those social controls, cropping up at the end of the last century, which screened the sexuality of couples, parents and children, dangerous and endangered adolescents—undertaking to protect, separate, and forewarn, signaling perils everywhere, awakening people’s attention, calling for diagnoses, piling up reports, organizing therapies. These sites radiated discourses aimed at sex, intensifying people’s awareness of it as a constant danger and this in turn created further incentive to talk about it (History 30-31).

The discursive construction of deviance functioned in a similar fashion during the crack cocaine crisis in the 1980s and 1990s. Drugs, especially crack cocaine, were deemed a “plague” on society and a danger that law makers set out to control. Parents, politicians, doctors, police, the news media, etc. became highly aware of the supposed dangers of crack cocaine and other illicit drugs. The heightened awareness and the increased production of discourse about drugs quickly produced a moral panic. Legislators responded to the panic with laws that punished the most insignificant drug crimes as felonies. The harsh penalties that were constructed within the Anti-Drug Abuse Acts, and the implications of those laws, will be analyzed more thoroughly in chapters two, three, and four.

The images of the three tropes that I analyze in this thesis mirror the profiles of the people that are most frequently punished under tough crack cocaine laws. While it is impossible
to state for sure whether the production of these tropes influence the way that laws are enforced, I propose that there is a relationship among the racialized profiles that were constructed during the moral panic in the eighties, the public’s perception of who uses and sells crack, and the ways that power operates to control “the problem.”

Power is not simply an oppressive mechanism; rather, it is exercised at all levels of the sociopolitical structure. In *History of Sexuality*, Foucault describes the elements of a “bio-power” that functions to control bodies and populations. Foucault notes that “the disciplines of the body and the regulations of the population constituted the two poles around which the organization of power over life was deployed” (139). The disciplines are “an *anatomo-politics of the human body*” and they function to produce docile bodies that are “useful” within a given society. The regulatory controls are “a *bio-politics of the human body*” that is concerned with the “mechanics of life” and “the species body” (139). Together these technologies function as a bio-power that, in effect, produces docility and fosters life. During the eighties, drugs were portrayed as threats to the normalizing effects of bio-power and, thus, it is not surprising that a moral panic erupted in response to the discourses about drugs. For instance, crack cocaine was blamed for crime, violence, sickness, death, economic losses, and the breakdown of morality and of families. In this thesis I illustrate how bio-power functioned in the context of the crack cocaine crisis. In short, a racialized crack cocaine narrative was constructed and, perhaps consequently, African-Americans have been disproportionately punished for crimes involving crack cocaine.

I utilize the CBS documentary *48 Hours on Crack Street* (1986) to analyze how the crack cocaine crisis was constructed in the news media. This journalistic investigation focuses on the dangers of drugs, in general, and crack cocaine especially. A wide range of topics are covered in
two hours. The documentary is divided into seventeen segments that cover topics such as (but not limited to) drug crime in New York City, mothers who use crack, youth drug crime, drug interdiction at U.S. borders, and the medical dangers of crack cocaine. Of particular importance is the way that messages about crack cocaine are racially coded in the documentary. For example, crack is constructed as a problem that is exclusive among inner-city African-Americans and drugs such as heroin and powder cocaine are represented as less threatening drugs that are primarily used by Whites. The racialized construction of the crack cocaine crisis is problematic because the mythological danger that was constructed in the news media is reproduced in the severity of crack cocaine laws.

Mass media productions (like 48 Hours on Crack Street) are important to consider within the context of any moral panic because they influence the public’s perception of social issues. Politicians are not objective observers to these cultural representations either. Some scholars argue that law makers who passed draconian drug laws in the eighties were influenced by the media’s aggrandizement of the drug problem. Reinarman and Levine state “the crack scare, like other antidrug campaigns, promoted misunderstanding about drug use and abuse” (“The Crack Attack” 64). They conclude that media misinformation and manipulation are two factors that influenced drug policy reform during the eighties. Chandra Crawford argues that the Anti-Drug Abuse Act of 1988 (ADAA) “was racially motivated as a result of racial perception linking crack with poor Blacks and deviant behavior” (137). She notes “that lawmakers are not impartial observers” of their environment (139). She concludes that the social construction of the crack cocaine crisis in the news media influenced the creation of the ADAA. She links racialized and classist media coverage in The New York Times and The Washington Post to harsh crack cocaine
laws: “Black people were often portrayed as violent crack dealers and ‘strung out’ crack abusers in the articles” (142). Her review of legislative discourse reveals a racialized construction of the crack cocaine problem that is similar to that portrayed in the media. For example, during the *Crack Cocaine* Congressional Hearing

a sheriff from Florida explicitly linked Haitians to the crack problem in his area:

“The seller we see [is] Haitian or a Black male, 18 to 35 years of age. We believe all the rock cocaine is brought to our country in the rock form from Miami, Apopka, or Fort Pierce, but it is only a matter of time until they begin making it here. We haven’t developed any syndicate ties beyond the syndicate of the Haitian community” (122).

Also, in the *Cocaine Babies* Congressional Hearing, Crawford notes that “poor Black mothers were clearly associated with crack abuse and deviant behavior” (128). She states “when the word ‘crack’ was used, race and class were mentioned, sending the message that ‘bad’ Black mothers abused crack and led destructive lives at the expense of their families well being” (128). In chapter two I analyze the construction of “bad Black mothers” and “crack mothers”; in chapter three I address the mythological construction of crack babies; and in chapter four I analyze the construction of the “Black male dope dealer” to address the social production of Black male criminality.

Some scholars attribute the mass incarceration of African-Americans to the institutionalization of a war on drugs in the eighties. In fact, Clarence Lusane notes that the Bureau of Justice Statistics released a plan in 1986 to build 20,000 new prisons by 2001. Not coincidently, the news media’s coverage of the crack cocaine crisis also peaked in 1986. Writing
in the nineties, Lusane notes: “It is obvious who is expected to fill those jails” (44). During the
nineties African Americans were “almost half of the prison population” (44). Lusane’s prediction
may be accurate. Human Rights Watch (2000) reports that 62.7 percent of people sent to prison
for drug crimes are African-Americans. William Elwood explains that the war on drugs produced
an influx of non-violent drug offenders that the prisons were not prepared to house or
rehabilitate. Webb and Brown claim that mandatory minimum drug sentences have created an
influx of state prisoners (49-50). Drug criminals who are required to fulfill mandatory minimum
sentences create other problems. For example, Elwood quotes Laura Levings, spokesperson for
the Florida Department of Corrections, who asserts that the number of drug offenders has
“increased tremendously over the years” (15). She states that second-degree murderers in Florida
are released on gain time to make room for the nonviolent drug offenders who are required to
serve mandatory minimum sentences. The same situation is true for California where the “Three
Strikes initiative has clogged the courts, packed the jails, and resulted in the early release of
violent prisoners to make way for mandatorily incarcerated persons” (Sadofsky 19-20). As early
as 1991, the National Institute on Drug Abuse revealed that while 50% of crack users are White,
36% Black, and 14% Hispanic, 93% of those convicted on crack cocaine charges are African
American (Jensen and Gerber 51). Based on the material I have reviewed about moral panics, the
war on drugs, the crack cocaine crisis, and drug reform passed during the eighties, I conclude
that there are strong correlations among the media’s racialized construction of the crack cocaine
panic, harsh crack cocaine penalties, and the mass incarceration of African-Americans.

In chapter two I will map the discursive construction of the “crack mother” and her
genealogy. Kenneth Thompson explains Foucault’s concept of genealogy as the “relations
between knowledge, power and the body in modern society” (25). Knowledge is both a product of a discourse and a product of power. The production of “knowledge” about crack mothers during the eighties was one element of the crack cocaine narrative that incited a moral panic in the American public. Knowledge about crack mothers emerged within a multiplicity of conflicting discourses that were seeking the “truth” about pregnant women who used crack cocaine. Stuart Hall notes that Foucault claims conflicting discourses are “a contestation over power” and each discourse is a mechanism of power that produces knowledge (293). I analyze how news media, medical, and legal discourses produced the “truth” about crack mothers and how the homogeneity among those discourses created a “regime of truth” about African-American women. The crack mother was profiled as a young, poor, African-American woman and a majority of women who were prosecuted for using cocaine during their pregnancies were also young, poor, African-American women. Hall states: “According to Foucault, when power operates so as to enforce ‘truth’ of any set of statements, then such a discursive formation forms a ‘regime of truth’ ” (295). One important implication is that “knowledge” becomes the “truth” when people act on what they believe. The truth or falsehood of a belief is not as important as the real effects of a belief that is put into practice.

In chapter three I trace the discursive production of “crack babies” and their relationship to so-called crack mothers. The linkage of crack cocaine, pregnant women who use cocaine, and cocaine exposed babies created a signification spiral that heightened the anxiety and moral panic of the public in the eighties and nineties. A signification spiral is produced when “two or more activities are linked in the process of signification as to implicitly or explicitly draw parallels between them” (qtd. in Thompson 20). Hall states that “the net effect is amplification, not in the
real events being described but in their threat potential to society” (20). Kenneth Thompson notes that “a signification spiral does not exist in a vacuum. It can only work if the connecting links are easily established by drawing on pre-existing ideological complexes or discursive formations” (20). The discursive formation that produced the “truth” about crack mothers was followed by the crack baby narrative. The public’s hysteria over a “plague” of crack babies motivated the prosecution of young Black women. I analyze how disciplinary surveillance techniques were utilized to produce a racially coded “truth” about cocaine exposed babies and how women were punished.

In chapter four I illustrate the construction of the “Black male dope dealer” trope in 48 Hours on Crack Street and within the larger context of the crack cocaine panic. During the panic Black males (men and children) were portrayed as violent and predatory threats to society. The public, media, politicians, and the president participated in the production of this trope. During the eighties the crack cocaine industry was discussed as an especially violent drug trade (organized by Black males) and politicians responded with tough-on-crime legislation meant to deter the criminal activity. I draw a connection between the production of “truth” about Black men and violent crime to the mass incarceration of young Black males in the 21st century. I hypothesize that the mass incarceration of young Black men (mostly for drug related crimes) can be traced back to the crack cocaine crisis. I explore how the production of “truth” about Black men, drugs, and violent crime influenced drug reform during the eighties and how the disenfranchisement of African-American males is related to the production of knowledge about “Black male deviance.”
I summarize my conclusions about the crack cocaine crisis and the production of deviance in chapter five. Crack mothers, crack babies, and Black male dope dealers were the discursive productions of a mythological “epidemic” during the eighties. The real consequence of these ideological productions is, however, the mass incarceration of millions of people, especially African-American men. Truth is always subject to change. In each chapter I review how discursive shifts have altered the perception of truth about the dangers of crack. Despite the uncertainties about crack cocaine, criminal punishment has been pursued aggressively. The disproportionate punishment of African-Americans in the pursuit to punish has been the cause of much controversy. In 2010, the degree of the crack/powder sentencing disparity has at least been reduced.
CHAPTER TWO: CRACK MOTHERS

The “crack mother” is a stereotype that was produced from a multiplicity of discourses (e.g. news media, medical, judicial) during the crack cocaine panic in the 1980s. The goal of this chapter is to follow and untangle some of those discourses and to analyze how her deviance was constructed. On the one hand, I argue that the crack mother stereotype was a product of ideological discourses that construct race, gender, class, and morality. On the other hand, she was also a systematic creation of institutional knowledge and power relations. What follows is an analysis of the crack mother’s production within the context of *48 Hours on Crack Street* and the larger crack cocaine panic, a survey of stereotypes about African-American women that positions the crack mother within a historical framework, and an introduction to the penal implications (analyzed more thoroughly in chapter three) of those discourses.

“The Streets” segment of *48 Hours on Crack Street* begins in New York City. CBS journalist Bernard Goldberg and a camera crew conduct interviews with people on 42nd Street to investigate the crack cocaine problem. Goldman interviews five Black men (they are not given names) and one Black woman whose name is Annette. The city is a racialized construction of space that is marked in juxtaposition to the suburbs. Suburbs are portrayed as “White” space that is predominantly occupied by middle and upper class families. The dualism that is constructed between the city and the suburbs establishes a binary that classifies the city as “deviant” space in relation to “safe” suburban space. White people are more frequently portrayed in a positive light. The examples of White deviance that are exhibited in the documentary are less stigmatized in American culture (e.g. professionals who use cocaine to relax after a tough work week). African-Americans in this documentary are more frequently associated with behavior that is
socially/culturally unacceptable and even criminal (e.g. selling crack cocaine). For example, Annette is introduced on a busy street corner in the city: an overhead camera shot captures her from a distance. She speaks in an omniscient voiceover: “My name is Annette. They call me Shorty. I wash the car windows. [The camera shot changes to a close-up of Annette’s face and she speaks directly to the camera] I make ten dollars. I head right to the crack man and get crack.” She holds up her glass pipe and demonstrates how to smoke crack for the journalists: “You take a lighter then you light it up. You take the lighter and light it up like a cig. Like that. Like that right. And it melts down in the streams. Ok. After you burn…after you burn the stem…K. You see all that White stuff that’s inside there? That’s what you call the good coke.” The fact that she uses crack is less important than how that fact functions within the documentary—it suggests a truth about women who use crack.

Annette is the only woman who is interviewed about her crack cocaine use and, not coincidently, she is Black. Her position within the documentary implies that crack is a problem among poor Black women more so or, perhaps, rather than White women. The producers of 48 Hours on Crack Street cast Annette in a lead role for the documentary. CBS has a story to tell about young, poor, Black women, and Annette is utilized as a medium to tell a racialized crack mother narrative. She is a mother and she uses crack cocaine, her identity outside that context is unknown. Journalists do not interview her family or friends and they do not visit her home. Even though we know her name, Annette remains a flat character—an object—that functions to develop the crack cocaine narrative within the documentary. Journalists interview her to gather the knowledge that they need to construct the story they are directed to tell about crack. For the purposes of this production, she is “just” a poor Black mother who uses crack cocaine. Annette
may only be one person within the context of this single documentary but her role in *48 Hours on Crack Street* is one that operated within a larger discourse that the news media produced during the eighties and nineties.

Young, poor, Black women and “broken” African-American families were the subject of news headlines across the country during the 1980s. *The Washington Post* reports, “The Worst Threat is Mom Herself” (Besharov B1). In a *New York Times* article, Peter Kerr declares crack cocaine “has taken an unprecedented toll on women, children, and families. […] so many poor families are headed by single mothers that the sudden increase in women becoming crack addicts has caused disproportionate damage to families.” Moreover, he reports the fears of crack’s “long-term impact on the already fragile family structure of the underclass” (B1). Dr. Beny J. Primm states his concern explicitly: “I am worried about the destruction of the nuclear family among Black people, particularly in a population where more than half the families are headed by women” (B1). In the midst of a so-called drug plague, poor Black women were represented as the carriers of a fatal contagion that was destroying African-American families. The increased news coverage about “crack mothers” incited public fear that would soon ignite a moral panic and a crusade to criminally punish women (mostly poor and Black) for using cocaine during their pregnancies.

One element that worried the public was the perceived breakdown of African-American families. The debate reemerged as a legitimate discussion during the economic crisis of the eighties as people were searching for the underlying causes of the market downturn. The discussion had been previously dismissed when, in 1965, the U.S. Department of Labor published Senator Daniel Patrick Moynihan’s report: *The Negro Family: The Case for National*
The report attributed poverty and social “disorganization” to a breakdown of the African-American family. During the sixties the report was attacked as “a mean-spirited and racist document that blamed victimized Blacks for the social misery an unjust American society had inflicted on them” (Christensen n. pag.). Reeves and Campbell assert that the Moynihan report holds “the victims of a long history of systematic racial oppression, economic exploitation, and social exclusion accountable for their own misery, for their own failure to ‘assimilate’ as individuals into a supposedly ‘accommodative’ and increasingly ‘color-blind’ society” (95).

Senator Moynihan’s claims are stated clearly in his report: “At the heart of the deterioration of the fabric of Negro society is the deterioration of the Negro family. It is the fundamental source of the weakness of the Negro community at the present time” (Moynihan n. pag.). In the eighties, however, Moynihan’s theory reemerged as a popular rhetoric. The “moral depravity” of African-Americans and the so-called breakdown of families in Black communities were noted as a primary cause of social and economic struggles that were affecting the entire nation.

The reemergence of the Moynihan report was a landmark that signified an emergence of a new type of racist rhetoric that became popular in the eighties in nineties. Dan Quayle, for instance, attributed the 1992 Los Angeles riots to a “poverty of values in the inner city” (Reeves and Campbell 96). Reeves and Campbell note that “the culturalist vocabulary” of the new-racism (in contrast to “old-time biologist racism”) is “more subtle, more respectable, less inflammatory—and more politically robust than its ancestry” (97-98). Cultural racism is a rhetoric that blames African-Americans, especially those that live in inner-cities, for systemic injustices such as poverty. Popular news media representations during the eighties perpetuated
the victim blaming rhetoric of cultural racism. For example, Reeves and Campbell illustrate how CBS news documented a so-called crisis of Black American families in 1985:

The general political currency of the new racism also circulated in “The Vanishing Family: Crisis in Black America,” a CBS News special report that aired in 1985. Narrated by Bill Moyers, the notoriously “liberal” journalist at the center of the New Rights’ recent attack on PBS, the report both featured and furthered the cultural Moynihanism of conservative egalitarianism. Moyers, like Moynihan, acknowledges that racism was at one time a decisive force limiting the life chances of African Americans. But, also like Moynihan, Moyers denies that racism goes very far in explaining the contemporary suffering of poor African Americans in the inner city. Describing a Black family in Newark, New Jersey, as a “world turned inside-out,” Moyers argues that the alien value system of this world—and the poverty of its inhabitants—are grounded on a moral irresponsibility that is destroying “the” Black family (98).

A combination of moral and cultural discourses obscured and inverted the causes and effects of poverty. Culturally racist rhetoric was dismissive of urban struggles. Drug abuse and broken families were blamed for a “maladjusted” and unassimilated African-American culture. The news media’s racially coded language created metonymic relationships between Black skin, poverty, immorality, crime, and broken families that oversimplified complex social issues in both poor Black and White communities. 48 Hours on Crack Street is an additional example of a racially coded news documentary that CBS produced during the eighties.
The news media functions as a power mechanism that produces racialized narratives about poverty. For example, one study performed by Yale political scientist Martin Gilens reveals a trend in welfare stories from 1960 to 1992:

- Sixty-five percent of network news stories about welfare featured African-Americans.
- Fewer African-Americans are portrayed in “sympathetic” stories about poverty and welfare.
- Newsmagazines depict almost 100 percent of the “underclass” as African-Americans (Gilliam 3).

Gilliam concludes that the media influences the way the public perceives poverty. His study reveals that people underestimate the poverty that exists among Whites and that they are more likely to attribute the poverty of African-American women to personal failures (3). Black feminist scholar Patricia Hill Collins claims that poor Black women in the eighties were constructed as “symbols of what was deemed wrong with America and targets of social policies designed to shrink the government sector” (*Feminist* 80). She proposes that racialized media images and moral rhetoric masked “the effects of cuts in government spending on social welfare programs that fed children, housed working families, assisted cities in maintaining roads, bridges, and basic infrastructure, and supported other basic public services” (80).

African-American women may have been the group most adversely affected by the racialized rhetoric in the eighties that reintroduced the ideas Moynihan originally proposed in
1965. For example, in Chapter II of Moynihan’s report “The Negro American Family,” he presents five main points that contrast the growth and prosperity of middle class White families with the deterioration of poor Black families:

1. There is one truly great discontinuity in family structure in the United States at the present time: that between the White world in general and that of the Negro American. The White family has achieved a high degree of stability and is maintaining that stability [while, in contrast] the family structure of lower class Negroes is highly unstable, and in many urban centers is approaching complete breakdown.

2. Nearly a quarter of urban Negro marriages are dissolved.

3. Nearly one-quarter of Negro births are now illegitimate.

4. Almost one-fourth of Negro families are headed by females.

5. The break of the Negro family has led to a startling increase in welfare dependency (Moynihan n.pag.).

Moynihan’s argument suggests that poor Black women are to blame for the socio-economic struggles in poor Black communities. In fact, he blames Black women who give birth to illegitimate children and those who are “divorced, separated, or are living apart from their husbands” for the dishevelment of Black communities (Moynihan n.pag.). The overarching argument seems to be that Black women and children who rely on Aid to Families with Dependent Children (AFDC) for support are a burden to a system that Moynihan claims was designed to support widows and orphans.
The “Black Matriarch Thesis” that is constructed in the Moynihan report buttresses a racist ideology. Moynihan blames the “breakdown” of the African-American family on “deviant” Black women. African-American families are interpreted as “broken” because they do not meet normative (presumably White) familial standards. Extended family structures and “other mothering” are not valued within this normative framework. African-American families, for instance, challenge “the patriarchal assumptions underpinning the traditional family ideal” (Collins *Feminist* 77). The African-American family structure is perceived as an undesirable alternative to the idealistic nuclear family structure. Families that do not measure up to the nuclear family “ideal” are marginalized and in some ways dismissed (even erased in *48 Hours on Crack Street* as I will describe later):

The absence of Black patriarchy is used as evidence for Black cultural inferiority. Under scientific racism, Blacks have been constructed as inferior, and their inferiority has been attributed either to biological causes or cultural differences. Thus, locating the source of cultural difference in flawed gender relations provides a powerful foundation for U.S. racism (77).

Patrick Moynihan identified Black Matriarchs as the cause of poverty and “their children’s failure at school” (Collins *Feminist* 75). The Black matriarch thesis was the counterpart to the mammy image. Collins notes: “Just as the mammy represents the ‘good’ Black mother, the matriarch symbolizes the ‘bad’ Black mother” (75). Black matriarchs were portrayed “as overly aggressive, unfeminine women” who “allegedly emasculated their lovers and husbands,” Collins states (75). Black women were accused of driving their husbands away with
their ill temperaments and it was understandable that their lovers and husbands “either deserted their partners or refused to marry the mothers of their children” (75). The image of the matriarch “represented a failed mammy, a negative stigma to be applied to African-American women who dared reject the image of the submissive, hard working servant” (75). In Black Sexual Politics Collins describes the profile of Black mothers who are deemed “failures” within the discourses that construct normative expectations of motherhood:

Bad Black Mothers (BBM) are those who are abusive (extremely bitchy) and/or who neglect their children either in utero or afterword. Ironically, these Bad Black Mothers are stigmatized as being inappropriately feminine because they reject the gender ideology associated with the American family ideal. They are often single mothers, they live in poverty, they are often young, and they rely on the state to support their children. Moreover, they allegedly pass on their bad values to their children who in turn are more likely to become criminals and unwed teenage mothers (Collins Sexual 131).

The reproduction of the Bad Black Mother stereotype during the eighties can be traced back to the theories Moynihan introduced in 1965: “The role of the family in shaping character and ability is so pervasive as to be easily overlooked. The family is the basic social unit of American life; it is the basic socializing unit. By and large, adult conduct in society is learned as a child” (Moynihan n.pag.).

The acceptance of Moynihan’s conservative and pro-family politics in the 1980s is not a surprise. Collins notes:
The election of conservative Ronald Reagan in 1980 emboldened the Christian Right to advance a fundamentalist family values discourse. Resembling the colonial discourse from the 1600s, the contemporary family position argues (1) all sexual practices should occur only within the confines of heterosexual marriage; (2) the fundamental purpose of sexuality is procreation; and (3) children should be protected from all sexual information with the exception of abstinence as the preferred form of birth before marriage (*Sexual* 37).

Pro-family politics gained ideological power in the midst of the economic turbulence of the 1980s. Reeves and Campbell claim that Reaganomics reframed the economic distress of the inner-cities “in terms of the wages of racially coded sin” (74). In other words, the cuts to social spending that affected the poorest—predominantly Black—communities were legitimized by the moral discourse that constructed the deviance in those communities. Poor Black people—especially women—were seen as undeserving of economic assistance as they were blamed for their misfortunes.

The Bad Black Mother was crystallized in the image of the “welfare mother” during the sixties after African American women “successfully challenged the racially discriminatory policies that characterized social welfare programs” (*Collins Sexual* 132). In the 1980s the welfare mother image shifted to the “welfare queen”:

Resembling the practice of invoking the controlling image of the Black rapist via the Bush campaign’s use of Willie Horton in 1988, the Reagan/Bush administration also realized that racializing welfare by painting it as a program that unfairly benefited Blacks was a sure-fire way to win White votes. This
context created the controlling image of the “welfare queen” primarily to garner support for refusing state support for poor and working-class Black mothers and children (132).

The discursive construction of the crack mother, also occurring during the eighties, was a product and a continuation of the welfare queen and BBM narratives. As an example of this discursive construction, Felicia Lee reports on a system in Miami streets that loans crack to women on credit and she claims that “women—who get Aid to Families with Dependent Children checks—are the prime victims.” She states:

 Dealers sometimes drive carloads of women to cash their welfare checks. They help them exchange food stamps for crack, sometimes tacking on exorbitant interest fees. Often, the whole AFDC check has been smoked up before the women can buy food, milk or diapers (1).

Ruben Betancourt, a spokesman for Health and Rehabilitative Services (HRS), “said his agency is well aware of the crack-for-credit-phenomenon.” Moreover, he states: “just the fact that a system like this exists demoralizes the system. It’s the same thing as earlier days when people came in a new Cadillac. . . . It’s a new twist on an old perversion” (Lee 1). Betancourt’s statement perpetuates the welfare queen myth that Ronald Reagan helped to popularize while on the campaign trail in 1976. Franklin Gilliam notes: “Reagan often recited the story of a woman from Chicago’s South Side who was arrested for welfare fraud. ‘She has 80 names, 30 addresses, 12 Social Security cards and is collecting veteran’s benefits on four non-existing deceased husbands. And she is collecting welfare under each of her names’ ” (2). Gilliam concludes that
“the welfare queen narrative script has succeeded in imprinting stereotypic racial and gender images in the minds of many Americans” (2).

Old familiarities and new fears enabled the production of the crack mother trope within the crack cocaine crisis that metastasized during the 1980s. A sexual deviant, an economic threat, and a drug addict, the crack mother was a new twist on old stereotypes (e.g. “welfare mother,” “welfare queen,” and “Jezebel”) that stigmatized Black women. The Jezebel image of Black women signified an “out-of-control” animalistic sexuality that was misplaced within the normative discourses that White male patriarchy perpetuated/perpetuates (Reeves and Campbell 213). Similar to the Willie Horton ad that Bush used to tap into the fear of Black men’s sexuality, the crack mother mobilized fears of Black women’s sexuality. Reeves and Campbell note that “the news discourse of crack mothers like Stephanie gave the New Right another racially charged code word to deploy its holy class war against poor people of color” (213-14).

“Stephanie” was a pseudonym given to a Black mother in a two-part television series Cocaine Kids in the 1980s (Reeves and Campbell 212-13). Like Annette, in the 48 Hours on Crack Street documentary, Stephanie is “a part that stands in for the whole” (213). Each woman’s extreme circumstance is personalized and their visibility constructs a paradigm that is meant to symbolize a group problem among Black women. Stephanie is a mother of two children who are in foster care and she continues to use crack cocaine though she is pregnant with a third child. Understanding the difficulties faced, Mary Barr, a former crack cocaine user and mother, states: “if pregnancy was a cure for addiction, we could just go out and get all the female addicts pregnant, and, hey, no more addiction. But it’s not a cure for addiction. So, even though I thought about stopping, it wasn’t that easy” (“Crack” n.pag.). Barr presents a perspective
different than the more blaming stories told by some doctors in the eighties. For instance Dr. Jing Ja Yoon, chief of neonatology at Bronx Lebanon Hospital, asserts:

These mothers don’t care about their babies and they don’t care about themselves. Crack is destroying people – I’ve never seen mothers like this before. Children aren’t being fed. Mothers sell their food stamps. Young women sell their bodies, and that’s done in front of the children. Even when heroin was at its worst, it wasn’t like this (Besharov C1).

The representations of Stephanie (Cocaine Kids) and Annette (48 Hours on Crack Street) are two examples within a pattern that the news media continued in the eighties. News media coverage was (and is) typically less sympathetic of women of color when compared to White women. During the late eighties, the women portrayed as crack mothers in news stories were “predominantly women of color” (Reeves and Campbell 209) in contrast to the stories that mostly featured White mothers who used powder cocaine earlier that decade. Cocaine use among White women was represented as mental illness while Black women were described as delinquent and criminal. Reeves and Campbell comment on the shift that occurred in the media’s coverage of women and cocaine/crack: “In this shift, the discourse of the crack mother would resonate with the ‘cultural Moynihanism’ of the ‘new racism’—the ‘epidemic’ of crack babies became yet another example of the ‘poverty of values’ crippling America’s largely Black inner cities” (209).

Crack babies are an important element to consider within the “crack mother” narrative. The crack baby “plague” was one element of the crack cocaine scare that incited a moral panic. The crack mother was a referent of the language that constructed the crack baby story. The
images of crack babies that saturated the media signified the deviant behavior that always necessarily referred back to the birth mother. For instance, *48 Hours on Crack Street* begins with a long shot that frames the door of a hospital delivery room; viewers observe through the door’s window as doctors and nurses deliver a newborn. Dan Rather narrates the scene in an omniscient voice-over: “11:24 p.m. Doctor’s prepare a mother-to-be.” The camera enters the operating room and the audience’s gaze travels with it. The shaky camera effect heightens the anxiety of the moment when nurses place tubes down the newborn baby’s throat to help him breath. Dan Rather speaks again from his off-camera position: “The moment of birth, [camera zooms in on the baby’s face] the moment of truth. The mother uses crack—supercharged cocaine. The son has trouble breathing [camera zooms out to a distant shot that frames the delivery room]. Is he addicted?”

The audience is prompted to consider that the newborn baby could be addicted to crack cocaine and led to believe that the child’s difficulty breathing is causally related to the mother’s drug use. The camera does not show the mother smoking crack. She is not given a face or a name. She is silenced from telling her own story while Dan Rather speaks for her. He authoritatively defines the scene—a symbolic patriarch that represents White male dominance over Black women. The audience is not informed of other possible factors that may have contributed to the newborn’s trouble breathing such as the lack of prenatal care that is unavailable to many poor African-American women. Moreover, first-person testimonies from medical professionals are excluded from the story.

When crack cocaine became popular during the eighties, the news media and medical professionals claimed that it was an extraordinary threat to children when compared to other
drugs because more women were using crack in the eighties than had used heroin in the previous
decade. Drug use among women was (and is) more threatening to many Americans than drug use
among men simply because women are able to give birth to children. Married White women are
even expected to have children while Black women are expected to control their sexuality and
limit the number of children they give birth to. Collins explains how “punitive population control
policies” are used to encourage Black women “to have fewer children” (Sexual 133). One
example is the way that Norplant was used in previous decades to reduce Black women’s
fertility:

Despite its health risks and unpleasant side effects, Norplant was marketed to
poor inner-city Black teenagers. As a coercive method of birth control, users
found that they had little difficulty getting their physicians to insert the
contraceptive rods into their bodies but, since only physicians were qualified to
remove the rods, getting them out was far more difficult (133).

Norplant is a tool that is utilized to sterilize young Black women. This technique illustrates the
forceful measures that are exercised to discipline the bodies of poor Black women and it reflects
an antipathy that some Americans feel toward reproduction among African-Americans in general
(not only women who use drugs). Patricia Hill Collins notes: “In a context in which safe, legal
abortion is difficult for poor women to obtain, the “choice” of permanent sterilization makes
sense. Representations of Bad Black Mothers help create an interpretative climate that
normalizes these punitive policies” (133).

Welfare reform during the eighties was another technique that was used to discourage
childbearing among poor (many Black and unmarried) women. For example, one change was a
threat “to deny benefits to additional children” (Collins Sexual 133). The government’s disciplinary action was utilized to deter women on welfare from having more babies. On the other hand, married couples were (and are) rewarded for having children through federal income tax refunds, for example. The differential treatment reflects a bias that values children from affluent homes more so than those from poor “broken” homes insofar as the government takes action to control reproduction among poor women while it encourages child birth among affluent women. Some scholars claim that Black women’s sexuality is considered untamed and undesirable in a predominantly White society. Normative discourses that value the presence of White bodies in America simultaneously produce “natural deviance” that Black bodies seem to signify in contrast to them. The privilege of White skin and middle class status protected White women from the hunt for pregnant cocaine users in which the penal apparatus engaged as they did not match the profile that the news media or the medical institutions produced. For instance, Zerai and Banks illustrate how systemic racism and classism influenced medical procedures during the crack crisis:

White women are not stigmatized in the same ways as Black women for cocaine addiction. Many petit bourgeois women working in professional jobs are often protected by 1) health coverage that includes drug treatment, and 2) employment policies stating that they cannot be fired for the disease of addiction if they are seeking treatment. Poor women have a more difficult time gaining access to drug treatment, because 1) most low-income jobs do not provide medical coverage and 2) even if they could get into a treatment program, most women working for low wages would lose their jobs. […] The fact that the same social system comprising
United States health care and employment practices creates such different circumstances for women struggling with the social disease of addiction demonstrates that the system is structured so as to implicitly value some women’s lives more than others (13).

The narratives about Black women that functioned within the crack cocaine crisis demonstrate how knowledge and power can be simultaneously productive and oppressive. Normative ideology influences how a society understands what natural and desirable ways of being and living are. Surveillance, social control, and punishment are the inverse and oppressive functions of knowledge and power. CBS acts as an eye that conducts surveillance in the community; social workers supervise families; police arrest women for in utero child abuse; and courts prosecute them. In the context of the crack cocaine crisis, the profile of the poor, young, Black crack mother was produced and the women who were punished mirrored the profile that was constructed in medical and news media discourses.

The crack mother narrative is an example of how language constructs negative stereotypes. The action that followed exemplifies how institutions (e.g. medical and criminal justice) seek to control the people that stereotypes stigmatize. In many instances it is likely that stereotypes are accepted because they make sense within a logic of preexisting knowledge that maps out what is perceived to be normal. Normative ideas, however, are concepts that have become naturalized. In other words, once people cease questioning the premises of a theory, narrative, or logic, the information functions as if natural and true. The stereotypes about Black women that are presented in this thesis are discursive productions of information that has become naturalized and compounded throughout many decades. When the crack mother stereotype is
placed within a history of narratives about Black women, it is not surprising that the public believed the media’s hype about “crack mothers” and proceeded to criminally punish them.

Medical and legal discourses perpetuated and legitimized the information that the media produced. The methods of surveillance that were implemented to detect drug use produced the same profile (i.e. poor, young, and Black) that the news media constructed. Initially, poor Black women were portrayed in the news media as the carriers of a plague that they passed along to their babies. For instance in 1988, Lesly Brody reported that most crack mothers nationwide were “poor, Black, single, [and] 20-27 years old” (1). The profile, however, may have been the product of “race and class biases in the procedures for identifying maternal drug use” (Humphries 162). Doctors drug tested poor Black women and their babies for cocaine more often than White women and positive test results were used as probable cause to indict those women on charges such as child abuse and neglect. For example, Drew Humphries describes a program that was designed at the Medical University of South Carolina (MUSC). The purpose of the program was to deter pregnant women from using drugs by threatening them with criminal prosecution. “The program developed in three stages. From October 1988 to September 1989, during clinic visits urine drug tests were administered to pregnant women. The testing identified 119 cases of cocaine use among pregnant women,” Humphries states (88). One problem with this program (and all surveillance that was administered in public healthcare facilities during the crack panic) was that its “screening procedures were discriminatory” (Humphries 89). Public health facilities like MUSC served poor clients and, as Humphries notes, “this meant that poor women, the majority of whom were Black, were singled out as drug-abusing mothers” (89). In five years, the surveillance conducted at MUSC led to the arrests of 42 women and many of
“their babies were turned over to foster care” (89). The medical surveillance conducted at MUSC illustrates how power is exercised to produce knowledge. In this case, the surveillance that was conducted produced medical knowledge that, then, filtered through the judicial system. As a result, the penal apparatus utilized medical discourse-knowledge to legitimize the punishment of pregnant drug addicted women, all of whom were poor and most of whom were African-Americans.

News media, medical, and legal discourses constructed the crack mother narrative with explicit claims about poor African-American women’s drug use and sexuality. On the other hand, the institutional silence that hid affluent White women’s drug use was equally important because it constructed the crack story as a Black story. Positive images of African-American women during the crack cocaine panic were rare. Media discourse/imagery seemed to perpetuate Moynihan’s theory about African-American women and families. For example, African-American families are absent in 48 Hours on Crack Street. The silence and the invisibility of the African-American family imply that it does not exist. The news media exercises the power to include and to exclude. Its surveillance and reporting is a disciplinary power that produced a “truth” about crack and Black women. Annette’s story was included while many other stories were silenced. Such production choices motivate the narrative that is told about African-American women and African-American families. The information that is included in 48 Hours on Crack Street constructs a narrow and negative narrative that delivers a skewed and distorted image of the Black community. African-American women are reduced to a single personification of deviance that is embodied by Annette.
In contrast to the representations of African-American women and families in *48 Hours on Crack Street*, White suburban women and families are cast in savior roles: their moral agenda is to protect suburban children from drugs and to save the country from its demise. CBS anchor Diane Sawyer interviews two of the mothers in Livingston, New Jersey. Sawyer asks the women if they are “fighting a losing battle.” One of the women responds:

> We’ll never say we’re fighting a losing battle although there’s sometimes when we get pretty discouraged. But I would never say that because if you do then we’re giving up on a whole generation of kids; and not only this generation but generations to follow. We’re giving up on this *country*.

The representations of women in *48 Hours on Crack Street* are divided by race. Of the seven Black women who appear in the documentary, five are portrayed negatively and two are portrayed neutrally. The Black women who are portrayed negatively either use drugs or sell drugs. The two Black women who have neutral roles are family members of a person who uses drugs. In contrast, White women appear more frequently and they are portrayed positively more often. Three of the ten White women used powder cocaine but they had quit or sought treatment to quit; one woman was arrested for cocaine distribution; the six other White women were neighborhood mothers and they were depicted as strong allies in the war against drugs.

Although White women were portrayed as allies of the ideological war on drugs, many were critical of the political drug war. For example, in an interview with Dan Rather, one White mother asks vehemently: “Why did they wait until now? Why now?” […] We begged for help! Help us! Help us help these kids here. Bring them what they need. No one! They all turned their backs! Why now? Why now? Do you wait? Do you wait? Do you wait until everything is so bad
it had to bring crack down on us?” This mother was not alone. Other White women in the
documentary expressed their fear of drugs in their neighborhoods and the concern that political
strategies were failing to control the drug problem.

Dan Rather interviews two White suburban mothers, a married White couple, and their
son in an intimate home setting in Washington Heights (versus the city streets where journalist
most often interview African-Americans in the film). The mothers express their concern with the
drug problem that they believe is out of control. Dan Rather interviews the fifteen year old boy
first. The boy testifies that the people who sell drugs in Washington Square Park accost passers-
by aggressively. Following the boy’s statement, Rather asks his mother if she also finds that “to
be true”.

Mother 1: Absolutely. And I think that’s the major change that I’ve noticed as a
neighborhood mother—the aggressiveness with which these people pursue
children.

Rather: What do you want done realistically? And what do expect to have done?
And what are you willing to do?

Mother 2: The criminal elements—whoever they are—have taken over the
neighborhood and there doesn’t seem to be a way…and there doesn’t seem to be
a way…and I think that’s what most of us are feeling…is the frustration of getting
them out.

Rather: So a sense of being overrun…overwhelmed.
Mother 2: Absolutely being overrun. It’s the pied piper. All these rats have come in and the pied piper. And I’m sure there is the leader who is making all the money—is leading them through. And our children are following them out.

Mother 3: And what our children are learning through this is that we have appeared to be helpless in the midst of all this drug chaos. Why haven’t all of our efforts made a dent in the drug trade in the middle of our own neighborhood?

The interviews with the mothers reveal their sense of fear and hopelessness. They are worried that their efforts to shelter their children from drugs are not sufficient and they are desperate for a solution that will keep their children safe. Sentiments such as these fueled the moral panic in the eighties. This interview portrays White suburban families as the forces resisting immorality that some claimed was “leaking” into the suburbs from the city. Again, they are portrayed as a strong ally in the drug war and, therefore, in a battle with Annette and others like her in the city.

Annette’s character in the documentary functions as a foil to the White mothers from the suburbs with whom she is juxtaposed in the documentary. She is constructed as one of the villains in the crack cocaine narrative while the White mothers who struggle to “save the country” are the heroic protagonists. She is a personification of immorality (as she is a transgressor of normative social codes) and she is an antagonist in contrast to the White “suburban saviors”. The dualism between Annette and White mothers is only one story within a broader discourse that was constructed in print and television media during the 1980s. Zerrai and Banks note that “print and media of the day constructed a public discourse that both searched for and located the antithesis of mother, family, citizen, and nation in the ‘crack mother’ ” (5).
The White women are “good” mothers in relation to Annette who is a “bad” mother. Normative discourses that construct the feminine ideal also communicate valuable gender roles that express femininity. Annette fails to meet the cultural expectations of motherhood—she is aware of her own failure—and she judges her own character against those societal norms. The ideological force that gender exerts over women is revealed in an interview with her.

Journalist: You have kids?
Annette: Yeah. I got one—eleven.
Journalist: Do you miss him?
Annette: Yes I do.
Journalist: Do you want to see him again?
Annette: Yes, but I don’t want to see him in no condition the way I am. Cause I’m not even fit to be seen. Not by my family.

Annette believes that she is not a fit mother. Her personal concept of her own worth and her own character is an example how normative discourse about femininity operates. It is naturalized and, thus, operates silently. It is knowledge that is neither true nor false but it functions as the Truth about womanhood and motherhood. Normative expectations of motherhood construct Annette’s deviance. Within the crack cocaine narrative in *48 Hours on Crack Street*, Annette is “just” a “crack mother.” She is portrayed as one poor Black woman (“stereotypical of other poor Black women”) who cannot quit using drugs and giving birth to drug addicted babies (or so the story was told during the crack cocaine panic). In the next chapter I will follow the discourses about crack babies and analyze the tensions that complicate the crack mother/crack baby narrative(s).
CHAPTER THREE: IS THERE A “TRUTH” ABOUT CRACK BABIES?

In this chapter I explain how the news media constructed the crack baby narrative during the eighties and nineties and I analyze the implications of the moral panic that erupted in response to the news media’s claims of a crack baby epidemic. In short, the news media exaggerated early empirical conclusions about the negative effects of cocaine on fetuses; the news media’s discursive production of a “crack baby epidemic” produced public panic and over 200 women were prosecuted for a range of crimes that were all related to their alleged drug use while pregnant. Moreover, “tens of thousands lost their children to foster care” (Ortiz and Briggs 44). Recent research reveals that crack babies are a myth. Dr. Deborah Frank (a representative of the Boston School of Medicine) testified before the U.S. Sentencing Commission in 2002 and explained the unreliability of early research that the media used to bolster and perpetuate the crack baby narrative that produced moral panic during the eighties and nineties:

Now you may well ask if there are no such newborns as crack babies, do exposed infants still grow up to be the “crack kids,” popularly depicted as so irreversibly damaged by their mother’s drug use as to be unlovable, uncontrollable, and unteachable?

These stereotypes evolve from distortions of information from early studies whose methods in some cases were so flawed as to preclude drawing valid conclusions (196).

During the eighties and nineties the crack baby narrative was widely accepted as truth. One problem I focus on in this chapter is the fact that the news media constructed the crack baby narrative based on kernels of scientific “truth” that were misconstrued and sensationalized. For
example, an estimate of 375,000 crack babies born each year was widely circulated in the news media. The number was calculated by extracting a statistic from an empirical study that Ira Chasnoff conducted in 1988: “he surveyed 40 hospitals, 36 of which responded. On average, the responding hospitals reported that 11 percent of the pregnant women they saw in 1987 were substance abusers” (Besharov 7). In 1989, one journalist reports: “Once a rarity in hospital nurseries, drug-exposed babies now account for an average 11 percent of all births, says the National Association of Perinatal Addiction Research and Education” (3A). The eleven percent average was used to calculate an over-generalized national average for the number of drug exposed infants. Moreover, the statistic was taken out of context to state a claim about infants exposed to crack cocaine whereas Chasnoff’s study simply reported a percentage of “substance abusers” in general. Chasnoff’s testimony before the U.S. Sentencing Commission in 2002 clarifies the media’s misuse of his research to sell the crack baby story:

I’ve been doing this work for 26 years; I have never once met a “crack baby,” and I wouldn’t know how to describe one if someone had asked me to; the reason being I have never met a child whose mother used only one substance, whether it be cocaine in crack form or powder form, amphetamines, ecstasy, alcohol, marijuana. The most common form of drug use in this country is poly-drug use (U.S. Sentencing Commission 197).

Thus, one of the most widely circulated statistics during the “crack baby” panic was based on a nonexistent “fact” supposedly posed by a professional who denies the reality of crack babies. At the same hearing, Dr. Deborah Frank testified: “Based on years of careful research, we conclude the crack baby is a grotesque media stereotype, not a scientific diagnosis” (195). “We have an
opportunity to examine laws that have no basis in science, but laws that allow us to express moral outrage. These laws, unfortunately, do not affect or change the complex realities of substance abuse,” Chasnoff states (198).^1

To be clear, the crack baby narrative is a myth that the news media created during the eighties and nineties. That myth was used to construct the moral deviancy of women who smoked crack during their pregnancy and to legitimize their criminal prosecution. To problematize this issue further, all of the women who were criminally punished were poor and most of them African-American. Poor African-American women were disproportionately punished despite the fact that “a 1985 survey by the National Institute on Drug Abuse found that at least one in 10 of all American women of child-bearing age had used cocaine in the previous year” (Krauthammer C7). While this statistic does not reveal how many of those women used cocaine during a pregnancy, it does show that cocaine use was widespread and not exclusive to low-income African-American communities.\(^2\) Krauthammer states: “The problem does exist in the middle class, where it is better hidden for being widespread. But middleclass values and middle-class money can at least help protect these children after birth” (C7). His statement is an example of the racist, classist, and paternalistic attitude that perpetuates the demonization and criminal punishment of poor African-American women in America. Krauthammer’s statement suggests that a predominantly (White) middle-class America is capable of solving their own problems because they are moral and affluent whereas the poor (predominantly women and

^1This U.S. Sentencing Commission hearing was organized in 2002 to investigate the facts about cocaine pharmacology, so-called crack babies, and the relationship between crack cocaine and violence. The purpose was to deliberate about the justification for the controversial 100:1 crack cocaine versus powder cocaine sentencing disparity.

^2In 2002, Glen Hanson, the director of the National Institute of Drug Abuse testified before the U.S. Sentencing Commission: “Cocaine is used by about one-percent of women during pregnancy. The numbers equate to approximately 45,000 women a year who take cocaine while pregnant” (U.S. Sentencing Commission 191).
people of color) need someone to teach them lessons and fix the problems they cannot solve on their own.

The criminalization of poor African-American women is an example of how power is exercised by the state to control deviancy. In the context of the crack cocaine panic, the news media was largely responsible for constructing the deviancy of African-American women and the State judged the media’s manufactured crack baby narrative to be so heinous that so-called crack mothers deserved criminal punishment. The disproportionate punishment of African-American women is a product of the way White male hegemonic power functions in American society. Poor Black women are affected uniquely by White male hegemony because of the multiple oppressions that intersect their social identities. Racism, classism, and sexism unfairly position poor African-American women near the bottom of America’s social, political, and economic hierarchy while affluent White men are in many instances born at the top of the same pyramid and inherit the privileges of White skin and the dominant sex (e.g. wealth and respect).

Scientists and medical doctors now refute the crack baby concept that fueled the campaign against “crack mothers” during the eighties. They propose that the in utero effects of cocaine are no worse than the effects of nicotine which most commonly include lower than average birth weight, shorter body length, and a slightly smaller head circumference. Dr. Deborah Frank explains the intersections of variables that confound the analysis of prenatal birth defects as well as the more recent medical conclusions about the in utero effects of cocaine:

You may recall the initial predictions of the crack baby: inevitable prematurity, multiple birth defects, agonizing withdrawal with cat-like cry, early death and profound long term disabilities for survivors. Actual data are really quite
different. The majority of exposed infants are not born prematurely in any case, but prenatal care—and this is something Dr. Chasnoff actually taught us a long time ago—decreases the risk of prematurity to approximately that of other infants from the same impoverished backgrounds, even if their mothers do not succeed in becoming fully abstinent, as long as they well and truly engaged in pre-natal care. After taking into account factors that often co-occur with cocaine exposure and pregnancy, such as poverty, tobacco and alcohol use, poor nutrition and so forth—infections—the most consistently observed effects of prenatal cocaine-crack exposure are small, but statistically significant, decreases in birth weight, length or head circumference. These deficits are similar in magnitude to those seen after exposure to one pack of cigarettes during pregnancy, a day (U.S. Sentencing Commission 195).

It is not my goal to argue that cocaine is harmless as recent scientific research shows otherwise. The discursive shifts that occurred during and after the crack baby panic are important to note, however, as they demonstrate how institutional discourse-knowledge changes. With such shifts in mind, it is not unreasonable to expect that scientific discourse-knowledge will change again in the next decade as doctors and scientists conduct more research and discover more information about cocaine’s in utero effects. The discursive shifts during and after the crack cocaine panic demonstrate that scientific truth claims are not absolute and they are always subject to change when more information is revealed or reinterpreted. For example, in 1991 Eliot and Coker wrote in an article titled, “Crack Babies: Here they Come, Ready or Not”: 42
Infants born to crack abusers had even worse outcomes than the babies exposed to other forms of cocaine with respect to birth weight and adverse neurological signs. Numerous studies have shown that low birth weight infants contribute heavily to the number of infants who will eventually be classified as mentally retarded, as well as, to the number of those who will have great difficulty in school because they are poor learners (2).

Eliot and Coker also assert that “the most severely affected children suffer from seizures, cerebral palsy, or mental retardation” (3). Moreover, they claim most crack exposed children “have an array of symptoms that include hyperactivity, sudden mood swings, extreme passivity, apparent lack of emotion, slow language acquisition, or mild speech impairment” (3). They also state that “many are overwhelmed by stimuli like noise or piles of toys, have trouble interpreting nonverbal signs, are easily frustrated, find it hard to concentrate, and learn something one day only to forget it the next” (3).

More recently, in 2002, Dr. Glen Hanson testified before the U.S. Sentencing Commission as an expert speaker on the pharmacology of cocaine and its derivative, crack. During the hearing, Commissioner O’Neill asked Dr. Hanson: “Is crack significantly more harmful to the individual in terms of its pharmacological effects than powder cocaine”? In response, Dr. Hanson stated: “I would say in general no; that they would be very similar” (193).

Dr. Deborah Frank concluded her presentation before the Commission in 2002 by affirming that “there are no data suggesting any specific adverse effect of prenatal crack as compared to prenatal cocaine” (196). Contrary to Eliot and Coker’s assertions in 1991, Dr. Frank claims “crack kids” are mythical figments of the media’s imagination” (197). Commissioner Castillo
asked Dr. Frank: “So what you’re saying now, Dr. Frank—and I appreciate all the articles that have been submitted—is the aspect of the ‘crack babies’ is a myth at this point”? Dr. Frank responded affirmatively: “Correct” (197). Based on these recent, among others that I present in this chapter, it is important to consider how the media participated in producing the crack baby narrative during the 1980s and 1990s.

As I mentioned in Chapter One, the 48 Hours on Crack Street documentary begins with a dramatic scene of an African-American woman giving birth to a baby and Dan Rather suggesting that the boy may be addicted to crack cocaine as a result of his mother’s alleged drug use during her pregnancy. CBS was at the forefront of the news media’s moral campaign against drugs and one of the first stations to advance the crack baby story as early as 1986. The crack baby panic emerged several years later (toward the later part of the decade and into the early nineties) when news media stories covering “crack babies” peaked and journalists publicized an epidemic of drug addicted infants.

In 2009 Lyle J. Yurko (a criminal defense lawyer from Charlotte, NC) testified at a U.S. Sentencing Commission hearing. The purpose of the hearing was to review the federal sentencing reform that was legislated during the eighties. Yurko stated that the 48 Hours on Crack Street documentary “alleged crack was far more addictive than powder cocaine, was responsible for producing ‘crack babies,’ brain injured infants whose mothers had used crack during pregnancy, and among other claims, that crack distribution was associated with violent Behavior” (2009). Moreover, Yurko claims:

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3 During a U.S. Sentencing Commission hearing in 2002, Dr. Hanson reported that the addiction rates for intravenous powder cocaine and crack cocaine are similar (193). The implication is that the addiction rate depends on the mode of ingestion. Dr. Hanson contends: “The likelihood of addiction forming seems to be correlated somewhat with the rapid onset of the effect. The more rapid the onset you have, which reflects how quickly the drug gets into the brain and exerts its effect, the more likely it is to
Almost immediately after the airing of this documentary, members of Congress began to introduce bills designed to significantly increase the federal penalties for cocaine possession and distribution. On the floor of the House, members engaged in a bidding war attempting to “out tough on crime” each other to the point that Representative Rangel (D) of New York proposed that the mandatory minimum for crack be 100 times greater than the minimum penalty for powder cocaine. Thus this measure, which won both Congressional approval and was signed into law by the President, created a 5 year mandatory minimum for 5 grams of crack and for 500 grams of powder and set a 10 year mandatory minimum for 50 grams of crack and 5000 grams of powder cocaine (5 kilograms). The absurdity of this legislation was that cocaine base cannot be produced without powder cocaine and thus major dealers in powder receive lower sentences than street crack dealers (2009).

Yurko is not suggesting that 48 Hours on Crack Street (1986) was the only instigator of legislative reform during the eighties. More likely, he is highlighting the role that the mass news media enacted to produce a moral panic that incited public fear and a drug sentencing reformation. This CBS documentary is especially important because the production provides several examples of the stereotypes (e.g. crack mother, crack baby and violent Black drug criminal) that were constructed and perpetuated by many news media outlets during the crack cocaine panic. Reinarman and Levine note that the hype of the crack cocaine panic was “good business for CBS” as 48 Hours on Crack Street “earned the highest Nielsen rating of any similar
news show in the previous five years—fifteen million viewers” (“Crack Attack…” 20). Soon after the documentary aired, other major networks and newspapers followed the lead of CBS. The increased production of news about crack and crack babies worried the public. Politicians responded to the moral panic with tough legislation meant to deter people from breaking drug laws and soon the panic subsided.

The rise and fall of the crack baby “crisis” aligns with each of the five phases of Kenneth Thompson’s moral panic model. Crack babies were labeled a threat to the public (i.e. Phase one of Thompson’s moral panic model). The news media’s representations of crack mothers and crack babies constructed a crack cocaine narrative that suggested immediate and long-term dangers to family dynamics, the economy, and public education institutions (i.e. Phase Two). The public began to panic as they were bombarded with images of “crack babies,” poverty, violence, and drug related deaths—all complex social concerns that the news media reduced to a simplistic argument that blamed drugs, especially crack cocaine, for social pathologies (both real and make-believe). In *48 Hours on Crack Street*, Dan Rather reports that a CBS/New York Times opinion poll uncovered that drug abuse was the nation’s leading concern versus other important issues such as war and the failing economy (i.e. Phase Three). A bipartisan political war against drugs ensued in response to the public outrage that the news media instigated and a get-tough-on-crime competition was invoked as politicians fought for political popularity among a public that demanded leaders to take charge of drugs (i.e. Phase Four). One father in the documentary tells Dan Rather: “You gotta tell these guys [politicians] this ain’t goin’ to church! You gotta roll up your sleaves. Get out there and walk these streets and see what’s goin’ on. They know what’s goin’ on. That’s their job to do this! […] Their job they’re getting’ paid for is
to keep this stuff out of our country, keep it out of our kid’s arm, and let them sleep in the house in peace.” Politicians responded with brute force. The sentencing reforms that Yurko spoke of represent the final stage of Thompson’s moral panic model. New drug laws, a mass construction of prisons to house an influx of drug criminals, and a decline of sensationalized media coverage marked the end of the crack cocaine panic (i.e. Phase Five).

Much of the hysteria during the crack crisis was based on fear of a crack baby epidemic. The news media’s rhetoric about crack babies was primarily based on one study that was greatly misinterpreted. Dr. Ira Chasnoff published a small-sample study in 1985. It was “a short pilot study of 28 pregnant women who had used cocaine, which had just been published in the New England Journal of Medicine. The story listed the possible risks of using cocaine during pregnancy” but it also noted that the sample size was a notable methodological limitation (Reinarman and Levine “Crack in the….” 191-192). On September 11, 1985 CBS Evening News reported the study to the public “but chose not to mention that the evidence was at that point anecdotal and the claims unproven” and, “within a few months, the concept of ‘crack babies’ had been coined” and stories about them flooded the news (“Crack in the…” 192). Reinarman and Levine frame the construction of the crack baby narrative and explain how medical discourse quickly shifted as more knowledge about cocaine was discovered:

Between the beginning burst of such claims in late 1985 and early 1986 and their tapering off to a trickle in 1993, the media and politicians told hundreds of horror stories about “cocaine-exposed” infants and then “crack-babies.” Most implied that medical science was the empirical ground for their claims of severe damage. Yet, while media stories mounted into a crescendo of such claims during the crack
scare, the medical evidence supporting them was growing weaker (“Crack in the...” 192).

Initially, news media discourse did not follow the shift within medical discourse. In fact, as recent as 2010, the media has reported about the misinformation it propagated three decades ago: articles titled “The Epidemic that wasn’t” (Okie n. pag.) and “Once Written Off, ‘Crack Babies’ Have Grown into Success Stories” (Vargas n. pag.) are two examples. Although reliable empirical studies never definitively proposed that cocaine or crack were terribly dangerous to the fetus, the media continued to sell “crack babies” in news stories as an epidemic threat during the eighties and nineties. In 1989, news reporter Martha Shirk wrote: “Recent studies indicate that babies who are born to crack-using mothers have permanent brain damage” (A1). Shirk does not cite the studies; it is unlikely that any such study reported that crack, specifically, caused brain damage. It is impossible to determine what form of cocaine a person ingests because the physiologic indicators among the different forms of cocaine are identical (Dr. Frank U.S. Commission Hearing 2002). In the same article Shirk also reported that crack babies “have 15 more times the risk of dying from sudden infant death syndrome before they celebrate their first birthday, studies show. As they age, many show delays in development, learning disabilities and mental retardation” (A1).

Recent medical research refutes the crack baby concept: “Prenatal cocaine or crack exposure has not been shown as an independent risk factor for sudden infant death syndrome or for the increased risk of death in the first two years of life” (Dr. Frank qtd. in U.S. Commission Hearing 2002). Dr. Frank also states that “the majority of studies of prenatal cocaine-crack exposure alone do not show negative effects on developmental test scores from infancy to six
years of age” (U.S. Commission Hearing 2002). Other scholars note that “numerous studies have documented subtle neonatal neurobehavioral effects associated with prenatal cocaine exposure, although the findings have lacked coherence” (Bandastra et al. 248). One analysis of peer reviewed studies conducted between 1992 and 2000 found:

Five of the nine studies reviewed reported no cocaine-related exposure effect on mental or physical development, most often assessed by the Bayley Scales of Infant Development (BSID). The remaining four studies reported only subtle cocaine-related effects that did not maintain significance with multivariate statistical control or were evident only within subgroup or cross sectional analyses (248-49).

In 2002 Zerai and Banks note that even “some 16 years after the beginning of the national hysteria surrounding crack cocaine and pregnancy, the specific effects of maternal cocaine abuse are still unknown” (67). They claim that “at the inception of the crack episode, prevalence estimates as well as medical and social research were influenced more by the nation’s media-driven hysteria than by systemic analysis” (67). The point to notice here is that hundreds of women were prosecuted during the eighties and nineties based on a myth that had little to no roots in science. The criminal justice system ignored the available facts and punished women based on hearsay produced by the mass news media.

The editorial discourse printed during the crack crisis was particularly scathing and grossly exaggerated in comparison to most articles written by staff writers. Charles Krauthammer writes in 1989: “The new inner-city crack epidemic is now giving birth to the newest horror: a bio-underclass, a generation of physically damaged cocaine babies whose
biological inferiority is stamped at birth” (C7). He frames the future of cocaine exposed babies as bleak and hopeless: “A cohort of babies is now being born whose future is closed to them from day one. Theirs will be a life of certain suffering, of probable deviance, of permanent inferiority. At best, a menial life of severe deprivation. And all of this is biologically determined from the start” (C7). Rosenthal claims crack babies “may never be coordinated enough to butter their toast” (A43). An editorial written anonymously states “it will probably cost more than $700 million for health care, social services and special education to get the 17,500 cocaine exposed infants born in Florida in 1987 ready for kindergarten in 1992” (“Mothers, Babies, and Crack” 22). Another anonymous editorialist defines crack babies as “the thousands born brain-damaged, malformed or seizure prone because their mothers smoked crack during their pregnancy (“Crack’s Smallest, Costliest Victims” A14).

The point these editorialists and other journalists failed to recognize was the detrimental implications of poverty for a pregnant woman who cannot afford personal or prenatal medical care. As I noted previously, Dr. Deborah Frank testified that proper prenatal care is a critical necessity for the health of the fetus and, in most cases, women who use cocaine while pregnant (though not recommended) are likely to give birth to healthy babies as long as they receive consistent prenatal care throughout their pregnancy.

One ongoing problem for many poor women is that they do not have access to prenatal care and drug treatment programs for pregnant women that want help were/are scarce. For instance, Jennifer Johnson, an African-American woman from Altamonte Springs, FL, sought treatment for her cocaine addiction when she found out that she was pregnant “but no program would accept her” (Siegel 249). On July 13, 1989 she “became the first woman to be convicted
under a drug trafficking statute for delivering drugs to her infant through the umbilical cord just moments after birth” (249). Logan notes: “Johnson received a 15 year sentence, including 14 years of probation, strict supervision during the first year, mandatory drug treatment, random drug testing, and mandatory educational and vocational training” (118). In addition to her sentence and probation, “the court ruled if Johnson ever intended to become pregnant again, she must inform her probation officer and enroll in an intensive ‘judicially approved’ prenatal care program” (119-20). Johnson’s case is just one example among hundreds of other women who were prosecuted during the eighties and nineties; the State began to manipulate the law in creative ways to justify the criminal punishment of the moral deviance that it sought to control. Pregnant women who were reported to the police for positive drug tests were prosecuted with crimes such as “child abuse, neglect, vehicular manslaughter, drug trafficking, failure to provide child support, and assault with a deadly weapon” (Logan 118).

If Johnson was able to receive substance abuse treatment, then, perhaps, she could have avoided criminal prosecution. Public healthcare for the poor was/is a serious social concern because it fails to meet the needs of people who cannot afford private health insurance (which also covers substance abuse treatment in many cases) and expensive medical treatment. Siegel cites a study that was conducted by the Southern California Health Network. The study highlights a crisis that poor pregnant women face when they seek healthcare in California:

A 1987 California study discovered that, for the 30% of women in California who are poor and uninsured, there is no maternity care system. In Los Angeles, patients who use public clinics must wait as long as nineteen weeks after requesting an appointment for prenatal care before getting one. In San Diego,
clinics turned away 1,245 pregnant women during a three-month period in 1987 because of limited resources (252).

Rather than assisting poor women in need of prenatal care or drug treatment some deem it more appropriate to sterilize their bodies and prevent them from ever reproducing. In chapter two I wrote that sterilization practices were heavily marketed to African American women in low income communities. Project Prevention is one example of a private organization that markets sterilization to low-income communities. Some scholars scrutinize the organization’s practices as unethical. Julie Gregory points out “it’s underlying eugenic-like rationales” (51).

The original name of Project Prevention was Children Requiring a Caring Kommunity (C.R.A.C.K.). Some claim the name highlights the founder’s motivation to sterilize low-income African-American women in the communities where crack is the most concentrated: “Harris did not choose to name the program M.E.T.H. or M.A.R.I.J.U.A.N.A., drugs that are typically associated with Caucasian users” (Shatila qtd. in Gregory 51). The fact that Project Prevention is “funded mostly by private donations” also suggests that many Americans agree that poor African-American women should not be mothers and that African-American children are a burden that must be eliminated from society.

Enid Logan claims that “American society stigmatizes the pregnancies of all poor Black women and it criminalizes those of poor Black crack addicts” (135). Enid illustrates her claim with one example of America’s display of apathy toward African-American children: “Until the 1930s Black children were routinely excluded from eligibility for most child welfare services, including adoption and foster care” (133). Logan condemns a more current “slashing of social service programs, lack of concern about the notoriously high rate of Black infant mortality
(unless it can be related to Black women’s prenatal drug consumption) and the underfunding of
the public school system” (133). She claims that each is an indicator “of the U.S. government’s
disregard for Black children” (133).

Rather than invest in social services, programs like Project Prevention collect private
donations that fund the sterilization of poor women. The program pays a $200 lump sum to
women “for medical sterilization, tubal ligation, or Norplant—a five-year contraceptive”
(Gregory 51). As an alternative, “$50 installments are offered every three months (up to a
maximum of $200 a year, with no limit to how many years installments may be received) for
shorter-term options such as Depo-Provera or intra-uterine devices” (51). Moreover, “clients
receive $50 for each person referred to the program” (51). The marketing of such services to
poor communities that are predominately inhabited by people of color stands out in stark contrast
to fertilization services that are offered to affluent women who are predominantly White. Litt and
McNeal describe how a “mobilization of fears about in utero damage to poor, urban, African
American and Latina babies emerges in a context of the celebration of middle-class biological
motherhood, which the new reproductive technologies exalt” (37).

Reproductive technologies are mechanisms of a bio-power that are utilized to foster the
life of affluent White Americans. Reproductive technologies include “in vitro fertilization, donor
insemination, embryo transfer and freezing, and gamete intrafallopian transfer” (37). Each of the
aforementioned procedures “involve major economic and social investments to realize
reproduction and biological improvements” (37). In contrast to reproductive technologies,
Project Prevention—and other programs like it—are reductive technologies that attempt to erase
the very possibility of life among the poor. Americans donate their money to support the
extermination of a population of poor minorities by way of eugenic technologies. The slow erasure of society’s “unsolvable problems” (i.e. poor minorities) allow some American citizens to ignore systematic social oppressions. For example, institutionalized racism and sexism buttress White male privilege while subjugating women, the poor, and people of color to the lower strata of society; this is not to mention the people who are bound by multiple intersections of oppression (i.e. poor Black women).

Another race/class based privilege that scholars note is that “prenatal drug use by women who are affluent and/or White may often be viewed by private and public physicians as an exception, a lapse in judgment, or incidental. Prenatal drug use by poor Black women, however, is often viewed as endemic, typical, and evidence of their unfitness for motherhood” (Logan 125). The New England Journal of Medicine published a study in 1990 that Dr. Ira Chasnoff et al. conducted in Pinellas County Florida. Chasnoff describes that race and class are not accurate signifiers of drug use:

Among the 715 women that we screened, the overall prevalence of a positive result on the toxicology tests of urine was 14.8 percent; there was little difference in prevalence between the women seen at the public clinics (16.3 percent) and those seen at the private offices (13.1 percent). The frequency of a positive result was also similar among White women (15.4 percent) and Black women (14.1 percent)” (1202). Yet, despite the minimal difference among the groups, “Black women were reported at approximately 10 times the rate for White women (P<0.0001), and poor women were more likely than others to be reported” (1202). The study reveals race and class biases that were common in
medical practice throughout the country during the crack crisis. Consequently, most “crack babies” were framed as poor and Black in congruence with poor Black mothers. The public began to fear the devastation that an entire generation of Black “crack babies” could deliver to American society. Crime was one worry. For example, in 1989 Dr. Corrine Walentik told reporter Martha Shirk: “I’m not a sociologist, but I can predict with a fair amount of certainty that down the road these are going to be the kids that end up in the penitentiary in Jefferson City” (1A). Some may claim that Dr. Walentik was correct because statistics show that more and more poor and minority youthful offenders are filling juvenile detention centers and adult prisons. That is one way to interpret the phenomenon of mass incarceration. On the other hand, the race, class, and gender biases of the war on drugs suggest that it is more of a self-fulfilling prophecy. Black crack babies were utilized as scapegoats and tools to propagate a symbolic crusade against drugs during the eighties and nineties that was/is actually a war on the poor. Criminal deviancy is largely a production of news media, medical, and legal discourses that support one another in a race and class based war on drugs that disproportionately punishes the poor and people of color. Crack babies were socially constructed symbols that allowed society to ignore poverty:

The crack baby crisis invited people not to think about the economic causes that led communities of color, and urban youth of whatever race, to be disproportionately involved in the drug trade, or the ways that cuts to social services and government transfer payments left working-class families scrambling (Ortiz and Briggs 46).

Of course not all Black women are drug users and only a small percentage of Black women use drugs while pregnant; however, the racialized crack baby/crack mother tropes that
the news media created stigmatized an entire group of poor African-American women and children because the media portrayed the crack crisis as a Black crisis:

Although the typical user of both cocaine and crack was a young White male, by 1985, television and print media were portraying crack as a drug used by African Americans and, to a lesser extent, Latinos. From 1988 to 1990, the nightly news was engaged in a war against crack mothers—who were all but definitionally Black. In that period, 55 percent of the women portrayed in network TV news stories about crack use were Black; in later years, from 1991 to 1994, it was 84 percent (46).

In repeated accounts throughout the eighties and nineties, news journalists reported on the devastating effects of the crack baby “epidemic.” For example, one journalist writes: “JANE Doe can buy one “hit” of crack cocaine for $10. If she uses it while pregnant, society could pay up to $100,000 to care for her child during the first three months of its life” (Sullivan 1). Sullivan explains that crack babies are a strain on medical institutions: “Already, health-care services are showing signs of strain. Late last month, a private medical clinic in Oakland, Calif., closed its doors, citing high costs associated with treating “crack babies” and other cocaine-related health problems” (1). In 1989 Andrea Stone reported that Dr. Virginia Lupo “sees four or five pregnant drug abusers a week, more than triple the number two years ago: ‘Crack has totally taken over this quiet little Midwestern ‘burb.’ So much so that Minnesota Gov. Rudy Perpich last week signed a bill requiring drug testing of mothers, suspected of using drugs, and their infants” (3A).

The plan to criminally prosecute pregnant women for using drugs while pregnant was not unique to Minnesota: “During the late 1980s, as the specter of “crack babies” haunted
American political rhetoric, more than two hundred criminal prosecutions were instigated against women in almost twenty states” (Siegel 249). Lyons and Rittner claim that crack cocaine’s “link to minorities and lower socioeconomic groups created a perception of a class difference in cocaine use and helped to incite more negative and punitive attitudes toward those using crack” (314). The construction of crack babies in the news media incited public outrage and a desire to punish the women that the media represented as the “problem.” As I previously noted, a large percentage of women portrayed as “crack mothers” were African-American. It is likely that the stereotype influenced medical doctors to be more suspicious of pregnant African-American women and, therefore, test their urine more frequently. Siegel claims “doctors are influenced, either consciously or unconsciously, by a drug user profile based on racial stereotypes and are therefore much more likely to test the urine of poor Black women than of middle-class White women in spite of empirical evidence showing comparable patterns of use” (251). She also notes that “public clinics and hospitals, which primarily serve low-income, often minority women, comply with reporting regulations” more so than “private hospitals and doctors serving the middle and upper class” (251). Consequently, during the eighties, doctors reported more poor women of color to the authorities and, in turn, they were criminalized at a higher rate than affluent White women who benefitted from the privilege of their race and class status. Biased medical procedures produced a scientific “truth” about poor women of color. Medical discourse-knowledge stated that the media’s representations of the crack crisis were accurate insofar as poor women of color were more likely to use drugs and to give birth to drug exposed babies. In compliance with legislation in many states, medical doctors utilized urine tests as a surveillance technology to uncover pregnant women’s drug use. Lyons and Rittner propose that
state laws were “a response to the assumption that states were obliged to intervene not only on behalf of exposed children, but also to punish parents who presumably had intentionally harmed or endangered them” (317). On the other hand, Logan states that “the record of ‘overwhelming state neglect’ of African-American children casts doubt upon the sincerity of claims that the state is only looking out for their best interests in prosecuting their mothers” (133). Many of the children removed from their mother’s custody were placed in an unstable foster care system. For example, a study conducted in Los Angeles in 1989 followed thirteen children who were removed from their mother’s care for reasons related to drugs; “they were placed in a total of thirty-five foster homes before reaching the age of three” (Siegel 254).

The surveillance, control, and punishment of women during the eighties and nineties are examples that exemplify the effects of power that the crack baby myth engendered. The truth of any narrative is not necessarily as important as how a truth functions in society. The crack baby myth was (and continues to be) a narrative about babies born to poor Black women that functions as truth despite the fact that medical discourse-knowledge now denies the reality of crack babies. One problem is that the media did not attempt to correct the myth as deliberately as it worked to create it. Sensational stories sell ratings and moral panic is a profitable market for the news media. Although moral panic arises and dissipates rather rapidly, the erred “truth” continues to circulate for much longer. People continue to believe that crack babies are a reality despite the fact that research shows otherwise.

Any perceived “truth” can produce positive or negative effects of power. In the instance of the crack baby crisis, hundreds of women were prosecuted in the name of the crack baby myth—a so-called truth that was the product of an emotionally charged panic. In response, the
public rushed to control the “threat” (i.e. “crack mothers”)—sometimes in inhumane ways. Some women were sent to jail immediately after giving birth as they continued to bleed and others were physically abused, even while still pregnant (Logan 120). The public institutions that attempt to govern morality may actually exacerbate the social problems that they try to solve. While many women who were prosecuted for using drugs during their pregnancy in the eighties and nineties appealed their charges and won, other’s lives were damaged in ways unknown. In chapter four I continue to analyze the punishing effects of power and how it affects Black men, especially.
In this chapter I illustrate how the “Black male dope dealer” was constructed in the news media during the crack cocaine panic and how the penal apparatus responded to the moral panic. In 48 Hours on Crack Street, for instance, with the exception of one Latina woman, young Black males are portrayed as the leaders of the crack cocaine market. There may be a relationship between the media’s construction of the Black male dope dealer, the construction of the crack cocaine/powder cocaine sentencing disparity, and the way in which drug laws are enforced. In short, drug laws—especially those targeted at crack cocaine sales and possession—punish African-Americans more frequently than White Americans. Crack cocaine is a less expensive form of powder cocaine which has increased its accessibility to the poor. In contrast to crack, powder cocaine is quite expensive and it is used more frequently by middle and upper income White Americans. Though crack cocaine can be found in both White and Black communities, during the eighties, the news media portrayed it as a unique phenomenon in poor Black urban centers. Perhaps consequently, poor African-Americans are more frequently prosecuted for crack cocaine offenses and, thus, also disenfranchised under the 100:1 crack/powder sentencing disparity.

Until 2010, crack cocaine possession carried sentences that were at least one hundred times greater than those for powder cocaine. In other words, under federal law, a person prosecuted for the possession of five grams of crack cocaine for the first time was subject to the same mandatory minimum felony sentence as a person arrested with 500 grams of powder cocaine. Three strikes laws in some states increased the disparity on the second and third arrests: a person arrested with crack cocaine for the second time was subject to a felony charge for the
possession of three grams of crack and a felony charge on the third arrest for just one gram. A person who is convicted of a third felony in many states receives a mandatory minimum sentence of life in prison.

In states such as Alabama and Florida, Angela Davis notes: “Once a felon, always a felon, which entails the loss of status as a rights bearing citizen” (38). In some states, “more than one-third of Black men have been labeled felons” (38). Attorney Chad P. Van Cleave explains how the Fair Sentencing Act of 2010 reformed the legislation that was passed in the late eighties:

In brief summary, the new law does four main things: FIRST, it changes the statutory 100:1 ratio in crack/powder cocaine quantities that trigger the mandatory minimum penalties under 21 U.S.C. § 841(b)(1); SECOND, it reduces the statutory 100:1 ratio to 18:1, by increasing the threshold amount of crack cocaine to 28 grams (for the 5-year mandatory minimum) and 280 grams (for the 10-year mandatory minimum); THIRD, it does away entirely with the 5-year mandatory minimum for simple possession of crack, and FOURTH, it directs the U.S. Sentencing Commission to amend the Sentencing Guidelines to reflect the statutory changes made by the new law (n.pag.).

The 100:1 sentencing disparity reflects that the public perceived that crack was more dangerous than other drugs. It is likely that the news media’s exploitation and racialized coverage of crack cocaine during the eighties influenced the public’s fear of crack and of poor African-American people. Given the hysteria that circulated during the eighties, it is not surprising that politicians created the longstanding 100:1 sentencing disparity. The media, politicians, and law enforcement portrayed people involved in the crack cocaine market as more
dangerous than people from other drug markets (e.g. powder cocaine and heroin). Belenko claims that the “government’s anti-drug policy following the appearance of crack seemed to ride a wave of deep apprehension over the effects of this drug” (3). He explicates four assumptions about crack cocaine that he thinks motivated public policy changes in the eighties:

1. Crack is rapidly and strongly addictive
2. Crack users become irrational and exhibit bizarre and violent behavior
3. The involvement of youth in crack dealing means a more chaotic and violent distribution networks; and
4. Crack is linked to promiscuous sexual activity. It is viewed as the quintessential ‘hedonistic’ drug and as such is in polar opposition to the prevailing White Protestant conservative morality of America (3).

The assumptions that Belenko cites were linked to a racialized narrative about crack cocaine. It is likely that the links between violence, crack, poverty, and race exacerbated fear of social disorder. 4

Drug laws are examples of power techniques within a Foucauldian model of bio-power. Draconian penalties were passed in order to deter deviant social behavior that was associated with crack cocaine. The normalizing power of the penal apparatus was/is exercised to discipline individuals, so as to transform deviant individuals into docile bodies (anatomo-politics), and to protect the population from the people that “threaten” (rather than foster) the life of the

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4 Previous drug panics have also shown underlying race and class tensions which may reveal a pattern of moral (drug) panics in America. For instance, opium was criminalized in the 19th century amidst a shrinking labor market and racial tensions among Chinese and White Americans who were competing for work. Also, during the Depression, marijuana was blamed for violent crime and Mexican Americans were constructed as the scapegoats of that moral panic. America also experienced an economic crisis during the eighties when the crack cocaine panic erupted.
population (bio-politics). The surveillance strategies that are conducted to enforce drug laws are one problematic of this bio-power. In effect, police surveillance produces deviance/criminality among poor minorities because it is strategically positioned (in greater numbers and force) within poor urban communities (in contrast to the respect of privacy that is more often granted to people in upper income communities). Poor African-Americans are not more “deviant” or “criminal” than other groups; rather, it is the exercise of bio-power that produces this “truth” about young Black males. One effect of discriminatory surveillance is the mass incarceration of people of color and poor people of all races. Mass incarceration is a warehousing of bodies; it is a reorganization of bodies in which the poor and people of color are isolated from the population in jails and prisons. This is not to mention the many others who are accounted for in asylums and/or under other forms of community control such as probation and house arrest. In this instance, bio-power buttresses White privilege. The public does not presuppose White Americans are criminal. On the other hand, Black and brown skin tones are constructed as signifiers of deviance, immorality, and criminality. Black and Brown people are not inherently deviant. The discursive production and perpetual reproduction of racialized deviance in the mass media, however, constructs and naturalizes the idea that people of color commit more crimes than Whites. Stuart Hall explicates the naturalization of cultural codes in “Encoding/Decoding”: “Certain codes may, of course, be so widely distributed in a specific language community or culture, and be learned at so early an age, that they appear not to be constructed – the effect of an articulation between sign and referent – but to be naturally given” (131).

The hypercriminalization of young men of color is not an ahistorical phenomenon unique to the eighties. Victor M. Rios conducted an ethnographic study “in the San Francisco Bay area
(from 2002-2005) that illustrates how young Black and Latino youth are socially constructed as criminals: they do not become deviants “on their eighteenth birthday; rather, they are systematically constructed as criminals and face the wrath of the penal state and criminalization as early as eight years of age” (18). Rios argues that Black and Latino youth are “stigmatized and ‘hypercriminalized’ on entering the juvenile justice system even when the majority are arrested for nonviolent offenses” (17). Moreover, they are frequently tried and punished as adults and are treated as “serious criminal threats ready to commit savage acts of violence even though they have only been arrested for drug possession or status offenses” (18). In comparison to White youth in California, youth of color are 2.5 times more likely to be tried as adults “and 8.3 times more likely to be incarcerated by adult courts. Ninety-five percent of all juveniles sent to adult court are youth of color” (18). Children who are punished by the criminal justice system are also stigmatized at school and at home where Rios claims youth should be nurtured rather than punished. “Ultimately, in the era of mass incarceration, a ‘youth control complex’ created by a network of racialized criminalization and punishment deployed from various institutions of control and socialization has formed to manage, control, and incapacitate Black and Latino youth,” states Rios (18).

The mass criminalization of young Black and Latino males in the U.S. is largely due to the passage of draconian drug laws during the eighties and the ways those laws are enforced. The political response to the crack cocaine panic shifted attention and funds from drug treatment to criminal punishment. The response illustrates how moral panic can influence the public policy agenda. Angela Davis notes: “Not a single prison was opened during the second half of the sixties, nor during the entire decade of the 1970s” (12). She explains that a massive prison
expansion ensued under the Reagan administration when “crime statistics were already falling” (17). In California, for example, “almost two-thirds of existing prisons were opened during the eighties and nineties” (17). Belenko notes that politicians perceived crack to be dangerous and destructive and, in reaction: “Hundreds of millions of dollars were poured into policing and prisons, and by the end of the 1980s the nation’s prisons and jails were bursting at their seems with young Black and Hispanic crack users and dealers” (8).

The mass incarceration of people of color may be a relatively new phenomenon but the implementation of laws that single out African-Americans for criminal punishment and felony disenfranchisement is not a novel or unique strategy. Angela Davis explains that laws utilized to control and/or disenfranchise Black people have been exercised since the abolition of slavery:

Former slave states passed new legislation revising Slave Codes in order to regulate the behavior of free Blacks in ways similar to those that had existed during slavery. The new Black Codes proscribed a range of actions—such as vagrancy, absence from work, breach of contracts, the possession of firearms, and insulting gestures or acts—that were criminalized only when the person was Black (28).

Slavery and involuntary servitude were abolished under the thirteenth amendment except when a person was convicted of a crime and then a person could be sentenced to hard labor. Black codes were enforced to criminalize the newly freed slaves in order to exploit them for free labor. Davis references historian Mary Ann Curtin who notes “that in the aftermath of emancipation, large numbers of slaves were forced by their social situation to steal in order to survive. It was the transformation of petty thievery into a felony that relegated substantial numbers of Black people
to the ‘involuntary servitude’ legalized by the Thirteenth Amendment” (33). Black Codes were used in a productive and in an oppressive manner: they were used to produce Black criminality and to exploit Black bodies. The crack cocaine laws that were passed in the eighties function comparably to Black Codes insofar as they both produce a racialized construction deviance and increase felony disenfranchisement of African-Americans.

Power mechanisms such as the police apparatus and the prison function to isolate poor African-Americans from the social body. Prison space is a disciplinary mechanism. For example, Foucault highlights how space functions as a normalizing power: the organization of space and of bodies, accordingly, permits

an internal, articulated and detailed control – to render visible those who are inside it; in more general terms, an architecture that would operate to transform individuals: to act on those it shelters, to provide a hold on their conduct, to carry the effects of power right to them, to make it possible to know them, to alter them (Discipline 172).

The question that remains, however, is what do the disciplinary mechanisms of the prison “alter” exactly? In a rehabilitative model, perhaps the goal is to produce reformed (docile) bodies that are “valuable” to society. The paradox, and the failure of a rehabilitative model, is that convicted felons are unlikely to find professional work when they are released from prison. A criminal identity and civil disenfranchisement is a lifelong punishment. Convicted drug felons have a limited chance at self determination as many businesses are unwilling to hire them. Moreover, many drug felons are also denied federal aid to pay for higher education. The implications are grave and, in fact, exacerbate social and economic struggles within African-American
communities. Many young men of color grow up in America’s institutions. In fact, African-American males are less likely to go to college than to go to jail or prison. Reinarman and Levine note that “by 1992, one in four young African-American males was in jail or prison or on probation or parole—more than were in higher education…” (“Crack Attack” 60).

Thus far, the mechanisms of power that I have highlighted illuminate the dynamics of hegemonic disciplinary power at the institutional level. It should be noted, however, that power is a “network of relations” that operates “from top to bottom, but also to a certain extent from bottom to top and laterally…” (Foucault Discipline 176). Power is not a commodity of the elite, in other words: “The power in the hierarchized surveillance of the disciplines is not possessed as a thing, or transferred as a property; it functions like a piece of machinery” (177). The operation of power among individuals in a society is governed by a physics that is similar to the laws of force and resistance which propel a complex machine (machines within machines). In society, though hegemonic power is a stable and normalizing mechanism within the structure, individuals at the grassroots are also important gears within the mechanism. Their individual force may not be as strong as a majority group; however, they are not powerless.

For instance, low level urban dealers resist the disciplinary power of the capitalist structure that relies/expects people of color to fill unskilled low-wage positions. Not surprisingly, some consider the risk of a prison sentence to be worth the chance they take to live a version of the American dream (e.g. self-sufficiency, prosperity, freedom) that they may not otherwise experience due to a lack of jobs and menial wages in urban areas. For example, in 48 Hours on Crack Street an African-American man from Queens talks to Dan Rather at a protest against crack cocaine organized by the African-American community: “You know the American dream
is a myth in a lot of instances. So what do you have to turn to… to do? You have to sell drugs. Who were your heroes? What neighborhood did you grow up in? In your neighborhood did you have a lawyer to look up to or a doctor? Or did you have someone that was hustlin’ sellin’ numbers you know? Takin’ numbers or sellin’ drugs… who’s drivin’ the big car who has the prestige. That’s what the little kids look at.” The money that young people make selling drugs is attractive. For example, one narcotics officer in 48 Hours on Crack Street tells Bernard Goldberg that a thirteen year old juvenile “was coming in with five or six hundred dollars in his pocket each arrest.” A New York City officer tells Dan Rather: “Some of these kids, when they see the amounts of money that they’re making [Black male is shown counting cash], you know, for them a hundred dollars is a lot of money.”

The State, the Drug Enforcement Agency (DEA), the police, and the judicial system are disciplinary mechanism that collaborate to control the drug culture in order to “protect” the health and morality of the population. Drug laws are enforced to discipline individuals and to protect (control) the life at the level of population. People who break drug laws resist institutional bio-power and some punishments for resistance are harsher than others. The crack/powder sentencing disparity is one example. The ideological difference between crack and powder was constructed during the crack panic. Moral panic peaked in 1986 and the moral campaigners claimed “crack was ‘the most dangerous drug known to man’” (Morgan and Zimmer 135). Reinarman and Levine explain:

Crack attracted the attention of politicians and the media because of its downward mobility to and increased visibility in ghettoes and barrios. The new users were a different social class, race, and status. Crack was sold in smaller, cheaper,
precooked units, on ghetto streets to poorer, younger buyers who were already seen as a threat (“Crack Attack” 47-48).

The news media’s coverage incited a volatile reaction among the American public that erupted into a moral panic. The fear producing rhetoric about crack aggrandized the crack cocaine problem. Empirical research about crack use “suggests that politicians and journalists have routinely used the words ‘epidemic’ and ‘plague’ imprecisely and rhetorically as words of warning, alarm, and danger” (55). A spike in news coverage multiplied the rhetoric that was read and listened to across the country. Moral panic soon erupted. News coverage about crack spiked during the eighties: “in July 1986 alone, the three major TV networks offered seventy-four evening news segments on drugs, half of these about crack” (48). The CBS news documentary *48 Hours on Crack Street* was also released in the fall of 1986 “which Dan Rather previewed on his evening news show: ‘Tonight, CBS News takes you to the streets, to the war zone, for an unusual two hours of hands-on horror’” (48). The documentary was viewed by fifteen million people and it “earned the highest Nielsen rating of any similar news show in the previous five years” (48).

“The Streets” segment of *48 Hours on Crack Street* is set at night in New York City. The crowds of people that are walking in this scene are mostly people of color with the exception of a few Whites. After about ten seconds of footage the camera freezes on a brightly lit cinema marquee sign that advertises three films: *Cocaine Wars*, *Demons*, and *Mutilator*. The two clips are linked in a sequence that creates a structural code. Stuart Hall argues that meaning is communicated “through the operation of codes within the syntagmatic chain of discourse” (128). In this instance, the words demon and mutilator are placed in a structural syntagmatic chain with
Black and Brown people in a city street. The code suggests that urban minorities who are involved in the “cocaine war” are evil (Demons) and violent (Mutilators). The words demon and mutilator are linguistic labels that mark Black and Brown skin as deviant in this chain and this racialized code is invoked throughout the documentary. Urban Black youth, women, and men especially, are constructed as dangerous threats to life and society. Young Black males of all ages—from birth as “crack babies” to drug induced death—are constructed as social and criminal deviants.

In the context of the crack cocaine crisis during the 1980s (and contrary to Rios’ claim) Black youth are constructed as criminals long before eight years old. The crack baby narrative, as shown in chapter three, was an ideological construction of deviancy that projected criminality onto Black children while in the womb. The discursive construction of Black crack babies was one strategy of power that explicitly suggested a generation of Black children would become future criminals and drug addicts. The crack baby image is invoked throughout the 48 Hours on Crack Street documentary. The baby boy born in the initial scene symbolically appears at each stage of development—from birth, to adolescence, and into adulthood—he is portrayed as a growing threat to society. Black males are portrayed as the crack addicts and dope peddlers that “plague” society. In fact, all of the representations of crack addicts and street level drug dealers (with the exception of two Black women) are Black males. White professionals, on the other hand, are portrayed as the ring leaders who purchase large amounts of powder cocaine that is distributed to street dealers who use it to cook the crack that they sell in tiny vials for five, ten, or twenty dollars. This construction of the crack/powder market was the norm in the news media
during the eighties. It is probable that legislators were influenced by these media images when they passed the 100:1 cocaine laws.

The racialized crack cocaine narrative that is constructed in 48 Hours on Crack Street is a chapter within a larger meta-narrative about urban minorities that the news media and politicians produced during the crack cocaine panic. For instance, in 1989, President Bush went so far as to stage a crack sale in Lafayette Park across the street from the White House. DEA agents lured a young Black male to the park. I say ‘lured’ because according to DEA agents, the young man did not know where the park was and was reluctant to go when he was told it was across from the White House. DEA agent McMullan “told the Post, ‘we had to manipulate him to get him down here. It wasn’t easy’” (Reinarman and Levine “Crack Attack…” 50). On September 5, “President Bush, speaking from the presidential desk in the Oval Office, announced his plan for achieving ‘victory over drugs’ in his first major primetime address to the nation, broadcast on all three national networks” (49). President Bush “held up to the camera a clear plastic bag of crack labeled ‘EVIDENCE.’ He announced that it was ‘seized a few days ago in a park across the street from the White House’” (49). President Bush stated that crack was destroying cities and killing children. He used the staged crack sale in Lafayette Park to propose that the entire nation was at risk because dealers were so bold as to sell crack across the street from the White House. Reinarman and Levine note: “The president proclaimed that, because of crack and other drugs, he would ‘more than double’ federal assistance to state and local law enforcement” (49). Politicians and the news media produced the “Black male dope dealer” trope during the eighties and nineties. Since then, young Black males have been targeted for criminal punishment and they are most frequently disenfranchised as a result of crack cocaine laws.
More recently, disciplinary powers have been extended to include juveniles who are now tried and punished the same as adults in many instances. During the early eighties minors were not subject to such penalties and adult drug dealers used the youth to resist the punishing powers of the State. In *48 Hours on Crack Street*, Bernard Goldberg interviews narcotics officers in Newark, NJ who complain about the leniency of the juvenile penal system. The camera scans the narcotics office from left to right to show that three Black males are being arrested for drug charges. The camera zooms in on the arm of one of the males to show that he is handcuffed to a desk. Another shot displays a close up of a Black male’s hands cuffed behind his back. The camerawork constructs a racialized code that is not explicitly stated in words. The visual code constructs the criminality of African-American men in a syntagmatic chain that links Black skin to drugs and to crime. In the context of the documentary, these men are among the many Black males that are represented as criminal deviants.

While much time is spent documenting the deviance of Black males in this film, the aforementioned scene conveys the message that the rule of law is being enforced. Simply put, a Black man in handcuffs ensures the public “you are safe from these bad Black men” (the demons and mutilators that threaten society). Furthermore, to actually see the face and the skin color of the criminal “proves” to the public that the discourse about dangerous Black men is “true”. The aggressive disciplinary tactics that are utilized to control youth and the urban drug market illuminate how young boys of color are initiated into the criminal justice institution and how their criminal identities are constructed as children. The treatment of young urban youth as criminals stands out in stark contrast to treatment of White suburban youth in this documentary.
White children are not targeted for criminal punishment whereas that urban youth are relentlessly hunted down, arrested, and prosecuted.

One African-American officer tells Goldberg: “We lock up kids every day. By the time we plant some paperwork they’re back on the streets.” “What do you mean kids,”? Goldberg asks. “Juveniles: ten, fifteen, thirteen, twelve. From nine years on up,” the officer replies. Another African-American officer also replies to Goldberg’s question: “Take for instance one guy. We locked him up on July fourteenth. We locked him up again July twenty second. And then I think different guys locked him up again on August the sixth—the same kid. Thirteen years old.” A White officer in the scene replies: “He told us nothing was gonna happen to him. He says what are you gonna do with me? I’m thirteen years old. Are you gonna put me in the youth house with the older boys? Nothings gonna happen to me.”

The aggression that the White officer exudes in the following diatribe is important to note. He is clearly frustrated by the resistance to police authority in the streets and also with judicial leniency on youth offenders. Also important, this scene highlights the way in which Black children are institutionalized and criminalized. Goldberg asks: “Now how does that make you feel”? The officer replies: “It didn’t stop me. I’ll lock him up again tomorrow. I’ll lock him up till I can’t lock him up anymore. Eventually someone’s gonna see that this guys gotta sheet and he’s settin’ a pattern [Laughs]. I’ll just keep lockin’ the kid up. I don’t care. It’s part of my job. It’s our responsibility out here. And when that kid realizes that it’s not gonna be a winning battle on his side his friends are gonna see, hey, he ain’t makin’ it anymore. Maybe we shouldn’t do it. And maybe it’ll work. I don’t know. We just keep doin’ it. We ain’t gonna stop. They could come up with a new drug tomorrow and we’re gonna go out there and do the same thing
we’re doin’ today. We locked up a hundred. That’s just a hundred this week. Next week we’ll lock up another hundred. And if it’s the same a hundred maybe the judicial system will start looking at some of these recidivists and say wait a minute…what’s goin’ on here”?

Young urban youth are cast in stark contrast to suburban youth in *48 Hours on Crack Street*. The documentary constructs a gradient of deviancy that ranges from mildly deviant to criminal. White youth are positioned at one end of the gradient and portrayed as “nice kids” while urban Black youth are positioned at the opposing end as criminal menaces to society. For example, Diane Sawyer interviews an all White group of suburban teenagers in Livingston, NJ. One girl states: “If I were to talk to my mom and I were to say, you know mom, I was at a party last night and there was a lot of marijuana and a lot of alcohol she would look at me like I was crazy. What are you talking about? Marijuana and alcohol? When I was your age we used to go to dances and drink soda pop.” The teenager’s commentary constructs a narrative about White suburban people which suggests that they are a hard-working, prosperous, and moral group in contrast to the “others” (African-Americans) of the city who are demoralized in this production. Even the White police chief Donald Jones asserts that Livingston’s drug problem is minimal and he claims that “it’s clearly under control.”

Diane Sawyer’s questions to the suburban youth suggest that she (or more likely CBS) has a particular type of kid in mind who sells drugs. The next question that she poses suggests that the youth she is interviewing are not “that type.” Judging from the racialized construction of criminality in the documentary it can be inferred that Sawyer and CBS are proposing (and assuming that the audience would also understand) that Black youth are “those kids” who “nice White kids” can buy drugs from. Sawyer asks the teenagers: “Does everybody here know where
you’d go to buy”? The teenagers all say yes. Sawyer says: “You know the kids to buy.” Next, she asks: “Who here is willing to tell me they use”? To Sawyers surprise, all of the teenagers except for one male admit to using marijuana and alcohol at parties. After the interview she poses a rhetorical question to the viewers of the documentary: “Do that many nice kids really use drugs”? White suburban youth are not portrayed as threats to society and certainly not criminal. In fact, it is implied that as long as parents contain the use of drugs and alcohol to parties in the privacy of their homes that police will look the other way. On the other hand, narcotics officers in the city assume the responsibility of raiding people’s homes in search of drugs.

The concentrated surveillance of urban space and the aggressive exercise of police powers are strategies that produce a racialized construction of drug crime “reality.” In other words, it may be true that the majority of people in jails and prisons are poor people of color; however, the prison population is a product of the ways in which disciplinary power is exercised. Excessive disciplinary powers are exercised relentlessly in impoverished ghettos in the name of a war on drugs. The strategy to fight the war on drugs in urban space produces a particular type of criminal—poor people who are predominantly young Black and Latino males.

One example of the relentless determination of police is illustrated in 48 Hours on Crack Street during a drug raid in Newark, NJ. After breaking a resident’s door down, one White narcotic officer explains to journalists that the drug raids do not stop drug trafficking because the people simply move to a new location after they are busted (also an example of how power is exercised at the grassroots level), nevertheless, the narcotics officers continue to raid the same residential complexes weekly. As the plain clothed officers armed with military style
ammunition pile back into their undercover van, one White officer smiles and yells toward the building that they just vacated: “We’ll be back!”

The drug war is a strategic game that is played by institutional axes of power and the individuals involved in the drug market. The game is one of power and resistance among all players. Michel Foucault describes the dynamic relations of power in *History of Sexuality Vol. I*:

> Power must be understood in the first instance as the multiplicity of force relations immanent in the sphere in which they operate and which constitute their own organization; as the process which, through ceaseless struggles and confrontations, transforms, strengthens, or reverses them; as the support which these force relations find in one another, thus forming a chain or a system, or on the contrary, the disjunctions and contradictions which isolate them from one another; and lastly, as the strategies in which they take effect, whose general design or institutional crystallization is embodied in the state apparatus, in the formulation of the law, in the various social hegemonies (92-93).

Foucault’s power model is a useful theoretical tool to interpret what power is and how it functions within the context of the war on drugs and the aforementioned scene from the documentary. The model captures the dynamic flow of power that is exercised by, in, on, and through institutions as well as by individual people. Foucault’s power model is different from other theories (Stuart Hall’s for example) that reduce power to elite structural dominance. Power moves from above and below but “there is no binary and all-encompassing opposition between rulers and ruled” (94). When social hegemonies do form, Foucault explains that they are effects (of power) that are sustained by the exercise of power and resistance at all levels of society.
During the eighties, a social hegemony formed when many people, including politicians, allied to fight the war on drugs. Politicians formed a bipartisan coalition to combat the drug “menace”. This alliance is highlighted in *48 Hours on Crack Street*. Dan Rather interviews the mayor of New York City, Ed Koch. He asks Mayor Koch: “Do you think it’s by coincidence that in this election year that just about every politician who’s up or wants to get somebody elected is suddenly talking about crack and drug enforcement”? Koch replies: “If you’re saying today that the minds of people are concentrated on this issue and it makes no difference what party they’re in, what office they’re running for, or who they’re supporting, or whether they’re White or Black or Hispanic or Asian you’re absolutely correct. But what difference does it make why someone is motivated to do the right thing? A pox on anybody’s house whether they are republican or democrat if they think they can go on with business as usual. This country has to face the fact that we’re under an invasion.” In a sense, politicians were pressured to join the moral crusade against drugs to please the public (another example of power that was exercised from the bottom up). In short, politicians propelled their get-tough-on-drugs campaign with increased federal spending for law enforcement (which in 2010 reached $16 billion), an expansion of the war on drugs domestically and internationally, legislative reforms that increased penalties for drug crimes, and a mass expansion of prisons throughout the country to house the anticipated influx of criminals.

The drug reforms that were implemented during the eighties were both repressive and productive power strategies. Laws are most commonly understood as repressive mechanisms that deter deviant behavior and control deviant populations. For example, in 2006 Alfred Blumstein
testified before the United States Sentencing Commission in reference to “the origins of the crack: powder disparity”:

Congress, in passing the Federal Anti-Drug Act of 1986, was engaging in a typical legislative act of passion in response to the violence that then characterized crack markets. Crack was a new version of cocaine that made its ‘pleasures’ accessible to a much larger population that could not afford the minimum quantity of powder, and so that new market saw many vigorous entrants competing in one of the principal modes of competition in illicit markets – through violence. The Congress must have thought it could deter that violence by imposing a mandatory minimum sentence for five years for possession of 5 grams of crack, while the same mandatory minimum would apply to possession of 500 grams of powder cocaine – the notorious 100:1 ratio (2006).

While it is likely that the laws were passed to reduce violence associated with the crack cocaine market in inner-cities, the actual outcome was a negligible impact on the drug trade and a production of drug criminals that increased the incarceration rate tenfold between 1980 and 2000. Also, in resistance of the new criminal penalties, juveniles were recruited into the drug trade because at that time they could escape tough punishments in a more lenient juvenile judicial system (Blumstein 2006). The resilience of the drug trade (the utilization of youth to circumvent drug laws) that Blumstein mentions in his testimony illuminates the grassroots resistance of institutional power.

The drug laws that were passed in the eighties may have been a response to the racialized crack narrative that circulated in the media at that time. Blumstein testifies that “the levels of
violence associated with crack markets increased appreciably between 1985 and 1993 – about a 25% increase in homicide and robbery” (2006). A tension exists, however, among empirical studies that analyze the causal relationship between crack cocaine and violence. Conflicting conclusions about the connection between crack and violence are likely a result of methodological differences that are utilized to collect data in addition to ambiguous and inconsistent definitions as to what constitutes a drug-related murder. In 1990, for example, the National Institute on Drug Abuse (NIDA) published an article titled: “Who’s Right: Different Outcomes When Police and Scientists View the Same Set of Homicide Events, New York City, 1988.” The authors claim that drug-related homicide statistics in New York City are unreliable because police officers do not always agree on what a drug-related murder is. As a result, their reports of drug-related murders lack uniformity and consistency. This finding raises questions about the legitimacy of statistical data that connects crack cocaine to homicide as criminological research relies on “police-supplied data” and, thus, reproduces similar inconsistencies (Ryan et al. 239-240).

In 1990, the NIDA also published a study titled: “The Crack-Violence Connection within a Population of Hard-Core Adolescent Offenders” that James A. Inciardi conducted. The analysis “focuses on the various types of violence associated with crack use and crack distribution in Dade County (Miami), FL. The data are drawn from a National Institute on Drug Abuse (NIDA)-funded study of adolescent drug users conducted from 1985 to 1988” (92). Inciardi concludes the following for Miami:

Recent media reports appear to be correct in their assessment of the involvement of youth in crack distribution and violent crime as significant trends in some
locales. These reports, however, may be overreporting some aspects of the crack-violence connection while underreporting others, yet, at the same time, profoundly underestimating the significance of the whole crack-crime connection (105).

While Inciardi finds that there may be a significant relationship between the crack market and crime, he does not find a strong relationship between violent-crime and crack cocaine. He states: “Whereas media reports suggest that homicide is a concomitant of crack distribution among inner-city youths, this may not be the case in Miami and Dade County. Moreover, much of the current focus on crack-related violence may be more the result of a media event than an emergent trend” (105).

In contrast to a few generalized national statistics that Burnstein presented to the U.S. Sentencing Commission about crack, handguns, and homicide, Inciardi presents geographically divided data that represents six major urban areas (New York, Atlanta, Detroit, Los Angeles, Miami, and Washington D.C.). These six cities are significant because the Drug Enforcement Administration (DEA) reported that each had “high rates of crack availability and distribution” (105). When the data about murder is broken down it becomes clear that the relationship between crack cocaine and homicide is not necessarily causal. Homicide trend varies from city to city. In New York and Atlanta, the homicide rate increased significantly between 1985 and 1988, “with a 46.7-percent increase in Atlanta and a 34.4-percent increase in New York” (105). In Detroit and Los Angeles, on the other hand, “the homicide rate was actually lower in 1988 than in 1985” (105). The homicide rate in Miami peaked in 1988 and was on a decline by 1989. Washington D.C. was experiencing a unique phenomenon as the homicide rate increased “154 percent from
1985 through 1988” and in 1989 it increased another 40 percent (106). Thus, Inciardi concludes: “Because there are many demographic and ecological differences among the cities targeted here, it is difficult to generalize about or explain their varying homicide rates. What is clear from the data is that higher rates of homicide do not necessarily go hand-in-hand with higher rates of crack use and distribution” (106-107).

The empirical studies that I presented bolster the idea that racialized media coverage of the crack cocaine crisis influenced the public’s perception of danger and also incited moral panic. In contrast to the stories about crack cocaine in the news, powder cocaine was linked to White professionals and Whites who are arrested in *48 Hours on Crack Street*, for instance, may appear less threatening (to a White middle-income majority) in their suits and ties than their Black inner-city counterparts who are portrayed as violent and predatory. DEA agent Robert Stutman tells CBS journalist Harold Dow that “most of the people being arrested today [in the mid eighties before drug reform was passed] are professionals. They are not what you and I generally think of as dope peddlers.” After two DEA agents arrest a middle aged White man in a suit, tie, and glasses at a state municipal building for violation of state narcotics laws Harold Dow comments with great surprise: “This suspect did *not* look like a drug dealer.” Stutman replies: “Well he wasn’t a drug dealer in the classic sense of the drug dealer. What he’s being charged with is the financing and the helping with their organization. A lot of people still think that we operate as we did 50 years ago where you have to catch the guy with the dope in his pocket or you can’t prosecute. The law has become far more sophisticated, the prosecution is far more sophisticated.” Stutman’s reply to Dow explains a transformation of power that is exercised on the disciplinary side of the drug war. The DEA was a new agency that was created under the
Nixon administration in 1973. Its agenda was different than those of local police powers. It sought the high-profile criminals that funded the drug war and their agency produced a new criminal: the affluent White male who, according to Stutman, involves himself in the drug trade for one simple reason—“greed.” Harold Dow illuminates an important point: society expects drug dealers to fit a particular profile (“Black male dope dealer”). It is likely that Dow was surprised to see White professionals arrested by the DEA on drug charges because the act destabilizes a naturalized cultural code that defines Black males as violent drug criminals. The violent Black male profile is one that the news media creates and that the mass market consumes. It is not surprising that the public’s perception of drug criminals mirror media images. It appears that the racialized media coverage of the crack cocaine crisis was a more influential factor of moral panic than the fear of crack cocaine alone. The implication is that tough crack cocaine laws may have been a reactionary measure to the fear of violent Black men and not necessarily crack cocaine.

The social construction of Black male deviance in the eighties reproduced longstanding stereotypes of Black men (e.g. violent, ignorant, and hyper-sexual) that agitated racial tensions between Whites and African-Americans. The drug dealers that White suburban families fear are not the professional investors. Instead, parents fear the street level dealer that the news media and the penal system construct as a violent young Black male. In 48 Hours on Crack Street, for instance, Dan Rather interviews an upper-middle class family from a Washington Heights neighborhood. The scene begins with a clip that was recorded at night in a park. A Black male who is sitting on a rail stands up and follows a young White male who passes him by on the sidewalk. A White fifteen year old boy narrates the scene (not the same White male from the
night recording): "It’s scary when they start going after you...you know...like walking behind you a few feet and saying ‘Yo kid smoke, sheesh, sense’...you know...pills...you know. Then they say ‘I got quarters I got dimes’." There is a long silence and the scene transitions to a dark night sky in which a teal green moon hangs behind looming Black clouds. The dramatic interlude creates an eerie effect that one might expect to see in a horror film. The dark sky, the green moon, and the Black clouds suggest that danger is lurking in the shadows. The scene that follows is a Black and White recording of a group of young Black males that are socializing in a park. One of the mothers labels the men “magicians.” She states that “they work their magic on little envelopes” that get passed (presumably filled with drugs). Dan Rather asks one of the other mothers to explain the drug situation in their neighborhood.

White mother: It’s terrifying and there’s no one in the neighborhood who wants to live like this and yet we find ourselves at the mercy of them. It’s almost like these are guerillas or terrorists making these forays from the park through the neighborhood.

Rather: Is it different then say eight months or even fourteen months ago?

White father: Absolutely. I mean the amount of activity on the street. The amount of all of this bazaar activity has just quadrupled. We probably experience here in a more focused way than maybe what is out there in the rest of the city and the rest of the country.

Rather: Which is?

White father: Which is that crack has become a special case. It’s not something that is easy to ignore on any level. The intensity of the people in the street; the vitality of the
trade is so apparent—and we’ve heard it discussed in those terms now—that it’s something frightening and new.

The fifteen year old boy describes the drug dealers in the park as predators: “They say ‘Yo kid!’ and I just keep on walking you know. I don’t want to be bothered. Then they really start accosting you. They start yelling, ‘Yo honky wants some shit!’ They start screaming that. You see the joggers you know. They’re running. They’re trying to keep up with the joggers or the bicyclers saying ‘ups, downs, Black beauties, ups, downs, Black beauties’.” Dan Rather asks the boy’s mother if she finds that her son’s story is accurate and she affirms: “Absolutely. And, in fact, that’s the major change that I notice as a neighborhood mother—the aggressiveness with which these people pursue children.”

Dan Rather’s interview with these suburban families illuminates the family’s perception of danger and fears that they have for their children. While the families do not give a physical description of the drug dealers in the park, 48 Hours on Crack Street editors input footage that shows the audience who the drug dealers “really” are. In each instance, as is the case throughout the documentary, the drug dealers are young Black males. In fact, all of the representations of drug dealers in 48 Hours on Crack Street are Black skinned people and the majority of those people are young boys and men. The invisibility of White street dealers in the documentary in juxtaposition to multiple representations of young Black street dealers constructs a narrative in which Black people (young males especially) are the predators and White children, for example, are the prey. It is likely that legislators were influenced by such media representations (as I illustrated in chapter two when I cited Lyle J. Yurko’s testimony to the U.S. Sentencing Commission) when they passed drug reforms in the eighties. Black street dealers were
considered a direct threat to people while the public may have perceived the White professionals who invested in large scale powder cocaine deals as far removed from the troublesome activities that threatened life in the streets.

Many Americans consider drugs (especially crack) and drug dealers (“Black male dope dealers”) to be direct threats to life itself and social productivity. For example, in 48 Hours on Crack Street, Dan Rather asserts: “Fact: a new CBS/ New York Times poll released today finds that drug abuse—not jobs, not the economy, not the issue of war and peace—drug abuse is the nation’s leading overall concern right now.” In 1986, President Reagan told the nation that drug abuse costs Americans “at least $60 billion a year” (millercenter.org). Drug dealers were portrayed as disruptors of the hegemonic effects of bio-power. They were perceived as terrorists that threatened life and society with a chemical warfare otherwise known as crack.

President Reagan and the First Lady Nancy Reagan were ardent campaigners against drugs. Their speeches also constructed the image of the “Black male dope dealer.” In 1986, President Reagan stated: “Drugs are menacing our society. They’re threatening our values and undercutting our institutions. They’re killing our children” (millercenter.org). The urban drug culture was deemed a death threat to the social body. On September 14, 1986 President Reagan encouraged the nation to rally together against the drug culture. He declared that drugs were a threat to all people, morality, and the American way of life:

And this camera in front of us: It’s a reminder that in Nancy’s and my former profession and in the newsrooms and production rooms of our media centers—you have a special opportunity with your enormous influence to send alarm signals across the Nation. To our friends in foreign countries: We know many of
you are involved in this battle with us. We need your success as well as ours. When we all come together, united, striving for this cause, then those who are killing America and terrorizing it with slow but sure chemical destruction will see that they are up against the mightiest force for good that we know. Then they will have no dark alleyways to hide in.

In this crusade, let us not forget who we are. Drug abuse is a repudiation of everything America is. The destructiveness and human wreckage mock our heritage. Think for a moment how special it is to be an American. Can we doubt that only a divine providence placed this land, this island of freedom, here as a refuge for all those people on the world who yearn to breathe free (millercenter.org)?

His speech was a battle cry sent out to all those who considered themselves to be American. People who were not against drugs were considered against freedom, prosperity, and safety for families and children. To not participate in the war on drugs was an un-American act.

Crack cocaine dealers were considered the most dangerous threat to life. Reagan described crack as an “uncontrollable fire” that was rapidly destroying lives (millercenter.org). Also important is the visual imagery that he used to construct an image of the drug dealer—a metaphor for the enemy within the nation. He invoked an image of a “dark alleyway” that suggested a particular type of drug dealer (the Black male trope) that he asked the nation to mobilize against. His description portrayed urban street dealers as the country’s enemy and not necessarily the (White) investors of the drug trade. Reagan helped to mobilize an attack against urban Black males—his words suggested that urban Black males were dangerous, immoral, and
un-American. From his perspective, they were terrorists who threatened to destroy children and rob the nation of its freedom. Nancy Reagan also spoke to the public on September 14:

Our job is never easy because drug criminals are ingenious. They work every day to plot a new and better way to steal our children’s lives, just as they’ve done by developing this new drug, crack. For every door that we close, they open a new door to death. They prosper on our unwillingness to act. So, we must be smarter and stronger and tougher than they are. It's up to us to change attitudes and just simply dry up their markets (millercenter.org).

President Reagan and the First Lady constructed a narrative similar to the one produced by CBS that same year in 48 Hours on Crack Street. As was mentioned previously, the White investors of the drug trade may be considered criminals but, they are not generally portrayed as dangerous criminals as are street dealers. The media and politicians represented the crack subculture as an exceptional threat to society and to families. Moreover, the construction of the violent and predatory “Black male dope dealer” was one character in the crack cocaine narrative (among the three I have written about in this thesis) that produced public fear and fueled moral panic. The production of knowledge about the “dangers” of the crack subculture incited the moral panic during the eighties and the perceived truth about crack cocaine legitimized increased social controls and police surveillance. Three decades later, as a result of the increased disciplinary powers and tough-on-crime legislation, the United States now has the largest prison population in the world (more than two million prisoners not including people in jails and under other types of community control). Most of these people are African-American males and a growing number are African-American females. Thus, the racialized construction of the crack
cocaine narrative, the crack cocaine panic, draconian drug laws, discriminatory urban surveillance and the mass incarceration of African-Americans all seem to be correlated, despite the fact that a causal relationship is not clear.
CHAPTER FIVE: CONCLUSION

The objectives of this thesis were to examine the construction of deviance in the 48 Hours on Crack Street news documentary, to analyze the documentary within the context of a moral panic that erupted during the 1980s, to assess how the production of knowledge about crack cocaine created a panic and influenced the legislative process, and to examine the relationship between the discursive construction of the crack crisis and the criminal punishment of African-Americans for drug crimes, especially those related to crack cocaine.

In chapter one I introduced the methodological tools that I used to structure my research as well as a review of scholarly material about the war on drugs and the crack cocaine crisis. I utilized the methodological tools that were presented in chapter one to structure chapters two, three, and four. Moral panic theory illuminated the position and the importance of 48 Hours on Crack Street within the context of the crack cocaine panic during the eighties. Michel Foucault’s theory was utilized in each chapter to explain how normalizing discourses produced three tropes (i.e. crack mothers, crack babies, and Black male dope dealers) as deviant characters within the crack cocaine crisis, how information about deviance produced the power to discipline bodies, how disciplinary mechanisms produced a “regime of truth” about crack cocaine, and how that “truth” produced the power to criminally punish people for drug crimes.

The purpose of chapter two was to analyze the construction of the crack mother stereotype within the context of 48 Hours on Crack Street and other news media outlets. I found that the crack mother was one stereotype along a chain of demonizing discourses about African-American women. It seems that the crack mother was constructed as a scapegoat to absorb the blame for economic and familial struggles within (and outside of) poor Black communities. The
representations of African-American women in the news media, the production of knowledge about their drug use in medical discourse, and their criminal punishment created a “truth” about Black women. One problem with the racialized narrative about crack mothers was that it was only half of the truth. Many White women were protected by their class status from the disciplinary powers that produced the crack mother narrative. White women also largely avoided criminal prosecution and the revocation of parental rights to their children. I concluded that the criminal punishment of poor African-American women during the eighties was related to the racialized news media coverage of the crack crisis, the mythological construction of crack babies, and the discriminatory drug screening practices in public health facilities.

I trace the conflicting discourses about the crack baby myth in chapter three. During the eighties some scientific research suggested that babies were born addicted to cocaine if a mother used the drug while she was pregnant. The earliest studies about crack babies were methodologically flawed, however, and later research revealed that crack babies were a myth from the start. As it turns out, the crack baby myth was not a harmless mistake. Hundreds of women were punished in the eighties and nineties based on the construction of “truth” about crack babies. Overwhelmingly, the women who were punished were poor and Black. The revelation of the crack baby myth illustrates the instability and fallibility of scientific discourse as well as the danger of reacting to a panic situation with punitive force.

African-American men have been punished most frequently in the wake of the war on drugs. In chapter four I conclude that the disproportionate punishment of African American men for drug crimes (especially involving crack cocaine) is strongly correlated to the construction of the trope of the “Black male dope dealer” in news media and political discourses during the
eighties. Moreover, legislation that was passed in response to the crack cocaine panic appears to be related to a distorted perception of danger that the media created. In most instances, Black males were portrayed in the media as violent threats to the population. The 100:1 crack/powder cocaine sentencing that was passed during the eighties mirrored the public’s perception of crack cocaine. The public believed that crack sales and violence were causally related and, thus, legislators passed tough laws to deter people from using/selling the drug. Once again, as with the crack baby myth, more recent research reveals that the relationship between crack cocaine distribution and violent crime does not appear to be causal but, instead, a product of media rhetoric. Nevertheless, over the last three decades, African-American men (more than others) have been the scapegoats for mythology that was produced during the crack cocaine crisis.
WORKS CITED


