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Racial Reproductive Control Logics and the Reproductive Justice Movement

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Racial Reproductive Control Logics and the Reproductive Justice Movement

A thesis

Submitted to the Graduate Faculty of the
University of New Orleans
in partial fulfillment of the
requirements for the degree of

Master of Arts
in
Sociology

By

Nicole Marie Jolly

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ABSTRACT

The reproductive justice movement gives a voice and representation to women of color whose experience of reproductive control is impacted by intersecting layers of oppression. This thesis uses an intersectional approach to develop the concept of racial reproductive control logics, which describes the relationship between racial logics and racial patterns of reproductive control. The study uses qualitative interviews and content analysis of organizational material to explore how the reproductive justice movement is influenced by racial reproductive control logics.

Keywords: Reproductive justice, intersectionality, racial formation, gender, reproductive control

CHAPTER ONE: INTRODUCTION

A third of all women of childbearing age in Puerto Rico were sterilized between 1968 and 1982 (Ralstin Lewis 2005). Native American women on the Mohawk reservation in New York unknowingly expose their babies to environmental toxins through their breast milk (LaDuke 1999). Mexican immigrants miscarry and experience premature labor due to the stress of immigration home raids (Lindsley 2002). Women in prison, who are disproportionately women of color, are victims of sexual assault and rape; pregnant women in prison receive inadequate prenatal care (Roberts 1998). Women on welfare have been coerced to use Norplant, a long term contraceptive with extensive side effects, which can include permanent sterilization (Roberts 1998). Vietnamese women who make up 80% of the nail salon workers in California are exposed to toxic chemicals that contribute to higher levels of spontaneous abortion, birth defects, and reproductive problems (Rojas-Cheatham et al. 2009).

These are some examples of the variety of issues that disproportionately affect the reproductive lives of women of color, and they represent some of the issues tackled by the reproductive justice movement. While the terms reproductive rights, reproductive health, and reproductive justice are often used interchangeably and can overlap in meaning, Silliman et al. (2004) identify how some women of color organizations use reproductive justice “to recognize that the control, regulation, and stigmatization of female fertility, bodies, and sexuality are connected to the regulation of communities that are themselves based on race, class, gender, sexuality, and nationality” (4). While there are many varying definitions of reproductive justice, for the purpose of this study, reproductive justice can be defined as achieving complete

autonomy and access related to the reproductive health and safety of a woman, her family, and her community.

The complexity and variety of reproductive issues that face women of color are much broader than what has been promoted by many of the mainstream reproductive organizations that focus primarily on abortion rights. While women of color have historically participated in the reproductive choice movement, and continue to fight for abortion rights, there has been a common feeling that their voices have not been heard and their issues have not been addressed. Women of color argue that the reproductive choice movement does not take into account the ways that the reproductive lives and concerns of women of color differ from those of the White women who lead these movements (Luna 2009:351).

White women fighting for reproductive rights center their efforts on the idea of choice, but are really focusing on the choice of whether or not to have an abortion, rather than the multitude of choices that women might have, or not have, in regards to their reproductive lives. Some of these choices include, but are not limited to, the choice to self-regulated contraception, the choice to have children, the choice not to have children, the choice of when and where to have children, the choice of having a healthy pregnancy, the choice to provide for her children, the choice to raise her children within their own culture, the choice to raise children in a safe and healthy environment, and the choice to provide shelter for her children. Women of color, poor women, and other women on the margins, because of the space they occupy on the social hierarchy and the multiple layers of oppression that they experience, are often not given these choices that affluent White women may not even have to consider.

Beginning in the 1990s women of color began to organize under the term reproductive justice to challenge the assumption that all women have the same reproductive concerns (Silliman 2004:1), an assumption that disregards the different historical reproductive experiences of women of color. There are many reproductive justice organizations throughout the nation making an effort to change policies and practices that affect women and their communities. The women of color leading these organizations challenge the idea of a “universal woman” and acknowledge that, just as not all women have the same reproductive issues, neither do all women of color have the same issues. While these organizations often work in coalition, there are many organizations that focus their efforts on their specific racial/ethnic community. Some examples include Asian Communities for Reproductive Justice, the Native American Women’s Health and Education Center, Black Women for Reproductive Justice and the National Latina Institute for Reproductive Health.

The current literature on reproductive justice identifies how the reproductive lives of women of color have been regulated by policy and practice. Andrea Smith (2005) makes the argument that the popular pro-life/pro-choice dichotomy “works to reify and mask the structures of White supremacy and capitalism” (119). Shana griffin (Woods 2009) relates the politics of reproduction to black women’s experience with housing, welfare, health care, and the patriarchal construction of the family, specifically in the wake of disaster; identifying that these institutions are used to regulate the reproductive lives of women of color. Lawrence (2000), Smith (2005), Roberts (1998), Carpio (2004), and Kluchin (2007) have documented the impacts of state sanctioned mass sterilization on Latina, Black, and Native women. Roberts

(1998) and Smith (2005) link reproductive control to the prison industrial complex, and to the legacies of internal and external colonialism and slavery.

The discussion of black women's reproductive justice is connected to welfare, criminal justice, and the wars on drugs and poverty (Roberts 1998, Bhattacharjee 2002, Scully 2002, Ross et al. 2002). Literature about Native American women's reproductive experience connects the genocidal tactics of colonization to Native women's sovereignty over their own bodies; a reflection of the historical experience of Native people and the struggle for autonomy (Smith 2002). Immigrant women are victims of reproductive and sexual violence experienced in detention camps and during immigration raids (Lindsley 2002). Asian women's reproductive lives in the United States are at risk because of the types of labor that they commonly perform. Sweatshop labor and nail salons put their reproductive health greatly at risk (National Healthy Nail Salon Alliance 2009).

Some of the literature produced by racially specific reproductive justice organizations highlights the ways they address specific racial reproductive histories. What is missing is an analysis of how the racial reproductive histories impact the current efforts to achieve reproductive justice. Some authors, like Andrea Smith and Dorothy Roberts, have a strong analysis of the historical roots of the Native and Black women's reproductive experience respectively, but it is not clear how contemporary reproductive justice organizations are influenced by these racial histories and logics of reproductive control. To address this question I develop a concept I call *racial reproductive control logics and strategies*, which I relate to contemporary reproductive justice organizations.

The purpose of this study is to explore the influence of racial reproductive control logics on the work of reproductive justice organizations in the United States. The research question is: How do racial reproductive logics influence the contemporary reproductive justice movement? The influence of racial reproductive logics in the reproductive justice movement will be generally defined as the way different racial groups have experienced reproductive control and the meaning this has for organizations fighting for reproductive freedom. This study will appeal to people who identify as academics who study reproductive rights and justice, people involved in the reproductive justice movement, feminists, activists, and/or women of color.

CHAPTER TWO: THEORY

My research draws from several different theoretical perspectives with intersectional theory as the primary framework, but also draws upon critical race theory, second wave feminist theory, and Black feminist theory. Intersectional theory incorporates critical race and second wave feminist theories but offers a way to look at multiple and interacting layers of oppression. Intersectionality looks at power and oppression as an interrelated process that informs a person's experience and asserts that by centering the most marginalized communities we achieve a more complete understanding of social phenomena. Reproductive justice is rooted in intersectional theory as it is centered on the reproductive freedom of women of color. The reproductive justice lens recognizes that a woman's reproductive experience is an outcome of the interacting relationship between her gender, race, class, sexuality, nationality, and able-bodiedness; however, this research project emphasizes the intersection of race and gender.

Critical race theory, as described by Winant (2000), asserts race as a historical, contextual, and socially constructed concept that changes as a reflection of the times. He defines race as "a concept that signifies and symbolizes sociopolitical conflicts and interests in reference to different types of human bodies" (172). The earlier conceptualizations of race are based in essentialist principles that apply a set of characteristics to skin color which are assumed to be innate and biological. Social Darwinism largely contributed to and supported this way of thinking, justifying eugenics (Winant 174). This historical race framework informs the analysis of the history of reproductive control over women of color and specifically applies to

reproductive control methods such as sterilization and coerced or forced use of long term birth control methods.

Winant (2000) situates racial categorization within the historical process of European domination; he calls race a European invention tied to the historical structure of power and domination. Sheth (2009) associates racial logics with an historical system of domination; racial logics are created to justify the subordination of certain people. For example, historically the racial logic of Blackness is that by identifying people with black skin as subordinate and inferior to people with White skin, it legitimizes the use of black bodies for slave labor. Smith (2006) connects racial logics to corresponding institutions of power. For example, she pairs the logic of slavery to capitalism, genocide to colonialism, and Orientalism to war (67). The logic of slavery renders Black people as slaveable which she claims is anchored in capitalism. The logic of genocide applies to indigenous people who must always be disappearing, as it is anchored in colonialism. The logic of Orientalism is a branch of postcolonial theory that solidifies the superiority of the Euro0American West by making “others” who are inferior and threats to society; a “West vs. the rest” ideology, which I use in this broader postcolonial sense. It is anchored in war. Her point is that the “three pillars of White supremacy” allow us to analyze the relationship between racial hierarchy and its justification by complicating the notion of White supremacy to understanding it as the result of distinct yet interrelated logics (67).

The Combahee River Collective, an early Black feminist and lesbian organization, formed in the mid 1970s as a self proclaimed intersectional organization fighting layers of oppression prior to intersectional theory being coined in academia (Eisenstein 1978). The work of the Combahee River Collective serves as inspiration for the development of an intersectional

theory: “A focus on these simultaneous and multiple oppressions would come to form the crux of intersectional theory” (Smith 1983). This was further developed by scholars Kimberlé Crenshaw (1989), who coined the term, and Patricia Hill Collins ([1990] 2010). Collins ([1990] 2010) explains that intersectionality takes into account the multiple and differing levels of subjugation that individuals and communities experience as a result of the system of domination and subordination that defines our society (550). Some of the assumptions of intersectional analyses are that systems of domination are a reality of our society; we each experience domination according to our intersecting locations in society; and understanding these intersecting locations will allow us to challenge systems of domination.

Intersectionality expands on standpoint theory, gender theory, and critical race theory in that it specifically recognizes the ways in which multiple categories of oppression and domination interact to create lived experiences and that “simultaneous and multiple oppressions give rise to standpoints that represent hybridity, multilocationality, and differences *between* women” (Mann 2012:26). It is not just about recognizing oppression. Intersectionality asserts that understanding multiple levels and types of oppression creates a more complete understanding of the manifestation of domination. Understanding the complexity of subordination is required in order to understand the complexity of domination. The goals of an intersectional approach include to create change, to challenge systems of domination (Collins 1990:550) and “to reveal how these relations of power are hidden in knowledge claims in order to foster social justice” (Mann 2012:24).

The context in which intersectionality was developed is similar to the development of reproductive justice and is important in understanding the significance of an intersectional

perspective. Within both the Civil Rights and Women's movements, black women's voices and experiences were overshadowed by the Black male leaders and White women of each movement. The women who played important roles in civil rights saw the way patriarchy was imbedded in the fight against racism. Even while the Black community was fighting for a common cause, it was missing an analysis of gender and the way that women of color were being affected by sexism within the movement against racism (Eisenstein 1978).

The role of Black women in the women's rights movement also influenced the development of intersectionality. There was an ideological assumption behind the women's movement that all women could find common ground in their shared experience as women, but there was not adequate consideration of the different ways women experience sexism and oppression; the women's movement assumed that all women are oppressed by men in the same way. However, Black women did not necessarily see themselves as experiencing sexism or gender oppression in the same way as White women. Their voices were not being heard in a women's movement that was dominated by White women experiences, just as Civil Rights was being dominated by Black men's experiences. In short, Black women's experience within both movements was not being fully considered (Eisenstein 1978).

Collins (1998) discusses the ways in which the oppression of White women and the oppression of Black women differ. Women are divided by the oppressive strategies that are used to maintain the power structure. A distancing strategy is used in regards to race, and an inclusionary strategy is used in regards to gender. Races are segregated in most aspects of social life, whereas in gender, women are kept in close proximity to men. What this means for a

Black woman is that her oppression is maintained both by being separated from White culture and by being kept close to Black men, and therefore apart from other women.

My research concerns the subordination of women specifically as it relates to mechanisms of reproductive control. I am using the term *logic of reproductive control* to describe the relationship between reproductive control and social hierarchies. The term describes the historical process by which the reproductive lives of different groups of women have been controlled in specific ways to maintain and further the subordination of women, people of color, those who do not identify as heterosexual, or who are considered disabled. For this study, it is necessary to understand reproductive logic so that it can be related to other forms of social hierarchy and control.

Reproductive control is linked to gender in an obvious way: gestation and birth takes place in a woman's body and reproductive oppression limits a woman's freedom and human rights. Women are controlled in many ways and areas of life, reproduction is just one example. As the literature reveals, women's reproductive lives are controlled in numerous ways, using numerous systemic strategies. Women's bodies and reproductive lives are the topic of public debate, of national and state legislation, and are even given significant attention in presidential campaigns.

Women are the targets of reproductive control in a much more visible and deliberate way than are men. There have never been equivalent systemic measures taken to limit a man's sexual and reproductive life to the extent that welfare policies limit the sexual and reproductive lives of women. Men's health insurance covers Viagra, but there is uproar when it is mandated that health insurance cover contraceptives. Men convicted of drug charges are not order to

take a pill that lowers their sperm count as a way of lessening their jail sentence, which has been the experience of women who have had Norplant used as a sentencing bargaining chip. It is not conceivable that men's bodies or reproductive lives would be controlled to the extent that women's bodies and reproductive lives have been and continue to be because men's reproductive lives are not problematized or considered a public matter to be controlled and regulated. It is acceptable however for the public to make decisions for women concerning something as personal and private as her body and her family.

Reproductive oppression, control, and violence against women are products of gender hierarchy, of a patriarchal society that subordinates women and uses the universal male as the standard for society. Men have gender-based power in our society which gives them power over women's basic rights and freedoms. Patriarchy is embedded in U.S mainstream culture in a way that allows for the oppression and control of women's reproductive lives while protecting or ignoring men's reproductive lives. Reproductive control reinforces patriarchy by maintaining the subordination of women. What I am arguing in my research is that there are also racial reasons for controlling the reproductive lives of women, *racial reproductive control logics*.

Reproductive oppression, violence, and control simultaneously support multiple social hierarchies, one of which is race, which will be discussed further in the next chapter.

While reproductive oppression affects all women, the reproductive justice movement takes an intersectional approach to reveal and change the ways in which marginalized women, particularly women of color, experience reproductive control. Prior to the development of an intersectional approach, second wave feminist theory asserted the importance of the lived experience of women. Feminists developed standpoint theory which recognizes that people

have different standpoints depending on their social location, which prevents total objectivity (Smith [1970] 2010). However, Black feminist scholars critique early standpoint theory that only looked at gender and argue the limitations of standpoint theories that ignore the hierarchy *within* a category of people and the variation among them (Collins 1990). Expanding on gender-based standpoint theory, intersectional theory focuses on the group rather than the individual (Collins 2003:247-249) and broadens the concept to include the multitude of standpoints that shape a person's experience. In addition, "Intersectionality theorists often speak in terms of margins and centers to better capture their focus on simultaneous, multiple oppressions where gender is just one of a multiplicity of oppressions that affect peoples' vantage points on reality" (Mann 2012:20).

Intersectional theory can be used to inform research methods in addition to providing a theoretical framework. McCall (2005) and Collins ([1990] 2010) acknowledge that utilizing a fully intersectional approach is difficult. It involves more than simply recognizing multiple oppressions such as race and gender; it explores the ways in which these oppressions interact, influence each other, and form an intersectional experience that works to maintain a social hierarchy. As Collins describes in her writing, there are three levels of experience that must be considered: personal biography, group or community, and social institutions/formal organizations (545). It is a very challenging theoretical perspective because of this complexity. Each level adds an additional layer of understanding, bringing it from the micro to the meso to the macro levels.

Choo and Ferree (2010) describe how to apply intersectionality to the analysis of inequality as both a methodology as well as a theoretical perspective. They break

intersectionality down into three parts, the third of which is most important to my research: “seeing intersectionality as shaping the entire social system pushes analysis away from associating specific inequalities with unique institutions, instead looking for processes that are fully interactive, historically co-determining, and complex” (129). This reiterates the idea that systems of oppression interact with each other, and with history, to support the power structure. My own research is inconceivable without an intersectional analysis, but as Collins explains, it is not an easy approach to take. I use the work of Choo and Ferree, and Collins to incorporate intersectionality into my own analysis and methodology.

CHAPTER THREE: RACIAL LOGICS AND STRATEGIES OF REPRODUCTIVE CONTROL

Racial Reproductive Logic

I am using the term *racial reproductive logics* to describe the relationship between reproductive control and racial formation, or the way that reproductive control is racialized; recognizing that reproductive control serves both a gender and race agenda and that there are histories and strategies of reproductive control that are specific to racial groups. This is why there are race specific organizations within the reproductive justice movement. Racial groups are not racialized in the same way, and reproduction is not controlled in the same way for all women, therefore the reproductive justice movement is multiple and diverse reflecting different racial groups.

I am looking specifically at race in this study because reproductive justice has been a racial movement from its inception. The reproductive justice movement is about understanding that women of color face different issues than those identified by mainstream White organizations, as well as different issues from each other. Racial reproductive logics reveal that there are racial outcomes to legislation and policies that affect women's reproductive lives. So, while it remains a gender issue and supports patriarchy, reproductive control is also a race issue that supports a racial hierarchy.

The concepts of racial formation and racial project inform and develop a framework that emphasizes the relationship between the formation of race and a history of reproductive control. Racial formation is the "*process by which social, political, and economic representations and stereotypes define racial categories*" (Omi and Winant 1994:24). Racial projects are the particular ways in which racial formation occurs; projects justify the

subjugation of groups of people by physically and symbolically structuring people for political, economic and social gain.

The control of the reproductive lives of women of color is related to the racial projects of different historical periods that contribute to the formation of race. I argue that reproductive control policies reflect and serve to reinforce racial formation while also reinforcing patriarchy. There are political and social reasons for categorizing people based on skin color and gender, and reproductive control is a strategy used to further the racial and patriarchal power structure.

Women are ascribed the role of mother and caretaker, which makes it their primary responsibility to pass on tradition, customs, beliefs, and the ways of life that define our society. The interaction between gender and race, and often economic class, sexuality, and ability, are significant to the conversation of reproductive control because of what the role of child bearer means for women of color. Women of color play a crucial role in maintaining and resisting both racial and gender hierarchies. Because of the power women have as mothers, women of color are a threat to both of these hierarchies.

Racial Reproductive Control Strategies

Racial reproductive control strategies describe the mechanisms used to control the reproductive lives of women in race-specific ways. They describe *how* patriarchy works *in tandem* with racism to subordinate women of color through reproductive control. Racial reproductive control strategies are the systematic methods that do the work of racial reproductive logics. This means that racial reproductive logics are acted out through policies,

practices, cultural beliefs, stereotypes, and other such methods, both intentionally and unintentionally. For example, it is acceptable to target women of color for sterilization because women are controllable because of their gender and because women of color are problematized because of their race. People of color are seen as a moral and physical threats to society which makes women vulnerable target.

The term and concept of racial logics is used by other authors to describe racial histories in a condensed but comprehensive way so that it can be used to analyze the role of race within systems, institutions and social structures. For example, Smith (2006) summarizes the historical experience of different racial groups into three pillars of White supremacy which are separate but interrelated racial logics: logics of slavery, genocide, and Orientalism. Smith uses the term logics to provide a framework for analyzing people of color organizing and movement building. Roberts (1998) and Rousseau (2009) examine the concept of the racial logic of Blackness and discuss how systems such as welfare and criminal justice contribute to the subordination of Black women. Aguilar-San Jaun (1997) applies the concept of racial logics in an intersectional way to the Asian American women movement. Her use of racial logics supports an intersectional approach so that Asian American identities are not fractured into competing and hierarchical oppressions. She also applies the logic of the “perpetual foreigner” to examine its relationship with gender, nationhood, colonialism, and imperialism. I use racial logics to examine the relationship between race and reproductive oppression and control.

In using the term racial logics I am categorizing and simplifying racial groups that in actuality are complex and ambiguously defined and conceptualized. Because race is a process of social construction, the definition of race, racial groups, and racial identities is constantly

changing and being re-defined. Other race scholars have identified how unfortunate and problematic it can be to use the language of racial categories as it “reinforces basic categories of oppression,” and admit that they have yet to figure out the best way to resolve this issue (Anderson and Collins 2013: xvii). As a way to manage this limiting language I try to acknowledge the diversity within racial categories while recognizing that patterns exist across racial categories and that the organizations chose to use these racial categories.

The next chapter reviews literature that explores the strategies that are used to control the reproductive lives of women of color. First, however, I will describe how racial reproductive control logics and strategies differ for each racial group: in ways that relate to the racial logic of specific racial groups. The historical logic of reproductive control sets the stage for exploring how and why the reproductive lives of women of color are controlled today so that it can then be applied to the reproductive justice movement. The racial history of a community reveals the perceived “need” for controlling the reproduction of that community because women’s reproductive labor means they play a powerful role in the maintenance of social hierarchies. The following sections provide examples of how racial reproductive logics and strategies have historically played out for communities of color and how the experiences of reproductive control within the category of women of color differ. They are not meant to illustrate a complete picture of hundreds of years of racial formation, but rather to offer a basic understanding of how racial logics applied to reproductive control provide a framework for my research.

Native American Reproductive Logic and Control Strategies

Native American history is a history of genocide; Native women's history is a history of reproductive genocide, used as a tool of internal colonialism. The function of creating a category of Native Americans was to acquire land and secure a slave labor source. Acquiring land became the primary reason for distinguishing Native people as a different racial group. This specifically impacts Native women who are deterred from having children so that the population will die out and land will be open for the taking; Native women's reproductive justice is the right of existence (Ralstin Lewis 2005:86). From the times of Andrew Jackson, Native women and children have been seen as a particular threat, exemplified in Jackson's order for troops to "systematically kill Indian women and children after massacres in order to complete extermination" (Smith 2002:124).

Native women continue to stand in the way of colonial success because of their ability to reproduce. Native women's lives continue to be controlled to gain control of the lands that Native people occupy and to finish the process of colonization (Smith 2006); this is also the reason for the mass sterilization of Native women. Reproduction and cultural strength stand in the way of completing the colonization of American lands. Native land can only be transferred to another person who is tribally recognized. If there is no descendent to claim the land, then it goes to the government (Ralstin Lewis 2005:83). Native land is extremely valuable because it contains a plethora of raw materials: including oil, natural gas, copper, coal, and uranium. The desire for Native land was the reason behind the genocide of Natives during settlers' colonization process, and it continues to be the reason for controlling the Native population via reproduction (Ralstin Lewis 82).

Smith's (2005b) description of the relationship between Native reproductive control and colonialism makes it clear that fighting for reproductive justice for Native women means fighting against colonial rule. She claims that colonialism depends on patriarchy, so one has to also fight against patriarchy in order to achieve sovereignty (139). Sovereignty has been a struggle for Native people since colonialism, but this relationship between sovereignty and reproductive justice is essential to both struggles. Smith quotes the definitions of sovereignty from several Native women of various tribes, all of which are more expansive than nationhood and power: "Sovereignty is an active, living process within this knot of human, material and spiritual relationships bound together by mutual responsibilities and obligations" (186).

Native people do not in actuality have sovereignty because they are a colonized people whose colonization process is still underway: "The colonized group can never be completely assimilated- otherwise, they would be equal to the colonists, and there would be no reason to colonize them" (Smith 2005b:26). It is a constant struggle for autonomy which affects every part of Native life, but a focus on the autonomy of Native women is a struggle for all Native people. If Native people do not have control over their own reproduction, their entire culture is at risk.

Black Reproductive Logic and Control Strategies

Roberts (1998) and Rousseau (2009) provide an analysis of the way Black women's bodies have been regulated in the U.S. from the time of slavery through the 1990s. By defining Black people as property in the antebellum era, the U.S. justified the use of Black people as a labor source. The function of categorizing Black people was initially to secure a labor source. This relates to reproductive justice because slavery is where the pattern of the reproductive

control of Black women began (Rousseau 62). Looking at some of the earliest experiences of Black motherhood, we can see how controlling slaves' reproduction benefited the birth of our nation and established the social order. Black women were especially necessary during slavery because replenishing the labor supply depended on Black women's reproduction (Rousseau 63).

Roberts (1998) discusses the need for Black women to reproduce the labor force for White slave owners. The laws that made Black women's children the property of the slave owner was the start of the control of Black reproduction as well as their motherhood (23, 33, 154). The laws of slavery denied Black mothers any rights to raising their children; they also assisted in the development of alternate definitions of family like kinship and extended and symbolic family (Roberts 53). Rousseau identifies some of the significant exploitative reproductive policies during slavery which include forced breeding, turning Black babies into a commodity by using incentives for reproduction, White ownership of Black babies, and establishing cash value for reproductive capabilities (Rousseau 83).

Andrea Smith (2006) argues that, even with the abolition of slavery, the logic of slavery remains intact in the criminal justice system. However, the racial reproductive strategies of Blackness changed when the value of Black labor and reproduction diminished. This signified a major change for the reproductive control of Black women who went from being necessary and important to the economy to being a burden (Rousseau 90). The shift in racial logic caused a shift in the reproductive logic for Black women as the producers of a labor supply to being the producers of poverty, crime, and social ills. The strategies of reproductive control then shift

from policies and practices that encourage and force breeding to policies and practices that prevent and limit Black women from having children and families.

Latina Reproductive Logic and Control Strategies

The broader sense of Smith's (2006) logic of Orientalism describes Latinas in America; Orientalism as a branch of postcolonial theory which solidifies the superiority of the Euro-American West by making "others" who are inferior and threats to society. Historically this relationship was informed by Colonialism. For example, Puerto Ricans were internally colonized by the Spanish and then by the United States, and Mexican Americans experienced external colonization by the U.S. (Silliman 2004:219). More recently, Lindsley (2002) frames Latina reproductive control as a process of systematic exclusion, and Silliman et al. (2004) discuss the significance of growing fear of Mexican immigration throughout the 20th century (221). Immigration restrictions have excluded Latina communities from citizenship and immigrant women have been excluded from social services.

Latinas are subject to a cultural rhetoric that Black women have also experienced; they are depicted as hyper-fertile which is seen as a social problem and threat to American resources (Gutierrez 2008:2). Mexican immigration is threatening because it can upset cultural hegemony; it threatens mass cultural change and this fear motivates Latina reproductive control (Silliman et al. 2004:221). The racial strategy of exclusion protects the American power structure which is threatened by Latina women's reproduction.

The contemporary experience of Latina populations has largely been overlooked in reproductive research. There is a lack of research on health disparities among Latinas and the reproductive experience of Latina women and girls. The little research that there is concerning

the reproductive needs of Latinas is not accessible to policy makers and the existing body of research is not informed by the Latino community (Valladares 2009:3). California Latinas for Reproductive Health identify several weaknesses in current research: the tendency to group Latina identities and experiences together; the incomplete understanding of how language barriers limit Latina women's access to reproductive education and services; the tendency to ignore cultural factors that make Latina's reproductive experience unique; and the role that the family plays in making reproductive health decisions (Valladares 2009:4).

Asian/Pacific Islander Reproductive Logic and Control Strategies

The category of Asian also includes many different nationalities and historical experiences, but the racial logic highlights patterns, such as patterns of exclusion through immigration laws and restrictions. The Chinese Exclusion Act of 1882 is a very early example of the systematic banning of Asian immigrants. Other examples of the exclusion of Asian immigrants include: the Immigration Act of 1917 which systematically, if not blatantly, excluded Asian Indians; the Immigrant Act of 1924 excluded Japanese on the count that "whites only" could become naturalized citizens, indicating at this point in history that Japanese were not a part of the White race; the Tydings-McDuffie Act of 1934 excluded Filipinos from immigrating by cutting the Filipino quota; and Alien Land Laws which prohibited Asian immigrants from owning land.

Immigration has historically impacted women and children differently from men. The Chinese Exclusion Act banned Chinese labor to eliminate labor competition, but it also banned the immigration of Chinese women who were seen as "corrupting the morals of young white boys" (Silliman et al. 160). Asian women who did immigrate were mostly brought to the U.S. as

prostitutes. San Francisco's Anti-Prostitution Act of 1870 depicted Asian women as bringing immoral behavior with them and so specifically banned the "business of importing into this State Chinese women for criminal and demoralizing purposes" (sanfranciscochinatown.com retrieved January 10 2012). Sonia Shah writes that the first Asian women to come to the U.S. were disadvantaged Chinese women who were tricked, kidnapped, and smuggled here for the purpose of serving Chinese men as prostitutes (Silliman 2004:159).

Chinese and Japanese immigrants historically were recruited from poorer classes to perform manual labor on the railroads, but this recruitment included very few women. Instead these women remained in Asia for the most part and bore the cost of supporting the family. Labor provided by Asian men who were not directly supporting families allowed for lower wages. Prior to World War II, Japanese American women in California provided mostly cheap labor as servants and during internment Japanese women were particularly vulnerable and exploitable (Shah 2008:xv). Post-WWII Asian immigrants were integrated as a second-tier professional class, systematically fulfilling an economic role by providing a particular type of professional labor (Shah 2008: xvi).

The 1965 Immigration Reform Act, which lifted race restrictions, caused a dramatic shift in the demographics of the Asian population in the U.S. which greatly increased the ethnic diversity of Asian Americans, including Asian Indians, Koreans, and Filipinos who are the fastest growing segments of the Asian American population. In addition to this increase in ethnic diversity is an increase in socio-economic diversity. Initially after 1965, Asian immigrants tended to be educated professionals; however this was in contrast to the economic profiles of more recent immigrant refugees from Laos, Cambodia and Vietnam (Kibria [1998]2013). The

Vietnamese population which was insignificant in size in the early 1970s, prior to the end of the Vietnam War, grew to over 615,000 by 1990. This group was forced to leave Vietnam because of the political climate after the war and immigrated to the U.S. with minimal formal education or marketable skills (Zhou 1999).

Fitting Smith's logic of Orientalism, Asian women's reproductive capacity continues to be seen as a threat to dominant White culture, and is often overlooked and rendered invisible through the pressures of assimilation. The increase in women immigrating from Asia post-WWII saw the development of the "model minority" stereotype which is closely tied to the popular framing of Asians vis-à-vis other people is color. This stereotype assumes the economic success of all Asian/Pacific Islander women; it does not acknowledge the significant differences among Asian/Pacific Islanders. This has a negative effect on Asian/Pacific Islander reproductive health because it collapses and misrepresents Asian women's experiences, thereby discouraging the identification of needs and provision of services (Silliman 2004:163). The additional Asian stereotype of the "selfless Asian woman" leads to community silence and does "not capture the reality of API women's lives, in which a spectrum of sexual behaviors exists" (Silliman 2004:164).

CHAPTER FOUR: LITERATURE REVIEW

This research is highly informed by four primary works: Andrea Smith's *Conquest* (2005b), Dorothy Roberts' *Killing the Black Body* (1998), and Jael Silliman and her co-authors' *Policing the National Body* (2002) and *Undivided Rights* (2004). These specific works address many of the systems, institutions, and histories that affect the reproductive lives of women of color and offer an analysis of the systematic actions of the state as well as agents of reproductive control. The expansive body of literature on the reproductive control of women of color discusses the need for a reproductive justice framework as well as the multitude and complexity of issues that are a part of reproductive justice.



Figure 1: Reproductive Justice and Social Issues (ACRJ 2011)

Figure 1, to the left, is an example of some of the social issues that Asian Communities for Reproductive Justice link to reproductive justice. It is important to note that there are many different dynamics and relationships that are incorporated into the reproductive justice framework that cannot be fully addressed or discussed within the parameters of this project. That

said, I have organized the broader body of literature into six primary areas of reproductive oppression and control: health care, population control, criminal justice, welfare, immigration,

and environmental justice. The SisterSong Collective defines reproductive oppression as “the control and exploitation of women, girls, and individuals through our bodies, sexuality, labor, and reproduction” (sistersong.net). The following section provides an introduction to the reproductive justice movement and then describes what reproductive oppression looks like within each of the six areas.

Introduction to Reproductive Justice: Beyond Pro-choice/Pro-life Dichotomy

Reproductive justice literature expands the reproductive rights and health paradigms by addressing the many ways in which reproduction is regulated and controlled, particularly for women of color. Price (2010) argues that what led women of color to develop a different approach to reproductive rights and health is the limiting and exclusive language of choice that dominates reproductive rights literature: “This frustration also partly stems from the ‘choice’ rhetoric of the movement, which is problematic because it is based on a set of assumptions that applies only to a small group of women who are privileged enough to have multiple choices” (46). Smith’s (2005a) research finds that pro-choice/pro-life language does not accurately describe all women’s experiences or opinions. For example, Native women interviewed about abortion frame their responses within a context of sovereignty and community, exposing a more complex reality of reproduction that does not fit in the pro-choice/pro-life dichotomy. Smith’s concern is that the narrowness of the dichotomy marginalizes women of color as well as poor women and women with disabilities; as with most dichotomous thinking, the dominant pro-life vs. pro-choice options limit our understanding of reproductive freedom (120).

Dichotomous thinking has very real consequences. For example, pro-choice advocates narrow their efforts to focus on legislation that only deals with the choice of having or not having an abortion; they do not consider the many external factors that may impact why a person would be making such a decision in the first place or the other considerations that a woman might face in regards to her reproductive life (Smith 2005a:129). The reproductive justice agenda “supports keeping abortion legal and advocates for women’s right not to have children, but also for women’s right to *have* children and to *parent* the children that they have, which have not traditionally been a central component of the pro-choice agenda” (Price 2010:56).

REPRODUCTIVE CONTROL, VIOLENCE AND OPPRESSION

Health Care

Health care is an area where poverty, race, and gender intersect most visibly within reproductive justice. Health care within a reproductive justice framework includes a discussion of barriers to reproductive health care, including access to fertility services, contraception, prenatal care, preventative services (pelvic exams, breast exams, condoms, etc.), language barriers, racial bias in the medical field, and uninformed and involuntary decisions in regard to reproductive medical procedures.

Shanley and Asch (2009) find that women of color disproportionately suffer from pelvic inflammatory diseases that lead to infertility compared to White women who are more likely to have fertility complications due to delayed childbearing (855). Pelvic inflammatory diseases are usually the result of untreated sexually transmitted infections which affect minorities at a disproportionately higher rate, an issue that is compounded by a lack of access to medical care:

“Minority STD rates become visible as a product of overlapping and linked racial and economic factors” (Shanley and Asch 2009:855). They also find that poor women, who are disproportionately people of color, are also less likely to utilize fertility services: “Poorer women and those who lack health insurance are less likely to go to a doctor for fertility assistance, and race, education level attained, marital or cohabitation status, and socioeconomic status all affect access to fertility services” (Shanley and Asch 2009:856).

Women of color are overall less likely to have health insurance than White women. Compared to 13% of White women who lacked health insurance in 2002, 42% of Latina women, 23% of Black women, and 25% of Asian American women lacked health insurance (Silliman et al. 2004:6). Both legal and illegal immigrants struggle with access to health care because of anti-immigrant sentiments that argue against allowing immigrants access to services tax payers pay for. For example, Governor of California Pete Wilson, in 1997, proposed a plan to ban pre-natal care for undocumented women (Lindsley 2002:188). Limited access to health insurance and health services result in women of color receiving less or infrequent prenatal care, breast cancer screenings, and pelvic exams, resulting in higher rates of sexually transmitted infections and late diagnosis of cancers (Valladeres 2009:12, Shanley and Asch 2009:855, Chappell 2005:13).

Language can be a barrier to women’s reproductive health as it prevents accurate understanding of information and can make a woman hesitant to receive services: “Studies have found that individuals who require interpreters receive fewer preventive services such as mammography, Pap smears, or other important screenings, or leave medical visits without thoroughly understanding the directions for their prescriptions” (Chappell 2005:12). Not fully

understanding the explanation of reproductive services may limit a woman's knowledge of her options: "One study found that language barriers exacerbated misconceptions that Vietnamese American women had about birth control pills, preventing them from receiving accurate information about the full range of contraceptive options" (Chappell 2005:12). A lack of cultural awareness has similar consequences. California Latinas for Reproductive Justice found that in the absence of cultural competence and familiarity, the strength, trust, and level of communication that a woman can have with her health provider is limited: "Female immigrant respondents stated service providers not understanding their culture is a larger barrier than providers not speaking their language" (Valladeres and Franco 2010:2).

Warren- Jeanpiere (2006) identifies a history of distrust in the medical field and in medical practitioners as an additional barrier for women of color; she focuses on reasons why Black women specifically are less likely to use health care services because of a lack of trust. More broadly, a history of abuse has led to a perceived bias in the medical field that discourages women of color from seeking health care (Warren-Jeanpiere 2006:55) and makes it appear as if they do not care about their pre-natal or reproductive health (Roberts 1998:172). Examples of such abuse include how women of color have been used in experiments for new surgical procedures in gynecology during slavery (Roberts 176, Thomas 1998:54), as guinea pigs for dangerous long-term contraceptives Norplant (Roberts 132) and Depo-Provera (Silliman et al.), and were greatly affected by the Tuskegee syphilis experiment (Roberts 260). Native women were being implanted with Depo-Provera years before it was even cleared by the FDA (Ralstin Lewis 86). Puerto Rican women were subjects of experimental contraceptive tests such as contraceptive foam, the intrauterine device, and varieties of the pill when laws against birth

control prevented medical trials to be conducted on the mainland U.S. (Silliman et al. 2004: 220). This history of medical experimentation and abuse has a lasting effect on the perception that women of color have of health care professionals, which in turn impacts reproductive health care decisions.

The history of mistrust in the medical field impacted how Black women responded to the birth control pill when it became available in the 1960s and contributed to the distrust in this new technology that was being hailed by White women during a time when racial tension was high. Black women had to decide whether the pill was freeing or regulating. Roberts (2000) explains the importance of context in this internal struggle. The birth control pill offered White women a new kind of reproductive freedom, but Black women during this time were fighting for civil rights and many women of color were fighting against claims of racial inferiority that were used to justify sterilization (92). While prominent Black male leaders warned that contraceptives were a way of controlling the Black population, White women were declaring contraceptives as an agent of reproductive freedom (Roberts 1998:102).

The experience of Black women and reproductive freedom is clearly more complex than dichotomous models of thinking; Black women are concerned with the possibilities of liberation and oppression as women and as Black people: “The meaning of birth control is complicated by the racist denigration of Black childbearing, including deliberate campaigns to limit Black fertility; sexist and religious norms within the Black community; and many White feminists’ ignorance about the unique issues facing Black women” (92). Native women find themselves in a similar struggle between an allegiance to women and to the Native community: “Native women who are survivors of violence often find themselves forced into silence around sexual

and domestic violence by their communities because their communities desire to maintain a united front against racism and colonialism” (Ross and Smith 2004:1).

Population Control

The concept of population control is distinct from voluntary birth control; the first consists of involuntary “external imposed fertility control policies” and the second is voluntary and internally regulated (Silliman et al. 2004:7). Population control policies are not unique to the United States nor to the 19th and 20th centuries; they can be found throughout history and throughout the world. Sir Francis Galton, a cousin of Charles Darwin, advocated for population control by popularizing the concept of eugenics in the late 19th century and encouraging those deemed fit to reproduce and those considered unfit to be prevented from reproducing (Rousseau 2009:94).

The ideology behind the eugenics movement is rooted in the assumption that there are biological differences between races; it reinforces the notion of social and racial difference. Roberts (1998) writes that: “eugenic sterilization enforced social judgments cloaked in scientific terms” (70). Eugenics sought to purify the race by weeding out those seen as socially unfit. It is rooted in a belief of racial superiority and social Darwinism, but rather than letting nature do the sorting, supporters of eugenics controlled the population by encouraging only certain people to breed and limiting the breeding of others (65). Eugenicists link social ills to physical traits, solidifying a social hierarchy based on ostensible physical differences.

In 1927 it was ruled legal to preemptively sterilize people with hereditary deficiencies under the presumption that it was for the greater good and it would prevent future generations of criminals and poor people (Roberts 1998: 69). Eugenics ideology became popular again in the

U.S. during the Great Depression and again during the 1970s, promoted by politicians including President Nixon, and specifically targeted women and populations of color under the guise of fighting poverty. During a time when resources were scarce, people utilizing federal welfare assistance were stigmatized, problematized, and seen as a drain on an already drained society. This ideology depended greatly on defining social ills as genetic traits connected to a person's physical body. Eugenics was also a way of punishing people who did not follow the social mores of the dominant culture, for example women who were labeled as sexually immoral, or "feeble-minded," would be admitted to an institution "for the sole purpose of being sterilized" and then would be quickly released (Roberts 1998:69). Eugenics greatly impacted Black women with the justification that sterilization would "prevent the birth of children who would need public assistance" (Roberts 1998:70).

Rousseau (2009:106) cites that by 1935 thirty-three states had sterilization-based statutes on their books, setting states up for legal sterilization campaigns. In the mid- 1930's President Roosevelt personally approved of opening an experimental birth control clinic in Puerto Rico that facilitated the mass sterilization of Puerto Rican women on the grounds that the economic problems of the island were due to overpopulation and birth control was a more viable option than emigration (Lopez 2008:13). Puerto Rican women served as test subjects on whom sterilization techniques were tested, altered, and perfected (Rousseau 2009:109). By 1968 over a third of Puerto Rican women of childbearing age had been sterilized, an effort that was pushed and supported by the International Planned Parenthood Federation and public health officials (Roberts 1998:94). Eugenics ideology and policy in the U.S. led to the state sanctioned systematic mass sterilization of women of color, prisoners, and the disabled, during

the 1960s and 70s. It was estimated that up to 42% of American Indian women of childbearing age had been sterilized during the sterilization campaign (Carpio 2004:50). As shown in Figure 2 below, the per capita sterilization rate for Native American women between 1968 and 1982 was 42%, compared to 35% for Puerto Rican Women, 24% for Black women, and 15% for White women (Ralstin Lewis 76).

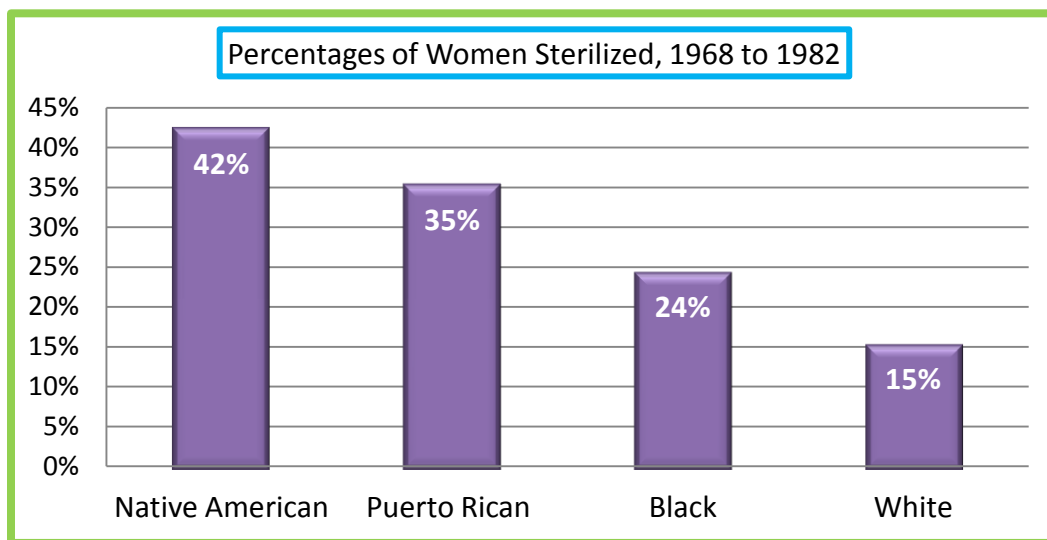


Figure 2: Statistics adapted from Horsburg, *Schredinger's Cat* (Ralston-Lewis 2005)

A 1976 report found that 3,001 Native American women of childbearing age in Albuquerque, Phoenix, Aberdeen, and Oklahoma City had been sterilized in a three year period between 1973 and 1976 (Smith 2002:126). A study in Montana showed that Native women in the Blackfeet reservation and surrounding urban population of Great Falls were twice as likely to be sterilized as White women (Smith 2002:127). These numbers indicate that women of color were targets for sterilization, which is in contrast to the experience of White middle-class women:

A 1972 study found that six percent of doctors would recommend sterilization as a permanent form of birth control for their private White patients, while

fourteen percent of doctors recommended sterilization for poor and minority patients on public assistance. In the case of welfare mothers with three or more children, ninety-seven percent of doctors either recommended or preferred sterilization. (Ralstin Lewis 2005:76)

Economic class and race intersect within sterilization trends in the United States where African American, Puerto Rican, Chicano, Native, and poor women have been more likely to be sterilized than White women from similar or higher socioeconomic classes (Wilcox 2002:567). Women of color experience coerced sterilization while doctors hesitate to sterilize wealthy White women and even attempt to dissuade them (Roberts 1998: 95). Dr. Rodriguez-Trias (Wilcox 1998), a Puerto Rican leader in the anti-sterilization movement, confronted these differing experiences in her own work:

We got a lot of flack from White women who had private doctors and wanted to be sterilized. They had been denied their request for sterilization because of their status (unmarried), or the number of their children (usually the doctor thought they had too few). They therefore opposed a waiting period or any other regulation that they interpreted as limiting access . . . While young White middle class women were denied their requests for sterilization, low income women of certain ethnicity were misled or coerced into them. (568)

Lawrence (2000) found that the increase in sterilizations was tied to the increase in the number of women on welfare, primarily women of color, during the War on Poverty:

“According to a study that the Health Research Group conducted in 1973 and interviews that Doctor Bernard Rosenfeld performed in 1974 and 1975, the majority of physicians were White, Euro-American males who believed that they were helping society by limiting the number of births in low-income, minority families” (410). Physicians gained personally by performing

sterilizations and thought they were serving the national public by limiting the number of minorities who were already causing national problems through radical movements like the Black Panthers and the American Indian Movement (410). They also believed that Native women were not intelligent enough to follow the instructions for contraceptive methods, even though Native women had centuries of experience with their own methods of contraception (Lawrence 2000:412).

Sterilization during its early years of popularity also affected those considered to be mentally challenged. Between 1907 and 1945, 45,000 mentally challenged people in the U.S. were sterilized without consent because of their mental capacity; in many cases this was the primary reason for admitting a person to an institution (Lopez 2008:5). Indian Health Service (IHS) hospitals sterilized patients with disabilities, without consent, so that the caretakers would not have to deal with the patients' menstruation. When it was no longer legal to sterilize the mentally disabled in the 1980s, IHS began using Depo-Provera which Phoenix IHS area director justified: "To have to change a pad on someone developmentally disabled, you've got major problems. The fact that they become infertile while on it is a side benefit" (Smith 2002:134). IHS staff described that Depo-Provera was used to avoid the emotional changes caused by menstruation: "Depo-Provera turned them back into their sweet, poor handicapped selves" (Smith 2002:134). Convenience is put before Native women's health and autonomy.

Smith (2002), Roberts (1998), and Levi (2006) document the frequent accounts of women who underwent reproductive medical procedures without being fully informed and without proper consent. Interviews with Native women found that the sterilization process rarely involves informed consent (Smith 128), which has a significant impact on the individuals,

marriages, families, and the entire Native community (Lawrence 414). In 1975 women of color throughout the U.S. began to organize against these abuses and a group formed The Committee to End Sterilization Abuse in New York. They presented the city with guidelines that were eventually implemented throughout the U.S. (Roberts 95-96). Not until 1978 was there any legal obligation to inform patients about sterilization procedures or to limit the situations in which a patient can give consent, such as not during labor, immediately after childbirth or an abortion, or under threat of losing welfare benefits (Roberts 97). However, it is still a concern that the consent protocols and regulations are not followed in the IHS hospitals which are often the only hospitals to which Native women have access.

North Carolina's history of sterilization abuse has recently been brought to public attention as national news broadcast the efforts North Carolina victims have been making to bring justice to the state. *The Charlotte Observer* (Doss Helms 2011) says that a year ago the North Carolina Governor formed the Justice for Sterilization Victims Foundation to explore the state's history of sterilization abuse. From 1933-1977 the Eugenics Board of North Carolina authorized the sterilization of almost 7,600 North Carolinians. Some of the reasons given for the sterilization of these women and girls, as young as ten years old, included that they were "too sexually active, or hard to control, or stuck in poverty" (Doss Helms 2011). The foundation is attempting to track down victims, whose information is recorded on pieces of cardboard in an underground storage space. The state is considering, and victims are seeking, monetary reparations for the injustice they experienced at the hand of the state; this would mark the first instance of monetary compensation for victims of sterilization atrocities.

Female prisoners, who are disproportionately women of color, also suffer from sterilization abuse. Women in prison are disrespected, seen as deviant, and undeserving of rights, but deserving of punishment and control. Levi (2006) conducted interviews with California prison inmates who had experienced forced or coerced sterilization and found that many women of color received full or partial hysterectomies without being fully informed. The women interviewed were told that a hysterectomy was the best or only effective solution to their ailment. In many of the cases the patients were not told why it was necessary or about any other possible cures and, therefore, could not make an informed decision about consent. Some inmates who received a hysterectomy found out upon later review that their situation did not require such a severe and permanent procedure (79). Other respondents were not given consent forms at all or were given them while they were incoherent, for example, immediately after childbirth or a different medical procedure (80).

Children Requiring a Caring Community (CRACK) privatized the sterilization as punishment campaign in 1997 by offering women with substance abuse issues \$200 to be sterilized; an effort that was targeted to and therefore mostly affected Black and Latina women (Scully 64, Smith 2005a:126). Rousseau (2009) cites Louisiana State Representative John LaBruzzo's attempt to control the reproduction of women on welfare in New Orleans which would provide financial incentives for women of color to "voluntarily opt" for sterilization. LaBruzzo justified his efforts with a blatantly racist claim that the condition of urban Blacks in New Orleans creates "myriad institutional problems" due in part to a refusal to value education (152).

Criminal Justice

Scully (2002) and Roberts (1998) connect the push for sterilization to the war on drugs and the creation of the image of drug addicted Black mothers having crack babies. The distorted image of the crack baby that was popularized by the media in the 1980s has helped perpetuate the pattern of punishing Black mothers (Roberts 154) even though crack is not more harmful than other drugs such as alcohol (Roberts 177). Black women are not more likely to do drugs while pregnant than White women but they are more likely to be seen as criminals for doing so (Roberts 178). One way that this is accomplished is by emphasizing a perceived abuse of crack by Black people. Crack is portrayed as a 'Black people's drug' which is not only misleading but in the context of reproductive oppression, is dismissive of other drugs that are potentially just as harmful. Studies have proven cocaine to be no more damaging to a fetus than smoking cigarettes (Scully 62), but from this image came a trend of court proceedings where judges would encourage or mandate pregnant women, primarily Black women, to use long term contraceptive drugs like Norplant or sterilization following childbirth to prevent future pregnancies (Scully 63). Bhattacharjee (2002) sites one example where a pregnant Black woman on welfare in California was told by a judge after she had been convicted of child abuse that she had a choice between Norplant or a longer jail sentence (13). IHS doctors and caseworkers have also been reported to pressure women into taking Norplant (Smith 2002:138).

The criminalization of pregnant women who test positive for crack does not in actuality help the unborn child, even though that is supposedly the reason behind the criminal punishment; it creates an image of women of color as unfit mothers and justifies their

reproductive control. The idea is that a mother who uses drugs is putting the baby in harm's way, but punishing a pregnant mother has the same results; the way that we punish the mother also punishes the unborn child. Criminalization limits the opportunity for a mother to receive necessary help and further harms her relationship with her children: "Native American women who are substance abusers are rarely hospitalized and rarely receive detoxification or counseling for their addictions. Instead, they are often jailed or deprived of their parental rights" (Silliman et al. 2004:146). Roberts (1998) tracks many criminal cases where a pregnant Black woman who tested positive for drugs receive a "protective" sentence, meant to keep the fetus safe by punishing the mother (161). Some of the realities of this "protective" jail sentence include filthy and overcrowded spaces, poor nutrition, exposure to disease and violence, poor health services and prenatal care, and continued access to drugs.

Smith (2005a) and Roberts (2005) make a radical suggestion that we use the anti-prison movement as a model to help us assess the criminalization of decisions such as abortion and the overall criminalization of pregnant women of color. Smith focuses on the connection between crime, drugs, and reproduction, referring to Angela Davis's writings against the prison system to describe how our view of criminalization does nothing to actually address societal problems: "Criminalization individualizes solutions to problems that are the result of larger economic, social, and political conditions" (Smith 123). Women of color are the scapegoats for social ills. Our expanding prison system and the prison industrial complex criminalizes entire communities and populations, making them "undeserving" of public services and resources that impact their reproductive life (Roberts 2005: 1350). Rousseau (2009) claims that it is no coincidence, but a pattern, that the Prison Industrial Complex grows noticeably alongside a

media assault on Black motherhood directly following the success of the Civil Rights movement (140).

The prison industrial complex allows criminalized women of color, including those who are suspected of using drugs while pregnant, to be blamed for social ills because it promotes a belief that this will stem the reproduction of poverty and crime (Roberts 1998: 200). Smith (2005a) criticizes a pro-life stance for this reason; it does not help solve the real problems that contribute to women of color needing assistance in the first place. The real outcome of a pro-life stance is the criminalization of women of color and poor women; it is not that lives are saved. The pro-life stance supports the prison industrial complex by supporting the criminalization of abortion instead of finding an alternative to the prison system. A pro-life stance does the opposite of supporting life; it supports a system that is devastating to life (Smith 2005a: 125).

The criminal justice system is allowed power over women's reproductive lives because once a woman is labeled a criminal she is no longer seen as fit to reproduce; she no longer has the same reproductive rights as other women. This is a racial issue because women of color disproportionately fill our jails and prisons and criminalizing aspects of reproduction supports the prison industrial complex and justifies reproductive control (Smith 2005a). Judges have the ability to use reproductive control as a bargaining chip in a woman's jail sentence, or abuse their power by restricting a woman's reproductive freedom when the crime she is being accused of has no relation to her ability to reproduce (Roberts 1998). The concern for women of color is that this type of abuse of power does not show up as significantly for White women accused of similar crimes. Roberts (1998) relates this back to eugenics ideology and the racially

biased idea that not all women are fit to be mothers: “Judges who exact birth control conditions seem more concerned with preventing certain female defendants from having children than with deterring them from repeating their offenses” (189).

Welfare

Welfare is meant to provide assistance but it functions as an institutional regulator of women’s reproductive lives. State Representative LaBruzzo’s attempt to provide financial incentives for women on welfare to become sterilized is an example of the way welfare can be used as a tool to employ reproductive control. Roberts (1998) explains that welfare is “The system of poor relief that liberals sought to save was also designed to subordinate Blacks, devalue women’s work, and mollify demand for economic justice” (203). Welfare policies are also based on a normalized, patriarchal and racially biased ideal type of family structure and strive to assimilate women on welfare to fit into this ideal type of family.

Current welfare regulations include family caps, which deny benefits for certain children born to welfare families (Roberts 1998:210) and attempt to limit the number of children a family has. These limitations and restrictions on families receiving aid are largely fueled by stereotypes of welfare recipients who are depicted as Black Welfare Queens, and of young women of color having babies as a way of getting money from the government (Roberts 1998:215). In much the same way that we punish female criminals with reproductive restrictions, we also punish women who have children when they do not have the resources to support them without assistance. The way that we think about women on welfare is a reflection of eugenic ideology: we blame poor women and women of color for causing poverty. Women on welfare are encouraged to use Norplant, which is made available to them through

Medicaid, so that they will not reproduce children who are destined to a similar fate of poverty (Roberts 1998:223).

Reproductive justice includes ensuring that a woman has the right and ability to raise the children she has chosen to have. It also includes the right to teach her children about her culture, language, and traditional ways of life. Child welfare policies have stifled this right, as children of color make up an increasingly disproportionate percentage of the children in foster care. Child welfare focuses on adoption and placing at risk children in “safe” homes rather than supporting families so that they can support their own children (Roberts 2005: 1352).

A study conducted in 2009 shows that in the state of Oregon, Native American children are overrepresented in the foster care system with a disproportionality rate of 7.57 and Black children with a rate of 3.95, where 1.0 means that a racial groups representation in the foster care system is equal to their corresponding representation in the population (Jolly 2009). In 1974, Indian Boarding School and Child Welfare policies resulted in up to 35% of Native children living in non-Native homes or institutions and another 25% living at Boarding Schools (Silliman et al. 2004:107). The Indian Child Welfare Act (ICWA) was put in place in 1974 because of these alarming rates, which compromised families’ ability to have their children raised in the traditions and culture of their people. Even with ICWA in place Native children are still being disproportionately placed in foster care and there is criticism that ICWA is not enforced.

Racial disproportionality and disparities within child welfare and foster care are not simply due to families of color being more inclined to neglect their children, abuse them, or place their children at risk. Authors Hill (2007), Roberts (2002), Miller (2008), Kirk (2008), Fantone (2007), Jones (2006), and Richardson (2008) complicate racial disproportionality and

disparity, finding that it is not caused by actual racial differences in the way people treat their children. Families of color are not more neglectful, violent, or unfit. All of the authors agree that there are other factors in play and that finding out the reasons for racial disparity in the foster care system is the first step in correcting them. The Government Accountability Office (Fantone 2007) reported in 2007 that three factors are viewed as increasing African American children's entry into foster care: high poverty rates, lack of support services, and racial bias (also referred to euphemistically as cultural misunderstanding). This is significant in the fight for reproductive justice because the current child welfare system specifically limits the autonomy of women of color to keep their families intact.

Immigration

Anti-immigrant legislation, such as California's Proposition 187 which denies undocumented immigrants health and educational benefits (Silliman et al. 2004:15), is one way the reproductive lives of immigrant women are oppressed; they do not have access to the same resources that other women do. Prior to the mid 1960s, it was difficult for Asian women to immigrate and they often depended on their husbands as sponsors. Once they were allowed to immigrate they were denied or limited access to social services. TANF, the Temporary Aid to Needy Families program, made "most legal immigrants ineligible for federal mean-tested programs during their first five years of residency" (Silliman et al. 162).

Bhattacharjee (2002) writes that immigrant women, especially women who come through Mexico, are at risk if they are pregnant and in a detention center where there are rarely adequate medical facilities or medical staff. They may be bound to the table and surrounded by armed guards while giving birth or find themselves begging for sanitary pads in a

facility that is covered in menstrual blood (21). Bhattacharjee sites incidents where pregnant Mexican immigrant women who experienced trauma from raids or interrogation went into labor prematurely, miscarried, or died (19). One woman who was two months pregnant miscarried due to the trauma from a home raid by Border Patrol agents (31). On top of a lack of access to reproductive health services, immigrant mothers are constantly aware of the possibility of having their children taken away and their family torn apart, as they are the primary caretakers.

Home raids can lead to deportation and break up of families (Bhattacharjee 2002:30). For the same reason, immigrant mothers are more likely to have their children used against them as leverage by INS officers (34). A recent study found that over 5,000 children who are currently in foster care are there as a result of their parents' detention or deportation (Freed Wessler 2011:4). Our current Child Welfare system is not prepared for or capable of reconnecting families across borders, presenting an even more dire situation for these families (Freed Wessler 5).

Immigrant women are distinctively vulnerable to domestic violence: "Immigrant Latinas are at higher risk for intimate partner violence (IPV) than United States born Latinas due to circumstances that include immigration status, language barriers, social isolation, and lack of financial resources or knowledge of existing services, such as shelters and counseling" (Chappell 2005:13). Freed Wessler's recent study identified similar patterns: "A result of ICE's increased use of local police and jails to enforce immigration laws, when victims of violence are arrested, ICE too often detains them and their children enter foster care. Many immigrant victims face an impossible choice: remain with an abuser or risk detention and the loss of their children" (4).

Environmental Justice

The health of the environment significantly impacts our physical ability to reproduce, and because people of color and poor people are disproportionately and systematically impacted by environmental hazards, this becomes a reproductive justice issue (Rojas-Cheatham 2009). Environmental toxins can limit fertility, cause birth defects, miscarriage, spontaneous abortions, cancers, and other reproductive health issues as well as hinder a mother's ability to raise a healthy child. These effects can be caused by environmental disasters, as poor people, women, and children are typically the most vulnerable during a disaster. Reproductive health among vulnerable populations is impacted by proximity to toxic waste dumps, contaminated water or food supplies, pollution, and other forms of land and natural resource contamination, as well as through hazardous work sites or work environments.

Some of the same corporations that are contributing to global warming are also impeding women's reproductive rights (Rojas Cheatham et al. 2009:11). On the other hand, Asian Communities for Reproductive Justice found that certain companies are making efforts to combat climate change and increase women's health by proactively decreasing their use of hazardous chemicals. Such companies include Kaiser Permanente, Apple, Intel, Hewlett-Packard, and IBM (Rojas Cheatham et al. 2009:11). Organizations such as People Research and Organizing Leadership Initiative for Safety and Health, POLISH, based out of Oakland California, are working to limit the environmental footprint of the California nail salon industry and in turn contribute positively to the reproductive health of women who work in nail salons (Rojas Cheatham et al. 2009:17). The nail salon industry uses large amounts of products that significantly contribute to global warming and over 80% of nail salon workers in California are

Vietnamese women. Nail salon workers show disproportionate rates of various health issues including stomach cancer, spontaneous abortion, birth defects, and reproductive problems due to the environmentally damaging chemicals found in nail products and cleaning supplies (Rojas-Cheatham 2005:17). So, decreasing the amount of toxins used in the nail salon industry would improve the impact on the environment as well as increase the reproductive health of women working in the industry.

Winona LaDuke's (1999) research on the Mohawk tribe's experience of environmental hazards, informed greatly by activist Katsi Cook and the Mother's Milk Project, describes environmental impacts on breastfeeding and reproductive health. In the 1950s General Motors became the neighbors of the Mohawk along the St. Lawrence Seaway which became a cesspool of toxins and put the Mohawk downstream from 25% of America's most lethal industry waste known as polychlorinated biphenyls, or PCBs (15). The release of these toxins, including mercury, lead, fluorides, and other heavy metals, contaminated the land and water which in turn harmed the Mohawk people. The Mohawk diet, which traditionally consisted of fish, was forced to change, greatly affecting an increase of diabetes among the Mohawk (18). This experience is not unique to the Mohawk, as three-hundred and seventeen reservations are threatened by environmental hazards (2).

Robertson (2006) also links environmental health and breastfeeding among Native women to reproductive justice. She criticizes yet another dichotomy that ignores the complexity of reproductive rights; the breast vs. bottle debate that does not account for racial, economic, and colonial impacts on breastfeeding. LaDuke's (1999) work documents that the consumption of water and fish by pregnant and breastfeeding mothers puts the infants at risk

of concentrated consumption of harmful toxins (19). It is important culturally to the Mohawk to breastfeed and to eat fish, so on top of the physical impact, the contaminants damage traditional practice (20). Robertson relates this to Smith's argument tying reproductive justice to colonization: "The water and ultimately the bodies of the Mohawk people is thus a reproductive justice struggle in which the 'right' to bear and nourish children becomes an act of resistance against continued colonization" (62). The article "Fertile Ground" (2009) articulates why Native women's reproductive lives are so closely tied to environmental health:

For many cultures, especially indigenous and Native cultures, the relationship to local water and traditional foods also plays a central role in people's reciprocal relationship to the land. Indigenous communities in particular are linking the impact of toxins and stolen land to the capacity of their communities and cultures to reproduce themselves. Military and mining activities directly impact sacred sites, traditional food sources, and cultural practices in addition to the physical development of women and children (12).

Dula et al. (1993) conducted research on gender and environmental health and found that "current job placement patterns indicate that people of color are still concentrated in the lowest-paying and the most dangerous jobs" (182). They report that Black women, in 1993, were 91% more likely to face occupational health hazards than White women (Dula et al. 1993:182). Occupational illness and injury in minority groups are underreported and under diagnosed. Although Blacks are more likely to suffer work-related injuries and disabilities, they are less likely than Whites to report this information (Dula et al. 185). Latina women, because they are concentrated in agricultural work, are exposed to toxins, such as teratogenic chemicals, which cause fetal harm, infertility, and cancers, (Silliman 2004:218). The consequences of a concentration of women of color in low-paying and hazardous jobs have yet



to be fully examined, but some of the previous examples suggest an impact on the reproductive health of women of color.

Summary

While the literature discussed above addresses the many systems and institutions that affect the reproductive lives of women of color, each racial/ethnic group has a particular experience with reproductive control. For example, environmental health is a significant way in which the reproductive lives of women of color are uniquely and disproportionately at risk, but communities of color are affected by environmental hazards differently. The following table illustrates the most salient ways in which each racial/ethnic group experiences reproductive control.

While research analyzing the reproductive lives of women of color and our systems, institutions, and environment is incomplete, there is a particular gap in the literature that I am interested in exploring: a discussion of the relationship between racially specific reproductive logics and the reproductive justice movement. The book *Undivided Rights* (Silliman et al. 2004) documents the movement, but not specifically the role that racial reproductive histories play within organizations. My research seeks to understand the meaning of racial reproductive logics for the reproductive justice movement.

Table 1: Summary of Salient Reproductive Issues by Institution/System and Race

	 Black	 Native American	 Latina	 Asian/ PI
 Health Care	<ul style="list-style-type: none"> • Medical experimentation • Lack of health insurance • Perceived bias of health care providers 	<ul style="list-style-type: none"> • Physicians lack of traditional cultural knowledge • Limitations of Indian Health Services • Medical experimentation 	<ul style="list-style-type: none"> • Language diversity • Lack of health insurance • Lack of sex/sexuality education • Limited access to preventative health services 	<ul style="list-style-type: none"> • Language diversity • Physicians lack of cultural knowledge • Lack of sex/sexuality education
 Population Control	<ul style="list-style-type: none"> • Coerced/ Uninformed sterilization • Coerced long term birth control 	<ul style="list-style-type: none"> • Coerced/ Uninformed sterilization • Coerced long term birth control 	<ul style="list-style-type: none"> • Coerced/ Uninformed sterilization 	<ul style="list-style-type: none"> • Limited access to family planning and birth control information
 Criminal Justice	<ul style="list-style-type: none"> • Disproportionate incarceration rates • Impact from the War on Drugs • Rape, abuse and inadequate health care in prison 	<ul style="list-style-type: none"> • Disproportionate incarceration rates • Rape, abuse and inadequate health care in prison 	<ul style="list-style-type: none"> • Disproportionate incarceration rates • Impact from the War on Drugs • Rape, abuse and inadequate health care in prison 	
 Welfare	<ul style="list-style-type: none"> • Exploitative use of Norplant • Limit family size • Control woman's personal relationships 	<ul style="list-style-type: none"> • Indian Child Welfare policy is often not enforced • Children kept from being raised traditionally 	<ul style="list-style-type: none"> • Exclusion from welfare programs 	
 Immigration			<ul style="list-style-type: none"> • Spontaneous abortion and miscarriage from home raids • Family separation from deportation 	<ul style="list-style-type: none"> • Human trafficking
 Environmental Justice	<ul style="list-style-type: none"> • Vulnerability during disaster • Concentration in dangerous jobs • Proximity to dump sites 	<ul style="list-style-type: none"> • Uranium mining • Proximity of toxic waste dump sites • Contaminated breast milk 	<ul style="list-style-type: none"> • Toxic exposure from high concentration in agricultural work 	<ul style="list-style-type: none"> • Toxic work environments such as nail salons

CHAPTER FIVE: RESEARCH DESIGN AND METHODS

The purpose of this study is to explore the influence of racial reproductive logics and strategies on contemporary reproductive justice organizations in the United States. Do the organizations' guiding philosophies and assumptions reflect the historical patterns and racial logic of their group? How does the work of these organizations relate to their particular racial reproductive history? In what ways do racial reproductive logics show up in the issues the organizations address? I use qualitative methodology and an intersectional theoretical framework to explore these questions. My study was approved by the University of New Orleans Institutional Review Board and deemed exempt from full review.

My data consists of eleven reproductive justice organizations. I have purposefully chosen to include both national and local organizations from across the United States to provide a comprehensive look at how the reproductive justice movement is influenced by racial reproductive logics. Choosing eleven organizations allows for representation from each of the primary racial/ethnic groups of the United States: Asian/Pacific Islander, Black, Latina, and Native American, as well as women of color oriented organizations. Two organizations represent each racial/ethnic group and three organizations are not race specific. I've included women of color oriented groups to provide me with the perspective from the general reproductive justice movement so that I compare how racial specific organizations might have a different experience with racial reproductive control strategies.

The chosen organizations were referred to in the literature, such as in *Undivided Rights* (Silliman et al. 2006), appeared in internet searches, and on the web pages of other organizations. The search started with the organization SisterSong, which is a founding

organization of the reproductive justice movement. I did a brief review of the organizational websites that are listed as member organizations of the SisterSong Collective, and branched out from there. I checked to see that reproductive justice was mentioned as a primary issue for each organization even if it was not in their name because, for example, some health organizations work within reproductive justice even though they are a primarily health based organization. I sent an email to each organization that described the nature of the study and requested their participation as an interview subject.

The organizations included in the study are:

- Asian Communities for Reproductive Justice
- Asian Pacific American Women's Forum
- Black Women for Reproductive Justice
- Black Women's Health Imperative
- California Latinas for Reproductive Justice
- National Latina Institute for Reproductive Health
- National Native American Women's Health Education Resource Center
- Tewa Women United
- SisterSong Women of Color Reproductive Justice Collective
- SPARK for Reproductive Justice
- Women's Health and Justice Initiative

The organizational material for this study includes mission statements and visions, programs and program descriptions, organizational history, and definitions of reproductive justice. This material was collected from the organization websites. For any material that was not available online, an alternate form of the material was requested from the organization.

Methods

My methods are content analysis and semi-structured interviews. My research question explores the relationship between racial reproductive histories and the reproductive justice movement using a sample of organizations to represent the work of the movement. I do this through an analysis of their organizational material and additional information gained through the interview process. I reviewed organizational publications when available to provide additional insight into the way racial reproductive histories influence organizational work. The interviews help fill in what might be missing from the materials and provide an inside perspective on the meaning of racial reproductive logics to the organizations.

I requested an interview with staff in each of the eleven organizations by first sending an email and then through follow up phone calls and emails. The initial request was to interview the Director of the organization, and if that was not possible, for them to refer me to a staff member. Out of the eleven requests I was able to conduct eight interviews with staff in seven organizations, see table 2. The interviewees hold various positions within their organizations, including co-founders, Executive Directors, Training Director, Organizer, Policy and Programs Director, and Senior Health Policy Associate. I was not able to get an interview with four of the organizations due to scheduling constraints, but these organizations were notified that the organization was being included as a part of my research. The eight participants received an electronic copy of a letter of consent and gave verbal and/or written consent prior to taking part in the interview process. Included in the letter of consent was the option to remain anonymous, but none of the participants chose to have their identity concealed. The interviews ranged between thirty minutes to an hour long and because I am

based in New Orleans and the participants are located throughout the United States they were conducted over the phone or via Skype, with the exception of one which was conducted in person.

Below is a table with profiles of the seven staff members that I was able to interview.

Two work specifically within the Asian community, one within the Latina community, one within the Native American community, one within the Black community, and two in organizations that are women of color oriented, but not race specific.

Table 2: Interviewee Profiles

Organization	Abbreviations	Location	Interviewee	Personal Racial Identity
Asian Communities for Reproductive Justice	ACRJ	Oakland, CA	Dana Paredes, Training Director	Unknown
National Asian Pacific American Women's Forum	NAPAWF	Brooklyn, NY & Washington, D.C	Kathy Huynh, Organizer	Vietnamese American
National Asian Pacific American Women's Forum	NAPAWF	Brooklyn, NY & Washington, D.C	Christine Harley, Policy and Programs	Korean and Piscataway Indian
Black Women's Health Imperative	BWHI	Washington, D.C.	Angela Sutton, Senior Health Policy Associate	African American and Korean
National Latina Institute for Reproductive Health	NLIRH	New York, NY	Jessica Gonzales-Rojas, ED	Latina
National Native American Women's Health Education Resource Center	NNAWHERC	Yankton Sioux Reservation, SD	Charon Asetoyer, Founder, CEO/ED	Member of the Comanche Nation of Oklahoma
SisterSong Women of Color Reproductive Justice Collective	SisterSong	Atlanta, GA	Loretta Ross, Co-founder, ED	African American
Women's Health and Justice Initiative	WHJI	New Orleans, LA	Shana griffin, Co-founder	Black

I personally identify as a multi-ethnic, Puerto Rican and White, woman who has experienced the impacts of being poor, but has also been privileged with the transition to middle class. I experience the reproductive privileges of having access to reproductive health care, clean water, food, a safe and healthy home, an education, and the ability, however temporary, to decide if, when, how, and what my own family will look like. I know that while I may have these privileges now this may not always be the case. My interest and passion for reproductive justice comes from the fact that these privileges should not be privileges; they should be considered basic human rights. The history of mass sterilization and medical experimentation in Puerto Rico makes me consider myself lucky to be here and adds a personal connection to my interest in the reproductive justice movement as a mixed race woman.

Analysis

The eight interviews were digitally recorded with permission to record, which I transcribed. Each participant received the transcription and had the opportunity to edit, clarify, and make additional comments prior to the interview being analyzed. Four of the participants chose to make edits to the transcription; the remaining four interviewees confirmed that I could use the interview as they were. My method of code development is based on Tesch's (Creswell 2008) eight steps, which includes getting a sense of the whole, identifying concepts in the margins, compiling them, matching the concepts with segments of text, and then developing conceptual categories and grouping together related topics. For each interview I read through it and then in re-reading it applied labels, or codes, to sections of the text.

My content analysis is qualitative, applying a similar method used in the interview coding process. I compiled the content from each organizations website into tables covering

each of the previously listed content areas, i.e. mission statements, programs, etc. I coded the information in the content tables. I use both inductive and deductive codes in my content and interview analysis. My deductive codes are informed by the literature and prior research about the relationship between reproductive justice and the historical racial experience of reproductive control. The deductive codes that I identified are criminal justice, sterilization, welfare, sovereignty, environmental justice, and health care. After coding both the interviews and content, I compiled the codes and organized them into thematic areas (see appendix D) to identify patterns which could then be used to organize my findings.

To improve the reliability of this study I follow Yin's (2009) recommendations for qualitative reliability procedures. I was careful to record the participant's words accurately and free of mistakes during the transcribing process. Validity is also enhanced by the fact that the interviewees had the chance to edit the transcription so that the words are, indeed, what they meant. I did my best to be consistent with the definitions and meanings of my codes, however, reliability could be improved by having other people involved in the coding process. I increased the validity in this study by acknowledging my own assumptions and perspective. By offering the participants the opportunity to edit and clarify their interview responses, I increased the accuracy and authenticity of the findings.

My research is limited by the fact that I do not personally have experience within the reproductive justice movement. As stated before, I was not able speak with all of the organizations that were included in my study, so I was not able to write about each organization's work with the same level of knowledge or understanding. While my content analysis had equal representation of each racial group, my interviews did not. I was able to

speak with two organizations that worked with Asian women, including two different staff members from one of them. I only conducted interviews with one staff member from each of the other racial groups. I also did not speak with a Black organization that identified specifically as a reproductive justice organization because Black Women for Reproductive Justice announced its closing during my data collection process and the current focus of the Black Women's Health Imperative is on broader health issues, so I cannot speak as extensively to the influence of racial reproductive logics on Black organizations.

CHAPTER SIX: FINDINGS

This chapter discusses the findings of my qualitative analysis. My research explores how racial reproductive logics and strategies influence the reproductive justice movement. What I found is that the relationship between reproductive control and racial logics and strategies is visible in many ways within the reproductive justice movement as represented by the organizations in my study. I identified four areas where this relationship is visible in my data: 1) The definitions and descriptions of what reproductive justice means; 2) The work of the organizations, such as the way reproductive justice links to other social justice issues and the issues addressed in the organization's programs; 3) The reasoning behind identifying as a race-specific organizations; 4) The challenges that organizations face with regard to funding and capacity. The first three sections explore how reproductive control is racialized: the ways that strategies of reproductive control and strategies of racial formation work in tandem to subordinate and control women of color. The fourth section addresses another dynamic that impacts the work of organizations within the movement by limiting their ability to respond to certain racial reproductive logics.

What is Reproductive Justice?

Reproductive justice is both a guiding framework, which is distinctive from reproductive health, and a social justice movement. It is intersectional and draws on human rights principles. Most of the organizations in this study identify primarily as reproductive justice organizations, however there are two that do not, although they still draw heavily upon the framework. Within this study, the Women's Health and Justice Initiative (WHJI) and the Black Women's Health Imperative (BWHI) are examples of the latter. They value and utilize a reproductive

justice framework and participate in the movement, but do not classify themselves as reproductive justice organizations.

The organizations make the distinction between a reproductive justice framework and a reproductive health framework, emphasizing that there is an important difference.

Reproductive justice is a broader approach, and addresses social factors that are not typically considered to be a part of reproductive health. The National Latina Institute for Reproductive Health (NLIRH) describes the reproductive justice framework as both health focused and political, which allows them to “create pro-active national advocacy and grassroots campaigns that will advance a diverse and inclusive movement that will ultimately change positively the reproductive health outcomes of Latinas.” Kathy Huynh (NAPAWF) also makes the distinction that reproductive justice is politically driven: “[t]here are some young folks who we reach out to where we have to distinguish between what is reproductive justice and reproductive health and they’re two different things. I think that the reproductive justice part is where the politicizing starts to happen.”

Asian Communities for Reproductive Justice (ACRJ 2005) describes reproductive health as “expanding services, research, and access, particularly prevention and cultural competency in communities of color” whereas reproductive justice is focused on power inequalities: “The Reproductive Justice framework is rooted in the recognition of the histories of reproductive oppression and abuse in all communities... a focus on the control and exploitation of women’s bodies, sexuality and reproduction as an effective strategy of controlling women and communities, particularly those of color.” California Latinas for Reproductive Justice uses a

reproductive justice framework as opposed to a health framework so that they can analyze Latinas needs from an more political and activist perspective:

CLRJ places its policy priorities in a *reproductive justice* framework, recognizing the intersection with other social, economic and community-based issues that promote the social justice and human rights of Latina women and girls and the Latino/a community as a whole. In other words, we recognize that Latinas' access to culturally and linguistically appropriate health care, a living wage job, quality education, freedom from discrimination and violence, among many other issues that affect Latinas' daily lives, have a profound effect on Latinas' reproductive and sexual health, as well as their right to self-determination in all aspects of their lives.

This distinction between reproductive justice and health allows for a broader conceptualization that links reproduction to other social issues. While most of the reproductive justice organizations in this study incorporate reproductive health into their work, they see themselves as fighting for cultural and policy change and do not provide direct services.

As a movement, the term reproductive justice comes from combining “reproductive rights” and “social justice” (SisterSong.org). The movement acknowledges that reproductive oppression is entwined with other social issues, so it is considered to be a part of a larger social justice effort. When the staff members who were interviewed talked about how their organization contributes to the reproductive justice movement, they often explained that their work connects reproductive justice to movements that are not as obviously related to reproduction; they see their work impacting a broader social justice movement. Chris Harley (NAPAWF) describes reproductive justice as a social justice movement: “NAPAWF looks at reproductive justice as really being a social justice movement that centers the experience and

lives of women of color.” Harley continues by making explicit that it is a movement of women of color:

I have always found that communities that are most at the margins have some of the clearest and important insights on dynamics that are happening within a different space so I think that it’s really important for the A/PI community, and the Latina community, and the Native American community, to continue to articulate our experiences around racial dynamics that have happened.

As discussed in previous sections, the reproductive justice movement is fundamentally intersectional: “Reproductive justice emerged as an intersectional theory highlighting the lived experience of reproductive oppression in communities of color” (SisterSong.org). The meaning of reproductive justice as described by the organizations shows how they utilize an intersectional lens and how central it is for their approach to reproductive justice. As described earlier, an intersectional lens is used to understand the complexity of oppression by understanding how multiple layers and systems of oppression interact to create lived experience. What this means for reproductive justice organizations is that they have to be familiar with the complexity of identities represented in their constituency to understand how their reproductive lives are impacted by multiple interacting layers of oppression. An intersectional lens gives the organizations a way to understand how different forms of oppression are connected to different identities which interact with reproductive control and oppression and affect women’s reproductive lives in certain ways. For example, Chris Harley (NAPAWF) describes the vulnerability that is at the nexus of her constituents’ immigrant status, gender, and sex:

Many times women who are being deported are leaving behind children in the United States and so if there's any re-entry attempts that's often because they're trying to reconnect with their children and that leads to additional consequences and dangers of rape and sexual assault via the process of trying to enter the country or during the detention at the hands of border control or ICE detention guards. So there are a lot of dangers and additional vulnerabilities women experience that men largely don't.

The organizations in this study learn from their constituents and members about the oppressive social forces that the community witnesses and how multiple systems of oppression interact with each other to attain reproductive oppression. Because reproductive justice is a women of color movement and each organization is a race-conscious organization, it is assumed that race is one of the intersecting forms of oppression that informs the reality of reproductive control for each community. What they learn from their constituents is what other identity features contribute to their reproductive oppression. For example, NNAWHERC hosts roundtables to bring Native women from different tribes together to discuss what is impacting their reproductive lives. What they have found is that reproductive oppression for Native women is closely tied to their identity as women; their identity as Native people; and their identity as a colonized people which is manifested in their vulnerability to environmental and land based threats, their forced dependence on Indian Health Services, and the threat to Native culture and tradition that are all results of the colonization process.

The National Latina Institute for Reproductive Health is in continuous dialogue with their advocates on the ground to find out what the pressing needs are for Latina communities around the country. What they have found is that reproductive oppression for Latina women is closely tied to their intersecting identity as both American and Latina. This intersecting identity

creates a struggle around immigration and citizenship status that limits Latina women's access to reproductive health education and services and enhances their vulnerability to domestic and state violence; their identity as Latina comes with negative racial stereotypes which increase vulnerability to biased health care service. Jessica Gonzales provides another example of intersecting Latina identities:

We look at lesbian, gay, bisexual, transgender, Latino reproductive health and that also incorporates, almost all our work incorporates both a policy angle and a organizing angle, so the policy angle is looking at the health reform bill and any other policies that would touch on the health of LGBTQ individuals; the intersection of identities such as immigration status, sexual orientation, gender identity and how it impacts a woman's ability, Latina's ability to be healthy.

Dana Paredes from Asian Communities for Reproductive Justice also talked in her interview about including LGBTQ issues in their work, and the National Native American Women's Health Education Resource Center, Women's Health and Justice Initiative, and SisterSong do so in their values and/or agendas.

During our interview, Shana griffin recalls the words of a former public housing resident, a Black woman, spoken at a City Council meeting about the demolition of public housing in New Orleans after Hurricane Katrina. The woman said "I am a black woman... I'm tired of being disrespected. If I got to go to jail for what I believe in, if I got to die for what I believe in I will not be treated like a slave. I am a human being, a U.S. citizen" (*Times-Picayune* 2007). The woman's words inspire griffin, who goes on to describes the layers of oppression that are a part of being Black and female; how the identity of Black woman relates to systems of oppression such as womanhood, slavery, citizenship, and gender:

There's this history of disrespect in this country as it relates to being a black woman. Even to be black doesn't necessarily mean you're a woman, so this idea about the complexity of identity, woman, for many people by virtue of your race it doesn't necessarily mean you're automatically considered to be a woman. We have to fight for that right. Or just by virtue of how you're born, you're already transgressing gender but also for her to say 'I am a U.S. citizen' it is like she's evoking her citizenry, and then it's not even that. Her citizenship is not protecting her. She's like if I have to die (people did die), if I have to go to jail (people did go to jail) for what I believe in I will not be treated like a slave. It's like ok; she's even evoking a history of enslavement. And then she ends like 'I am a U.S. citizen.' Even her pleas and cries 'I am a U.S. citizen', it almost doesn't mean anything. And so I just think when you think about the history of reproductive oppression and reproductive violence you can see it and feel it, and that's a classic example.

Griffin relates reproductive oppression and violence to Black women's complex and layered identity that intersect to make her controllable, vulnerable and a target for reproductive control. The construction of femininity has racial consequences which denies Black women womanhood. This intersection of race and gender subordinates Black women differently and further separates her from attaining reproductive freedoms which are denied to women and to people of color.

Asian Communities for Reproductive Justice has learned from its constituents and membership organizations that Asian women's identities as lesbian, gay, bisexual, transgender, and queer means that reproductive oppression is impacted by their sexual identity as well as their racial identity. National Asian Pacific American Women's Forum learned from its membership base that Asian women who identify as immigrants can also have an intersecting

identity as human trafficking victim, which compounds their vulnerability to reproductive violence, exploitation, and oppression. WHJI and BWHI have learned that the intersecting identities as Black, as women, and as poor, interact in a way that makes poor Black women vulnerable to control and oppression within the institutions and systems of housing, welfare, contraception, criminal justice and reproductive self-determination.

Another part of applying an intersectional framework includes making visible the experience of those who are often ignored and overlooked, and by supporting the leadership of people whose identities are most marginalized by intersecting systems of oppression. Dana Paredes identifies supporting the leadership of women of color and centering the experience of communities at the margins as values that drive the work of Asian Communities for Reproductive Justice. All of the organizations in this study seek to uncover the oppression that the women in their community live with and to give a voice to the women in their community whose needs are often overlooked by legislation and by mainstream reproductive rights organizations. Angela Sutton, of the Black Women's Health Imperative, explains how important it is for there to be reproductive justice organizations led by Black women so that the reproductive struggles and needs of Black women do not continue to be overlooked and ignored; many of the organizations see a similar need for their community.

From its inception, the reproductive justice movement was framed as a human rights issue. Women of color who attended the International Conference on Population and Development in 1994 in Cairo, Egypt, were inspired by the way women from around the world were utilizing the human rights framework: "Human rights provide more possibilities for our struggles than the privacy concepts the pro-choice movement claims only using the U.S.

Constitution” (SisterSong.org). Loretta Ross describes the importance for SisterSong to use human rights as the primary framework within reproductive justice:

Well the largest assumption that defines the work of the organization is the human rights framework. We believe that all human beings have an inalienable right to eight categories of human rights protections and then we also assume, as well as know, that we live in the United States which does an unending job of trying to deny full human rights to people. And so we believe that the human rights framework is necessary for the achievement of reproductive justice and one of our jobs is to insure that human rights meanings is put into the reproductive rights, justice, and health movements so that people unite using the human rights framework and that it can in fact lead to better lives for our families and our children.

Six of the eleven organizations profiled in this study refer to a human rights framework in either their mission statements and/or organizational definitions of reproductive justice: The National Latina Institute for Reproductive Justice, National Native American Women’s Health and Education Resource Center, National Asian Pacific American Women’s Forum, California Latinas for Reproductive Justice, SisterSong, and the Women’s Health and Justice Initiative. SisterSong’s definition of reproductive justice from their website describes the relationship between reproductive justice and human rights: “The reproductive justice framework - the right to have children, not have children, and to parent the children we have in safe and healthy environments - is based on the human right to make personal decisions about one’s life, and the obligation of government and society to ensure that the conditions are suitable for implementing one’s decisions is important for women of color.” Reproductive justice as a human rights issue politicizes reproductive control and places reproductive freedom within a

broader campaign for equality, access and self-determination that is also supported by the international community.

While reproductive justice can be understood as an intersectional social justice movement that uses a human rights framework, there is not a single understanding of the concept of reproductive justice. It is described and defined differently by the organizations in the study. Some of the organizations provide definitions on their websites, but there is not a single definition that is used across the board. SisterSong includes ACRJ's definition on their website, but it is in addition to their own definition. Following are some examples of how staff members described reproductive justice and what it means to their organization. There are nuanced differences in the descriptions of the meaning of reproductive justice that suggest race-specific understandings. Many of the descriptions reflect the history and patterns of reproductive control that are specific to the racial logic of that group.

While describing what reproductive justice means, each respondent uses distinctive language. While there is a common understanding that reproductive justice broadens the concept of choice and addresses the inequities and injustices that threaten and control women's reproductive lives, each organization's description of reproductive justice reflects what it means for their particular community. For example, Charon Asetoyer, co-founder and CEO of the National Native American Women's Health Education Resource Center (NNAWHERC), describes the concept of reproductive justice as fluid and flexible depending on what is threatening or limiting the reproductive lives of Native women. The women in her community, who are mostly low-income or have no income at all, live on the Yankton Sioux reservation, and depend on Indian Health Services, lack access to basic resources like clean

water, healthy food, and housing. Their status as Native American carries with it the history of colonization which included forced migration to reservation land and dependence on the Bureau of Indian Affairs for infrastructural support. While not all Native Americans live on reservations, those who do live with poverty rates much higher than the national averages and some of the highest rates of unemployment. As women they are denied freedom to decide for themselves what their family should look like and denied access to services that other women have access to. This passage is worth quoting at length because it describes the number of ways in which the reproductive lives of Native women on the Yankton Sioux reservation are made vulnerable as well as explains her approach to reproductive justice:

What does reproductive justice mean? It means a lot of things, but primarily access, equality, around reproductive health care. Reproductive justice is not limited to choice. It includes a woman's being able to make the decision to have a family and to decide what constitutes a family for her. Whether she wants to have children or she doesn't want to have children. It also is very far reaching in terms of the quality of life for a woman and her family. Does she have enough food to sustain her family? Does she have housing? And of course health care. Does she have clean water? Is she in a clean environment or are we looking at environmental justice issues? These are all things that affect our reproductive justice. Does the woman have access to contraceptives and family planning in the event that she chooses to or not to use them?

So reproductive justice is not just looking at one area for Native women, it's mainstream women who look at access to abortion, but for us it just expands so much further because there's so many things that we don't have that are so important in order to be able to have healthy families and healthy persons. So we have to look at a broader agenda. We define that agenda; we define what reproductive rights, what reproductive health, what reproductive justice is for

our community. It's not defined by the mainstream. You know, it's what we decide, how we define it. I mean reproductive justice is a very broad term in our community because it's about being healthy and it's about our right to self-determine what we define is a healthy family.

Asetoyer understands reproductive justice as an issue of access to resources and as an act of self-determination. It is up to her community to determine what needs to be included or incorporated into reproductive justice. It is the needs of her community that define reproductive justice and not the other way around. It is a fluid concept because the needs of her community are constantly changing. She links reproductive justice to the historical experience of Native peoples and the struggle for sovereignty by claiming the right to determine for themselves what their reproductive needs are. Asetoyer calls reproductive justice "an exercise in sovereignty and self-determination." The term sovereignty has race-specific meaning and Asetoyer is the only one to use that term to describe what reproductive justice means.

Chris Harley from the National Asian Pacific American Women's Forum (NAPAWF) describes reproductive justice as the ability for women to make their own decisions concerning their reproductive health, but she also describes the need to address specific barriers that women face because of their intersecting identities as women, as Asian/Pacific American, as people who speak different languages, and have different gender, sexuality, and class identities. Asian women have historically been made invisible because of their race and gender, and Harley's understanding of reproductive justice is informed by that racial history. She relates reproductive justice for her community to a need for visibility and inclusion, which connects the racial logic of her community to reproductive control:

Well I think that NAPAWF looks at reproductive justice as really being a social justice movement that centers the experience and lives of women of color and seeks to overcome the barriers that prevent women and girls from making the most healthy and best decisions for themselves around their bodies, their reproduction, their sexuality, and really trying to analyze what all of those barriers are in terms of class, linguistic access, culture, race, gender, sexuality, all those barriers and so really trying to encourage Asian and Pacific Islander women to live their whole lives without having to be pigeon holed or marginalizing parts of themselves to be visible.

Jessica Gonzales from the National Latina Institute for Reproductive Health (NLIRH) also describes reproductive justice as a way of addressing the needs of Latina's complex and layered experiences of oppression, which includes immigration status and destructive stereotyping. Immigration impacts women in a raced and gendered way, so for Gonzales, reproductive justice addresses immigration, language, religion and economic status because women in her community face reproductive control in ways that are connected to their racial identity:

We see that the need to advance reproductive justice as not just narrowly focusing on simply reproductive health and rights, but kind of expanding that to ensure that all the identities that women embody are being, all their needs are being met in terms of those identities. I think that when abortion is accessible to all women despite race, ethnic status, language access, economic status, religion, I think that will be a good place. And when there's no longer this stigma that is out there about Latina women, not just on reproduction, but we are fighting a stigma of this sexy calienté bombshell that is _____ (inaudible 32:16) and dehumanizes Latinas as objects. I would like to see us in a place that stigma doesn't exist and that they can make the choices that are best for them without constraints via socio-economic issues or immigration status and so on and so forth.

Another nuanced difference in the meaning of reproductive justice is from a Reproductive Justice Agenda written in 1990 by Native women from over eleven different Nations. The agenda demands the right to define reproductive justice: “6. The right to include domestic violence, sexual assault, and AIDS as reproductive justice issues” (Nativeshop.org). The organizations in the study conceptualize reproductive justice in a way that is meaningful for their particular community. By claiming the right to include domestic violence, sexual assault and AIDS as a part of the reproductive justice agenda, these women are recognizing that these are issues that impact the reproductive lives of the women in their community and are claiming the power to define reproductive justice for themselves and to utilize a reproductive justice framework that will be useful to their community. The racialized understandings of reproductive justice reflect the needs of the racial community that the organizations work for, and Lorretta Ross, of SisterSong, summarizes how racial logics intersect with reproductive control:

Women of color have always been subjected to strategies to control our fertility that have been externally imposed, whether it's Native American women who were killed largely because they were pregnant or who received blankets infected intentionally with the small pox virus, there's always been strategy to reduce the fertility of women of color in general and the population of people of color in particular. And so we've always had to respond to these threats externally imposed to our self-determination, our right to decide if and when we would have children ourselves and of course for African American women we had to deal with forced breeding, medical experimentation, sterilization abuse, now the blaming of our children for crime, the environment, guns and everything else that's wrong in our society. For Mexican American women in

particular and Asian Americans there's always been a sense of keeping families divided across immigration restrictions, and also a form of population control.

The Work of the Movement

Reproductive justice intersects with other social justice issues, which is visible in the issue areas, programs, and campaigns of the organizations in this study. Because reproductive justice is intersectional and seeks to address the many ways that marginalized women experience reproductive control and oppression, the organizations within the movement participate in coalition work that overlaps with other social justice movements. This section examines how the relationship between reproductive control and racial logics is illustrated in the way that reproductive justice intersects with the social justice movements and in the way reproductive justice acts as an umbrella. The second part of this section looks at the programs and campaigns that reflect the patterns of racial reproductive control logics and strategies.

Intersecting Social Issues

The organizations in this study each have specific issue areas that they identify on their websites and that their staff explained further in the interviews. Many of the issue areas overlap with social justice issues that are also related to racial oppression, such as environmental justice, economic justice, immigration rights, and population control. Three of these four issue areas were identified in the literature and also emerged from the data as examples of how reproductive control is racialized, with economic justice emerging as an area of potential significance. An additional issue that emerged from the organizations includes violence against women, which I profile in the following section on programs and campaigns. Sometimes the overlap of reproductive justice and other social justice issues means that

reproductive justice organizations work with organizations from these other social justice movements. Other times it just means that their work connects multiple social justice issues.

I. Environmental Justice

As the literature describes, environmental degradation, hazards, and disparities disproportionately affect communities of color and, in turn, the reproductive health and capacity of women of color. Charon Asetoyer describes how the impacts of colonization are still affecting her community and how the reproductive control of Native women is connected to the desire for Native lands, a lack of access to basic resources, and the denial of their right to live in healthy environments. The historical experience of Native people has included efforts to render an entire people invisible and/or nonexistent in order to gain access to their valuable land. The way that Asetoyer describes the reproductive needs of her people reflects the control strategy for colonialism: threaten the reproductive capacity of Native women in order to shrink the population to complete the process of colonization and control the land. Unsafe and unhealthy environments and a low quality of life, such as the experience on most Native reservations like the Yankton Sioux, are a threat to the continuation of a population. This is evident in the way she relates environmental justice to reproductive justice:

Things are constantly changing in our communities, on the land base. I mean today you may not have an environmental disaster in your community, but tomorrow you may and it may be affecting the health and quality of your life. It may be causing birth defects; it may be causing various reproductive cancers; it could be contaminating your breast milk. There's so many factors that we as indigenous people who have land base have to constantly be concerned with because the layout of the land is constantly changing based on which

multinational is breathing down our back to do what they want with our land.
It's very integral, very interwoven. It's interwoven with violence against women;
it's interwoven with environmental justice.

As the literature described, environmental justice overlaps with reproductive justice in a variety of ways. Environmental hazards, which are caused by the actions of people and not the environment, have an incredible impact on the reproductive lives, health, and safety of the women in her community because of the fact that they are women, Native, and in poverty. Asetoyer's community is threatened by environmental issues such as toxic waste dumps which leak toxins into the water and food causing reproductive health problems. There are specific environmental issues that the Native community and Native women face that are related to their racial history. Because reservation land is valuable and Native people are systematically disempowered, Native women are vulnerable. Asetoyer says that the needs of the women in her community are "constantly changing based on which multinational is breathing down our back to do what they want with our land."

Other organizations connect reproductive justice to environmental justice by working on improving toxic work places. The National Asian Pacific American Women's Forum (NAPAWF) and Asian Communities for Reproductive Justice (ACRJ) incorporate environmental justice in their work because it overlaps with the reproductive needs of their communities. Both are a part of a coalition effort to improve toxic work environments that threaten Asian women and girls, primarily Vietnamese, who work in nail salons. Asian Communities for Reproductive Justice (ACRJ) also participated in an environmental justice effort to shut down a local medical waste incinerator in Oakland which was threatening the reproductive health of ACRJ's constituents, many of whom passed it on their way to and from school every day:

We took that as an opportunity to look at the impact of the toxins that were coming out of that medical waste incinerator had on the health of these young women and learned that it was fairly serious, the most serious of it being the dioxins. The level of dioxins that was coming out of this facility has a reproductive health impact of potential infertility and can lead to conditions such as endometriosis in young women, in girls.

The racial history of Asian American women includes being made invisible and being stereotyped as selfless and hyper feminine. Environmental justice intersects with reproductive justice in the lives of Asian women and girls because they are filtered into a certain type of work that is based on their gender and race. ACRJ found that much of their constituency see nail salon work as a viable career option which makes their reproductive health particularly vulnerable to work place toxins. The intersection of environmental justice and reproductive justice for Asian women exposes gender and race oppression in the threat to their reproductive lives.

II. Economic Justice

These organizations also describe the nail salon work as an economic justice issue. Harley describes how NAPAWF tries to connect these various forces that contribute to why the reproductive lives of Asian women and girls are threatened by nail salon work: “I think that our nail salon work really stems from a need to look at the economic justice issues and the nail salon, as well as the anti-trafficking work, to connect the economic push/pull factors that A/PI communities find themselves in when they come to this country and as they’re trying to provide financially for their families.” Poverty and economic class are addressed in the constituency and work of the organizations in this study to varying degrees. For example,

NAPAWF's constituency is primarily professional women and college graduates, whereas NNAWERC's constituency is described as low income and income-less.

Economic justice is not easily separated from the other work that the organizations focus on and while it does not appear in an obvious or blatant way in the majority of the data, it is a nuanced theme throughout. It overlaps with all of the issue areas and affects each racial group as it often coincides with race, immigration status, housing, health care, and the health of the environment. All of the organizations recognize that economic justice is an issue, but they work on it in relation to their other issue areas. It is interwoven into most organizations' work, but Tewa Women United is the only organization in this study that explicitly identifies economic justice as an issue area. They have an Economic Literacy Program which builds Native women's leadership and entrepreneurial skills to help fight the persistent poverty in their communities.

Jessica Gonzales (NLIRH) describes the need to address economic issues within reproductive justice: "We should actually be examining whether social and economic structures are in place that have put a woman in that position that they're not getting adequate sexual health care or sexuality education, they're living in poor communities that don't have a lot of resources, you know so on and so forth." Several organizations, including SisterSong and NLIRH, are working on repealing the Hyde Amendment because it limits access to abortion for women who depend on Medicaid. Charon Asetoyer relates how the poverty and dependency on Indian Health Services threatens the reproductive lives of women on her reservation on a regular basis because access often requires money. She gives an example, worth quoting at length, of the

process that women on her reservation have to go through to attain emergency contraception; a process in which every step is a struggle compounded by her poverty:

We are working very hard to ensure that women have access, access on demand, to things like Plan B in its generic form as opposed to having to go in to your health care provider, be at the clinic all day, and have to see a health care provider and then get a prescription, then it has to be sent over to a pharmacy within the Indian Health Service facility, then you have to wait, you could have to wait until the next day in order to be able to access it. Whereas other women can just go to the local pharmacy, request it, and purchase it, if that pharmacy carries it. And on many of our reservations the Indian Health Service pharmacy, the only pharmacy there is, do not carry emergency contraceptives, such as Plan B or its generic form on demand. They're not providing it on demand.

Now for a woman that's sexually assaulted on a Friday night and the local Indian Health Service is not open over the weekend, then she's got to wait until Monday and sit in the clinic all day, wait for the pharmacy, you know, her window of opportunity is on very thin ice and sometimes has passed. Otherwise she has no option unless there is a local pharmacy nearby the reservation. In states like South Dakota where there're very conservative laws she may not be able to access it because they don't sell it. You have to go to a larger city in order to access it. First you have to have the gas money. In our community for instance, the Yankton Sioux reservation you have to go over 50 miles to the nearest Walgreens or Walmart and then you'd have to have \$50 to purchase it; you have a tank of gas to get there and back, if you have a car; if you didn't you'd have to hire someone, so you'd have to have the money to pay somebody for the gas and the Plan B, and a lot of women don't have those kinds of resources. It makes it inaccessible. So she's back at square one, not being able to access it, when Indian Health Service should provide it on demand.

Economic justice, for all of the organizations, is connected to issues of reproductive justice because access depends so much on income in the U.S. Poverty limits a woman's access to reproductive services and economic class helps determine a woman's vulnerability to reproductive control and oppression.

III. Immigration Rights

Immigration is another issue area that several of the reproductive justice organizations incorporate into their reproductive justice work. Immigration has a specific impact on women and is a significant part of the racial histories of Asian and Latina women. The organizations that work on immigration are the Latina and Asian based organization. Both of these racial groups were excluded through immigration policies. There are racial patterns that are visible in this particular intersection. The Latina- and Asian-based organizations, as well as the SisterSong Collective find that immigrant women have specific reproductive experiences that are based on their citizenship status, or perceived status. Immigration is an issue for these organizations because immigrant women experience reproductive oppression and control in specific ways because of their racial and gender identities. Chris Harley directly relates the historical experience, logic, and reproductive control strategies of Asian Americans to the struggle for reproductive justice:

I think that in terms of the work that we do in immigration it is really connecting the experiences that our forbearers have gone through in terms of you know, Japanese internment, the Chinese Exclusion Act and the Page Law which specifically excluded Chinese women by calling them prostitutes in order to prohibit them from immigrating too and really trying to make connections about the way in which immigrant women are currently being demonized and their

reproduction is being demonized in terms of this new activism around so called “anchor babies” and really trying to connect that history is all related, it’s all one matter of controlling who’s families are able to establish roots in the United States.

The National Latina Institute for Reproductive Health and the National Asian Pacific American Women’s Forum have partnered to form the National Coalition of Immigrant Women’s Rights which focuses on the intersection of immigrant rights, reproductive justice, and gender justice. Jessica Gonzales describes some examples of how immigration and gender intersect within the reproductive justice framework:

They’re unable to go to a rally, a health fair, or a doctor’s appointment because they’re scared to leave their house because there’s border patrol patrolling their community, and many of them have legal status. It wasn’t even that. Many of them don’t, but many of them do. It was more about the climate of fear that was created by these border patrol, so for us that was a really critical issue and looking at how we can work, not just as Latina Institute but as a coalition with other women’s rights organizations that acknowledge that immigration is a factor in their lives and how we can work and change the system.

Chris Harley describes how NAPAWF’s involvement has taught them about how immigration impacts women and their families:

Through that we’ve been building out more campaigns and education awareness and looking at how gender and reproductive rights do have a real impact on the lives of immigrant women. And then building off of that work NAPAWF has now started a partnership with the National Domestic Workers Alliance to really hone in on how immigration enforcement policies are impacting women and their families in very specific and harmful ways.

These organizations recognize that the needs of their community reflect the intersection of their identities as immigrants and as women, so they are trying to bridge gender justice and immigration justice to meet the intersectional needs of immigrant women. Jessica Gonzales describes it as bringing “the Latina lens and the immigrant women’s lens to the women’s rights spaces and the reproductive health spaces and then we bring the gender lens to the Latino spaces and the immigrant rights spaces.” Kathy Huynh describes the purpose of the campaign that NAPAWF started in coalition with the National Workers Alliance to “really to bring a gender lens into the immigrant rights conversation” by bringing together advocates and activists from reproductive justice and immigrant rights groups with immigrant women who are directly affected by anti-immigrant sentiments and policies.

Immigration policies directly impact a woman’s ability to access reproductive health services and information. Reproductive justice organizations shared examples of how immigration impacts a mother’s ability to bring her children to the doctor and her ability to be an activist for the health and safety of her community. The negative stereotyping that surrounds immigration threatens the reproductive lives of immigrant women, sometimes regardless of their status. Another example of immigration and gender intersecting is in “anchor baby” rhetoric, which portrays illegal immigrants as coming to the U.S. to have children as a way to gain citizenship and use “our” resources. NLIRH and NAPAWF, through the National Coalition of Immigrant Women’s Rights, have been fighting the stereotypes and myths about “anchor babies” that stigmatize immigrant women and feeds into anti-immigrant sentiments and policies.

IV. Population Control

Both Jessica Gonzales from NLIRH and Shana griffin of WHJI connect immigration to population control and the myths of overpopulation that are used to justify the mass sterilization of women of color. By problematizing women of color and portraying them as a threat to the environment as well as to society, the term 'overpopulation' becomes a tool of reproductive control for women of color that overlaps reproductive justice with environmental justice, immigration rights, and population control strategies. By portraying immigrant women as a threat to the environment and to our nation's resources, immigrants become a threat to the country, particularly immigrant women's ability to reproduce. Jessica Gonzales describes this intersection and relates it back to the racial reproductive control strategies that significantly impact Latina women:

Latina women were often experiments of contraception in particularly Puerto Rico and Mexican-origin women in California and the Southwest and in the 70s; the whole case where Latina, Mexican-origin women were being forcibly sterilized in an L.A. county hospital and then in Puerto Rico. There was a whole massive program in Puerto Rico that looked to sterilize women because again it was operating under the assumption that women, Latina's, were having too many babies and also connecting that to environmental degradation and overpopulation and that sort of stuff. So that's a big part of our history and that we need to acknowledge in terms of our work.

Shana griffin discusses another example of the intersection of reproductive justice, population control and climate change. An advertisement from Family Planet, Figure 3, depicts a devastated rainforest on one half and implies that family planning or population control can restore it to its ecological balance. Shana, while showing this image, describes how climate

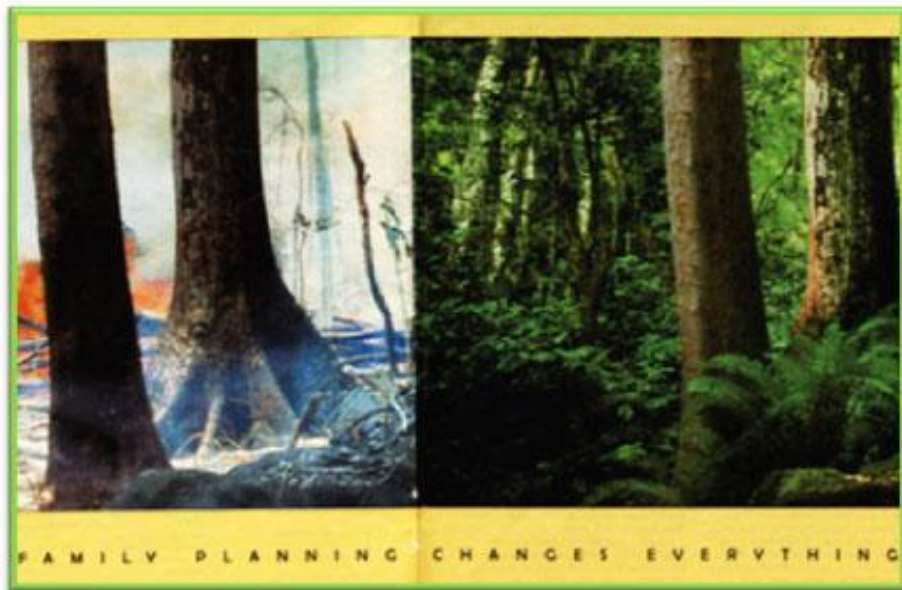


Figure 3: Stop the Blame: Population Control Imagery (Committee on Women, Population, and the Environment)

justice has been used to blame women of color for the degradation of the planet. She used the image in a presentation for the Stop the Blame project which was put

together by the Civil Liberties and Public Policies Program and Hampshire College.

The image advertises family planning as a solution to climate change, but as griffin explains, the image implies that overpopulation is responsible for climate change. The argument problematizes women of color who are blamed for overpopulating the planet and draining it of its natural resources. The advertisement uses the fear of overpopulation and climate change to encourage the perception that women of color have too many children which justifies their reproductive control and oppression. This has a particular impact on immigrants as well as other women of color populations.

While Shana griffin commends the reproductive justice movement for addressing the ways that reproductive control and oppression intersect with other issues, she thinks that there are even more social justice issues that are pertinent in achieving reproductive justice. There is potential for the reproductive justice movement to connect reproductive oppression to many different systems of oppression in a more encompassing, complex, and critical way:

Although the reproductive justice ‘definition’ that is commonly referenced is amazingly broad and intersects many social justice movements, the advocacy and organizing strategies employed by many reproductive justice organizations is primarily focused on sexual and reproductive health policies. I don’t intend to diminish the amazing work being done by reproductive justice advocates, like the work to end the practice of shackling incarcerated women during childbirth or the work of those to provide doula (birth attendant) services and support to pregnant and post-partum women in prison. I do however think that we [the rj movement] have some ways to go in exploring and creatively documenting how the sexual and reproductive needs of our community is connected to other forms of systemic oppression and social inequality, particularly with regards to poverty, discriminatory housing policies, law enforcement violence, imprisonment, employment segregation, labor laws, and gentrification. Although there’s been some remarkable work done on immigration, climate change, and environmental toxins, we have to continue to examine and make connections with other issues.

The intersection of these movements illustrates the relationship between reproductive control and racial logics; historically these oppressive strategies (population control, exclusion, poverty, and manmade disasters) have been used to separate people along racial lines, but exploring the ways that these strategies also oppress the reproductive capacity of women of color shows that they have gendered consequences as well as racial consequences. While there is room to grow and more connections that can be made, it is apparent that the organizations are addressing both racial and gender oppression in their fight for reproductive justice and that the social issues that they connect to reproductive justice reflect their respective racial histories and the significance of racial reproductive logics.

Programs and Campaigns

This section looks at the programs of the organizations to see how these patterns of racial reproductive control are visible in the work of the reproductive justice movement. Reflecting the self-identification as a social justice movement working for structural and cultural change, all of the organizations make the distinction that they are orientated toward political movement building and not service providing, although some have or have had service providing sister organizations. First I compare the programs between organizations to see what they have in common. Then I describe how some of the programs and campaigns differ in ways that show a relationship between reproductive control and racial logics. The array of programs described on the organizational websites, and further described in the interviews, shows that there are some types of programs that overlap and others that are only found within a few of the organizations. As described earlier, reproductive control strategies show racially specific patterns, so this section looks at whether the programs which work towards attaining reproductive freedom are also responding to racial formation.

The primary types of programs that span across the organizations are reproductive health programs and programs that deal with violence against women. The relationship between reproductive justice and reproductive health is apparent in the fact that health care access, health disparities, and access to contraception are issues for all women of color. Almost all of organizations have some type of health related program. For example, NNAWERC is trying to make Plan B emergency contraceptive available at Indian Health Services; the NLIRH and BWHI have cervical cancer campaigns; the NAPAWF and the NLIRH both have campaigns for health care reform. BWRJ, NAPAWF, and NLIRH all have sex education programs; BWRJ had a

Healthy Vagina campaign; and WHJI originally had a sister organization women's health clinic. While these organizations work with and for specific racial communities, in this research reproductive health does not appear to be a race specific issue. There may be race specific health disparities, for example A/PI women have disproportionately high rates of cervical cancer, but health related issues impact the reproductive lives of women across the spectrum.

Programs dealing with violence against women appear in most of the organizations as well. The Reproductive Justice Agenda (see appendix 1), written by the National Native American Women's Education Resource Center, insists on the right to include domestic violence and sexual assault as reproductive justice issues. This organization also provides direct services for women who have experienced violence and it has a shelter in another facility for women and children fleeing sexual assault and domestic violence. One of NAPAWF's six platform areas is "Ending Violence Against Women." California Latinas for Reproductive Justice include "freedom from discrimination and violence" in their description of reproductive justice. WHJI uses an anti-violence framework to guide their work and to expose the many ways that and environments in which violence against women takes place. One of the reasons that Tewa Women United formed was to end "all forms of violence against Native Women and girls." Violence against women affects all women, regardless of their race.

Program and campaign areas that differ between organizations include immigration, environmental justice, cultural empowerment, and sterilization related programs. Programs in each of these areas reflect the racial history of the constituents of the organization, indicating that racial logics impact the types of programs they run. For example, the National Latina Institute for Reproductive Health and the National Asian Pacific American Women's Forum have

programs on immigration but the other race specific organizations do not mention immigration.

Immigration is a significant part of the racial history and logic of Orientalism for Asian and Latina communities. Both Latinas and Asian/PI women have faced exclusionary policies that targeted their race as well as their gender and have historically been presented as a threat to America's moral fiber and its resources, which makes their reproductive capacity a threat.

Immigration is one issue area for Asian and Latina organizations that shows the connection to the racial logics of these groups. Chris Harley describes this relationship between race and reproductive control and how today's fight for reproductive justice is impacted by the same racial logics:

I think that Asian American women in this country historically have largely been invisible, and immigration laws have really tried up until the 1960s to prevent A/PI women from even entering into this country. And so I think that the experiences that of the A/PI community and A/PI women are largely sort of shaped by that racist immigration history as well as the civil rights movement and trying to articulate an understanding of how the A/PI community has been experienced within the US. I think that in terms of the work that we do in immigration is really connecting the experiences that our forbearers have gone through in terms of Japanese internment, the Chinese Exclusion Act and the Page Law which specifically excluded Chinese women by calling them prostitutes prohibited them from immigrating too, and really trying to make connections about the way in which immigrant women are currently being demonized and their reproduction is being demonized. In terms of this new activism around so called anchor babies and really trying to connect that history. It's all related, it's all one matter of controlling whose families are able to establish roots in the United States.

That immigration is only found in the programs of the Latina and Asian organizations in this study is not just a reflection of the patterns of racial logics, but also of contemporary racialized U.S. immigration policies and patterns which have seen the largest numbers since the 1990s from Asian and Latino countries. Current immigration rhetoric, such as “anchor babies” myths and the “need” to barricade the U.S./Mexico border, is racialized. In addition to racial logics, the U.S. political and racial climates play important roles in the inclusion of immigration programs in these organizations.

Anti-human trafficking programs are only found within NAPAWF, where the historical racial experience and racial logic of Asian women intersects with the vulnerability of being female. The stereotypes that were used to justify the exclusion of Asian/PI women from this country are still impacting their vulnerability, although now in a different way, based on their race, gender, and sexuality. Human trafficking reflects contemporary racial logics and racial biases about the desirability of certain women over others based on skin color and perceived essentialist racial characteristics.

Environmental programs and campaigns are only found in Asian-based and Native-based organizations, although based on the literature that identifies environmental issues as significant for the Black community, I would have expected to also see environmental justice programs within the Black-based organizations. The Asian-based and Native-based organizations work with and for racial groups whose racial history and logic is connected to their vulnerability to environmental hazards. For example both Asian-based organizations have nail salon programs that deal with the intersection of environmental justice and reproductive justice because their racial communities have been funneled into certain industries that

threaten Asian/PI women's reproductive capacity. The image of the "model minority" helped to invisibilize Asian women's experience, so NAPAWF and ACRJ are also fighting against that stereotype in their nail salon work.

Native-based organizations have environmental justice programs because their racial history is closely tied to the land they live on. TWU has an Environmental Justice Program and Gathering for Mother Earth, and NNAWERC has Environmental Justice and Natural Resource Protection programs. Native women's reproductive lives are oppressed in a specific way because of the racial logic that excuses devaluing Native lives and culture. Colonization and the constant attempts to acquire native lands impacts Native women specifically because of their ability to reproduce which is an act of anti-colonialism.

Both of the Native-based organizations have cultural preservation programs, which none of the other organizations identify as an issue area. TWU has a doula program where traditional birth workers "provide physical, emotional, and informational support during the prenatal, childbirth, and postpartum period" to women in the Espanola community in New Mexico (tewawomenunited.org). They describe their doula program as being more than reproducing individuals; they are helping reproduce a culture as well. NNAWERC has a Dakota Language Immersion Program to preserve language and tradition through the youth of the community. The rights that are called for in the Reproductive Justice Agenda by NNAWERC are very clearly related not just to the reproductive justice, but also to racial justice and is a response not only to reproductive control and oppression as women, but particularly as Native women who've experienced specific types of reproductive oppression and control:

- The right to culturally specific comprehensive chemical dependency prenatal programs including, but not limited to, prevention of Fetal Alcohol Syndrome and Effects.
- The right to a forum for cultural/spiritual development, culturally-oriented health care, and the right to live as Native Women.
- The right to determine who are members of our Nations.
- The right to give birth and be attended to in the setting most appropriate, be it home, community, clinic or hospital and to be able to choose the support system for our births, including but not limited to, Traditional Midwives, Families and community members.
- The right to education and support for breastfeeding that include but not limited to, individuals and communities that allow for regrowth of traditional nurturing and parenting of our children.

While reproductive control is used to limit the reproduction of certain populations, the Native organizations are the only groups to have programs specifically for passing on traditions and culture. The continuation of a people depends on their reproduction, so the demand for these rights to continue traditional ways are very closely tied to the reproductive logic of Native people.

Two of my deductive codes that I expected to find in the programs and issue areas of the organizations in this study did not appear in the interviews. The review of reproductive justice literature highlighted welfare and criminal justice as sites of reproductive oppression and control which I expected to show up in the work of the organizations in this study. I expected that welfare and criminal justice would either be mentioned in the interviews or that they would show up in the programs or websites of the organizations. They were not in either. While the Hyde Amendment, which the organizations are actively trying to repeal, could be considered a welfare issue, the literature on welfare as a site for reproductive control refers to

Temporary Aid for Needy Families, TANF, regulations such as family caps and restrictions on personal relationships. There are a few reasons why this could be.

The earlier quote from Shana griffin gives a possible reason as to why welfare and criminal justice do not appear in the data. She described that while the reproductive justice movement is impressively broad in their work and issues, there are additional systems of reproductive oppression that are not prominent in the movement, such as housing, law enforcement violence, imprisonment, employment segregation, labor laws, and gentrification. She does not mention welfare specifically, but it could be that the reproductive justice movement has not yet addressed how these systemic oppressions intersect with reproduction, or perhaps it is being addressed by organizations that are simply not in my study.

Welfare and criminal justice are in the literature about reproductive oppression and control but they appear primarily in the research that focuses on Black women and the Black community. For this reason, I think that my lack of representation from Black reproductive justice organizations might also be a reason why welfare and criminal justice did not appear to have a strong presence in the reproductive justice movement. I was not able to get an interview with Black Women for Reproductive Justice, which has since announced that it is closing down. The other organization that I had identified as a Black-based organization for reproductive justice, BWHI, is now focused on Black health disparities and not specifically on reproductive justice issues.

While Angela Sutton, of BWHI, mentioned welfare and criminal justice in her description of what is incorporated into reproductive justice, the organization itself does not address these two areas in their work. Welfare and criminal justice did not come up in the interviews,

however, welfare is mentioned in NLIRH's website but not in the programs, and SPARK has an active campaign to end the practice of shackling in prisons in Georgia. I was unable to get an interview with SPARK, which is not a race specific organization, but I would want to speak to them about their decision to run a campaign against shackling to see how it relates to the long racial history of the criminalization of Black women in particular. The lack of representation from Black reproductive justice organizations may also contribute to why environmental justice issues did not appear to be a part of Black-based organizations even though the literature describes how environmental justice affects the Black population.

Identifying as Race-Specific

Of the organizations in this study, eight identify with a particular racial group and three identify as women of color organizations. While there is incredible diversity within racial categories, the organizations use racial categories rather than nationalities to define their organizations. The language of racial categories shifted during the civil rights era toward more pan-ethnic terms, such as Asian American instead of Oriental and Native American or American Indian instead of Indian. These categories became "institutionalized dimensions of the U.S. racial system" that were functional for race-based movement building and political empowerment (Kibria [1998]2013). The racial categories used by the reproductive justice organizations in this study are used in a similar way.

The decision to identify and work with a specific race shows a relationship between reproductive control and racial logics. In choosing to identify as race-specific, the organizations are also recognizing that women of color experienced different racial histories and different reproductive control strategies. Relating racial reproductive strategies to the reproductive

justice movement is significant because it exposes a reality that not all women share the same experiences with reproductive control and not all women of color share the same experiences with reproductive control, and that these differences can be linked to racial formation. Each race-specific organization made a decision to focus their work on their particular racial group and not on women of color in general. They describe this as a need to make sure that the voices and stories of their racial community are heard and that their experiences are different from other women of color. Chris Harley talks about NPAWF's role as an A/PI organization:

Recognizing that the A/PI community has been here for hundreds of years and yet are still finding themselves in this place of being made invisible and pushing back and trying to find that voice. I think that's a role that NPAWF particularly plays for our member who often have been the minority of their communities growing up and are trying to find a way to articulate their experiences and participate in the greater work that's happening on a social justice level and so NPAWF really becomes that space to empower them to talk about these issues and bring voice to the experiences that they've gone through and try to incorporate that within that long history of work.

Angela Sutton (BWHI), describes how Black women's history of slavery, moving from forced breeding to limiting Black reproduction, to the history of medical abuse leading Black women to distrust the medical community, fosters the need for Black women's organizations and Black women's voices to be a part of the reproductive justice movement, especially since it is not well represented in mainstream movements.

Not all reproductive justice organizations however, are race-specific, and their decision not to be provides a different angle from which to look at the relationship between reproductive control and racial formation. The non-race-specific organizations I studied indicate

that while they may choose not to identify with a specific racial group, they are still informed by racial logics. The non-race-specific organizations offer a different insight because of their choice to identify as women of color organizations. Loretta Ross, a co-founder and CEO of the SisterSong Collective, describes their decision, what it means for the reproductive justice movement, and how racial logics are relevant:

What is important for us to focus on is that each racial group or ethnic identity is oppressed in a particular way specific to that racial group. Each group experiences reproductive oppressions in a particular way, so there's no such thing as one size fits all when trying to combat reproductive oppression. And so it's very important for our many communities, as we call them, to work together to address and strategize on how to move their own movements forward but at the same time we feel that our motto "doing collectively what we can't do individually" is also equally true and so there are times when it is important and vital for women of color to work across race, across class, across age, across sexual orientation, so that we can present a united voice to work on issues that affect all women of color and indigenous women.

While reproductive control is racialized, and impacts racial groups differently, it is important to the movement that there is some level of collective effort. Organizations like SisterSong provide a space for a unified voice while still understanding the distinct racial histories of each constituent community. WHJI also chooses to identify as a woman of color organization rather than a race-specific one. Shana griffin describes their motivation for this decision:

WHJI grows out of INCITE!'s organizing framework [hence the focus on women of color] and is rooted in black feminist organizing traditions, theories, movements, and scholarship. Our organizing recognizes the various ways white supremacy, patriarchy, and economic exploitation impact women of color communities differently, while also centering the particular experiences of black

women in New Orleans and other similarly situated women of color. Being conscious of the different histories, experiences, and identities of women of color communities is a very important aspect of our work. We also understand how geography and place impact racial and gender forms of violence and exploitation, which is why black women experiences are important in our work, particularly in a city where black women are the most visible and invisible women of color group. In addition, it is important for black women to be aware of how other similarly situated women of color are impacted by gender and racial forms of violence, exclusion, and invisibility, particularly among Native, Latina, Asia, and Arab women (in and outside of New Orleans).

Griffin echoes the importance of acknowledging racial differences within the category of 'women of color'. She also identifies how in her own work she is careful and purposeful in using the term women of color because experiences are not always shared by all women of color. Black women do make up the majority of WHJI's constituency and there are times where it is important to name Black women rather than apply a universal experience to all women of color. The choice to have an organization for women of color as opposed to working for and with a specific racial group is not to deny that there are racially specific experiences of reproductive oppression and control, but it is a conscious decision that offers a space where women of color can unite and patterns that cross the category of 'women of color' can be named.

Challenges

Funding and capacity play a huge role in determining where and how reproductive justice organizations are able to focus their efforts. In some cases they have kept organizations from being able to respond to certain reproductive control strategies. The organizations in this

study have a variety of funding sources, including public and private grants from the government and/or foundations, and experience varying degrees of funding or capacity restraints. Some organizations do not have the funding to support the number of staff members that they would ideally need in order to do the work, or do not have the funding to support the programs themselves. Others lack the capacity to work on all of the issues that they want to because their staff is stretched thin or they do not even have a physical space in which to work. I draw the correspondence between programs and racial logics, but funding and capacity can limit an organization's ability or freedom to address additional reproductive control issues that are connected to racial logics and strategies of their community.

For example, NAPAWF's constituents in the Northwest brought to their staff's attention that human trafficking was affecting their community. Anti-human trafficking work became a reproductive justice issue for NAPAWF because it is a form of gender-based oppression and violence that limits the freedom and choice of Asian women and girls. Aware that their community wanted them to work on issues of human trafficking, they made it one of their issue areas; however, they have since had to put this issue area on the back burner because they no longer have a staff member who had expertise in that area. Chris Harley describes how they had to temporarily stop working on anti-trafficking because of a lack of capacity:

We did have a campaign or a project that we were working on around anti-trafficking that sparked because of work that our advocates and activists in Seattle became galvanized when a Filipina woman was lured to the US as part of a international brokerage program or service and her American husband was quite abusive and ultimately ended up killing her. And so there was recognition that trafficking, human trafficking is an issue that has a real impact on Asian American women and so through their advocacy locally, the NAPAWF started a

national anti-trafficking program. We have discontinued it because of lack of capacity.

WHJI has also struggled with staffing and capacity, which has led them to be creative in their strategies for moving their agenda forward. WHJI formed in the immediate aftermath of Hurricane Katrina, and does not currently have a physical space to work in or a paid staff. Shana griffin describes how this affects their ability to do the work and to fight for the rights and safety of women of color; but she also describes how they try to overcome these funding and capacity issues:

So it is very challenging to organize and do work when you don't have a physical space, but you can also create a physical presence in other ways like online or through literature, posters, things like that, which is why posters are really important to us. And we don't have staff. So I think for WHJI, compared to some of our peer organizations in the RJ movement, that's a huge thing that in terms of capacity are a challenge. A challenge that we have compared to our sister organizations is not having staff and not having physical space.

WHJI is currently in the process of putting together a poster campaign about reproductive violence that connects everything from housing, contraceptives, climate change and the idea of choice, to reproductive violence. While WHJI has reproductive justice programs and campaigns in the works that are related to racial histories and logics, they struggle to actualize them because they are functioning without a physical space or a paid staff.

Angela Sutton describes how funding is a constant struggle for grassroots organizing groups, which most reproductive justice organizations are. Angela worked with domestic violence prior to her work at the Black Women's Health Imperative and she saw the same type of funding issues there:

But going specifically back to reproductive justice yes, it's very hard because we are still working and competing with mainstream organizations who for some funders are considered the gold standard. So it's hard for us to, and often times we find ourselves competing amongst each other for a small pot of funding. And I've seen that, not only in this movement, but I saw it in the domestic violence movement and unfortunately the bottom line is usually those organizations that do happen to be mainstream and have really strong holds and really strong ties and are considered the influential leaders and the spokesperson of that particular movement are usually the ones who get funding repeatedly and it makes it hard for other organizations, particularly those community based, those grassroots, those RJ [reproductive justice] groups. So yeah I mean organizations it's hard, constantly fundraising, constantly finding sources of how to keep the electricity on... Relying on federal funding really means then like in my background in domestic violence, domestic violence was founded on survivors. It was a survivor's movement and then when funding became the picture, organizations started relying on federal funding which became very professionalized because a lot of grants require that you have credentials in order to implement their funding or their grant so I mean I don't think it's any different with reproductive justice. Once you rely on a certain pot of funding or a certain source that can also limit you.

A lack of funding and capacity, as these women describe, can help determine which issue areas they can or cannot work on. While the organizations are informed by their constituency's needs, their funding and capacity can limit how they are able to respond to those needs and address those needs. In NAPAUF's case, they are still able to do some work with anti-trafficking because of how it overlaps with some of their immigration work, but not to the extent that they had before.

CHAPTER SEVEN: DISCUSSION & CONCLUSION

My research has explored the racialization of reproductive control by looking at eleven organizations within the reproductive justice movement. The organizations are a snapshot representing the structure of the movement; made up of race-specific organizations as well as woman of color organizations. Knowing that the reproductive justice movement is a woman of color movement, I anticipated that staff members of the organizations would talk about racial aspects of reproductive control, but I did not know what this would look like or if it would reflect the historical logics and patterns of racial formation. My research shows where racial logics of reproductive control appear within the movement and how the logics impact the organizations in the movement. What I found is that racial reproductive logics are visible within the very conceptualization of reproductive justice and the programs and issue areas on which these organizations work.

Racial reproductive control varies across race because there are different racial histories and because the formation of race is a historical process that means something different for each racial group of women. Critical race theory's assertion that race is a *process* is critical to understanding the implications of my research. Race is not a static concept and using racial categories can be problematic, which is why exploring the reproductive justice movement's structure, as consisting of race-specific and women of color organizations, is useful. Groups of women of color identify in race specific ways as a tool for political mobilization and social change that challenges multiple systems of oppression. Intersectionality is also critical in understanding the multiple layers of oppression that surface in the reproductive justice movement because reproductive control is impacted by more than just gender; multiple

identities including gender, race, nationality, sexuality, and able-bodiedness are oppressed by social forces. This is reflected in the reproductive justice movement which is a women's rights movement, a racial justice movement, and an umbrella movement that links many other social justice issues to reproductive justice.

The literature described the many ways in which a woman's reproductive oppression is experienced through both gender-based and race-based oppressions, as well as from oppression that comes with other marginalized social locations that they may occupy. The intersection of these oppressions have been manifested through strategies of reproductive control; through external social forces, institutions, policies, and cultural practices, that have served a race agenda as well as a gender agenda in the construction of race in America. The concept of *racial reproductive logics* offers a way to complicate the intersectional approach to reproductive justice that further explores the experiences of other marginalized communities. Intersectionality is visible throughout the work of the organizations, but I think *racial reproductive logics* can be built upon to understand additional layers of oppression that contribute to the control of the reproductive lives of women of color.

Andrea Smith (2006) argues that understanding the nuanced complexity of the logic of White supremacy will allow for women of color organizers to "re-envision a politics of solidarity that goes beyond multiculturalism, and develop more complicated strategies that can really transform the political and economic status quo" (73). The reproductive justice movement has the ability to do this through its recognition of differing racial logics and different experiences of reproductive oppression which go beyond multiculturalism. While reproductive justice organizers may not explicitly use Smith's three pillars of White supremacy, they demonstrate

the multiple dynamics within racial formation by consisting of both race-specific and women of color oriented organizations. The reproductive justice framework and the structure of the movement indicate the potential for an increasingly complex strategy to be developed.

Limitations and Future Research

Because this is a qualitative study, it does not represent or include every reproductive justice organization involved in the reproductive justice movement; this research is not meant to be generalizable. However, the findings do reflect how racial reproductive logics are visible within the reproductive justice organizations in this study. Given more time and resources I would apply racial reproductive logics to more organizations within the reproductive justice movement and especially more Black-identified organizations to explore criminal justice issues, welfare, and environmental justice.

My findings are also limited by focusing exclusively on women of color organizations. Further understanding of the role that racial logics play in the regards to reproductive control could be gained by adding an analysis of White-based organizations and other mainstream reproductive rights organizations, such as Planned Parenthood and the National Organization for Women. This particular study was about the reproductive justice movement as an explicitly women of color movement, but expanding the study to include mainstream reproductive rights organizations would provide additional insights into the complexity of race and reproductive control. By involving an analysis of the racial formation of Whiteness it would be possible to see more clearly whether mainstream and White-based organizations that purport to be inclusive are actually reflecting Whiteness in their analysis of the reproductive needs of women. This

should include an analysis comparing the role of funding for mainstream and reproductive justice organizations.

Additional explanations as to why immigration and anti-human trafficking are salient issues within the Latina and Asian/PI organizations and not within the others could also be further explored. The implications of the relationship between immigration and anti-human trafficking and racial reproductive logics could be clarified by a closer analysis of laws, regulations, and patterns in these two areas. I would have also liked to look into whether there are racial patterns within the fight to end violence against women, which was beyond the scope of my research. For example, are there racial patterns in the types of violence that women of color experience or in the ways in which they make sense of these experiences?

Social movement scholars have explored the relationship between social movement organizations and their constituents, specifically questioning how well an organization can speak for people whose voices have been silenced. Class differences, and in this study educational differences, may be pertinent to an examination of how the organizations represent the marginalized voices of their constituency who come from various economic and social backgrounds. The staff members of the organizations in my study are mostly well educated women, though I did not ask about their economic class backgrounds. I found that the organizations use a variety of methods for determining their program and issue areas ranging from roundtables and forums with constituents and members to statistical analysis. A new study could look more closely at how the organizations represent their constituency within the reproductive justice movement.

Conclusion

Utilizing the concept of racial logics of reproductive control can enable groups to explore the dimensions of how reproductive oppression has been racialized for their particular community and to identify additional intersections between racial logics and the oppressive experience of women. It can be applied to further examine and complicate the intersectional approach to reproductive justice within other marginalized communities, such as people with disabilities, people who identify as LGBTQ, people in poverty, and other marginalized peoples.

My research supports the work of organizations and women who are seeking to make cultural as well as structural change so that women have the freedom and ability to have, or not have children, and to raise them in a safe and healthy environment if they choose to have children. This study has the potential to impact the organizations, and the social movements as a whole, by offering a way to reflect on their work and to understand it in a way that directly connects the historical process of racial formation to the experience and struggle for reproductive justice.

Women's organizations are already marginalized and the organizations in this study are marginalized in additional interacting ways. Each concept incorporated into this research is complex, from the myriad of issues addressed within reproductive justice to the complexity of the formation of race and of gender. The literature discussed six primary areas in which reproductive control and oppression occur, but these areas are not exhaustive. Not all of the areas were addressed by the data, but this is not entirely surprising; it is a young movement addressing a complex set of issues. The reproductive justice movement is not always well funded or supported, and it is faced with an incredible task of reaching increasingly diverse

communities with varied experiences and needs. The organizations in this study are each covering a lot of ground and even more terrain collectively.

As intersectional theory explains, centering the experiences of those most marginalized is a way to understand systems of domination so that they can be challenged. Challenging the oppression of the most marginalized is the starting point for broader social change. The successes accomplished by reproductive justice organizations, which challenge gender-based and race-based systems of domination and oppression, is for the benefit all women because the reproductive freedom of all women is threatened by the current political climate. The outcomes of contemporary political debates and legislation are likely going to impact women in different ways. In contrast to the work being done by the organizations in this study and in the broader women's rights movement, current legislation, such as the three recent anti-abortion bills passed in Arizona, is attempting to further limit women's reproductive rights. Women of color, who already have disproportionately higher rates of poverty and less access to reproductive resources, will likely be impacted in race specific ways by the current legislative threats to their reproductive lives. Understanding the history behind racial logics and how racial logics manifest and impact women of color today allows for a deeper and more nuanced understanding of how women of color will be likely be impacted by the women's rights battles occurring today.

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***University Committee for the Protection
of Human Subjects in Research
University of New Orleans***

Campus Correspondence

Principal Investigator: Rachel Luft

Co-Investigator: Nicole Jolly

Date: November 1, 2011

“Racial Reproductive Histories and the Reproductive Justice Movement”

05Oct11

The IRB has deemed that the research and procedures described in this protocol application are exempt from federal regulations under 45 CFR 46.101 category 2, due to the fact that any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Exempt protocols do not have an expiration date; however, if there are any changes made to this protocol that may cause it to be no longer exempt from CFR 46, the IRB requires another standard application from the investigator(s) which should provide the same information that is in this application with changes that may have changed the exempt status.

If an adverse, unforeseen event occurs (e.g., physical, social, or emotional harm), you are required to inform the IRB as soon as possible after the event.

Best wishes on your project.
Sincerely,

Robert D. Laird, Ph.D., Chair
UNO Committee for the Protection of Human Subjects in Research

APPENDIX B: CONSENT FORM

[University of New Orleans letterhead]

Dear _____:

I am a graduate student under the direction of Professor Rachel Luft in the Department of Sociology at the University of New Orleans. I am conducting a research study to explore the role of racial reproductive histories in reproductive justice organizations.

I am requesting your participation, which will involve one to two hours of interview and the option to contact you at a later date with follow up or clarification questions. Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, there is no penalty. The results of the research study may be published, but you may choose whether or not you will be identified by name.

Although there may be no direct benefit to you, the possible benefits of your participation are an improved understanding of the way reproductive histories have impacted women of color and how this understanding can provide potential insight to further the reproductive justice agenda.

If you have any questions concerning the research study, please call Nicole at (xxx) 847-2789 or Dr. Luft at (xxx) 280-6301.

Sincerely,
Nicole Jolly

By signing below you are giving consent to participate in the above study and consent for the name of the organization to be used.

Signature

Printed Name Date

By signing below you are agreeing to the use of your name or other identifying information to be used, otherwise efforts will be made to disguise your personal identity.

Signature

Printed Name Date

If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, please contact Dr. Ann O'Hanlon at the University of New Orleans (504) 280-6501.

APPENDIX C: PARTICIPATION REQUEST TEMPLATE

Dear (organization staff name),

My name is Nicole Jolly and I am a graduate student in the Department of Sociology at the University of New Orleans conducting a study on reproductive justice, looking specifically at reproductive justice organizations by race and ethnicity. Your organization is mentioned in the literature, so I reviewed your website to get a better idea of your work. Your organization is one of few that have an explicit focus on _____ (racial category) issues of reproductive justice. Your work within the _____ community, as well as the larger reproductive justice movement offers a particular experience and perspective I would very much like to be a part of my study.

I know how busy you are; I would so appreciate whatever time you or another staff member could give me for an interview. The interview will last between 45 minutes to an hour. With your permission I will record the interview, transcribe it, and then provide you with a copy of the transcription. This will allow you to make any editorial changes to what you have said and perhaps it will also be useful to you to have a copy for your own use. In all likelihood, the interview would be done over the phone, as I am based in New Orleans. I would love to be able to speak with you before the holidays, and will schedule the interview at your convenience. Further, I will send you, in advance of the interview, a list of the topic areas that I would like to cover.

In addition, the thesis itself will be available to your organization. My preliminary research shows that there is not now research that connects historical experiences to the work of all these organizations.

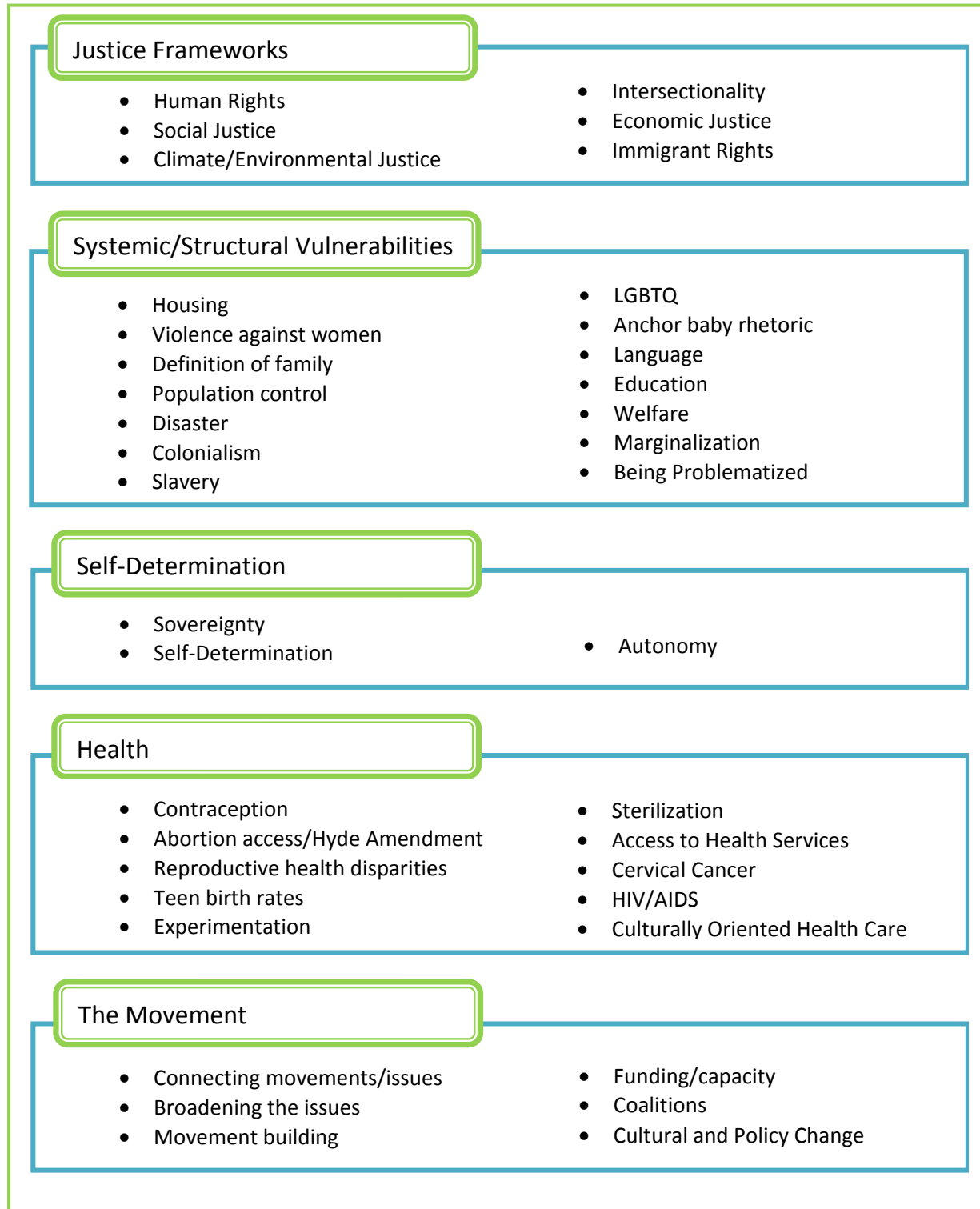
I have a personal commitment to social justice and use an intersectional framework. I look at the ways in which race, gender, and other systems of oppression are interrelated because I think it is impossible to have a complete understanding of the lived experience of reproduction by looking at them separately.

Thank you for taking my request into consideration. I look forward to hearing back from you, and will give your organization a call next Friday to follow up. Please email me with any further questions you may have. I really appreciate you taking the time to read this.

Sincerely,

Nicole Jolly

APPENDIX D: THEMES AND CODES



VITA

Nicole Marie Jolly grew up in the San Francisco Bay Area and attended Sir Francis Drake High School in San Anselmo, California. She received her Bachelor of Arts in Sociology with a Minor in International Studies and a Certificate in Native American Studies at Southern Oregon University (SOU) in Ashland, Oregon where she was a Ronald E. McNair Scholar. She was very active on SOU's campus, serving as the Director of Multicultural Affairs for student government and earning several scholarships and awards including the Victor Mills Award on behalf of the Department of Student Affairs. She has served as a Graduate Assistant for the Department of Sociology while attending the University of New Orleans. Her research interests include intersectionality, race, gender, inequality, and the ways that oppression manifests in systems and institutions such as criminal justice, education, and child welfare.