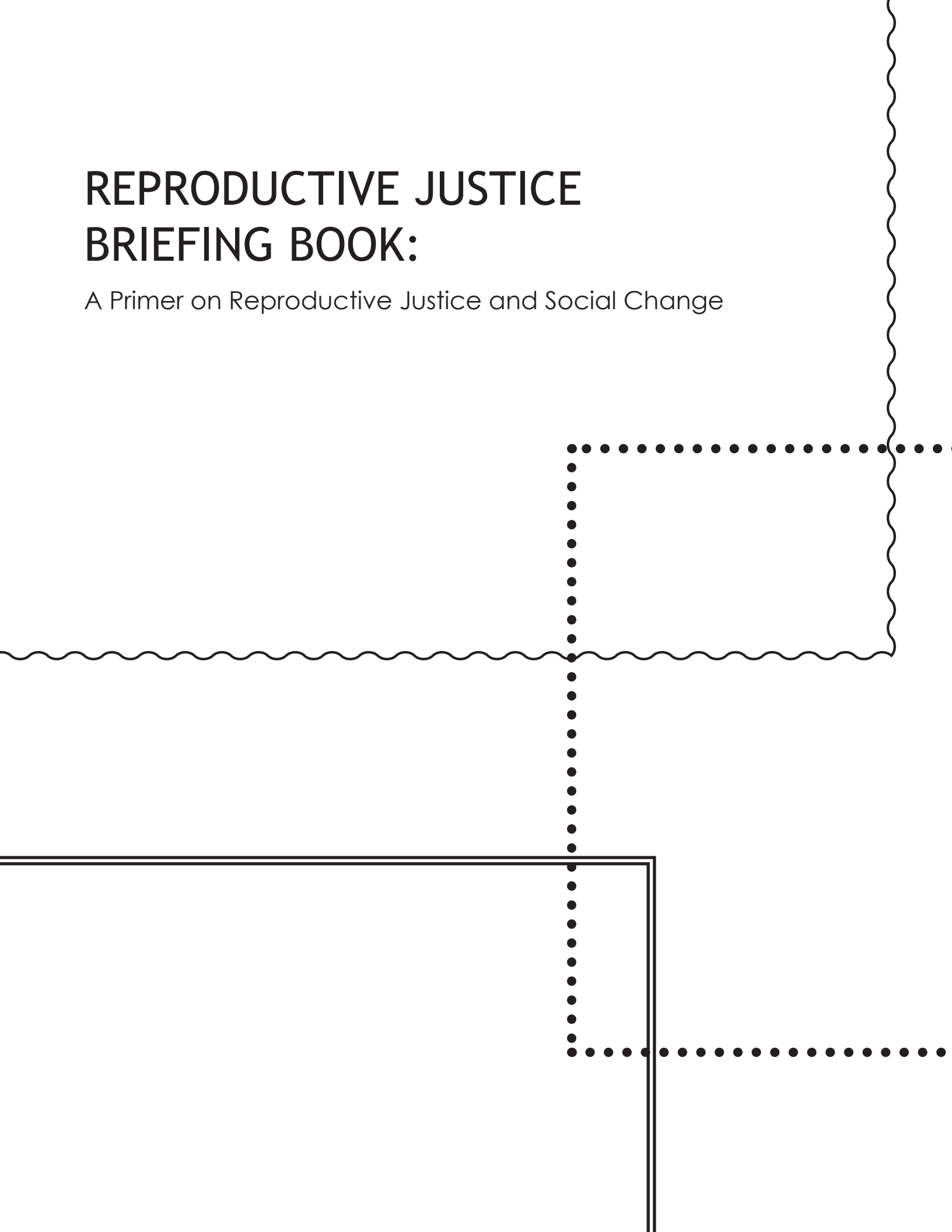


REPRODUCTIVE JUSTICE BRIEFING BOOK:

A Primer on Reproductive Justice and Social Change



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WHAT IS REPRODUCTIVE JUSTICE?

By LORETTA ROSS, *SISTERSONG WOMEN OF COLOR REPRODUCTIVE HEALTH COLLECTIVE*

Reproductive Justice is the complete physical, mental, spiritual, political, social, and economic well-being of women and girls, based on the full achievement and protection of women's human rights. This definition as outlined by Asian Communities for Reproductive Justice (ACRJ) offers a new perspective on reproductive issues advocacy, pointing out that for Indigenous women and women of color it is important to fight equally for (1) the right to have a child; (2) the right not to have a child; and (3) the right to parent the children we have, as well as to control our birthing options, such as midwifery. We also fight for the necessary enabling conditions to realize these rights. This is in contrast to the singular focus on abortion by the pro-choice movement that excludes other social justice movements.

The Reproductive Justice framework analyzes how the ability of any woman to determine her own reproductive destiny is linked directly to the conditions in her community—and these conditions are not just a matter of individual choice and access. Reproductive Justice addresses the social reality of inequality, specifically, the inequality of opportunities that we have to control our reproductive destiny. Moving beyond a demand for privacy and respect for individual decision making to include the social supports necessary for our individual decisions to be optimally realized, this framework also includes obligations from our government for protecting women's human rights. Our options for making choices have to be safe, affordable and accessible, three minimal cornerstones of government support for all individual life decisions.

One of the key problems addressed by Reproductive Justice is the isolation of abortion from other social justice issues that concern communities of color: issues of economic justice, the environment, immigrants' rights, disability rights, discrimination based on race and sexual orientation, and a host of other community-centered concerns. These issues directly affect an individual woman's decision-making process. By shifting the focus to reproductive oppression—the control and exploitation of women, girls, and individuals through our bodies, sexuality, labor, and reproduction—rather than a narrow focus on protecting the legal right to abortion, SisterSong Women of Color Reproductive Health Collective is developing a more inclusive vision of how to build a new

movement.

Because reproductive oppression affects women's lives in multiple ways, a multi-pronged approach is needed to fight this exploitation and advance the well-being of women and girls. There are three main frameworks for fighting reproductive oppression defined by ACRJ:

1. Reproductive Health, which deals with service delivery
2. Reproductive Rights, which addresses legal issues, and
3. Reproductive Justice, which focuses on movement building.

Although these frameworks are distinct in their approaches, they work together to provide a comprehensive solution. Ultimately, as in any movement, all three components—service, advocacy and organizing—are crucial.

The Reproductive Justice analysis offers a framework for empowering women and girls relevant to every family. Instead of focusing on the means—a divisive debate on abortion and birth control that neglects the real-life experiences of women and girls—the Reproductive Justice analysis focuses on the ends: better lives for women, healthier families, and sustainable communities. This is a clear and consistent message for all social justice movements. Using this analysis, we can integrate multiple issues and bring together constituencies that are multi-racial, multi-generational, and multi-class in order to build a more powerful and relevant grassroots movement.

Reproductive Justice focuses on organizing women, girls and their communities to challenge structural power inequalities in a comprehensive and transformative process of empowerment that is based on SisterSong's self-help practices that link the personal to the political. Reproductive Justice can be used as a theory for thinking about how to connect the dots in our lives. It is also a strategy for bringing together social justice movements. But also, it is a practice – a way of analyzing our lives through the art of telling our stories to realize our visions and bring fresh passion to our work.

The key strategies for achieving this vision include supporting the leadership and power of the most

excluded groups of women, girls and individuals within a culturally relevant context. This will require holding ourselves and our allies accountable to the integrity of this vision. We have to address directly the inequitable distribution of power and resources within the movement, holding our allies and ourselves responsible for constructing principled, collaborative relationships that end the exploitation and competition within our movement. We also have to build the social, political and economic power of low-income women, Indigenous women, women of color, and their communities so that they are full participating partners in building this new movement. This requires integrating grassroots issues and constituencies that are multi-racial, multi-generational and multi-class into the national policy arena, as well as into the organizations that represent the movement.

SisterSong is building a network of allied social justice and human rights organizations that integrate the reproductive justice analysis into their work. We are using strategies of self-help and empowerment so that women who receive our services understand they are vital emerging leaders in determining the scope and direction of the Reproductive Justice and social justice movements.

RESOURCES

In order to find out more about Reproductive Justice, please visit the following websites:

- www.sistersong.net
- www.reproductivejustice.org

LISTEN UP! HOW TO CONNECT WITH YOUNG WOMEN THROUGH REPRODUCTIVE JUSTICE

By MARY MAHONEY, PRO-CHOICE PUBLIC EDUCATION PROJECT

Now, I don't want to say this too loudly to a movement that already has so much on its plate, but the reproductive health and rights of young women must become a greater priority for a movement whose viability depends on the activism of youth to survive.

We have recently experienced some landmark developments in our field, such as the FDA approval of the human papilloma virus (HPV) vaccine Gardasil and prescription-free Emergency Contraception for people over 18. But until we can assure reproductive autonomy for all young people, we have little time to pat ourselves on the back.

Historically, adults, even progressive women in the reproductive rights movement, have acted as if they know best what young women need – and have typically only listened to young women with one ear. So what can we do as a movement to support young women in the fight against reproductive oppression and in the struggle for reproductive justice?

There are many ways to create and support spaces for young women's voices within this movement and to connect with them by focusing on their needs rather than our own agendas.

First, young people are growing up in a culture that exploits teen sexuality and at the same time denies it outright. No matter how resilient young people may be, they can't help being affected by images from *Girls Gone Wild* commercials and *Laguna Beach*. The media also harm youth by ignoring their public health needs: in the top 200 films of the past 20 years, condom use was only suggested once! Is unsafe sex still considered sexy? With so many innovative and entertaining advancements in technology and medicine, like musical condoms and chewable birth control, you would think Hollywood could do a better job of creating a safe, realistic space for youth to contemplate sexual activity.

Government policies directly harm young people. Between 1996 and 2005, Congress committed over \$1.1 billion through both federal and state matching funds to "abstinence-only" programs. Virtually no money went to comprehensive sex education. Today the only sex education for more than a third of all students is "abstinence only," even though this curriculum teaches falsehoods about condom effectiveness rates and other matters. LGBTQ youth are completely disregarded as sexual beings under this curriculum. Young women are being asked to take total responsibility for their bodies

without access to education that would teach them how to make safe choices.

“Abstinence-only” programs respond to young people’s reproductive and sexual health as a moral issue, not a public health issue. This, even while the number of new cases of STDs among 15-24 year olds is 9.1 million or roughly fifty percent of all new cases in the U.S, including 15,000 HIV/AIDS and 4.6 million HPV cases. Government and market-driven policies that block young people from healthy sexual choices also include parental notification laws for abortion access and regulations governing emergency contraception (EC) which mandate prescriptions for girls younger than 18, even though this makes it difficult for young women to obtain EC within the 72-hour window, and even though this restriction assumes that all young women have health insurance or money to visit their doctor and also assumes that they have doctors they trust.

Today young people want to address reproductive issues in their own, contemporary terms, focusing on prevention and families and healthy futures. We who advocate for and promote the activism of young women in the reproductive rights and health movement can support this activism with a reproductive justice framework. This framework looks at the whole woman and her entire set of life circumstances, from age to class to race to religion and sexual orientation, recognizing that these interconnected issues affect how she – and others – control her reproductive health and rights. In other words, it is important that we do not isolate abortion from the totality of women’s health and lives and do not alienate potential activists by focusing only on this one issue.

Young women completely understand this holistic approach to reproductive health and rights. They, along with women of color led groups, are transforming the movement to include access to health care, LGBTQ liberation, racial and economic justice, comprehensive sex education, maternal dignity

and HIV/AIDS work. Young women are mobilizing their peers and constituencies by creating messages that connect with young people and working across movements to build the progressive and social justice movements from the ground up. Because what we choose to do today not only affects the lives of youths at present, but also their future health and ability to make smart choices for themselves throughout their lives, becoming involved in this area of the movement is an important step for any activist or organization. To support young women in this movement, we must follow their lead and meet them where they are on their road to reproductive autonomy.

RESOURCES

For more information on young women and reproductive justice issues:

- Pro-Choice Public Education Project – www.protectchoice.org
- Choice USA – www.choiceusa.org
- Advocates for Youth – www.advocatesforyouth.org
- Asian Communities for Reproductive Justice – www.reproductivejustice.org

ABSTINENCE-ONLY

AND REPRODUCTIVE INJUSTICE

By JOHN S SANTELLI, MD, MPH, REBECCA SCHLEIFER, JD, MPH AND LILA J LANDE, MPH*

Abstinence promotion raises important ethical and human rights concerns when abstinence is presented to adolescents as the sole choice while health information on other choices is restricted or misrepresented. Access to complete and accurate HIV/AIDS and sexual health information has been recognized as a basic human right and essential to realizing the human right to the highest attainable standard of health. Abstinence-only restrictions put health educators and other health professionals in an ethical quandary, forcing them to choose to withhold potentially life-saving information or to breach federal government guidelines by disclosing such information.

The emphasis on “abstinence-only” educational programs in the U.S. causes systematic harm to domestic public health programs and may harm international HIV-prevention programs. Human rights groups criticized U.S. government policy as a source for misinformation and censorship in some countries receiving The President’s Emergency Plan for AIDS Relief (Human Rights Watch, 2004). The Government Accountability Office, which is the investigative arm of U.S. Congress, issued a critique of U.S. foreign policy support for “abstinence-only” education in April 2006.

Governments have an obligation to provide accurate information to their citizens and avoid the provision of misinformation. Such obligations extend to government-funded health education and health care services. Access to accurate health information as a basic human right was explained in the 1994 International Conference on Population and Development Programme of Action. These principles include universal access to health care services and specifically highlight reproductive health stating that “All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so” (United Nations, 1994). The U.N. Committee on the Rights of the Child emphasized in 2003, “that effective HIV/AIDS prevention requires States to refrain from censoring, withholding, or intentionally misrepresenting health-related information, including sexual education and information ... State parties must ensure that children have the ability to acquire the knowledge and skills to

protect themselves and others as they begin to express their sexuality” (Committee on the Rights of the Child, 2003).

As defined by the U.S. government’s funding requirements, “abstinence-only” programs must withhold information on contraception and other aspects of human sexuality. These programs also promote scientifically questionable positions. It is unethical to provide misinformation or withhold information from adolescents about sexual health, including ways for sexually active teens to protect themselves from sexually transmitted infections and pregnancy. These current U.S. policies are ethically problematic, as they exclude accurate information about contraception, misinform by overemphasizing or misstating the risks of contraception, and fail to require the use of scientifically accurate information.

While health care ethics is founded on the notion of informed consent and free choice, U.S. federal “abstinence-only” programs are inherently coercive, withholding information needed to make informed choices and promoting questionable and inaccurate opinions. “Abstinence-only” programs are inconsistent with internationally accepted notions of human rights. “Abstinence-only” as a basis for health policy and programs should be abandoned.

RESOURCES

- Advocates for Youth - www.advocatesforyouth.org/sexeducation.htm
- American Civil Liberties Union:
 - o Take Issue Take Charge Campaign - www.takeissuetakecharge.org
 - o Reproductive Freedom Project - www.aclu.org/reproductiverights/sexed/12670res20041201.html
- Human Rights Watch – www.hrw.org
- Legal Momentum – www.legalmomentum.org
- Sexuality Information and Education Council of the United States - www.siecus.org
- Society for Adolescent Medicine - www.adolescenthealth.org

*Based on a presentation, *Abstinence and U.S. Abstinence-Only Education Policies: Ethical and Human Rights Concerns*

SEX, LIES & BIRTH CONTROL: WHAT YOU NEED TO KNOW ABOUT YOUR BIRTH CONTROL CAMPAIGN

By COMMITTEE ON WOMEN, POPULATION AND THE ENVIRONMENT (CWPE)

As women of color, our rights to safe and voluntary sex, birth control and motherhood are increasingly restricted, controlled and criminalized. Punitive welfare policies dictate families' lives. Coercive programs target low income and women of color for high risk contraceptives. New laws and policies make abortion access more difficult and costly. These developments devalue our human rights and harm our ability to sustain our families, our communities, and our lives. Attacks on women's health constitute unethical attempts to control women's lives and dictate who among us can have, keep, and raise children. We strongly oppose demographically driven population policies that do not ensure safe and secure environments for all women.

In the 1990's many health care providers and reproductive rights activists in the US embraced Norplant and Depo-Provera as highly effective, long lasting birth control methods that expand women's contraceptive "choices." Supporters, however, have ignored the crucial fact that Norplant and Depo have been associated with serious risks, especially for poor and politically powerless women.

WHAT YOU NEED TO KNOW ABOUT YOUR BIRTH CONTROL CAMPAIGN seeks to build knowledge and promote systemic change by highlighting the risks, side effects and history of birth control and by collecting the testimonials of women who have had their bodies and lives greatly impacted by contraceptives and coercive reproductive practices.

DEPO PROVERA (also know as depo or the shot) is an injectable form of the hormone, progesterone. The hormone enters the blood stream and works systemically to prevent pregnancy by preventing the release of eggs from the ovaries and by thickening the cervical mucus to impede sperm movement.

CRITICAL CONCERNS: Most women who use depo gain weight. Many experience a irregular menstrual bleeding, nausea, depression, loss of sex drive, delayed return of fertility and/or sterility, headaches, hair loss, acne, nervousness, increased risk of breast, cervical and uterine cancers. Depo is not a barrier method and can

increase risk of getting STD's and HIV.

HISTORY: Depo was involuntarily tested on 14,000 women from 1967 to 1978, by Upjohn, Inc. 50% of the subjects were African American, low income and rural women subjected to trials without their consent. Today poor women, women of color, and young women are targeted users. Depo is still considered a "foolproof method" despite its effects on women's health.

If you have a story about depo please contact depodiaries@cwpe.org.

IMPLANON & NORPLANT (ALSO KNOWN AS JADELLE). These contraceptive implants release a hormone through a set of rods under the skin of the upper arm. Implanon, a silicone rod approximately 1.5 inches, approved by the FDA in August 2006, is the only implant currently marketed in the US. Implanon works systemically, preventing pregnancy for three years by gradually releasing etonogestrel into the body, preventing the monthly release of an egg and thickening the cervical mucous to impede sperm movement.

CRITICAL CONCERNS: The Implanon rod will be marketed as a "set it and forget it" contraceptive even though this method requires six-month checkups. Removal can be difficult and must be performed by a provider. Once implanted, side effects, including prolonged, frequent, or infrequent bleeding or no periods at all, possible weight gain, headaches, nausea, breast pain, and acne, are often irreversible. Less frequently, women have experienced hair loss, mood changes, painful periods and loss of sexual desire. This method does not provide protection against sexually infectious diseases and HIV.

HISTORY: Many women have reported that removal is painful because of weight gain or scar tissue growth over the implant. In some cases implants have broken up within the arm, and doctors have had difficulty removing these floating pieces. The long term effect of the hormone release has yet to be researched.

QUINACRINE is a pellet inserted into the uterus, causing scar tissue formation that blocks the fallopian tubes and makes the passage of eggs impossible.

CRITICAL CONCERNS: Quinacrine has not been adequately tested for long term side effects, although the pellet is associated with a number of serious short-term side effects, including burning and irritation of the vaginal walls, narrowing of the cervical opening, uterine adhesions, stimulation of the central nervous system, toxic psychosis, and perforation of the uterus. Quinacrine is also an agent that causes mutations in the living cells. It is, of course, not a barrier method for sexually infectious diseases and HIV.

HISTORY: Quinacrine was originally administered as an anti-malarial drug but has never been approved by the FDA or any other regulatory body as a method of sterilization. However, it continues to be used in “experimental studies” associated with fertility control, and by private physicians in the US who may be using the drug unethically and involuntarily on women. Quinacrine may provide another example in which poor women, particularly women of color from developing and developed countries are being used as guinea pigs in the name of advancing reproductive technology.

In 2007 manufacturers, doctors and policy makers promote these methods to young and poor women of color. Judges still mandate that some convicted women

take Depo-Provera as part of their punishment. For many women, these methods of birth control are not a “choice.” Government and industry are devoting substantial resources to developing methods to limit the reproductive activity of women of color and poor women, for example by new immunological contraceptives and chemical methods of sterilization such as Quinacrine. By challenging profit driven birth control, by objecting to the practice of subjecting women’s bodies to unethical testing, and by organizing against high risk and adverse side effects from “fool proof” contraceptives, we are seeking reproductive justice that secures the safety of women, and ensures our physical, spiritual and emotional well being.

RESOURCES

To learn more about the “What You Need to Know about Your Birth Control” Campaign, visit:
www.cwpe.org

BIRTH CONTROL AND GENDER JUSTICE

By CRISTINA PAGE

When the Christian Right targets family planning, they take aim at something important. Birth control has led to a transformation of our society, one so sweeping and rapid that only recently have we had the occasion to take stock of its impact. The pro-choice movement, which grew out of the contraception movement, fights against pernicious, puritan views of sex; guided by the belief that a society in which sex for pleasure, made possible by birth control, was an accepted part of the human condition could change the world.

The Supreme Court didn't grant unmarried people legal access to birth control until 1972 (a year before abortion was legalized). For many in the religious right, this is the period in which everything started to go wrong: from the breakdown of the nuclear family to a generalized increase in permissiveness to a denigration of American morals. For many opponents of reproductive justice, the period before birth control was legalized serves as a kind of sentimental era, and also a model. For the opponents of birth control, the wife and mother of the 1950s seemed to have it together. Even today, June Cleaver is the benchmark Mom to which every other mother is compared. What was the reality for the pre-birth-control mom, though?

In her masterful book, *The Way We Never Were: American Families and the Nostalgia Trap*, historian Stephanie Coontz, explains that in the fifties birth rates soared, doubling the time devoted to child care.¹ Consequently, women's educational parity with men dropped sharply, while their housework time increased exponentially—despite having new “time-saving” household technologies.² And with women assigned to endless tasks in the home, men shouldered the full responsibility of supporting the family economically. One dire consequence was that one in four Americans in the mid-1950s lived in poverty.³

Not surprisingly, national polls conducted during the fifties found that slightly less than 1/3 of working-class couples reported being happily or very happily married.⁴ Part of the reason for unhappy marriages in the 1950s was that many couples didn't really want to be married in the first place. They were trapped into marriage by unintended pregnancy. With no sex ed, no birth control,

no legal abortion – the exact legislative agenda of today's anti-choice movement! –teen birth rates soared, reaching highs that have not been equaled since.

After the right to birth control was won, we witnessed a massive transformation of society. Women rushed into college so quickly, so enthusiastically, that since 1970 the number of women graduating from college more than doubled.⁵ Researchers studying the effects of the Pill, found that the percentage of all lawyers and judges who are women was 5.1 percent in 1970 and surged to 29.7 percent in 2000. The share of female physicians increased from 9.1 percent in 1970 to 27.9 percent in 2000. Similar patterns hold for occupations such as dentists, architects, veterinarians, economists, and most of the engineering fields.

Once birth control became legal nationwide, and especially after the introduction of the instantly popular birth control pill, women's lives were transformed. June Cleaver became Hillary Clinton.

RESOURCES

For more information about the war on contraception or to get involved protecting the right to plan a family please visit www.birthcontrolwatch.org

ENDNOTES

- 1 Stephanie Coontz, *The Way We Never Were: American Families and the Nostalgia Trap* (New York: Basic Books, 1992), 39.
- 2 Coontz, 25-26.
- 3 Coontz, 29.
- 4 Coontz, 36.
- 5 National Center for Education Statistics, “Fast Facts: Title IX,” <http://nces.ed.gov/fastfacts/display.asp?id=93> (accessed April 7, 2005).

“PHARMACISTS’ REFUSALS” AND REPRODUCTIVE JUSTICE

By CAROLE JOFFE, UNIVERSITY OF CALIFORNIA, DAVIS

Pharmacists’ refusals” are a fairly recent and disturbing development in the Right’s ongoing war against reproductive justice. This phrase refers to the practice of some pharmacists, often affiliated with a group called “Pharmacists for Life,” to refuse to fill prescriptions for contraception because of moral or religious objections.

Some pharmacists began to refuse to fill prescription in the late 1990s, around the time that the FDA approved Emergency Contraception (EC) as a dedicated product, to be made available by prescription. (Previously, a small number of health care providers gave patients a higher than normal dose of birth control pills as EC). Some individual pharmacists immediately announced their opposition to EC, claiming it was an “abortafacient” (that is, something that causes an abortion). The Wal-Mart chain, often the only pharmacy in rural areas, announced that it would not stock EC in its stores.

The pharmacist refusal movement is part of a larger phenomenon: the escalation of the campaign against abortion to include a campaign against contraception. Medically, pregnancy is defined as commencing with the implantation of a fertilized egg into the uterine wall. But many in the antiabortion movement and in Religious Right circles now define a pregnancy as beginning with the fertilization of the egg and oppose contraception on moral grounds. After hosting a conference in fall 2006 titled “Contraception is Not the Answer,” the Pro-Life Action League posted a statement on its website that claimed, “The entire edifice of sexual license, perversion and abortion is erected upon the foundation of contraception.”

There is no reliable data on how many pharmacists’ refusals are taking place. Most seem to be in “red” states, but pharmacists’ refusals have been reported all over the country, including such “blue” areas as Northern California. While refusals started with EC, they soon spread to regular oral contraception. There have been egregious instances reported in which rape victims were denied EC; in which married women were denied their regular monthly packet of birth control pills and the pharmacist lectured them on their immoral behavior; in which women in rural areas were forced

to drive many miles to find a drug store that would fill such prescriptions; in which a pharmacist confiscated a women’s EC prescription, making it impossible for her to present it at another facility. Even the recent FDA decision to make EC available without a prescription to women over eighteen has not stopped such occurrences. Because of the age limit, the medication is kept behind the counter, and women still have to request it from a pharmacist.

Pharmacists’ refusals have generated various actions by both supporters and opponents of this policy. A handful of states have passed legislation or regulations specifically allowing pharmacists such refusals, while several states have passed legislation mandating that prescriptions must be filled, and many more states are considering bills, on both sides of the issue. The major professional organization within the field of pharmacy, the American Pharmacist Association, has put forward a compromise position which affirms the pharmacist’s right “to exercise conscientious refusal” but which also stipulates that patients should be ensured access to her prescribed medication, for example by another pharmacist, or by a referral to another pharmacy. While perhaps not too onerous for women in urban areas, the need to find another drug store can be very difficult for women in rural areas. State pharmacy boards have also issued various statements, mostly similar to that of the APA.

Advocacy groups and grass roots activists in the reproductive justice movement are playing an important role in the campaign against such refusals. Activists in Massachusetts, for example, were instrumental in filing a lawsuit and getting Wal-Mart to change its policies. Activists are also encouraging media coverage of instances of pharmacy refusals, an effective strategy in this campaign because the American public is strongly supportive of contraception. Some 98% of heterosexually active women have used at least one form of contraception at some point. And about 80% of these women have used birth control pills. A recent American Civil Liberties Union poll showed that 88% of respondents opposed pharmacists’ refusals. In short, one unanticipated outcome of the pharmacy refusal movement may be to dramatically highlight the country’s

rejection of the reproductive agenda of the Religious Right.

RESOURCES

If a woman is refused EC at a local pharmacy, she can call 1-888-668-2528, an emergency hotline managed by the Association of Reproduction Health Professionals, to find out the nearest facility where she can be helped. She may also receive such information at www.go2planB.com. Other organizations, which have valuable information on this topic on their websites, including how to become politically involved, include:

- The MergerWatchProject, www.mergerwatch.org
- National Women's Law Center, www.wmlc.org
- American Civil Liberties Union, www.aclu.org
- Planned Parenthood Federation of America, www.ppfa.org
- National Health Law Program, www.healthlaw.org

ABORTION RIGHTS AND REPRODUCTIVE JUSTICE

By MARLENE FRIED AND SUSAN YANOW

"ACCESS TO SAFE ABORTION IS BOTH A FUNDAMENTAL HUMAN RIGHT AND CENTRAL TO WOMEN'S HEALTH. WHERE ABORTION IS ILLEGAL OR INACCESSIBLE, THE SEARCH FOR ABORTION HUMILIATES WOMEN AND UNDERMINES THEIR SELF-RESPECT AND DIGNITY."

Advocating for Abortion Access, The Johannesburg Initiative, Preface, Zanele Hlatshwayo and Barbara Klugman, Women's Health Project, Johannesburg, South Africa, p.X

Because a woman's ability to control her reproduction is fundamental to her ability to control her life, reproductive autonomy is a core aspect of reproductive justice. Achieving this goal requires access to safe abortion, comprehensive sex education, freedom from coerced sex, and birth control appropriate to each woman's health and life. It also requires that women have all that they need to have and raise children.

The political Right in the U.S. has made opposition to abortion the centerpiece of a broad conservative agenda. As a result, the abortion issue dominates reproductive and sexual politics worldwide. Threats to abortion access - legal, illegal, and sometimes violent - have been persistent. There have been highly visible attacks: in the U.S., seven people involved in abortion care have been murdered since 1994, and over 80% of clinics which offer abortion services have experienced violence, threats and serious harassment. Innumerable legal and economic barriers have been established to limit women's ability to obtain an abortion.

For example:

- 28 states mandate that, before an abortion, women receive scripted counseling that includes misinformation/unwanted information..
- 24 states require a woman seeking an abortion to wait a specified period of time, usually 24 hours, between counseling and the abortion.
- 34 states require some type of parental involvement in a minor's decision to have an abortion.
- The Hyde Amendment of 1977 cut off all Federal Medicaid funds for abortions. As a result, women without economic resources are forced to forgo other basic necessities in order to pay for their abortion, or they must carry their unplanned pregnancy to term.
- Women who are Federal employees, covered by Indian Health Service, in the military or on disability insurance do not have coverage for abortion care.
- Many private insurers exclude coverage of abortion in their policies.
- Many states have laws that regulate the medical practices or facilities of doctors who provide abortions by imposing burdensome requirements that are different and more stringent than regulations applied to comparable medical practices.

Although one out of every 3 women in the U. S. will have an abortion before the age of 45, 87% of all US counties and 97% of all rural US counties have no abortion provider. The burden of needing to travel,

and costs associated with this travel, add to the obstacles many women face when needing an abortion.

The impact of these restrictions is experienced most heavily by young, rural, undocumented, and low-income women, who are disproportionately, women of color.

U.S. policies also have a devastating impact on women around the world. The global gag rule remains in place, undermining services and the health of millions of people worldwide.

While abortion rights are central to women's freedom, they are only part of the picture.

Within the reproductive rights movement, there has been frustration over the mainstream pro-choice movement's singular focus on abortion, and its use of the framework of individual choice. The inadequacy of "choice," the failure to disassociate abortion politics from population control, and reducing reproductive rights to the issue of abortion, alone, have divided feminists for decades. In contrast, the framework of reproductive justice is rejuvenating the meaning and practice of reproductive rights with an expansive multi-issue perspective and agenda for action. This provides an opportunity to create new alliances internationally and joins the abortion rights struggle to other health and social justice movements.

RESOURCES

- www.sistersong.net
- www.acrj.org
- <http://popdev.hampshire.edu>
- www.nationaladvocates.org
- www.nnaf.org/hyde
- <http://clpp.hampshire.edu>
- Jael Silliman et al, Undivided Rights: Women of Color Organize for Reproductive Justice
- Rickie Solinger, Beggars and Choosers
- Dorothy Roberts, Killing the Black Body

THE HYDE AMENDMENT VIOLATES REPRODUCTIVE JUSTICE AND DISCRIMINATES AGAINST POOR WOMEN AND WOMEN OF COLOR

By STEPHANIE POGGI, NATIONAL NETWORK OF ABORTION FUNDS

Reproductive justice requires that all women and girls have the power and resources to make decisions about their bodies, lives, families, and communities.

Since 1976, the Hyde Amendment has violated these human rights by forbidding public funding of abortion – and thus, effectively denying the right to abortion to thousands and thousands of poor women. Because of the Hyde Amendment, women across the U.S. struggle to raise money to cover the cost of abortion. They often sacrifice food and other necessities and delay paying rent and utilities. Too often, they can't raise enough money and they are unable to obtain an abortion.

In 1973, after *Roe v. Wade*, low-income women who received health care through Medicaid were covered for abortions. Federal Medicaid paid for almost half of all abortions performed in the United States (270,000 abortions out of a total of 615,800 performed). But just three years later, Congress passed the Hyde Amendment, which banned Medicaid coverage of abortion. Since that time, federal Medicaid has covered virtually no abortions.

As Supreme Court Justice Thurgood Marshall noted in 1980, in his dissent to the Court's decision upholding the Hyde Amendment, "[F]or women eligible for Medicaid – poor women – denial of a Medicaid-funded abortion is equivalent to denial of legal abortion altogether. By definition, these women do not have the money to pay for an abortion themselves."

Most states have also banned state Medicaid funding for abortion, and Congress has severely restricted abortion funding in virtually every federal program, including health programs for military personnel and their families, disabled women, federal prisoners, and women receiving care from Indian Health Services. For the more than 12 million women who depend on Medicaid and other federal programs, the impact of the Hyde Amendment and state funding bans is staggering. It is estimated that as many as one in three low-income women who would have an abortion if it were covered by Medicaid are instead compelled to continue the pregnancy.

Because of racialized poverty in the U.S., women of

color disproportionately rely on public sources of health care; so the denial of Medicaid funding impacts these women most heavily. The fight to restore Medicaid coverage is an important matter of racial justice, as well as economic justice and women's rights.

The National Network of Abortion Funds, an association of 109 grassroots groups that help low-income women to pay for abortions, has joined with allies nationwide to launch the Hyde – 30 Years is Enough! Campaign. The campaign is fighting for expanded public funding of abortion on the state level, repeal of the Hyde Amendment, adequate support for low-income women to care for their children and families with dignity, and social justice for all. The Hyde - 30 Years is Enough! Coalition includes groups working on reproductive rights, health care access, prisoner rights, LGBTQ rights, labor rights, social justice and human rights. Participating organizations and campaign activities across the U.S. are at www.hyde30years.nnaf.org.

RESOURCES

- "Abortion Funding: A Matter of Justice," National Network of Abortion Funds, 2005 at www.nnaf.org
- "Rights without Access: Revisiting Public Funding of Abortion for Poor Women," The Guttmacher Report on Public Policy, April 2000, www.guttmacher.org

REPRODUCTIVE JUSTICE AND WOMEN OF COLOR

By *TONI M. BOND, AFRICAN AMERICAN WOMEN EVOLVING*

When women of color look at reproductive health through a lens that considers race, class, and gender, they can begin to understand why embracing the reproductive justice framework is so important. We can recognize reproductive justice as the missing link in the larger movement's attempts to organize and partner with women of color. The reproductive justice framework highlights the intersectionality of race, class, and gender because it is rooted in the recognition of the histories of reproductive oppression and abuse in all communities, especially communities where women of color live. Reproductive justice highlights women's ability to exercise self-determination, including making decisions about their reproductive lives. Reproductive justice clarifies the ways that women's decisions are shaped by unequal access to power and resources, by the environment, by economics, and culture.

For women of color, embracing or using the reproductive justice framework in our work is second nature because the disparities in reproductive health are about more than the differences between the "haves" and the "have nots." Our struggle has been about reproductive autonomy; the right to have an abortion and also the right to conceive, bear, and raise children. Women of color understand how policies controlling welfare, access to contraceptives and other family planning services, abortion access, the war on drugs and the criminalization of women of color who use drugs, largely Black women, serve to further a white supremacist agenda that is still very much intent upon controlling the childbearing of Black women and other women of color. When we understand how these issues are all implicated in the concept of reproductive justice, we can see clearly that achieving human rights for all involves undoing all of these punitive and restrictive policies. Only then can women of color achieve social, political, and economic parity with whites, and full human rights.

Our lives are more than the value of our uteruses and when we experience reproductive oppression it impacts our total lives. Consequently, we cannot "overcome" one form of oppression without addressing other the forms of injustice we experience. As a woman of color working on reproductive justice at the grassroots

level, it is imperative that I also fight against sexual and domestic violence, homophobia, HIV/AIDS, and substance abuse as a part of the fight for abortion access and the right to bear children. The reproductive justice framework recognizes the totality of my life as a woman of color and empowers me to do the work in ways that respect culture and embrace my leadership ability and potential.

We seek to build leadership from the margins to the center and organize grassroots constituencies to collectively affect institutional and policy changes so that we are able to obtain the best possible reproductive and sexual health.

RESOURCES

Women of color organizations grounded in the reproductive justice framework include:

- SisterSong Women of Color Reproductive Health Collective www.SisterSong.net
- SisterLove works to eradicate the impact of HIV/AIDS and other reproductive health challenges upon women and their families through education, prevention, support and human rights advocacy in the United States and around the world. www.SisterLove.org
- Asian Communities for Reproductive Justice places the reproductive health and rights of Asian women and girls within a social justice framework. ACRJ promotes and protects reproductive justice through organizing, building leadership capacity, developing alliances, and education to achieve community and systemic change. www.reproductivejustice.org
- National Latina Institute for Reproductive Health works to ensure the fundamental human right to reproductive health care for Latinas, their families and their communities through education, policy advocacy, and community mobilization. www.latinainstitute.org
- National Asian Pacific Women's Forum is the only national, multi-issue APA women's organization in the country. Its mission is to build a movement to advance social justice and human rights for APA women and girls. www.napawf.org
- *Killing the Black Body* by Dorothy Roberts
- *Undivided Rights* by Loretta Ross, Marlene Gerber Fried, Jael Silliman, and Elena Gutierrez

This is a historic moment in time. As we stand in this space, women of color should feel proud because the reproductive justice framework has become the impetus for a resurgence of activism and grassroots organizing that is transforming the women's movement across issues, generations, ethnicities, class, abilities, and sexual orientation.

REPRODUCTIVE JUSTICE ISSUES FOR ASIAN AND PACIFIC ISLANDER WOMEN

By *MARIA NAKAE, ASIAN COMMUNITIES FOR REPRODUCTIVE JUSTICE*

Like all women of color, Asian and Pacific Islander (API) women in the United States are negatively impacted by policies and practices that aim to control their bodies, sexuality, and reproduction. Because this is a result of multiple systems of oppression based on race, class, gender, age, immigration status, and language ability, issues of reproductive justice for API women are inherently connected to their struggle for social justice. The following is a snapshot of the wide-ranging reproductive justice issues that impact API women.

ACCESS TO HEALTH CARE

API women face numerous barriers to health care, including lack of health insurance, weak enforcement of regulations that mandate interpretation and translation services, and health professionals who are untrained to serve diverse communities. Furthermore, cultural ignorance and discrimination by providers lead many women to distrust the medical system. A grave consequence is that API women do not use reproductive health services adequately. They have an extremely low rate of pap exams, resulting in a disproportionately high incidence of cervical cancer. Vietnamese have the highest rate of all ethnic groups, which is almost five times higher than white women.

HAZARDOUS, LOW-WAGE EMPLOYMENT

Barriers to health care are extremely problematic, considering API women are concentrated in low wage jobs with hazardous work environments and no employer-based health insurance or worker protections.

For women who are undocumented or limited English proficient, there are few other opportunities for work besides the garment industry, nail salons, massage parlors, and electronics manufacturing. API women who perform domestic work are especially vulnerable to unregulated working conditions, and are often subjected to exploitation and abuse.

HUMAN TRAFFICKING

To meet the demand for cheap and unpaid labor, women are trafficked illegally from countries across Asia and enslaved in domestic work, sweatshops, and the sex trade. Completely isolated from the outside world, trafficked women are extremely vulnerable to physical, sexual, and emotional violence. Without any access to health care, unwanted pregnancies, forced abortions, and sexually transmitted infections are common.

EXPOSURE TO ENVIRONMENTAL TOXINS

API women are frequently exposed to environmental toxins both in the workplace and at home. Nail salon workers are exposed to phthalates and other toxins, and workers in electronics manufacturing plants are exposed to chemicals and heavy metals that lead to miscarriage and birth defects. Many immigrant and refugee families from Southeast Asia have settled in low-income communities near polluting facilities that emit chemicals such as dioxin, a reproductive toxin that is linked to infertility, miscarriage, and birth defects.

ANTI-IMMIGRANT POLICIES

Immigration restrictions, backlogs, and deportation

are major obstacles to family reunification, preventing API women from maintaining and caring for their families. Federal and state policies restrict non-citizens' access to public assistance and publicly funded health care and social services, including prenatal care. Citizenship documentation requirements for utilizing free and low-cost clinics cause many immigrant API women to delay or forgo care, even when care is necessary.

Every day, API women face challenges to their bodily self-determination. To achieve reproductive justice, API women must have the power and resources to decide and act on what is best for themselves, their families, and their communities in all areas of their lives.

RESOURCES

- Asian Communities for Reproductive Justice (ACRJ) www.reproductivejustice.org
- National Asian Pacific American Women's Forum (NAPAWF) www.napawf.org
- Khmer Girls in Action (KGA) www.kgalb.org
- A New Vision for Advancing our Movement for Reproductive Health, Reproductive Rights, and Reproductive Justice, by Asian Communities for Reproductive Justice
- Undivided Rights: Women of Color Organize for Reproductive Justice, by Jael Silliman, Marlene Gerber Fried, Loretta Ross, and Elena R. Gutiérrez
- Reclaiming Choice, Broadening the Movement: Sexual and Reproductive Justice and Asian Pacific American Women, by NAPAWF
- Asian American Women: Issues, Concerns, and Responsive Human and Civil Rights Advocacy, By Lora Jo Foo

REPRODUCTIVE JUSTICE AND LESBIAN, GAY, BISEXUAL & TRANSGENDER LIBERATION

By ALISA WELLEK AND MIRIAM YEUNG, THE LESBIAN, GAY, BISEXUAL & TRANSGENDER
COMMUNITY CENTER

What is reproductive justice without the ability to fully express, control and affirm ones sexuality? Incomplete, at best.

The common ground for the LGBT liberation and the reproductive justice movements has a long and rich history even though we have often been strategically divided. Reproductive freedom was a lynchpin of the modern feminist movement of the 1960s and 1970s. New contraceptives and reproductive technologies liberated women from unwanted pregnancy as a consequence of heterosexual sex. When women could take control of their reproductive destinies, they also had more control over their own sexual pleasure. The freedom and legitimacy of sexual activity without reproduction as an outcome is as fundamental to the liberation of LGBT people as it is to heterosexual women and their male partners.

Legal advocates are perhaps the most aware of the intersections between our movements, for they can clearly see the connections in the work they do fighting for LGBT liberation and/or reproductive rights every day. The decisions in *Griswold v. Connecticut* (1965) and *Eisenstadt v. Baird* (1972) held first that criminal prohibition of contraceptive devices for married couples, and later for any individual, violated a fundamental right of privacy. These cases helped lay the groundwork for an argument that the individual has a right to decide how and when to engage in consensual sexual activity. Furthermore, the 2003 Supreme Court decision, *Lawrence v. Texas*, which decriminalized same-sex relations between consenting adults, relied upon two of the most influential reproductive rights cases—*Roe v. Wade* (1973) and *Planned Parenthood v. Casey* (1992)—to emphasize that attacks on either of our struggles can no longer be separated.

Furthermore, an important aspect of the obstacles that face both of these movements concerns the right-wing political agenda that targets both reproductive freedom and LGBT rights. Proponents virulently pursue this agenda, seeking to control sexuality, gender conformity, reproductive choice and the legal definitions of family. They have been successful in influencing the

make-up of the Supreme Court, supporting individuals committed to rolling back the hard-won gains of both our movements.

Policies sponsored by right-wing extremists attacking reproductive justice and LGBT liberation have detrimental effects on all of us. For example, the “Marriage Imperative” for low-income families not only works against women who are trying to escape abusive situations, but also actively discriminates against LGBT people who are not allowed to marry. Sex education programs that promote “abstinence until marriage” serve to deny young people information about safer sex and prevention of pregnancy and HIV/AIDS. They also further marginalize and alienate LGBT youth by defining their sexuality as pathological. Health insurance policies often refuse to cover contraception, emergency contraception, and abortion. Likewise, these policies often have restrictions on or lack of coverage for infertility services, especially services needed to create LGBT families. These are just a few of the many policy intersections that affect both our movements.

WHAT CAN YOU DO?

- Join our Causes in Common coalition www.causesincommon.org and be part of a growing national network of organizations committed to seeing connections in our movements and working toward shared goals.
- Make the connections between movements in your work. You can do this in your speech, in your literature, in joint forums, and in your outreach.
- Build campaigns around shared goals, such as comprehensive sex education. Be an ally even when your primary issue is not at the forefront.
- Educate others about the reproductive justice and human rights frameworks. Visit www.sistersong.net for information on trainings.
- Service providers can integrate reproductive

health, LGBT competent services, transgender health care, and HIV/AIDS services.

- Learn more. Visit www.causesincommon.org to

download *Causes in Common: Reproductive Justice and LGBT Liberation* and check out the resources page to find more recommended readings.

IMMIGRANT RIGHTS AND REPRODUCTIVE JUSTICE

BY JESSICA GONZALEZ-ROJAS AND AISHIA GLASFORD, NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH

It is hard to deny the invaluable economic, political and social contributions that immigrant communities have made in the lives of every U.S. citizen. However, many immigrants, especially, women and children who are of undocumented status, fall into the shadows of U.S. society as a result of the difficulties they have on the path to citizenship. According to the Census data, there are approximately 17.5 million immigrant women in the United States today, 3 million of whom are undocumented, and 16 percent of whom live in poverty. These women encounter obstacles to employment and health access; they also face violence and discrimination. A fair and comprehensive approach to immigration reform addressing the needs of immigrant women including discriminatory and violent practices, would provide a solid foundation for immigrant women and their families to achieve social justice and integration into U.S. society. Immigrant rights and reproductive justice are intrinsically linked because the reproductive health of immigrant women is profoundly affected by immigration policy.

Advocates of fair immigration reform are demanding the right to: live in our society without fearing deportation and discrimination; have access to our educational, health, and safety-net programs and systems; and work with basic protections and benefits, including health care coverage. Reproductive justice activists are similarly fighting for women's equal opportunity to fully participate in society, the freedom to determine the course of their lives, and the right and ability to access basic reproductive health services free of discrimination, harassment and shame. Both our progressive social agendas have been called "radical" and out of the mainstream. We know, however, that our shared values of self-determination and the freedom to live our lives with dignity are anything but radical.

Immigration and abortion rights are two of the most volatile issues of our time. The anti-immigrant

and anti-choice movements have been very successful over the last several years at eroding basic rights at the state and federal levels. It is important to recognize that many of the individuals who want to stop immigrants from accessing basic health services, including prenatal care, are the same ones who support restrictions on women's access to abortion and family planning services. In this very hostile political environment, advocates for reproductive rights and immigrant rights must support each other. We must work together to stop efforts to criminalize immigrants AND criminalize abortion. We must speak out together to demand legalization for undocumented immigrants AND to demand access to basic reproductive health care services. We must work together and support each other in our common quest for salud, dignidad y justicia.

With immigration reform looming, the time is now for reproductive health organizations dedicated to promoting the basic values of dignity, justice, and self-determination to raise their voices in support of fair and just immigration policies. We must advocate for the basic human right to health care, regardless of immigration status. We must continue to highlight how the right and ability to access health care information and services, including reproductive health care, is unjustly linked to racial, ethnic, socio-economic, sexuality and immigration status. The reproductive rights community must speak for immigration reform, including the rights and dignity of undocumented immigrants. This way, we can move one step closer to achieving reproductive justice and the American "dream."

RESOURCES

For more information and resources, or to get involved in the National Coalition for Immigrant Women's Rights, visit the National Latina Institute for Reproductive Health: www.latinainstitute.org

MADE IN THE USA: ADVANCING REPRODUCTIVE JUSTICE IN THE IMMIGRATION DEBATE

By PRISCILLA HUANG, NATIONAL ASIAN PACIFIC AMERICAN WOMEN'S FORUM

Yuki Lin, born on the stroke of midnight this New Year's, became the winner of a random drawing for a national Toys "R" Us sweepstakes. The company had promised a \$25,000 U.S. savings bond to the "first American baby born in 2007." However, Yuki lost her prize after the company learned that her mother was an undocumented U.S. resident. Instead, the bond went to a baby in Gainesville, Georgia, described by her mother as "an American all the way."

The toy retailer soon found itself in the midst of the country's heated immigration debate. Under mounting pressure, Toys "R" Us reversed its decision and awarded savings bonds to all three babies, including Yuki. The issue of citizenship was at the heart of this controversy: Is a baby born to undocumented immigrants an American in the same way that a baby born to non-immigrant parents is? Since the 14th Amendment grants automatic citizenship to persons born on U.S. soil, both babies have equal standing as citizens. Not all people, however, view citizenship this way. As the grandmother of the Gainesville baby told reporters, "If [the mother is] an illegal alien, that makes the baby illegal."

Today's immigration debate extends beyond the goal of limiting the rights and humanity of immigrants: It's about controlling who may be considered an American. Anti-immigrant activists contend that American citizenship is not about where you were born, but who gave birth to you. By extension, they believe "the 14th amendment notwithstanding" that the government must limit the reproductive capacities of immigrant women. Thus, immigrant women of childbearing age are central targets of unjust immigration reform policies.

Anti-immigrant groups, such as the Federation of American Immigration Reform (FAIR), believe immigrant women of childbearing age are a significant source of the country's so-called "illegal immigration crisis" and want to limit the number of immigrant births on U.S. soil. They are calling for changes to jus soli, our birthright citizenship laws. Unfortunately, some Congressional members are listening. Recently lawmakers have introduced the Citizenship Reform Act which would amend the Immigration and Nationality Act to deny birthright citizenship to children of parents who are neither citizens nor permanent resident aliens.

Groups like FAIR assert that immigrant women enter the U.S. to give birth to "anchor babies," who can then sponsor the immigration of other relatives upon reaching the age of 21, all of whom create a drain on the country's social service programs. The irrational stance of anti-immigrant advocates echoes that of 1990's welfare reformers. Both assume that childbearing by immigrants or poor women of color creates a cycle of poverty and dependence on the government. Immigrant women and women on welfare are depicted as irresponsible mothers and fraudulent freeloaders.

They're wrong. Several studies have shown that immigrants "documented and undocumented" access social welfare services at much lower rates than U.S.-born citizens. Furthermore, under the 1996 Welfare Reform Act, new immigrants are barred from accessing Medicaid benefits for five years, and sponsor liability rules often render many of these immigrants ineligible for services even after that expiration date. And there is no evidence of intergenerational welfare dependency between immigrant parents and children.

Not surprisingly, pregnant immigrant women have become targets for deportation by immigration officials. On February 7, 2006, Immigration and Customs Enforcement (ICE) officials tried to forcibly deport Jiang Zhen Xing, a Chinese woman pregnant with twins. While her husband and two sons waited for her to complete what should have been a routine interview in a Philadelphia immigration office, ICE officials hustled Mrs. Jiang into a minivan and drove her to New York's JFK airport for immediate deportation back to China. After complaining for hours of severe stomach pains, she was eventually taken to a hospital where doctors found that she had suffered a miscarriage.

Mrs. Jiang had lived in the U.S. since 1995. Although she entered the country as an undocumented immigrant, she made an agreement with the ICE in 2004 that allowed her to remain in the U.S. as long as she attended routine check-in interviews at a local immigration office. Jiang's case raises an important question: Why would immigration officials be in such a rush to send a pregnant woman back to her country of origin after she had been allowed to stay in the U.S. for over 10 years? Supporters of Mrs. Jiang and other immigrant women targeted while

pregnant believe the harassment stems from nativist fears of immigrant mothers giving birth to U.S.-citizen children.

Anti-immigrant policy makers and advocates are also trying to exploit anti-immigrant hysteria as a vehicle for denying all women the right to reproductive autonomy, and are manipulating the issue of immigration reform to advance an anti-choice agenda. In November 2006, a report from the Missouri House Special Committee on Immigration Reform concluded that abortion was partly to blame for the “problem of illegal immigration” because it caused a shortage of American workers. As the author, Rep. Edgar Emery (R), explained: “If you kill 44 million of your potential workers, it’s not too surprising we would be desperate for workers.”

Contemporary immigration reform policies recall the early 1900s eugenics movement, which was rooted in the fear that immigrants (and other undesirable groups) were out-breeding “old stock” Americans. Like the anti-immigrant advocates of today, eugenicists believed that curbing the fertility of such socially unfit groups would help reduce social welfare costs.

Clearly, then, immigrant rights has become a reproductive justice issue. We must challenge the assumption that immigrant mothers are the country’s new welfare queens, and reexamine what makes a newborn “an American all the way.”

WHAT YOU CAN DO

- National Asian Pacific American Women's Forum (www.napawf.org) for fact sheets and issue briefs on a range of reproductive justice issues impacting API women.
- Justice for Jiang Zhen Xing Campaign (www.aaunited.org) contact: Helen Gym
- Encourage your organization to join the National Coalition of Immigrant Women's Rights (contact NAPAWF for more information).
- Oppose any efforts to pass the Citizenship Reform Act (H.R. 133) or similar bills that seek to deny birthright citizenship to the children of immigrants.
- Ask your local health provider to provide culturally competent and linguistically appropriate services to all members in your community.

INCARCERATED WOMEN AND REPRODUCTIVE JUSTICE

By RACHEL ROTH

Imprisonment is a critical issue for people who care about reproductive justice, because it endangers women's health, jeopardizes women's right to motherhood, and takes a disproportionate toll on poor women and women of color. The United States has the largest imprisoned population in the world, with the number of women rising from about 14,000 in the early 1970's to more than 200,000 today. These numbers reflect policy choices, including mandatory sentencing policies that harshly punish even minor, non-violent, drug-related offenses, as well as racial biases in policing and prosecution. Historically, there has been little accountability for what goes on behind prison walls, but a growing number of activists are working to change that.

Women tell deeply troubling stories about the way that imprisonment undermines their right to determine their reproductive lives. Many jails and prisons restrict women's access to abortion, even though women do not lose their right to have an abortion simply because they are imprisoned. On the flip side, women report that prenatal care is often sub-standard, miscarriage not treated as a medical emergency, and shackling common during labor and childbirth. Women also report a dangerous lack of routine preventive care. Without timely Pap tests or treatment for ovarian cysts, for instance, women may wind up with life-threatening conditions and major surgery, including hysterectomies. This medical neglect not only threatens women's future ability to have children, but women's very lives.

Most imprisoned women are mothers. Maintaining relationships with their children is incredibly challenging, thanks to limited visiting hours, the exorbitant cost of collect phone calls, and distance from home. In many states, women's prisons are in remote rural areas, even though most of the women come from cities; some women are sent to serve their time in other states. Worse yet, women who must place their children in foster care risk losing them forever.

Having a criminal record, especially a felony drug conviction, which so many women have, severely compromises another core component of reproductive justice – the ability to be a parent to one's children. This is because federal and state policies make it difficult or impossible for people with felony convictions to get public housing, food stamps or public assistance (TANF), student loans, or jobs – exactly the things that

low-income women need to take care of their children. Without a place to live, women cannot regain custody of their children and begin the process of renewing family life together. Because many people with felony convictions are denied the right to vote, they cannot participate in the traditional political process to influence the policy decisions that directly affect their lives.

In addition to the impact on individuals and families, imprisonment exacts a price from all of us. At \$60 billion per year, the budget for locking people up drains resources from initiatives that would foster reproductive justice, such as universal health care, substance abuse treatment, education, child care, and public works. And, finally, relegating an ever-bigger group of people to permanent second-class citizenship is at odds with an open and democratic society.

GETTING INVOLVED, GETTING HELP

There are few national resources for women in prison, let alone organizations working at the intersection of reproductive justice and imprisonment. All of the organizations below have something to offer, whether resources for women coming home or for families with a parent in prison, or resources specifically for the struggle for reproductive justice. All of these organizations have web sites, often with links to other groups and with articles and reports that can be downloaded for free.

- American Civil Liberties Union (national office and local chapters) ; see especially “Your Right to Pregnancy-Related Health Care in Prison or Jail,” a fact sheet with contact information for women needing assistance to obtain an abortion or prenatal care
- American Friends Service Committee (national office and local chapters)
- Amnesty International (national office and local chapters)
- Critical Resistance (national office and local chapters)
- Family & Corrections Network, with link to the Children's Bill of Rights for children with parents in prison
- Human Rights Watch www.hrw.org
- Legal Action Center, After Prison: Roadblocks to Reentry (information on all 50 states)
- National Advocates for Pregnant Women www.napw.org

advocatesforpregnantwomen.org

- California: Center for Young Women's

Development, Justice Now, Legal Services for Prisoners with Children

- Washington: The Birth Attendants
- Illinois: Chicago Legal Advocacy for

Incarcerated Mothers

- Georgia: Aid to Children of Imprisoned

Mothers, Inc.

- District of Columbia: Our Place, DC, and DC Prisoners' Project of the Washington Lawyers'

Committee for Civil Rights and Urban Affairs

- Maryland: Power Inside
- New York: Correctional Association of New York, Women in Prison Project

• Women and Prison: A Site for Resistance (www.womenandprison.org)

• Defending Justice: An Activist Resource Kit (www.defendingjustice.org)

• Feminist Studies vol. 30, no. 2 (2004) and Social Politics vol. 11, no. 3 (2004), special issues on women and prison

DISABLED WOMEN AND REPRODUCTIVE JUSTICE

By *MLA MINGUS, GEORGIANS FOR CHOICE*

In the United States, a culture of ableism, which maintains that able-bodied people are superior and most valuable, prevails. In this culture, disability is feared, hated, and typically regarded as a condition that reduces the value of disabled people. The reproductive justice framework helps us understand how eugenic "science" is still a vibrant part of U.S. culture that interacts with and shapes the reproductive lives of disabled women in many ways.

RIGHT TO PARENT

Women with disabilities (WWD) have a long history of forced sterilization, are often seen as "unfit" mothers and are discouraged from having children, or not allowed to adopt children. Authorities press disabled women to feel guilty for their decisions to be parents, pointing out that their decision will take a "toll" on their children, families, communities and on themselves.

SEXUALITY

Society typically defines disabled women as asexual and as dependent on able-bodied people, undermining these women's access to reproductive health. Disabled women and girls often do not receive sex and reproductive health education. Health care providers may fail to ask WWD about their sexual lives, conduct full pelvic exams or screen WWD for STD/HIV, because it is assumed that these women do not have sex, or that they should not have sex. Because disabled women are

seen as possessing less than "valuable" or "functional" wombs to carry children, their reproductive health may go unchecked and uncared for. WWD, a group with pathologized bodies, have the right to receive care and also the right to refuse it.

ACCESS TO SERVICES

Women with disabilities have limited access to health care services and information. WWD may not have access to suitable transportation (mass transit, use of a wheelchair-accessible automobile). Clinic facilities may be inaccessible (lacking ramps, Braille, sign language interpreters, equipment). Reproductive health information may not be accessible to WWD due to issues surrounding language and interpretation, isolation due to the level of stigma still associated with most forms of disabilities, dependency on care givers, and limited access to other WWD. Disability and class also may limit WWD's access to computers, communication devices, or mobility equipment. Women with mental disabilities also encounter barriers when it comes to accessing reproductive health services: they may be institutionalized, vilified as drug users and addicts. These women may not be allowed to have a role in decisions regarding their reproductive health and their bodies.

SEXUAL VIOLENCE

Violence against disabled women and girls is very common. Power imbalance and isolation can create

special vulnerability (domestic violence, sexual assault, abuse) for disabled women dependent on caregivers. Caregivers (partners, nurses, family members, doctors) may withhold medication, medical care and information, or transportation as an expression of power and control.

EUGENICS/POPULATION CONTROL

The continuing power of eugenic thought in the U.S. justifies population control measures for WWD and disabled children. The medical establishment pathologizes “disabling traits,” associates these traits with “social problems,” and defines them as targets to “cure” and “conquer.” Disabled women have been routinely sterilized or maintained on birth control, such as Depo-Provera which stops periods and prevents conception. These practices have been convenient for care givers and institutions. While traditionally the project of wiping out disability has centered on eliminating disabled bodies, today, Inheritable Genetic Modification (IGM), aims to modify the human gene pool to exclude genes that cause (or might cause) various disabilities.

The use of Prenatal Diagnostics (ultrasounds and amniocentesis) to deselect and abort fetuses with disabilities (down syndrome, spina bifida, muscular dystrophy, sickle cell anemia and many more), illustrates the deeply entrenched ableism among women and the culture-at-large. While many pro-choice TAB feminists argue for the right to abortion, many disabled feminists question the inherent ableism that surrounds the decisions to abort.

The framework of reproductive justice provides an analysis grounded in human rights and collective social justice. “Justice,” rather than “right to privacy,” allows for a broader analysis and more complicated approach to the politics and challenges surrounding WWD and reproductive justice. For many WWD, the right to privacy is not a privileged experienced in relation to one’s body. Disabled women and girl’s bodies have long been invaded and seen as the property of the medical industry, doctors, the state, family members, and care givers. The goal should not be to “cure the world of disabilities” or to do away with disabled people. The goal should be to work for communities that provide accessible opportunities and resources, human rights, and reproductive justice for WWD.

RESOURCES

- www.genetics-and-society.org/
- www.worldenable.net/women/default.htm
- <http://disabilitystudies.syr.edu/resources/motherhood.aspx>
- www.crlp.org/pdf/pub_bp_disabilities.pdf
- www.disabilityhistory.org/dwa/edge/curriculum/
- <http://hrw.org/women/disabled.html>
- www.disabilityhistory.org/dwa/index.html
- Shelly Tremain, Bio-Politics, and the Government of Impairment in Pregnancy, Hypatia, 2006
- Rickie Solinger, ed., Abortion Wars: A Half Century of Struggle, 1950-2000, Berkeley: University of California, 1998
- Eric Parens and Adrienne Asch, Prenatal Testing and Disability Rights, Georgetown University Press. 2000.
- U.S. Disability Authors: Adrienne Asch, Marsha Saxton, Anne Finger, Laura Hershey, Mary Johnson, Deborah Kaplan, Peg Nosek, Carol Gil, Lisa Blumberg, Anita Silvers, Debra Kent, Simi Linton.

REPRODUCTIVE JUSTICE FOR ALL PREGNANT WOMEN

By LYNN PALTROW, NATIONAL ADVOCATES FOR PREGNANT WOMEN

By focusing on the rights of all pregnant women, including those who are continuing their pregnancies to term, those who are young, low income, of color, and those who use drugs, National Advocates for Pregnant Women (NAPW) believes that we can broaden and strengthen the reproductive and women's rights and other progressive movements in America today. By shifting the reproductive rights paradigm – from one focused on abortion to one that focuses on the shared values at the heart of a range of interrelated reproductive, social and family justice issues – we can speak to and engage millions of potential new advocates and activists.

NAPW sees the common threads and threats connecting women who have abortions and those seeking to continue their pregnancies to term.

Sixty-one percent of women who have abortions are already mothers, and most of the remaining 39% will go on to become mothers. Over the course of their lives, 85% of all women bring life into this world and provide the vast majority of care for the lives of those around them — without compensation. Yet women's needs are rarely the focus of legislation. Nor do our lawmakers seem particularly interested in the needs of children.

While the U.S. was reinterpreting the Children's Health Insurance Program to allow states to cover the "unborn," more than 46 million people, including 9 million children and millions of women in the US of childbearing age, were uninsured.

At the same time as Congress voted the Unborn Victims of Violence Act into law, the US was simultaneously deregulating coal burning power plants that release significant amounts of mercury — which is especially poisonous to fetuses and children — into the environment.

Our lawmakers' consideration of more than 600 abortion related bills a year creates the illusion that the only aspect of pregnancy that needs attention is abortion. In reality far too many pregnant and birthing women lack access to the kind of care, support, and critical information they need.

The rate of caesarean section has soared in the US, where more than one million women each year — that's one in three — now have this surgical intervention, despite the fact that it is often unnecessary and can

increase risks for mothers and babies alike. Yet only two states mandate hospitals to disclose their c-section rates.

The US routinely pumps money into pregnancy "crisis centers" whose primary purpose is to deter women from having abortions — despite the fact that staff have been documented providing false and misleading information. Yet birthing centers and drug treatment programs for pregnant and parenting women in many parts of the US lack the funding they need to stay open or to meet the pressing demands for these services.

The abortion issue has been used with stunning effectiveness to divide the electorate. But there are a surprising number of issues on which all pregnant women and mothers have shared interests. All women need resources that will enable them to have healthy children and strong families; many women, regardless of their views on abortion, do not possess these resources.

America is the only industrialized nation that does not have a system of national health insurance and is one of only two that does not require any paid maternity leave. Moreover, millions of pregnant women, especially those who work part-time or for small companies — and regardless of their views on abortion — lack legal protection from workplace discrimination based on pregnancy.

By listening to and working with those who advocate for women seeking to go to term and by redirecting attention and energy to affirmative legislation that ensures policies made to advance a culture of life that actually values the women who give that life, we can stop the focus on abortion and advance reproductive justice for all women.

RESOURCES

- To learn more about NAPW go to: www.advocatesforpregnantwomen.org
- If you agree that it is time to stop allowing the abortion issue to dominate our legislatures and that it is time start focusing instead on promoting policies that will further the health and human rights of all pregnant, birthing, and parenting women look at NAPW's fact sheet offering positive policies that can you support as an alternatives to anti-abortion, fetal rights, and punitive pregnancy bills being introduced across the country:

<http://advocatesforpregnantwomen.org/YourState%3F.pdf>

- The Coalition for Improving Maternity Services: <http://www.motherfriendly.org>
- Citizens for Midwifery: <http://cfmidwifery.org/>
- The International Cesarean Awareness Network: <http://www.ican-online.org/>
- Choices in Childbirth: <http://choicesinchildbirth.org/>
- International Center on Traditional Childbearing: <http://www.blackmidwives.org/>
- Unbending Gender: Why Work and Family Conflict and What to do About It by Joan Williams
- African American Women Evolving: <http://www.aaweonline.org/>
- Momsrising.org: <http://momsrising.org/>

And don't just sit there. When you read, see, or hear remarks that undermine the value of women and the work they do speak out. Complain to your local newspapers and media stations when they use disparaging and false terms like "crack moms" and "crack babies," used to justify arrest and punishment (not treatment) of pregnant women. Speak out when abortion is compared to the Holocaust or Slavery and pregnant women who have abortions are analogized to Nazis and slaveholders. Speak out when legislators who claim to support a culture of life, fail to value the women who give that life! Meet for tea or coffee with the midwives and birthing activists in your community, find the common ground and work together on at least one project you can agree on.

MEN AND REPRODUCTIVE JUSTICE

BY RUS ERVIN FUNK, *MENSWORK: ELIMINATING VIOLENCE AGAINST WOMEN, INC.*

The reproductive justice movement focuses primarily on women. There is little in the discourse of the movement that either mentions men or is relevant to men. For the most part, this is both necessary and as it should be. Reproductive justice does, largely, need to be focused on the voices and experience of women – with women in the leadership. Women clearly face graver limitations and attacks on their reproductive options and behavior than men, and reproductive issues impact women much more directly and profoundly than they do men.

Men do have a role and should have a voice, but it is important to recognize that some "men's rights" activism constitutes threats to women (and ultimately, to men's own) access to reproductive justice. For example, men have made efforts to expand father's rights and to increase men's ability (as fathers or husbands) to limit women's access to abortion.

Still, men can play many roles in expanding reproductive justice. For example, man can work to ensure their own reproductive health and can work for adequate community resources and services to meet

men's reproductive health needs – resources that are currently unavailable to many men. Men have a role to play in supporting their partners as they seek a full range of reproductive health services. Men also have a role in working to stop sexist violence, a widespread barrier to women's (and men's) reproductive justice. Studies have linked childhood sexual abuse and teenage sexual risk-taking and sexual abuse to a wide variety of health-related problems.

All forms of male sexual violence, including domestic and dating violence, rape and sexual assault, sexual harassment, pornography and prostitution, are sexist because they are overwhelmingly perpetrated by men against women and because they work in concert to maintain men's unearned dominance over women. Each of these forms of violence and abuse occurs in a broader sexist context in which women's lives are systematically devalued, while men's lives are systematically overvalued.

Men's violence against women is perpetrated in ways that directly limit women's reproductive options and health (such as targeted violence during pregnancy, or sabotage of contraception) and in ways that indirectly

limit women's reproductive options and health (such as looking at women primarily as sexual or reproductive objects, or coercing women to have sex when they don't freely choose to).

The sexist context in which men's violence against women occurs is also the context in which women's reproductive justice is limited and in which women's voices are silenced. When men support women's efforts to expand reproductive justice, men are engaging in work to eliminate sexism (and all other forms of oppressive systems including, but not limited to, racism, homophobia, classism, able-ism, and age-ism). Only by creating an environment of gender justice will we succeed in creating and maintaining reproductive justice and a world in which women (and men) are free from all forms of men's violence.

Men's work to end sexist violence occurs on two levels: the personal and the social or collective. It is essential, though not enough, for men make a personal commitment to be respectful to women in their lives and to give up abusive behavior. It is critical, but not enough, for men to work collectively to address institutional sexism, racism and homophobia (in attitudes, beliefs social norms and institutional practices) that allows, excuses, and encourages men's violence – and which continues to limit women and men's access to reproductive justice. Men's work is “both-and.”

On the personal level, men must work to ban gender, racial and homophobic slurs from our personal vocabularies and stop tolerating this language in those around us. We need to stop undermining women's authority, voice, and inherent power. We need to pay attention to how our own sexual and reproductive behaviors interfere with women's (and other men's) sexual and reproductive rights. We need to support women (and ultimately on ourselves) by donating to and fundraising for organizations supporting reproductive justice. We need to ask women if it's okay to touch them and how. We need to stop using pornography, and never visit strip club or use a woman or man who has been prostituted.

(As a men's group in Philippines says, “Real men don't buy women.”) We need to wear condoms. We need to shut up and listen to what women have to say.

On the collective and social level, we need to organize locally to support women's rights. Organizations such as MensWork: Eliminating Violence Against Women (Louisville, KY), Men Stopping Violence (Atlanta, GA), A Call to Men (New York, NY), Men Ending Violence (Seattle, WA), are examples of local and effective organizing by men. Men need to organize marches, demonstrations, fundraisers and other public events (and provide child care) supporting reproductive justice. We need to join women as they work for reproductive justice.

As Frederick Douglass said, “It is not up to men to give women what is rightfully theirs.” It is decidedly not men's role (or place) to “give” women reproductive justice (including the freedom from men's violence). Reproductive justice is what women inherently own. Men's role is either to actively support women's efforts to expand reproductive justice, or get out of the way. The work that men can do, both individually and collectively, is limitless. We (men) simply need to begin.

ADOPTION AND REPRODUCTIVE JUSTICE

By LAURA BRIGGS, UNIVERSITY OF ARIZONA

Human rights in relation to adoption are often framed as the right to adopt. Law and practice discriminates between “proper” families and those that may be banned from adopting: lesbian and gay people, single people, impoverished people, people with disabilities, and so forth. Normalizing and judgmental limitations on who can adopt are reproductive justice issues. The broader question though is whether the “need” to put a child up for adoption is a signal that the conditions of reproductive freedom are not being met. In the United States and Western Europe since the 1970s, fewer children have been “available” for adoption as women have had more access to family limitation methods and the resources to raise their children as single mothers. For the most part, the only children available for adoption are those forcibly separated from their mothers and families by the state under charges of abuse and neglect—disproportionately children of color, suggesting that this kind of policing of families is racist. As movements for reproductive freedom have had increased success, adoption has become rarer.

As a result, people from wealthy countries have sought adoption from poorer ones. Concerns about adoption have led human rights activists to seek and win the 1993 Hague Convention on Intercountry Adoption. It says that keeping families together is preferable to adoption, and intra-country adoption, to inter-country adoption. In most countries, the trend is toward national adoption. A handful of countries—Guatemala, China, Russia, and South Korea, alongside some Eastern European countries and a small but growing number of African nations (Ethiopia, Liberia)—continue sending large numbers of children into intercountry adoptions. Legal obstacles or high costs in these nations limit intra-country adoptions. In China, growing restrictions on transnational adoption and reports of declining orphanage populations seem to signal the expansion of national adoption. The Hague framework tries to ensure that birth parents relinquish their children by choice. However, a reproductive justice framework would ask whether “choice” is a meaningful concept under the conditions of growing material scarcity in, say, the lives of rural indigenous people in Guatemala—the group with the highest per capita rate of adoption. Scholars have argued that what characterizes South Korea and China are work rules in manufacturing plants that prevent women from keeping their jobs and having a child, and

neoliberal governments that fail to build a welfare system to support women and children. Although rarely noted, the U.S. is also a “sending” country for children into transnational adoptions.

In the U.S., there has been significant activism for “open records” in adoption. Groups like Bastard Nation have insisted that adoptees have a right to know their origins, arguing that the desire to protect the identity of birth parents is conservative and sexist, about hiding the “shame” of single motherhood. In a different vein, in the 1970s, racial justice groups argued that widespread adoption of Black and indigenous children by white families represented a denigration of African-American and Indian families, and fought to persuade social workers and lawmakers to at least favor in-group child placement.

Some of the most significant adoption activism has been in Latin America, where human rights groups have fought to reunite the children “disappeared” during the civil wars and dirty wars of the 1970s-90s with surviving family members. From Argentina to Guatemala post facto amnesties pardoned those who tortured, murdered, and disappeared civilians during these wars. The disappearances of children and their adoption has proven to be the one “dirty war” crime that could be prosecuted, as it continued beyond the period of amnesty. In 2005 in El Salvador, Pro Busqueda won damages and a judgment from the International Court of Human Rights that the Salvadoran military had indeed disappeared children. In Argentina, The Abuelas de la Plaza de Mayo, HIJOS, and other relatives mounted a 15-year campaign to establish their relationship to the adopted children of prominent families through DNA testing, and in June 1998, former president Jorge Rafael Videla was arrested and convicted for running a government-sponsored illegal adoption operation during the Dirty War. He remains under house arrest.

RESOURCES

- Kay Johnson, *Wanting a Daughter, Needing a Son: Abandonment, Adoption, and Orphanage Care in China* (Yeong and Yeong Book Company, 2004).
- Dorothy Roberts, *Shattered Bonds: The Color of Child Welfare* (New York: Basic, 2002).
- Bastard Nation <http://www.bastards.org/>
- Fedefam La Federación Latinoamericana de Asociaciones de Familiares de Detenidos-Desaparecidos

(Latin American Federation of Associations of Family Members of the Detained-Disappeared) <http://www.desaparecidos.org/fedefam/>

FOSTER CARE AND REPRODUCTIVE JUSTICE

By DOROTHY ROBERTS, NORTHWESTERN UNIVERSITY

We should extend our struggle for reproductive justice to challenge the foster care system because it violates thousands of women's right to parent their children. Most of the billions of dollars spent by the U.S. child welfare system go to removing children from their homes and maintaining them in foster care. Foster care is a political institution reflecting social inequities, including race, class, and gender hierarchies, and serving powerful ideologies and interests. The U.S. child welfare system is and always has been designed to regulate poor families. Most cases of child maltreatment involve parental neglect, which is usually difficult to disentangle from the conditions of poverty. Nationwide, there are twice as many neglected children in foster care as children who are physically abused. The child welfare system hides the systemic reasons for poor families' hardships by attributing them to parental deficits and pathologies that require therapeutic remedies rather than social change.

Foster care is also marked by shocking racial disparities. In 2000, Black children made up two-fifths of the nation's foster care population, although they represented less than one-fifth of the nation's children. Black children were four times as likely as white children to be in foster care. Taken together, children of color comprised only about 30 percent of the general population, but about 60 per cent of children in foster care. Most children awaiting adoption in the nation's foster care system are African American or Latino. Researchers have detected differential treatment at every point in the child welfare decision making process – reporting, investigation and substantiation, child placement, service provision, and permanency decision making. For example, Black women are much more likely than white women to be reported by hospital staff for substance abuse during pregnancy and to have their babies removed by child protective services. Child protection decisions are influenced by deeply-embedded racial stereotypes about female immorality and family dysfunction. The racial disparity in the child welfare system also reflects a political choice to address the startling rates of child poverty in communities of color

by punishing parents instead of tackling poverty's societal roots.

In the last decade, government policy has intensified its focus on “freeing” children in foster care for adoption by terminating parental rights rather than preserving families. The Adoption and Safe Families Act, passed by Congress in 1997, implements a preference for adoption by establishing swifter timetables for states to petition for termination of parental rights and offering financial incentives to states to move more children from foster care into adoptive homes. It also weakens the chances of family preservation by encouraging agencies to make concurrent efforts to place foster children with adoptive parents while trying to reunite them with their families. Federal child welfare policy places foster children on a “fast track” to adoption as a strategy for curing the ills of the child welfare system, especially reducing the enormous foster care population. Reproductive justice advocates should work to radically transform the child welfare system into one that generously and non-coercively supports families instead of tearing them apart.

RESOURCES

More information about foster care and the struggle for reproductive justice can be found in the following sources:

- Renny Golden, *War on the Family: Mothers in Prison and the Families They Leave Behind* (Routledge 2005)
- Dorothy Roberts, *Shattered Bonds: The Color of Child Welfare* (Basic Books 2002).
- Rickie Solinger, *Beggars and Choosers: How the Politics of Choice Shapes Adoption, Abortion, and Welfare in the United States* (Hill and Wang 2001).
- Bronx Defenders Family Defense Project, www.bronxdefenders.org
- Child Welfare Organizing Project, www.cwop.org
- National Advocates for Pregnant Women, www.advocatesforpregnantwomen.org
- National Coalition for Child Protection Reform, www.nccpr.org

ASSISTED REPRODUCTIVE TECHNOLOGIES AND REPRODUCTIVE JUSTICE

By the COMMITTEE ON WOMEN, POPULATION AND THE ENVIRONMENT NATIONAL GENDER, EUGENICS & BIOTECHNOLOGY TASK FORCE AND CWPE STAFF

Today Americans face an unregulated system of reproductive screening selection, human reproductive cloning, egg marketing, and genetic technologies, all of which can potentially be used to drive a dominant perspective of who is ‘fit’ or ‘unfit’ to reproduce. The Committee on Women, Population and the Environment (CWPE) wants women and all types of families to have more reproductive opportunities, CWPE also wants to challenge the potential exploitation of women, the increased risk of inequities and health disparities, and the socio-cultural implications of genetic technologies. We believe that many activists, healthcare providers, scientific researchers, social justice advocates, and all those concerned with community health have to grapple with the profound political and social implications of the new human genetic and reproductive technologies and its impact on our human rights.

THE SCIENCE AND SOCIAL JUSTICE CONCERNS

Screening & De-Selection:

- Sex Selection (prenatal screening using ultrasound tests or amniocentesis to determine the sex of the baby) has promoted the selective aborting of female fetuses. This practice deepens social/gender inequities and discriminatory practices against girls and women.
- Pre-Implantation Genetic Diagnosis (PGD) is a process for retrieving a woman’s eggs through in vitro fertilization, fertilizing the eggs, and extracting a cell testing. Based on the cell’s genetic traits, it is implanted in the woman’s uterus. This highly medicalized procedure increases pressure on parents to de-select based on genetic and physical traits targeting disability, sexual orientation and gender variance as ‘genetically inferior’.

RESEARCH

- Stem Cell Research: depends on women providing eggs, an invasive procedure that may have long term consequences.
- Egg Trafficking: the increased need for eggs for scientific research can potentially be used to further exploit women’s bodies, as well as put women at risk for long term side effects from use of stimulants to produce

multiple eggs

WE ARE SEEKING TO:

- Build an intersectional analysis approach to ensure that traits are not de-selected based on gender, race, ethnicity, sexuality and physical ability.
- Challenge eugenic agendas prescribing who is ‘fit’ and ‘unfit’ to reproduce or be reproduced.
- Define ethics for biotechnologies, and human experimentation to avoid potential exploitation of human subjects with use of these technologies.
- Critique increased commercial and privatized control of genetic traits and DNA.
- Oppose discriminatory practices of fertility clinics that will not permit LGBTIQ parents and women with disabilities to have the choice to use assisted reproductive technologies.

TAKE A STAND ON GENETIC TECHNOLOGIES & EUGENICS BY:

- Providing access to information and critical progressive perspectives on the scientific and policy basics of new human genetic and reproductive technologies and increasing the visibility of these issues inside a reproductive justice and human rights framework
- Cultivating cross-movement organizing to connect these issues to other health, gender, and environment and racial justice agendas
- Building collective reproductive and human rights actions and networks to challenge current and potential eugenic applications of these technologies
- Inciting critical dialogue on the increased practice of sex selection in the U.S., as a method of population control and working to end this practice globally

OTHER RESOURCES

- Center for Genetics & Society (<http://www.genetics-and-society.org/>)
- Council for Responsible Genetics (<http://www.gene-watch.org/>)
- Our Bodies Ourselves (<http://www.ourbodiesourselves.org/>)

10 REASONS TO RETHINK OVERPOPULATION

BY THE POPULATION AND DEVELOPMENT PROGRAM AT HAMPSHIRE COLLEGE

A central requirement for reproductive justice is not only for women to have the right not to have children, but to also exercise the right to have children. Women have been denied this right through population control programs that care more about reducing birth rates than empowering women to have control over their reproductive health and rights. The ideology that informed the programs has not gone away, and below are ten reasons why rethinking overpopulation is vital to creating the global understanding and solidarity needed to advance women's reproductive and sexual rights.

1. The population 'explosion' is over. Although world population is still growing and is expected to reach 9 billion by the year 2050, the era of rapid growth is over. With increasing education, urbanization, and women's work outside the home, birth rates have fallen in almost every part of the world and now average 2.7 births per woman.

2. The focus on population masks the complex causes of poverty and inequality. A narrow focus on human numbers obscures the way different economic and political systems operate to perpetuate poverty and inequality. It places the blame on the people with the least amount of resources and power rather than on corrupt governments and rich elites.

3. Hunger is not the result of 'too many mouths' to feed. Global food production has consistently outpaced population growth. People go hungry because they do not have the land on which to grow food or the money with which to buy it.

4. Population growth is not the driving force behind environmental degradation. Blaming environmental degradation on overpopulation lets the real culprits off the hook. The richest fifth of the world's people consume 66 times as many resources as the poorest fifth. The U.S., with a low fertility rate, is the largest emitter of greenhouse gases responsible for global warming.

5. Population pressure is not a root cause of political insecurity and conflict. Especially since 9/11, conflict

in the Middle East has been linked to a 'youth bulge' of too many young men whose numbers supposedly make them prone to violence. Blaming population pressure for instability takes the onus off powerful actors and political choices.

6. Population control targets women's fertility and restricts reproductive rights. All women should have access to high quality, voluntary reproductive health services, including safe birth control and abortion. In contrast, population control programs try to drive down birth rates through coercive social policies and the aggressive promotion of sterilization or long-acting contraceptives that can threaten women's health.

7. Population control programs have a negative effect on basic health care. Under pressure from international population agencies, many poor countries made population control a higher priority than primary health care from the 1970s on. Reducing fertility was considered more important than preventing and treating debilitating diseases like malaria, improving maternal and child health, and addressing malnutrition.

8. Population alarmism encourages apocalyptic thinking that legitimizes human rights abuses. Dire predictions of population-induced mass famine and environmental collapse have long been popular in the U.S. Population funding appeals still play on such fears even though they have not been borne out in reality. This sense of emergency leads to an elitist moral relativism, in which 'we' know best and 'our' rights are more worthy than 'theirs.'

9. Threatening images of overpopulation reinforce racial and ethnic stereotypes and scapegoat immigrants and other vulnerable communities. Negative media images of starving African babies, poor, pregnant women of color, and hordes of dangerous Third World men drive home the message that 'those people' outnumber 'us.' Fear of overpopulation in the Third World often translates into fear of increasing immigration to the West, and thereby people of color becoming the majority.

10. Conventional views of overpopulation stand in the way of greater global understanding and solidarity. Fears of overpopulation are deeply divisive and harmful. In order to protect and advance reproductive rights in a hostile climate, we urgently need to work together across borders of gender, race, class and nationality. Rethinking population helps open the way.

FOR MORE INFORMATION:

- The Committee on Women, Population and the Environment – www.cwpe.org
- Population in Perspective: A Curriculum Resource – www.populationinperspective.org
- Babies, Burdens and Threats: Current Faces of Population Control - <http://popdev.hampshire.edu/projects/ppi/>
- The Corner House – www.thecornerhouse.org.uk

ENVIRONMENTAL JUSTICE: WOMAN IS THE FIRST ENVIRONMENT

By KATSI COOK, MOHAWK NATION AT AKWESASNE

“THE ENVIRONMENTAL JUSTICE MOVEMENT IS THE CONFLUENCE OF THREE OF AMERICA’S GREATEST CHALLENGES: THE STRUGGLE AGAINST RACISM AND POVERTY; THE EFFORT TO PRESERVE AND IMPROVE THE ENVIRONMENT; AND THE COMPELLING NEED TO SHIFT SOCIAL INSTITUTIONS FROM CLASS DIVISION AND ENVIRONMENTAL DEPLETION TO SOCIAL UNITY AND GLOBAL SUSTAINABILITY”

First National People of Color Environmental Leadership Summit 1991, Report to the U.S. EPA and the Office of the President

Environmental justice shares with reproductive justice the essential and broad ideological frame of social justice with a focus on the whole instead of the sole, including the multi-dimensional indicators stated in the World Health Organization definition of health as “a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity”, as well as the ability to lead a “socially and economically productive life.” I would add cultural well-being to this definition since ecologists have pointed out that biological diversity and cultural diversity go hand in hand. One is connected directly to the other.

In my experience as a Mohawk midwife, women’s health advocate and activist for environmental restoration in my Tribal community, the Mohawk Nation at Akwesasne, I see that reproductive justice and environmental justice intersect at the nexus of woman’s blood and voice. Environmental justice and reproductive justice intersect at the very center of woman’s role in

the processes and patterns of continuous creation. Of the sacred things that there are to be said about this, woman is the first environment is an original instruction. In pregnancy, our bodies sustain life. Our unborn see through our eyes and hear through our ears. Everything the mother feels, the baby feels, too. At the breast of women, the generations are nourished. From the bodies of women flows the relationship of those generations both to society and to the natural world. In this way is the Earth our mother, our ancestors said. In this way, we as women are earth.

Because our nursing infants are at the top of the food chain, they inherit a body burden of industrial contaminants from our blood by way of our milk; thus are we part of the landfill, colonized. This stark sacrilege came to my attention when a mother in my care who lived not far from the General Motors Corporation landfill asked if it was safe to breastfeed. This National Priority List (1983) toxic waste site, situated on the banks of the St. Lawrence River, featured two PCB-filled open lagoons which leaked into our St. Lawrence River – life-blood of our community – and contaminated the local food chain. Each generation of our vulnerable young inherited a body burden of local industrial contaminants from their mothers who consumed locally caught fish.

Many Mohawk traditional cultural practices are protective of the health of women, children and the community. I can think of no more powerful example of this than breastfeeding, the health benefits of which for the mother-infant pair are well documented. In order

to protect this valuable, sustainable cultural resource, I approached the St. Regis Mohawk Tribal Council and Mohawk Council of Akwesasne. I wanted to engage with them in the democratizing constructs of participatory action research, in collaboration with agencies inside and outside our community. Our story and unique context as a designated environmental justice community co-evolved our struggle for reproductive justice. The restoration of culture-sustaining practitioners such as midwives and doulas (who provide woman-centered, continuous childbearing and childbirthing support) were always included with strategies for the restoration of the holism of our environment in the protection of women's health over the life span. We understood that many other aspects of women's health were at risk from exposure to industrial chemicals in our environment. Environmental estrogens, reproductive cancers, reproductive failure, autoimmune diseases, thyroid disease and a host of other concerns fill our clinic charts and community meetings. The integration of multiple bases of knowledge, and their translation across collaborative bridges, engaged our community in the learning curve that always ensues when community members, organizations and agencies attempt to understand each others' languages, cultures and issues. It requires a willingness to see through another's eyes to overcome limited perspectives of what is possible; to hear through another's ears to develop joint strategies for action.

Resources

- www.ejnet.org/ej/
- www.niehs.nih.gov/translat/envjust/envjust.htm
- www.epa.gov/compliance/environmentaljustice/index.html
- www.cdc.gov/nceh/dls/report/
- Building Healthy Communities from the Ground Up, available on pdf at www.environmentalhealth.org/EJReport.pdf
- Environmental Justice: Building a Unified Vision of Health and the Environment, Charles Lee, Environmental Health Perspectives, Vol. 110, #S2, April 2002
- Our Stolen Future: Are We Threatening our Fertility, Intelligence and Survival? A Scientific Detective Story by Theo Colborn et.al (Plume Paperback, 1997)
- Having Faith: An Ecologist's Journey to Motherhood by Sandra Sterngraber (Perseus Publishing, 2001)
- All Our Relations: Native Struggles for Land and Life, by Winona LaDuke (South End Press, 1999)
- Tainted Milk: Breastmilk, Feminism, and the Politics of Environmental Degradation by Maia Boswell-Penc (State University of New York at Albany Press, 2006)

SPIRITUALITY: A TOOL TO ACHIEVE REPRODUCTIVE JUSTICE

By *EMILY P. GOODSTEIN, SPIRITUAL YOUTH FOR REPRODUCTIVE FREEDOM*

Before the Supreme Court legalized abortion in *Roe v. Wade*, clergy and lay leaders from many faith traditions provided women with referrals to safe abortion services. The work of these clergy people remained largely off the radar of their congregants, nor was it connected to broader issues contributing to women's need for pregnancy termination through abortion.

In 1973, several clergy people came together to take their discreet abortion referral service out from behind closed doors and into pews and voting booths. The Religious Coalition for Abortion Rights (RCAR) was formed and clergy voices were added to the growing national discourse about family planning and abortion. As it grew, the Coalition exhibited its commitment to a broader framework of issues. In 1993, RCAR changed its name to become the Religious Coalition for Reproductive Choice (RCRC), encompassing a commitment to a broad spectrum of reproductive freedom, choice, equality, and justice. The organization serves as a unique interfaith voice in the larger conversation about reproductive justice. RCRC's member organizations are religiously and theologically diverse, yet are unified in the commitment to preserve reproductive choice as a basic part of religious liberty.

A brief visit to the RCRC website (www.rcrc.org) makes the connections between spirituality and reproductive justice very clear. RCRC's rational, healing perspective looks beyond the bitter abortion debate to seek solutions to pressing problems through clergy and congregational support and faith-based messages. The Coalition focuses on unintended pregnancy, the spread of HIV/AIDS, inadequate health care and health insurance, and the severe reduction in reproductive health care services. The Coalition supports access to sex education, family planning and contraception, affordable child care and health care, and adoption services as well as safe, legal, abortion services, regardless of income. The Coalition's work centers on public policies that ensure the medical, economic, and educational resources necessary for healthy families and communities that are equipped to nurture children in peace and love.

The Coalition is currently comprised of over 40 organizations representing 15 different faith traditions and religious groups! The organization disseminates

religious messages and resources while coordinating programming suitable for congregations and religious communities affirming reproductive justice. Signature programs include:

- Clergy for Choice Network: RCRC's Clergy for Choice community trains clergy to counsel women facing problem pregnancies and reproductive loss, connects clergy to public speaking events and worship services, facilitates advocacy efforts through lobby visits with elected officials and opportunities to testify before state legislatures, and produces materials to assist with educational programs for congregants about local and national issues
- Spiritual Youth for Reproductive Freedom (SYRF): SYRF educates, organizes and empowers youth and young adults (ages 16-30) to put their faith into action and advocate for pro-choice social justice. SYRF creates venues for youth education and activism, designs youth-specific materials, and builds lasting relationships with youth oriented organizations, campus clergy, and youth programs of our denominations. Since young people lead this program, SYRF lifts up pro-faith youth and young adult perspectives on reproductive choice issues and provides young people with tools and opportunities to advocate for choice on their campuses, high schools, congregations and communities.
- Black Church Initiative: The Black Church Initiative addresses teen childbearing, sexuality education, unintended pregnancies, and other reproductive health issues within the context of African American culture and religion. Within the Black Church Initiative, several specific programs include:
 - o Keeping It Real!: A Faith-Based Teen Dialogue Model on Sex and Sexuality provides African American Christian educators, ministry leaders and youth ministers with a sexuality education model to address teen pregnancy prevention and better provide young men and women with the resources needed to make healthy, responsible decisions as spiritual and sexual beings.
 - o Breaking the Silence: A Faith-Based Sexuality Curriculum for local congregations is a sexuality education model developed to assist local congregations, parents, guardians, and clergy address sex and sexuality to assist teens in making healthy life choices.
 - o Generation to Generation: From Silence to Shouting: A special mothers and daughters (13-18)

project developed to reduce teen pregnancy in Ward 8 in the District of Columbia. The year-long effort is designed to collaborate with faith and community-based agencies to strengthen relationships, engage participants in cultural and skills building activities, increase self-esteem and self

- *La Iniciativa Latina*: The goal of *La Iniciativa Latina* is to assist Latino communities in addressing human sexuality from a faith informed perspective. This assistance will be made possible through education, training, and open forums on subjects including but not limited to, comprehensive sexuality education, reproductive health and justice education, teen pregnancy prevention, HIV/AIDS from a religious perspective that reflects an understanding of Latino culture.

RESOURCES

For more information, please visit the RCRC website www.rcrc.org

REPRODUCTIVE JUSTICE WORLDWIDE: OPPOSITION TO WOMEN'S RIGHTS AT THE UNITED NATIONS

By PAM CHAMBERLIN, POLITICAL RESEARCH ASSOCIATES

The U.S. Christian Right not only seeks to restrict women's reproductive rights in this country, but for the past several years it has set its sights on other countries as well. A growing number of U.S.-based nongovernmental organizations (NGOs), like Concerned Women for America, Focus on the Family and the National Right to Life Committee, have been granted consultative status at the United Nations. In a world where nearly 80,000 women die annually from unsafe abortions, these U.S. groups are trying to apply a home-grown conservative Christian analysis to limit the political and sexual empowerment of women worldwide.

UN population and women's conferences in the 1980s and 1990s allowed for great strides in the international feminist and women's health movements. A small but vigorous backlash to such gains has emerged in the form of these conservative NGOs. They oppose UN programs and platforms promoting access to abortion, contraception, and young women's sexuality education, and they attack such important human rights documents as CEDAW, the Convention on the Elimination of All Forms of Discrimination Against Women and venerable UN programs like UNICEF.

These Christian Right groups reinforce the anti-woman thinking behind the Bush administration's actions such as the reinstatement of the Global Gag Rule (which has disrupted abortion access, family planning services, prenatal care and HIV/AIDS prevention worldwide) and Congressional criticism of the United Nations Population Fund (falsely claiming it encourages coerced abortions in China). Among the U.S. Christian Right, such attacks have fueled a growing distrust of the UN and its human rights and women's justice framework. Through deliberate bureaucratic interventions that slow the decision-making process at the UN and the development of coalitions with conservative religious groups worldwide, these groups are trying to restrict women's access to reproductive services and the guarantee of their human rights based on conservative values. Their work threatens to increase the challenge of reproductive justice advocates in this country.

RESOURCES AND ACTIVIST OPPORTUNITIES

Many more liberal and progressive groups than conservative ones are active at the UN or are concerned about international women's issues, and several depend

on grassroots support. Starred organizations (*) offer activist involvement.

ADVOCATES FOR YOUTH *

Supports and provides space for youth leadership, especially around reproductive rights.
<http://www.advocatesforyouth.org/>

BORN AGAIN: The Christian Right Globalized, by Jennifer S. Butler (Ann Arbor, Mich.: Pluto Press) 2006.
This is an easy-to-read and comprehensive look at the Christian Right at the United Nations.

CATHOLICS FOR FREE CHOICE *

Tracks the work of the Catholic Church to restrict access to abortion. Home of the campaign to change the status of the Vatican at the UN. <http://www.catholicsforchoice.org> <http://www.seechange.org>

CENTER FOR REPRODUCTIVE RIGHTS *

A legal advocacy organization for women's rights worldwide. Home of the Vote for Choice campaign.
<http://www.crlp.org/>

CENTER FOR WOMEN'S GLOBAL LEADERSHIP *

An international leadership development and advocacy organization for women
<http://www.cwgl.rutgers.edu/>

FEMINIST MAJORITY *

National lobbying and organizing organization for women's equality.
<http://feministmajority.org/>

GUTTMACHER INSTITUTE

The premier research institution for women's reproductive health.
<http://www.guttmacher.org/>

HUMAN RIGHTS WATCH *

Advocates for global women's rights in the context of human rights; watchdogs country by country.
<http://www.hrw.org/>

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

Member organization for 40 countries committed to reproductive freedom in the Americas; publishes useful reports.
<http://www.ippf.org>

THE INTERNATIONAL WOMEN'S HEALTH COALITION *

Vibrant advocacy and financial supporter for global

reproductive health; home to the International Sexual and Reproductive Rights Coalition.

<http://www.iwhc.org/resources/bushsotherwar/index.cfm>

IPAS

An effective international women's reproductive health access and advocacy organization based in North Carolina.
<http://www.ipas.org/english/default.asp>

POLITICAL RESEARCH ASSOCIATES

Offers comprehensive resources and analysis about the full range of the U.S. political Right and has published on conservative NGOs at the UN.
http://www.publiceye.org/reproductive_rights/UNdoingReproFreedomSimple.html

THE POPULATION AND DEVELOPMENT PROGRAM AT HAMPSHIRE COLLEGE *

Publishes a series of papers and a curriculum that offer a critical analysis of the intersection of reproductive rights and population concerns, both nationally and internationally.
<http://popdev.hampshire.edu> and <http://populationinperspective.org/>

SIECUS INTERNATIONAL RIGHT-WING WATCH

* The Sexuality Information and Education Council of the United States publishes a free online periodical focusing on conservative campaigns that oppose women's reproductive freedom.
<http://www.siecus.org/inter>

LAW, MEDICINE AND MORALITY: THE THREAT TO REPRODUCTIVE JUSTICE

By LOIS UTTLEY, MERGERWATCH PROJECT

Across the United States, women are being denied needed reproductive health care because their hospitals, HMOs, pharmacies, employers and health care providers are using religious doctrine or moral beliefs to restrict access to medical information and services:

- A woman who has just been raped arrives at a hospital emergency room. “What if I become pregnant from the rape? Is there something I can do to prevent it?” she asks. “I’m sorry,” the ER doctor says, “but we aren’t allowed to give you emergency contraception. It’s against the religious doctrine of our hospital.”
- A mother of two is about to deliver her third child. “My doctor says my high blood pressure is so dangerous that I shouldn’t have any more children. I’m planning to have my tubes tied right after I give birth,” she tells the nurse who is helping her fill out paperwork for admission to the hospital. “I’m sorry,” the nurse says, “but our hospital has joined a religious health system and it has banned tubal ligations.”
- A young woman goes to the pharmacy to refill her birth control prescription. The pharmacist on duty refuses, saying “I believe birth control is the same as abortion and you will go to hell if you use it, so I will not dispense it to you.”
- A 40-year-old woman comes to a hospital emergency department and is diagnosed with a dangerous ectopic pregnancy. But the ER staff refuses to end the pregnancy, out of fear they would violate the religiously-sponsored hospitals ban on abortions. Instead, they put her in an ambulance and send her to another hospital.

These scenarios, all based on real-life stories, illustrate the daily obstacles women are facing in trying to obtain reproductive health care. All of the services in question are legal in the United States. But none of these women was able to actually obtain the needed reproductive health care in a timely manner because their health care providers were able to cite personal

moral beliefs or institutional religious rules and refuse to provide the care.

The intersection of law, medicine and morality in the American health system poses a serious threat to reproductive justice. When religious doctrine or a health provider’s moral beliefs can override a woman’s need for reproductive health care, she suffers a violation of her basic right to manage her reproductive capacity. She is denied the right and access to safe, respectful and affordable contraceptive and abortion services.

Unfortunately, public policymakers have all too often protected the religious freedom of health care providers, at the expense of the patient’s religious freedom and right to reproductive justice. Hospitals affiliated with conservative religious entities (such as the Roman Catholic Church, Baptist Church and the Seventh Day Adventists) operate one in every five hospital beds in the United States. By lobbying Congress and state Legislatures, these hospitals have won the right to refuse to provide abortions or sterilizations, while still holding licenses to serve the general public and remaining eligible to receive more than \$40 billion in public funding each year. In several states, Catholic hospitals are campaigning against proposed state laws that would require them to offer emergency contraception to rape victims.

More recently, individual health providers – including pharmacists, physicians and nurses – have campaigned for, and in some cases, won the right to use religious or moral beliefs to refuse care. Instances of pharmacist refusals to fill contraceptive prescriptions have been reported in 19 states. A case being litigated in California has highlighted another aspect of this intersection of law, medicine and morality in the United States. A lesbian couple was denied access to assisted reproductive technology by a group of physicians who were all Christians and did not approve of lesbian parenting.

Congress and the Bush administration have also introduced conservative religious beliefs into government health care programs and funding streams, by promoting abstinence-only sexuality education and censoring government web sites so that they provide incomplete or inaccurate information about condom use to prevent

sexually-transmitted diseases.

Groups committed to reproductive justice are working to fight the intrusion of religious doctrine and moral beliefs into medical care in the United States. The MergerWatch Project is assisting community-based activists who are trying to stop the spread of religious health care restrictions when nonsectarian community hospitals merge with hospitals that have religiously-based service prohibitions. The project also works on the national and state levels to protect consumer access to vital reproductive health services and prevent the use of religious concepts in government health policy. To learn more about the project, and what you can do to stop this threat to reproductive justice, visit our website at www.mergerwatch.org.

RESOURCES

You can learn more about religiously-based health restrictions by visiting the websites of the organizations with which MergerWatch collaborates regularly. They include:

- Catholics for a Free Choice, www.catholicsforchoice.org
- the Religious Coalition for Reproductive Choice, www.rcrc.org
- Physicians for Reproductive Choice and Health, www.prch.org
- National Women's Law Center, www.nwlc.org

THE INCOMPATIBILITY OF NEO-LIBERAL “CHOICE” AND REPRODUCTIVE JUSTICE

By RICKIE SOLINGER

What happens when women’s special guarantee – the promise that all women can decide for themselves whether and when to have children – is expressed by the individualistic, marketplace term “choice”? For one thing, the term “reproductive choice” invites many people to distinguish, in consumer-culture fashion, between a woman who can – and a woman who can’t -- afford to make a choice – even when we’re talking about issues that seem to refer to fundamental human dignity and human rights. The language of choice masks issues of safety and potential danger at the heart of women’s special guarantee.

The underlying assumptions of “reproductive choice” refer to the individual woman’s economic suitability and even to her eugenic suitability as a mother of future citizens. According to politicians and public policy, choice-making should be associated with – and typically reserved for – women with resources: only a woman with a sufficient bank account (and other personal resources such as a “normal” genetic profile or a “normal” IQ) has the makings of a legitimate mother. According to the Hyde Amendment, only a woman with enough money to pay can “choose” abortion. By extension, then, engaging in heterosexual sex is a class privilege as well, reserved only for women in a position to make – and pay for – appropriate reproductive choices. Pursuing fertility treatments is a class privilege. The Supreme Court – and public opinion – asserts that women do not have a right to decide whether and when to become mothers; they merely have a consumer’s choice.

Historical distinctions between women of color and white women, between poor and middle-class women, between “able-bodied” and “disabled” women have been reproduced and institutionalized in the “era of choice,” in part by defining some groups of women as good choice-makers, some as bad. Welfare laws and policies have been based on these distinctions. So have adoption practices which allow some American women to make choices that depend on the reproductive choicelessness of other women, often those living in the poorest countries on earth. “Choice” has turned out to be a term and an idea that reflects and justifies the commodification

of reproduction and a hard set of financial and other degrading qualifications for reproductive dignity and “legitimate” motherhood.

Too frequently, policymakers and others define women as too young, too poor, too not-white, too foreign, too disabled, too gay, too homeless, for example, to be “legitimate mothers.” When women in these categories become pregnant and have babies, they are regularly defined as bad choice makers and as appropriate targets for various kinds of punishment. Politicians and policymakers support cutting inappropriately reproducing girls and women off welfare. Public opinion and public policy support expedited separation of these women from their children in various ways. Representations of “bad-choice-making women” in the mass media justify these females as targets for sterilization and incarceration, as potential “surrogate mothers” and “birth mothers,” but not as “real mothers.”

The concept of “reproductive choice,” which in policy and in practice (if not always intentionally) divides women against each other, and judges women’s individual suitability for sex and reproduction, is the opposite of reproductive justice. “Reproductive choice” supports a range of responses to women’s reproductive activity, from approval and material benefits to condemnations and punishments, depending on any given woman’s race, class, age, sexual orientation, health, and other personal characteristics. “Reproductive choice” makes individual, bad-choicemaking women into culprits and effaces the impacts of low wages, the housing crisis, the lack of medical care, racism, under-funded educational systems, racialized incarceration, war, and other factors that shape the context of reproduction differently for different groups of women.

“Choice” too often suggests that the most vulnerable people in the country are the most powerful and dangerous, by claiming that when poor women, especially poor women of color make the wrong choices, especially if they make the choice to reproduce themselves, the country will go to hell.

Reproductive justice, on the other hand, defines the right to reproduce safely and with dignity as a fundamental human right, in the same way as

reproductive justice defines the right not to reproduce. Reproductive justice is based on the understanding that real reproductive dignity and safety depends on access to a full range of community-based resources, and that poor women and others who lack these resources should not be constrained from managing their reproductive capacity, should not be prevented from being mothers, or

punished if they become mothers. Instead, a just society would recognize that the right to reproduce or not is a foundational human right. This society would make sure that all women and girls possess adequate resources to manage their fertility with dignity and safety.

ABORTION MATTERS TO REPRODUCTIVE JUSTICE

BY LEILA HESSINI, LONNA HAYS, EMILY TURNER, AND SARAH PACKER, IPAS

Reproductive justice includes the right of all women to safe and voluntary contraception; to become pregnant, carry, and bear children in a context free of violence and environmental toxins; and to affordable and non-judgmental abortion services. Many women, however, do not have the option to protect themselves against an unwanted pregnancy, to continue an unintended but wanted pregnancy, or to have a safe abortion. Despite *Roe v. Wade*'s significance, the "right" to abortion means little to those whose options are already restricted by race, gender, sexuality, age, ability, or income. Traditionally, the issue of abortion has been isolated by the stigma attached to it. Nevertheless, abortion is a common part of the sexual and reproductive lives of most women, and its inclusion in the reproductive justice movement is essential in the pursuit of equality and justice.

Concrete examples illustrate why abortion is essential to achieving reproductive justice: Looking at abortion in the context of women's lives and articulating how it is inextricably linked to all facets of the reproductive justice movement can help de-stigmatize this very common, yet controversial, issue and foster its inclusion in other areas of social justice work.

These examples are not exclusive of each other and often combinations of factors play a role in a woman's reproductive oppression:

Abortion is a matter of...

- **Racial inequity:** When a Native American woman is denied coverage for an abortion because her health care is federally funded and is therefore subject to federal restrictions.
- **Economic justice:** When a woman discovers that abortion is not covered by her insurance policy. Most

women seeking services (74%) pay an average of \$468 out of pocket for a first-trimester abortion.

- **Youth issues:** When a pregnant teenager asks her boyfriend to beat her until she miscarries because she is subject to parental notification laws and feels she cannot involve her parents.

- **Violence:** When a woman is coerced into an abortion by her abusive husband or partner. Pregnant women in general are most likely to experience domestic violence. The leading cause of death for pregnant women is homicide.

- **Religious intolerance:** When a woman with a dangerous ectopic pregnancy is refused treatment in a Catholic hospital because her life-saving surgery would be considered an abortion.

- **Immigrants' rights:** When an immigrant woman's language barriers and lack of access to health services cause her to resort to an illegal, unsafe abortion.

- **Rights for people with disabilities:** When women in the U.S. with schizophrenia have less access to abortion through federal programs, such as Medicaid, and have higher rates of unintended pregnancy than women without mental illness.

- **Imperialism:** When U.S. foreign aid policies deny abortion care and referrals to women in developing countries who face the highest risks of dying during childbirth, and lead to the closure of clinics that once provided well-baby care, immunizations, and other comprehensive health services that actually reduce the need for abortions

...And all of these issues are matters of reproductive justice.

As the reproductive justice framework teaches us, these injustices cannot be divided. We may not be able to

work on every issue, but we can ask ourselves: How does my work support or undermine the work of others in this movement? Although abortion can be a difficult and controversial topic, its inclusion in activism and advocacy is critical to the holistic vision of reproductive freedom and justice.

SUGGESTED ACTIONS

- Volunteer as an advocate for women seeking abortion, or start an abortion fund to help low-income women afford services.
- Ask your healthcare provider and health center about the services they provide. Find out if your provider considers him or herself LGBT-friendly or provides contraceptives and abortion services.
- Educate your friends, family and peers about the importance of access to safe, affordable abortion.

Suggested Readings

- Undivided Rights, Jael Silliman, Marlene Gerber Fried, Loretta Ross, and Elena Gutierrez
- Women of Color and the Reproductive Rights Movement, Jennifer Nelson
- Pregnancy and Power: A Short History of Reproductive Politics in America, Rickie Solinger
- Killing the Black Body, Dorothy Roberts

ADDITIONAL RESOURCES

- Center for Reproductive Rights, <http://www.crlp.org/>
- MergerWatch, <http://www.mergerwatch.org>
- National Network of Abortion Funds, www.nnaf.org
- SisterSong, www.sistersong.net

ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS CENSOR VITAL HEALTH CARE INFORMATION, JEOPARDIZING TEENS' HEALTH

LORRAINE KENNY, *AMERICAN CIVIL LIBERTIES UNION*

Since 1996, Congress has allocated more than a billion dollars for programs that focus exclusively on abstinence-until-marriage and censor other information that can help young people make responsible, healthy, and safe decisions about sexual activity. There is no conclusive evidence that these programs reduce the rate of unintended pregnancy or sexually transmitted diseases (STDs). And to make matters worse, there is evidence that they deter sexually active teens from using condoms and other contraceptives.

To receive federal funds, abstinence-only-until-marriage programs must offer curricula that have as their “exclusive purpose” teaching the benefits of abstinence. In addition, recipients of federal abstinence-only dollars may not advocate contraceptive use or teach contraceptive methods except to emphasize their failure rates. Thus, grantees are forced either to omit any mention of topics such as contraception, abortion,

homosexuality, and AIDS or to present these subjects in an incomplete and inaccurate manner.

Pushing misinformation about sex flies in the face of reality and fails to address young people’s health needs. Engaging in sex before marriage is the cultural norm and has been for decades. Nearly two-thirds of all high school seniors have had sex, and considering the high rate of teen pregnancy and STD transmission in the United States, the need for accurate information couldn’t be greater.

Abstinence-only-until-marriage programs don’t stop at disseminating harmful misinformation about sex. They are also often rife with gender stereotypes and can have harmful effects on lesbian and gay teens. Many curricula dangerously stigmatize homosexuality. In a society that generally prohibits gays and lesbians from marrying, singling out marriage as the sole relationship in which sex is appropriate rejects the idea of same-sex sexual intimacy. Furthermore, many of the leading

curricula address same-sex behavior only within the context of promiscuity and disease. All of this adds up to create a hostile environment for lesbian and gay students as well as for teens growing up with lesbian, gay, and/or single parents.

Ultimately, parents, teachers, and major medical groups, including the American Medical Association, the American Academy of Pediatrics, and the American College of Obstetrics and Gynecology, support comprehensive sexuality education that stresses both abstinence and also provides students with complete and accurate information about how to protect themselves from unintended pregnancy and STDs. There is ample evidence that programs that include complete and accurate information about sex reduce sexual risk-taking and pregnancy among teens.

RESOURCES

Take Issue, Take Charge campaign Web site

Take Issue, Take Charge blog

FACT SHEET: What the Research Shows:

Abstinence-Only-Until-Marriage Programs Don't Work

FACT SHEET: Abstinence-Only-Until-Marriage

Programs Censor Vital Health Care Information,

Jeopardizing Teens' Health

STATEMENT: Abstinence-Only Education: A Joint Statement

SIECUS State Profiles

Guttmacher Institute: Facts on Sex Education in the United States

Guttmacher Institute: Facts on American Teens' Sexual and Reproductive Health

Submitted by ACLU Reproductive Freedom Project

CONDITIONS OF REPRODUCTIVE JUSTICE

BY RICKIE SOLINGER

Reproductive Justice recognizes women's right to reproduce as a foundational human right

The right to be recognized as a legitimate reproducer regardless of race, religion, sexual orientation, economic status, age, immigrant status, citizenship status, ability/disability status, and status as an incarcerated woman encompasses the following:

Women's right to manage their reproductive capacity

1. The right to decide whether or not to become a mother and when;
2. The right to primary culturally competent preventive health care;
3. The right to accurate information about sexuality and reproduction;
4. The right to accurate contraceptive information;
5. The right and access to safe, respectful, and affordable contraceptive materials and services; and
6. The right to abortion and access to full information about safe, respectful, affordable abortion services;
7. The right to and equal access to the benefits of and information about the potential risks of reproductive technology.

Women's right to adequate information, resources, services and personal safety while pregnant

1. The right and access to safe, respectful, and affordable medical care during and after pregnancy including treatment for HIV/AIDS, drug and alcohol addiction, and other chronic conditions, including the right to seek medical care during pregnancy without fear of criminal prosecution or medical interventions against the pregnant woman's will;
2. The right of incarcerated women to safe and respectful care during and after pregnancy, including the right to give birth in a safe, respectful, medically-appropriate environment;
3. The right and access to economic security, including the right to earn a living wage;
4. The right to physical safety, including the right

to adequate housing and structural protections against rape and sexual violence;

5. The right to practice religion or not, freely and safely, so that authorities cannot coerce women to undergo medical interventions that conflict with their religious convictions;
6. The right to be pregnant in an environmentally safe context;
7. The right to decide among birthing options and access to those services.

A woman's right to be the parent of her child

1. The right to economic resources sufficient to be a parent, including the right to earn a living wage;
2. The right to education and training in preparation for earning a living wage;
3. The right to decide whether or not to be the parent of the child one gives birth to;
4. The right to parent in a physically and environmentally safe context;
5. The right to leave from work to care for newborns or others in need of care;
6. The right to affordable, high-quality child care.

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