Radical Reproductive Justice

FOUNDATIONS, THEORY, PRACTICE, CRITIQUE

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attention, leadership opportunities, and funding—to support women of color and challenge white supremacy.

In an era when our political leaders make it easy for us to turn on and fight each other for the dwindling resources available to us, it is all the more important that we no longer construct, participate in, or comply with white supremacy. White feminists must take responsibility for ourselves and our mistakes, demolish and rebuild our current conceptualization of reproductive oppression, and use our shared power to move forward toward a world of infinite possibilities achieved through reproductive justice.

Notes

4. Ibid., 42.

Introduction

In Miami, young women travel from the Caribbean Islands, Central American countries, and the greater southern-Florida area to access abortion services at A Choice for Women clinic. For some, this is an international journey because abortion is illegal in their home countries. For others, they are lucky enough to live in a country with safe and legal abortions available in urban centers if not in rural ones. On Saturday mornings pro-life protesters surround A Choice for Women. They have a sign that threatens the life of the doctor as he enters the clinic—he responds with a one-finger salute. Other signs condemn the patients, and the targeted women scrunch down in their seats. One sign in particular reads, “This is a site of genocide.” Teenagers from the local Catholic high school stand on the grass, holding a banner decorated with a bloodied fetus between them. The pro-lifers have been standing outside of this clinic for three years now, counterprotested by Miami Clinic Access Project (MCAP), a network of pro-choice activists. However, each week they are outnumbered, although most clinics in Miami are free of protesters.

Nationally, abortion remains legal but heavily restricted. The procedure is rarely taught in OB/GYN residency programs. Most providers are facing retirement and fewer than 15,800 doctors do 1.3 million abortions. While pro-choice have the backing of the law—as pro-lifers once did—the government presents a “negative liberty” argument for abortion rights (free from legal restrictions) rather than a positive liberty argument (making abortion accessible for all). Because of this entrenched framework of legality and “choice,” the feminist movement
has emphasized electing pro-choice candidates and participating in electoral politics as its primary strategy. This legalistic and grassroots framework has designated the legal right to abortion the central issue for a reproductive rights agenda.

This emphasis on choice implies that as long as abortion remains legal, it can be chosen by any woman. While this may be true for women with resources, for others with limited resources, many barriers preclude abortion, including financial, geographical, social, or religious obstacles. Because abortion is not covered by Medicaid, it is difficult for poor women dependent on the government to afford. With nine out of ten abortion providers located in urban areas, rural women may spend hours driving to the closest clinic. If a mandatory-waiting-period law exists in the state, the patient will have to take additional time off of work and purchase a hotel room in addition to the expenses of the procedure. With such barriers to abortion access, many women may have little choice over their reproductive options. This narrow focus on choice has consistently overlooked the reality of access barriers that many women face: poverty, lack of education, lack of healthcare, racial discrimination, parental consent, imprisonment, immigration status, military enlistment, or welfare restrictions.

For over two decades, women of color have organized around a broad-based political platform addressing the intersections of their oppression. Out of these women of color organizing efforts, SisterSong emerged to address issues of reproductive justice. This framework is based upon three human rights: to be able to have a child, to be able to not have a child, and to parent the children one has. The reproductive justice framework emphasizes a different history than that of legal abortion restrictions; rather, it examines deep-rooted historical systems of oppression that provide insight into today's continuing social injustices. This history is one of slavery, war, colonialism, and genocide—products of an overwhelming apparatus of organized state violence. This history is international in scope; it is a story of migration, corporate globalization, and solidarities of people across borders.

In this paper, the abortion rights and reproductive justice frameworks will be examined, seeking out common interests and intersecting issues. The history of reproduction for women of color will be reviewed briefly to contextualize the contemporary social issues surrounding their reproductive experiences. Out of these histories, women of color began organizing around their particular issues that were overlooked by a predominantly white, middle-class, pro-choice movement, as well as other race-focused activist organizations, which did not mention sex and gender. Women of color conducted health disparities studies within their own communities when they realized that their experiences were rarely researched by professionals. With their findings, they were able to create a social justice agenda that addressed their communities' issues. While the pro-choice and women of color organizations often worked on separate but parallel issues, they occasionally came together with successful stories of collaboration.

Legality and Grassroots Activism: The Framework of Abortion Rights Discourse

Abortion existed long before the rise of the medical industry in a realm of midwives and healers knowledgeable about abortifacients and naturopathic cures. With the creation of the American Medical Association in the mid-1880s, male doctors sought legitimization for their profession, and therefore worked to delegitimize and criminalize female midwives and healers. Under the banner of public health (and morality), abortion was soon relegated to the realm of institutionalized medicine and soon after, criminalized completely. Connecticut was the first state to pass legislation on abortion in 1821. Other states followed suit, and within decades, abortion was outlawed nationwide. By 1873 Congress passed “the Comstock Law,” making it a crime to mail obscene publications including information on birth control and abortion, against which Margaret Sanger fought so vigorously.

It wasn't until 1960 that the FDA approved “the pill,” thus beginning the repression against reproductive control. However, it was not until 1965, with Griswold v. Connecticut, that married couples were legally able to access contraception. Only later did this right extend to single individuals. "Therapeutic abortions" were only available in hospitals for cases of rape, incest, and to save the mother's life. Additionally, these therapeutic abortions were primarily performed on middle-class white women who could afford the procedure. They were rarely ever offered to women of color and low-income women. In order to obtain the procedure women would plead their cases before a panel of doctors, and many presented suicidal narratives in order to meet stringent requirements for the procedure.

It was not until the late 1960s that “fourteen states liberalized their laws to permit access to therapeutic abortions in cases of fetal deformity,
rape, incest, or more broadly defined threats to a woman's mental health than suicide. New York legalized abortion in 1970, "making its policy the most liberal in the country."

*Roe v. Wade* legalized abortion nationally in 1973, and with this great victory, the abortion rights movement that had been advocating for legality largely dismantled. The legal framework of *Roe* was rooted in privacy rights, the creation of the trimester concept, and recognizing fetal viability in the third trimester—all of which provide openings for subsequent legal attacks. Additionally, while Roe made abortion legal, it did not guarantee accessibility. Within months of *Roe*, "hundreds of bills to restrict abortion, most written in consultation with church leadership, were introduced into municipal councils and state legislatures across the country." Pro-life forces construed a multifaceted assault on the newly protected right, blindsiding the weakened pro-choice movement. The Hyde Amendment passed in 1976—restricting government funds from abortion provisions—disproportionately affecting poor women and women of color.

Approximately fourteen states continued to pay for abortion voluntarily. Previously, the government paid for nearly one-third of all abortions between 1973 and 1977 (294,600), but that number dropped to fewer than 2,500 after the Hyde Amendment. Stephanie Poggi reminds us of Justice Thurgood Marshall's dissenting words, "For 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."

In 1984 President Ronald Reagan cut off funding for the International Planned Parenthood Federation and the United Nations Fund for Population Activities. By 1989 another substantial blow was struck with the Supreme Court case *Webster v. Reproductive Health Services*, imposing restrictions on the use of public facilities for abortion. By 1990 restrictive abortion bills were pending in state legislatures across the nation.

The religious Right had the abortion rights movement on the defensive. They pushed forward an entire platform of religiously tainted laws that enforced "traditional" gender roles. Restrictions on abortion was part of their legal assault that also included mandatory antibirth counseling, twenty-four-hour waiting periods, parental notification, and reduced medical training for doctors. In the forty-three years since *Roe*, states have enacted 1,074 abortion restrictions as of 2016. Of these, 288, or 27 percent, were passed between 2010 and 2016. Even amidst all these restrictions, the national pro-choice organizations have been reluctant to counter pro-life activity. Rather, their efforts continue to revolve around lobbying and electoral politics. Religious Right has also fought against the Equal Rights Amendment, gay marriage, and programs supporting women and children.

Another of their achievements includes abstinence-only education, which outlaw any information on contraception and abortion. "Nearly $1 billion in federal and state matching funds has been spent since 1996 on programs that promote chastity until marriage." Empirical studies have found no basis for the effectiveness of abstinence-only programs, yet "the Bush administration requested $206 million in funding for abstinence-until-marriage programs just for 2006, more than double what was spent in fiscal year 2002." During Bush's term as governor of Texas in 2000, "Texas ranked dead last in the nation, fiftieth out of fifty, in the decline of teen birth rates among fifteen-to-seventeen-year-old females." The United States is the only industrialized nation that ranks among developing countries for teen births, just behind Thailand and directly before Rwanda. Teen birth rates are highly malleable through policy. For example, the Netherlands has reduced its teenage birth rate by a staggering 72 percent in thirty years while also having the lowest teenage abortion rate in the industrialized world.

**Grassroots Frameworks**

**Pro-Life Grassroots**

Pro-life proponents not only made overwhelming strides in legislation; they were also active in the streets. The pro-life movement was born directly following *Roe v. Wade*. Before *Roe v. Wade*, the pro-choice movement had largely been an underground abortion referral movement, and legalization rendered that unnecessary. For the pro-life movement, "the Church provided an infrastructure, communications network, material backing, ideology, and people—in short, the resources and organizational facility that helped mobilize the movement in its early stages into a national presence." Several organizations existed before 1973: "Pro-lifers for Survival, an anti-nuclear pacifist group, was founded in 1971 and Feminists for Life organized soon after." Pro-life picketing at clinics began as soon as they opened in 1973. Between 1977 and 1979, clinic violence erupted as eight abortion clinics (seven in the Midwest) were hit with fires. Joseph Scheidler had publicly emerged by 1980,
launching Pro-Life Action League in Chicago. He would later author Closed: 99 Ways to Stop Abortion, a manifesto for clinic protests, blockades, and the violent fringe.

In the 1980s, violence at clinics escalated. The pro-life movement was flourishing in the grassroots, among churches and extended social networks. The movement was emboldened and energized from their success in increasing abortion restrictions. They continued their offensive momentum by establishing new strategies, including the co-optation of direct action tactics and civil rights language from the Left. One campaign launched in 1983 revolved around the movie "The Silent Scream, a film that depicted the abortion of a twelve week fetus in wrenching detail." This movie became the galvanizing force for recruiting foot soldiers.

On March 14, 1985, Pensacola, Florida, was flooded with activists who marched from Pensacola Junior College to the Ladies Center, making it one of the largest demonstrations in antiabortion history. Operation Rescue (OR) conducted a mass siege during the Democratic National Convention in Atlanta, capitalizing on the media saturation. Randall Terry also coordinated nationwide days of action in 1988. On the first day of OR’s coordinated Day of Rescue, there were some ‘2,644 arrests in thirty-two cities across the United States.’ After the arrests, they practiced jail solidarity, calling themselves Baby John and Baby Jane Doe to withhold their real names. They flooded the jails and refused to post bail. Some hardcore followers devoted their lives completely to this tactic, traveling around to different protest events. Offshoot organizations developed, including the Lambs of Christ, Christians in Action, Army of God, Defensive Action, Pro-Life Direct Action League, Missionaries to the Pre-Born, Advocates for Life Ministries, and Officers for Life. “According to Operation Rescue’s figures, by 1990 over 35,000 people had been jailed and 16,000 risked arrest in ‘rescues.’” By the end of the decade, Operation Rescue was in retreat from numerous pro-choice lawsuits, government fines, and federal RICO charges.

By 1990 the pro-life mass movement had subsided, but the violent fringe increased their activities. On March 10, 1993, forty-seven-year-old physician David Gunn was shot in the back with a .38 caliber revolver during an antiabortion demonstration outside the clinic where he practiced in Pensacola. Dr. Gunn was the first abortion provider to be killed. The violent vigilante wing of the pro-life movement believes that murdering abortion providers is the best way to stop abortion. Author Cristina Page presented these numbers in 2006:

Over the past twenty-five years there have been no fewer than 140,000 incidents of violence and disruption under the banner of the pro-life cause, including 7 murders, 17 attempted murders, 41 bombings, 172 arsons, 373 invasions, 3 kidnappings, 1,141 vandalisms, 100 butric-acid attacks, 655 anthrax threats, 139 assaults, 365 death threats, 474 stalkings, 605 bomb threats, and 10,666 hate mails and harassing calls.

According to researchers, by the end of 1985, 92 percent of abortion clinics reported harassment, ranging from picketing of clinics to vandalism, an increase of approximately 60 percent from 1984. Other tactics included "sidewalk counseling," "crisis pregnancy centers," and "pharmacist refusals." Sidewalk counselors target women "at risk for abortion" and attempt to intervene at the last second in front of the clinic. The same people targeted women through crisis pregnancy centers (CPC), a more institutionalized form of sidewalk counseling. CPC's routinely offer free pregnancy tests and use that time to promote a pro-life message through their films, literature, and/or verbal harassment. Since the 1990s, Pharmacists for Life have organized pharmacists to refuse to dispense emergency contraceptives (EC), and sometimes even the pill, based upon their religious opposition. Such refusals have been reported in nineteen states, but the extent of the problem is unknown.

Pro-Choice Grassroots

The pro-choice grassroots movement gained a great deal of momentum leading up to the historic Roe v. Wade decision. Organizations began to appear as early 1961. Patricia Maginnis, a medical technologist who had herself undergone an illegal abortion, founded the California-based Society for Humane Abortion. Within a year of its development, the National Organization for Women (NOW) endorsed repealing abortion bans. By 1969 the National Association to Repeal Abortion Laws (NARAL) was established at the First National Conference on Abortion Laws, held in Chicago in February 1969. The Boston Women's Health Collective educated women about their biology, contraceptives, and abortion starting in 1969. Feminist groups began abortion referral services. In Chicago, when the Abortion Counseling Service of Women's Liberation, a network often simply called "Jane," found out that one of their referral doctors was not a doctor at all, they decided that they could learn to perform abortions. This would stop their reliance on men, as well as reduce the price for their female clients. "Jane identified
were unable to limit their fertility, and this became a central demand for feminism. However, women of color were discouraged from reproducing, and often lacked control over their reproductive conditions. For women of color, an emphasis on the right to abortion did not specifically address their needs; rather, they wanted to address “adequate prenatal care and freedom from forced sterilization.” \(^{20}\)

“The terrain of reproductive and sexual rights [can be examined] in terms of power and resources: power to make informed decisions about one’s own fertility, childbearing, child rearing, gynecologic health, and sexual activity; and resources to carry out such decisions safely and effectively.” \(^{21}\) Sonia Colas and Rosalind Petchesky define the ethical principles underlying this reproductive justice framework as: “bodily integrity, personhood, equality, and diversity.” \(^{22}\)

**The Reproductive History of Women of Color**

In her monumental historical narrative *Killing the Black Body*, Dorothy Roberts implores us:

> Considering this history—from slave masters’ economic stake in bonded women’s fertility to the racist strains of early birth control policy to sterilization abuse of Black women during the 1960s and 1970s to the current campaign to inject Norplant and Depo-Provera in the arms of Black teenagers and welfare mothers—paints a powerful picture of the link between race and reproductive freedom in America. \(^{23}\)

Under slavery, black women’s bodies were the property of white men, and they faced rape, abuse, forced marriages, forced births, an inability to properly raise their children, and of course, the rights to their children were not her own. While lynching kept black men away from white women, white men owned both their white wives and their black slaves. The crime of rape did not apply to white men (unless he violated another white man’s property).

For Native American women, the US government waged a genocidal war against their people—seizing the land, destroying the culture, breaking familial ties with boarding schools, and sterilizing up to one-fourth of all the women. While Chinese men were used as labor for the railroads and in the South, their legal status remained insecure. By 1882 the Chinese Exclusion Act was passed, no further laborers could immigrate, and wives in China were barred from joining their husbands. Chinese men could not marry white women because of discrimination and antimiscegenation laws, and therefore, they either married black

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1. Beverly Yuen Thompson

2. With the passage of *Roe v. Wade*, many feminist organizations continued with other campaigns; few organizations remained to maintain abortion rights and monitor the legislative process. The ones that did remain included the ACLU Reproductive Freedom Project (formed in 1974), the Reproductive Rights National Network (R2N2) (dissolved in 1984), and the Religious Coalition for Abortion Rights (RCAR) (formed in 1973). In 1993 the National Network of Abortion Funds was created to help fund abortions for impoverished women.

3. These organizations were ill-prepared to counter the tactics of the pro-life movement. NARAL responded to *The Silent Scream* with a "Silent No More" campaign. In 1988 this forum allowed women to share stories of abortion, both illegal and legal. Implicit in these stories was the underlying theme that abortion had been a positive, if not perhaps difficult, choice. However, this campaign was nearly eclipsed with the pro-life movement’s own version of a "Silent No More" campaign promoting women’s stories of abortion tragedy. “Defending the basic right to choose on so many fronts—in Congress, state legislatures, and the courts as well as on clinic sidewalks—left little time.” \(^{18}\) With the rise of Operation Rescue and other militant organizations, feminists organized clinic defenses and counterprotests in front of women’s clinics—the final frontier of access. As escorts, pro-choice would physically shield the patients from the pro-life demonstrators as they walked to the entrance. Again, the pro-choice movement was forced into a defensive posture, counteracting with lawsuits and injunctions against protesters, security guards, and security equipment.

4. Reproductive Justice: Toward a Holistic Vision of Women’s Health and Rights

After examining the legal cases surrounding abortion rights, Ruth Colker remarked, “The abortion debate has not represented a reproductive health perspective. In the cases and literature, it often sounds as though women find themselves pregnant without ever engaging in sexual behavior or using contraceptives.” \(^{11}\) By placing women within their sociohistorical context of reproductive decision-making, women were confronted with striking differences along racial lines. White, middle-class women were pressured to have children and historically
women or remained bachelors in male-dominated Chinatown areas. In 1850 California passed an antimiscegenation statute "that forbade unions between whites and 'negroes and mulattoes,' adding 'Mongolians' to the list in 1880."²⁴ No restrictions were placed on people of color marrying each other because by definition, they were already "racially impure."

Eugenics-based laws became popular: limiting immigration, interracial marriage, and promoting targeted sterilization. In 1909 involuntary sterilization for eugenics purposes passed in California, making it the third state with such practices, following Indiana and Washington. Interestingly, New Jersey and Iowa declared sterilization laws unconstitutional as well as cruel and unusual punishment.²⁵

Additionally, "people considered genetically defective, including epileptics, imbeciles, paupers, drunkards, criminals, and the feebleminded" were banned from getting married in twenty-four states by 1913.²⁶ The Supreme Court upheld the use of involuntary sterilization based upon eugenics reasoning in the 1927 decision *Buck v. Bell*. With this judicial approval, more states enacted laws for compulsory sterilization, bringing the total number to thirty.

The United States became the first nation in the world to permit mass sterilization as part of an effort to "purify the race." By the mid-1930s, nearly twenty thousand Americans had been sterilized against their will.²⁷ And by 1940, thirty states banned interracial marriage. Involuntary sterilization peaked during the years of WWII; and after its association with Nazi Germany, the practice was stigmatized. An estimated sixty to seventy thousand women were sterilized, with twenty thousand of those taking place in California. Puerto Rican women faced involuntary sterilization by the United States government, extending to one-third of all reproductive-age women, the highest rate in the world by 1968.²⁸

Puerto Rican women also faced high-risk testing of birth control products, including the pill in the 1950s, by several "American contraceptive researchers, including Dr. Gregory Pincus, Hale H. Cook, Dr. Clarence J. Gamble, and Adaline P. Satterthwaite, under the aegis of Margaret Sanger's Planned Parenthood Federation of America. . . . As of November 1958, 850 Puerto Rican women had participated in the birth control trials in San Juan, Humacao, Puerto Rico and also Port-Au-Prince, Haiti."²⁹ By the 1970s, well over 25 percent of Native American women had been sterilized, and a study conducted by Princeton found that "20 percent of all married African-American women had been sterilized by 1970."³⁰ Depo-Provera and Norplant were tested on some fourteen thousand low-income women in the United States without their consent, including African American and Native American women. Therefore, poor women of color often faced the dangerous task of testing contraceptive products in order to make them safer for more privileged women.

By the 1960s, some things were changing. The United States moved from a more discriminatory immigration policy based upon quotas to "the family reunification model until the Hart-Celler Act of 1965."³¹ The Supreme Court case *Loving v. Virginia* ruled that antimiscegenation laws were unconstitutional in 1957. It was not until 1979 that California did finally rescind its law allowing involuntary sterilizations.

**Women of Color Organize**

The Committee for Abortion Rights and Against Sterilization Abuse (CARASA) provides us with the best example of a wide-ranging forerunner to current reproductive justice organizations that centered both abortion rights and sterilization abuse, in addition to a comprehensive platform on reproductive issues. CARASA was formed in 1976 and struggled to unite across racial, class, and sexual divisions by supporting an "inclusive feminism." Jennifer Nelson states that

CARASA activists believed that by ending federal support for abortion, and by continuing funding for sterilization, the U.S. Government promoted permanent methods of population control for poor women and women of color, while making nonpermanent methods of fertility such as abortion less available.³²

With a small core of dedicated women, they were able to take on several campaigns: CARASA cofounded R2N2, an umbrella organization for national and grassroots groups that situated abortion rights within a broader social justice and anti-racist context. Workplace safety, "particularly around the mandatory sterilization of working women of reproductive age exposed to hazardous materials on the job," became another strong campaign. Battery maker Johnson Controls was sued for requiring women to show proof of sterilization for employment.³³ CARASA also developed a Child-Care Committee because they "understood that poor women, working class women, and women of color all needed child-care as much as they needed access to abortion."³⁴ Comprised of a small group of women, CARASA struggled under overextended cam-
campaigns, differential prioritization, and continued divisions along race, class, and sexual identity lines. The group disbanded after several years of vigorous activism.

In 1968 "Cha Cha Jimenez, a young Puerto Rican activist, and a group of Puerto Ricans allied in the Young Patriots Organization, a politicized street gang, founded the Young Lords Organization (YLO) in Chicago. The YLO drafted a 13-point platform at the founding that echoed the Black Panther Party's 10-point platform."35 The organization had a core group of Puerto Rican feminists who ensured that women's rights were included, unusual for a nationalist organization. The YLO principles were a precursor to the reproductive justice tenets created decades later, and YLO protested the high rates of sterilizations of women in New York City by organizing working class and low-income Puerto Ricans in the South Bronx, Harlem, and on the Lower East Side.

Since then, there have been numerous organizations working on reproductive health issues for Latinas, particularly against sterilization abuse. In 1979 the Hispanic Health Council of Hartford, Connecticut, conducted a random sample of 153 Puerto Rican households and discovered a sterilization rate of 50 percent, the highest rate in the world.36 This research produced a project called Mujeres en Acción por Salud Reproductiva: Northeastern Project on Women and Reproductive Health.37

Many other Latina health organizations have sprouted, including the Latina Roundtable on Health and Reproductive Rights, founded in October 1989; the National Latina Institute for Reproductive Health, founded in 1994; the National Latina Health Organization; and finally, Colorado Organization for Latina Opportunity and Reproductive Rights, founded in 1998 by seven committed sexual and reproductive health practitioners and activists troubled by the high teenage birth rate and high HIV rate among Latinas.

In 1983 more than fifteen hundred African American women gathered at Spelman College in Atlanta for the first National Conference on Black Women's Health Issues. Emerging from this conference was the National Black Women's Health Project (NBWHP), the first-ever women of color reproductive justice organization and the foremother of other organizations. Blythe Avery, the founder of NBWHP, articulated a vision "beyond the reproductive health emphasis prevalent in the larger movement to include work on chronic disease, pioneering innovative health prevention programs, and other self-help and educational activities."38

Another organization, African American Women Evolving (AAWE; later renamed Black Women for Reproductive Justice), was established in Chicago in 1996. The women that founded the organization had previously been involved with the Chicago Abortion Fund, which had provided thousands of low-income women in Illinois and surrounding states with the information, referrals, and direct financial assistance they needed to have safe, affordable abortions since 1985. AAWE set out to address health concerns in their particular community by conducting research and providing health education and preventative care. The group's first public event was a conference entitled Black Women: Loving the Mind, Body, and Spirit. In 2000 AAWE spent a year administering a reproductive health survey to three hundred African American women in Illinois in order to discover the dominant health concerns of the community. Furthermore, they conducted a survey of pharmacies in the Chicago area to assess the availability of EC and to raise awareness within the black community.

In 1997 the SisterSong Women of Color Reproductive Health Collective was organized to bring together the voices of women of color working on reproductive health and rights issues, and propelled a movement using reproductive justice as its central organizing framework—and changed history.

Charon Asotely founded the organization Native American Women's Health Education Resource Center (NAWHERC) in 1988, due to the high rate of fetal alcohol syndrome (FAS) among babies on the Yankton Sioux reservation and among children born to Native American women in general. The first women's health organization located on a reservation in the United States, FAS was the first issue that NAWHERC tackled. The organization conducted its own studies of FAS from 1986 to the present, in addition to studying the impact of Norplant and Depo-Provera in the Native American community. In 1990 NAWHERC was able to present its material in a public forum, a conference entitled Empowerment through Dialogue. A historic three-day gathering, the conference brought more than thirty Native women, representing over ten nations from the Northern Plains to Pierre, South Dakota.

Asian/Pacific Islanders (API) have most recently entered the arena of reproductive justice. The first organization, Asians and Pacific Islanders for Reproductive Choice, opened in 1989. It was later named Asians and Pacific Islanders for Reproductive Health (APIRH), then Asian Communities for Reproductive Justice, and is now Forward Together. Like the other organizations, APIRH conducted its own community health
research, with approximately twenty volunteer female researchers that interviewed 1,215 adults in Los Angeles, Sacramento, and San Francisco. In Sacramento, APIRH was able to hold a conference entitled Opening Doors to Health and Well-Being in 1995, attended by over 150 API women. Spanning the years 1999 to 2003, APIRH took a leading role in an environmental justice campaign focused on the largest medical waste incinerator located in Oakland. Another powerful organization was founded in 1993 by a twenty-six-year-old Korean immigrant named Mary Chung, the National Asian Women's Health Organization (NAWHO). The organization heavily emphasized community health research and has presented several conferences, including the 1995 Coming Together, Moving Strong: Mobilizing an Asian Women's Health Movement and two in 1997, the Quality of Our Lives: Empowering Asian American Women for the Twenty-First Century and Silent Epidemics: A National Policy Summit on Depression and Asian American Women. NAWHO has published over twenty research reports that they make available to the community. The most recent API organization is the National Asian Pacific American Women's Forum, founded in 1996, which leads a campaign to challenge restrictions on abortion based on the allegation that API in the United States are pressured to have abortions based on the gender of the fetus.

Social Inequalities and Reproductive Justice Issues

When women of color began organizing around reproductive justice in their own communities, and researching issues particular to them, they could not limit their efforts to an abortion-rights framework. While women of color did suffer disproportionately when abortion was illegal, when legal, there continued to be numerous obstacles that effectively made choice very difficult to obtain. Furthermore, the right to abortion wasn't the overall concern for many; other issues were equally significant—ending sterilization abuse, the right to raise healthy children with adequate resources, and the right to parent their own children. Therefore, issues of healthcare access and freedom from poverty were central concerns. For poor women who rely on government subsidies, it is imperative that the government offer a balanced array of options so that women can exercise a real choice.

Women living within the confines of state control are the most vulnerable to suffering restrictions on reproductive healthcare and abortion. For example, in 1960 in New Orleans, local officials "crimi-
access of immigrants to the healthcare system, thus intimidating immigrants who may be eligible. Xenophobes falsely accuse women of birthing “anchor babies” simply to enable a familial migration. The pregnant immigrant woman becomes another policed, suspect category linking racial and reproductive oppression. Immigration laws also interfere with women’s ability to parent their children as families are often separated. Many women of color, particularly API women, face numerous barriers to healthcare including lack of health insurance, weak enforcement of regulations mandating interpretation and translation services, and health professionals who are untrained to serve diverse communities. Culturally competent medical providers are important for Latina and API women, who may face various cultural obstacles in obtaining the reproductive healthcare necessary for cancer prevention and often experience disproportionate rates of cervical cancer because of barriers for regular preventative Pap tests.

Global Women

A reproductive justice philosophy recognizes that we live in a global community where women are disproportionately affected by poverty, childrearing responsibilities, and serious health hazards related to reproduction. US women of color have connected with other women at international forums for human and women’s rights. While corporate processes of globalization are disproportionately empowered, globalization also provides opportunities for social justice resistance and alliance building. The global reproductive justice movement holds the potential to facilitate these connections.

While population explosion theorists demonize poor women’s reproduction, they underemphasize the imbalances in global resource distribution. “The reality is that 20% of the world’s population controls 80% of the global wealth. In other words, it is not the population growth of the developing world that is depleting the world’s resources, but the overconsumption of these resources by the richest countries of the world.” Globally, women in so-called “developing nations” face many obstacles: lower rates of primary and secondary education, early marriage and childbirth, lack of control over their own bodies and reproductive options, education on contraception and HIV/AIDS, lack of prenatal care and healthcare, home births without emergency care, lack of employment options, depleted nutrition, environmental pollutants, and lack of access to clean water.

Globally, pregnancy can be the most dangerous condition women face. Over three hundred million women in the developing world suffer from short- or long-term illness brought about by pregnancy and childbirth; 529,000 die each year, making it the leading cause of death, disease, and disability among reproductive-age women. The disparities between industrialized and developing countries are enormous. Maternal mortality is highest in Africa, where the lifetime risk of maternal death is one in sixteen, compared with one in twenty-eight hundred in industrialized countries. Of all maternal deaths, less than 1 percent occur in high-income countries, and of all child deaths, over 50 percent occur in only six countries: China, the Democratic Republic of the Congo, Ethiopia, India, Nigeria, and Pakistan. Because these issues of maternal and infant mortality can be solved through funding healthcare infrastructures, these issues must be centrally placed on a global agenda. However, the exact opposite is implemented. Women’s access to reproductive and healthcare options are political, biased, and limited. Developing countries receiving IMF/World Bank funding are forced to privatize healthcare infrastructure as a condition of their loan, negatively impacting the most impoverished.

Many countries have liberalized their abortion laws so that the procedure is permitted; yet the most impoverished women still suffer from outlawed abortion, the “global gag rule,” and lack of healthcare, especially prenatal care. While the dividing line between legal and illegal abortions has serious health implications, there also exists a wide disparity in deaths from illegal abortion. While both Latin America and the Caribbean and Africa have similar percentages of illegal abortion, 94 and 98 percent respectively, the number of deaths from unsafe abortions is strikingly different: two thousand in Latin America and the Caribbean and thirty-six thousand in Africa. In Asia, there is a 38 percent rate of unsafe abortions, and 28,420 deaths annually.

In developed nations it is a different picture altogether. North America has an unsafe abortion rate of 0.05 percent, or less than one death, while Europe has a 9 percent unsafe abortion rate with less than sixty deaths annually. Abortion is further restricted by the “global gag rule,” which has been reinstated by every Republican president since Reagan. Officially titled the Mexico City Policy, and initiated in 1984, it mandates that no US family planning assistance can be provided to foreign NGOs that use funding from any other source to perform abortions in cases other than a threat to the woman’s life, rape, or incest; provide counseling and referral for abortion; or lobby to make abortion legal or more available in their country."
Indeed, the pro-life movement has pushed for a global agenda: several organizations have been granted consultative status at the United Nations including NGOs such as Concerned Women for America, Focus on the Family, and the Right to Life Committee. Wreaking further havoc, the Abstinence Clearinghouse website boasts of 350 affiliates operating to discourage condom use in African countries with the world’s highest rates of HIV.

US women of color learned to frame women’s rights within a human rights framework from the global women’s health movement. By utilizing this framework, women can make connections across national boundaries and create a stronger foundation for rights, beyond a privacy discourse. There are many examples of incorporating women within human rights work and extending demands to include reproductive health and gender equality. At the 1994 International Conference on Population and Development Programme of Action, access to accurate health information, including comprehensive sex education, was defined as a basic human right. Women asserting rights over their bodies and reproduction should be incorporated within international declarations as well as the United States legal system.

Conclusion: Building Agendas and Alliances

The radical Right has been instrumental in presenting a comprehensive political platform that connects discourses of family values, gender roles, marriage, abortion, and school prayer; yet the pro-choice movement has been afraid to develop such multi-issue alliances for fear they would weaken the singular focus on abortion. However, backpedaling and compromising has not contributed to a strengthened pro-choice movement or the security of abortion rights. The reproductive justice framework uses human rights to remind us to equally emphasize the right to have a child; the right to not have a child; and the right to parent one’s own children. In January 2017, Democratic Congresswomen Barbara Lee of California and Jan Schakowsky of Illinois, alongside Pro-Choice Caucus co-chairs Diana DeGette of Colorado and Louise Slaughter from New York and one hundred other members of Congress, reintroduced the EACH Woman Act with the support of eighty-two women’s health, rights, and justice advocacy organizations. This bill ensures coverage for abortion for every woman, regardless of the amount she earns or how she is insured.

It is time for the women’s movement to seriously defend the human rights of all women and to center their analysis on women of color, in particular. By defending the human rights of those in the most vulnerable position, the movement will ensure the widest possible social benefit, rather than emphasizing the needs of those with the most resources.

Notes

3. Ibid., 40.
6. Ibid., 73.
7. Ibid., 70.
9. Ibid., 45.
17. Laura Kaplan, "Beyond Safe and Legal: The Lessons of Jane," in Abortion Wars, 34
18. Wilder, "The Rule of Law," 74
22. Ibid., 304.
25. Ibid., 100.
31. Stern, Eugenic Nation, 154
32. Nelson, Women of Color, 6