Week 4: Reproductive Rights

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Dr. Mireille Miller-Young
Questions

• How do WOCF define reproductive justice?
• What are the historical and contemporary reproductive oppressions committed against WOC?
• How do discourses about WOC as unfit mothers contribute to structural inequality?
• How have WOCF expanded the mainstream feminist movement for reproductive rights?
Fighting for Choice, And More

• WOC Reproductive Justice activists fight for “Choice” and believe women should have the right and agency to make up their own minds about whether or not to have a child, rather than be forced through law to carry a child to term.

• They also seek to expand the paradigm of reproductive rights beyond the question of choice to include a range of health concerns and resources.
Reproductive Oppression

WOCF activists are concerned about policies and structures that have constrained their reproduction including:

“population control, sterilization abuse, unsafe contraceptives, welfare reform, the criminalization of women who use drugs and alcohol during pregnancy, and coercive and intrusive family planning programs” (Silliman et al, pg 2)

These are seen as examples of Control, Regulation, and Stigmatization of women’s bodies, fertility and sexualities as well as their communities.
“Our ability to control what happens to our bodies is constantly challenged by poverty, racism, environmental degradation, sexism, homophobia and injustice in the United States.”

--Loretta Ross, SisterSong
Abuse and Coercion

- WOCFs contend reproductive abuse and coercion are widespread for WOC.
- Millions of WOC in the US, Puerto Rico were forcibly sterilized:
  - 10 - 60k a year in the 1930s, 40s, & 50s. 150 - 200k per year in the 1970s. 1/3 of women childbearing age in Puerto Rico since the 1940s.
- State coercion in the use of harmful contraceptive technologies, such as Depo Provera, the IUD, and Norplant, as population control and condition of receiving social services.
- Private organizations like CRACK encourage sterilization in poor WOC with cash payments in order to curb spending on their children.
The Relf Case

- The Relf sisters were victims of coercive sterilization.
- The 1974 case of *Relf vs. Weinberger* exposed wide-spread sterilization abuse funded by the federal government and practiced for decades with WOC.
- The court found an estimated 100,000 to 150,000 poor people were sterilized annually under federally-funded programs. Countless others were coerced to agree to sterilization when doctors threatened to terminate their welfare benefits unless they consented to the procedures.
- The lawsuit led to the requirement that doctors obtain “informed consent” and the prohibition of federal funds for involuntary sterilizations.
1976 Hyde Amendment

- Following *Roe vs. Wade* (1973) the case that legalized abortion, anti-abortion activists attempted to ban and restrict access to abortion.
- Rep. Henry Hyde (R-IL) pushed an amendment to ban the use of federal Medicaid funds for abortions, no exceptions.
- In 1977 exceptions were allowed for instances of rape or incest (only if reported) or pregnancies that threatened the life of the mother.
- Currently, only 17 states use their funds to provide coverage through Medicaid under these strict exceptions, leaving poor women without reproductive health funding.
- Only women with money can afford “choice” as poor women are compelled to have unwanted pregnancies or risk illegal and unsanitary procedures.
“The fact that the Hyde Amendment is still in effect 30 years later represents a key failure of the choice movement. Time and again, women of color activists and supportive allies have voiced the need to work actively toward the repeal of these despicable funding bans. Much to our dismay, some pro-choice leaders have told us everything from ‘it’s not the right time,’ to ‘it’s a losing fight.’ This kind of response has contributed to the relegation of marginalized women to the fringes of the movement and in a way, has conspired with Congress to confirm that only women with economic means truly have the right to an abortion.”

--Toni M. Bond Leonard,
National Network of Abortion Funds, and
African American Women Evolving
Discourses about WOC Shape Policy

“Characterizing women of color as sexually promiscuous and too irresponsible to make their own reproductive decisions and be good mothers serves as a rationale for enacting and legitimizing discriminatory policies, programs and laws.”

Silliman, p.15
Demands for Reproductive Justice

• Include the reproductive health needs of WOC through an intersectional approach.
• Resist population control and emphasize the dual right to be or not be a mother.
• Promote and fund reproductive health services, family services including pre and post-natal care and childcare, and sex education.
• Organize autonomously along racial and ethnic lines.
• Promote inclusion and alliances among all women to fight for reproductive health as a human right.
Responding Through Activism

• WOC RJ activists created identity-based organizations to empower women in their communities, organizations such as the National Black Women’s Health Project, the National Latina Institute for Reproductive Health, the Native American Health Education Resource Center, SisterSong: Women of Color Reproductive Justice Collective, and Asians and Pacific Islanders for Reproductive Health.

• Activists push for policy reform to enhance all women’s access to reproductive health services and resources.

• 2004 March for Women’s Lives (4/25/04) was the largest protest in US history with over 1 million participants. Responded to what N.O.W. called the “anti-woman policies” of Bush, including the 2003 Partial Birth Abortion Ban and the Global Gag Rule.
WOCF Critiquing Choice

• The mainstream women’s movement conception of choice, rooted in neoliberalism that locates individual rights at its core, obscures the “social context in which individuals make choices, and discounts the ways in which the state regulates populations, disciplines individual bodies, and exercises control over sexuality, gender, and reproduction.” (Silliman et al, 5)

• Does not recognize structural constraints restricting WOC choices such as poverty and related lack of health care options, health insurance, education, stigma, and discrimination.
WOCF activists contend that the US practices of coercion and abuse have violated their fundamental human rights according to:


Use the human rights framework to insist the US must be held accountable to international treaties, norms, and standards. The right to health, informed consent, and sexual autonomy are key.
Related Concerns

- STDs and HIV/AIDS
- Abstinence-Only Sex Education
- Medicaid and Insurance, Costs
- Contraceptive Safety
- Stigma and Emotional Trauma
- Pharmacists’ and Provider Refusals
- Access for Immigrant Women, Incarcerated Women, Teens, Addicted, Sex Worker, and Disabled Women
- Transnational and Transracial Adoption
- Fostercare and Childcare
- US Politics for Funding Reproductive Health Initiatives Around the World