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Not Only Abortion: Wider Reproductive Choice Issues.

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I am grateful to the organizers of the 2014 International Summit on Reproductive Choice for including me in this important conversation. In order to effectively counter the opponents of abortion rights, we need more 'inside the family' talk about the issues they frequently use as 'moral defenses' for curtailing abortion access.

At the Summit, we looked at abortion for reasons of sex selection or fetal anomaly and later abortion. The need for these internal conversations is driven not just by the opposition, but also because these issues remain unresolved and divisive among advocates of abortion rights.

The London Declaration of Pro-Choice Principles (1), a starting point for the convening, articulates a strong commitment to women's autonomy in the context of abortion:

> Every woman should have the right to decide the future of her pregnancy according to her conscience, whatever her reasons or circumstances.

Seeking resolution among abortion advocates about the 'hard' issues set out above is a priority because of a commitment to preserving the principle of reproductive autonomy as a basic tenet of the choice movement. Further, it is at the core of gender equity and justice.

However, there has not been the same impetus to resolve disagreements over the other side of the reproductive coin, the right to have children. In fact, the choice movement has, from its beginning, included those who supported policies denying that right to specific groups of women. Women from marginalized and disempowered communities have been considered unfit for motherhood and subjected to coercive practices by both state and private actors, aimed at preventing them from having children.

Women of color and their allies in the reproductive justice movement have exposed and led the resistance against these practices. They have argued that the right of all women to have and to parent children is as integral to reproductive autonomy as the right not to.

Mainstream abortion rights organizations have been largely absent from the resistance efforts. Even worse, at times they have supported curtailing the childbearing rights of women on the margins. This has been a fault-line between the choice and reproductive justice movements.

I believe that we can and must address this divide. Doing so requires that the choice movement affirm, with the same passion and commitment it accords to abortion rights, the right of an individual woman to make her own decision to have a child, regardless of her resources or circumstances.

The following examples all offer the opportunity for examining and, where necessary, challenging, our underlying attitudes about who should have children and under what circumstances: (1) coercive sterilization of women in prison; (2) coercive sterilization of women living with HIV/AIDS; and (3) Project Prevention, formerly known as C.R.A.C.K.

The same distrust of women's ability to make decisions about their health and reproduction underlies both restrictive policies on abortion and childbearing. I hope discussion of these examples will raise awareness about the importance of expanding the political agenda of the choice movement so that it embraces an understanding of reproductive autonomy which is grounded in the experiences of all women.

I believe that we can and must address this divide by affirming, with the same passion and commitment it accords to abortion rights, the right of an individual woman to make her own decision to have a child, regardless of her resources or circumstances.

Coercive sterilization of women in prison (2)

In 2013, Justice Now, an organization which advocates for both the rights of people who are incarcerated and for prison abolition, exposed the ongoing coercive sterilizations of women incarcerated in California prisons. Between 2006 and 2010, approximately 148 tubal ligations were performed without proper authority and in violation of prison rules, and perhaps 100 more dating from the late 1990s. (3)

Women testified to feeling pressured by doctors and prison officials. In some cases, they reported being given incorrect diagnoses and subjected to unnecessary hysterectomies when other less invasive procedures were possible. Those affected were poor and disproportionately women of color. Former inmates and prisoner advocates maintain that prison medical staff targeted those deemed likely to return to prison in the future. (4)

Current sterilizations come in the context of a history of eugenicist practices. Under compulsory sterilization laws in California and 31 other states, minority groups, the poor, the disabled, the mentally ill and criminals were singled out as inferior and sterilized to prevent them from spreading their genes.

In that same tradition, a physician employed by a California prison justified the sterilization of incarcerated women in economic terms. He told a reporter that the amount of money the state prison system spent on sterilizations was small 'compared to what you save in welfare paying for these unwanted children – as they procreated more.' (5)

In the 1970s, women of color brought attention to sterilization abuse in their communities. Their advocacy secured policies aimed at preventing future abuse. Yet mainstream choice groups did not join these efforts, and in some cases even opposed them. Unfortunately, today the choice movement continues to sit on the sidelines of this issue.

Coercive sterilization of HIV-positive women

The International Committee of Women Living With HIV/AIDS (WLHA) has documented coerced sterilization in Namibia, South Africa, Thailand, Chile, Uganda, Zambia, Jamaica, and Mexico. Women with HIV/AIDS who have been sterilized face a double burden of stigma – not being able to have children and being HIV positive.

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While having children is crucial to women's status, if you are HIV positive, childbearing and even getting pregnant is considered irresponsible. The belief persists that a woman infected with HIV/AIDS will inevitably transmit this to her child despite the fact that this is not true. (6) Sterilization has been promoted as the best way to prevent mother to child transmission.

At the same time, abortion is often not an option for women living with HIV/AIDS, who face discrimination and a lack of services. While there is broad support among advocates and public health professionals for integrating HIV treatment with reproductive health services, abortion, even where legal, is not included. Further, within the medical community there is inadequate knowledge about HIV and abortion. For example, more research is needed about how health providers treat women living with HIV/AIDS and about whether surgical or medical is preferable and safer even though, in many settings, there are no options.

Often charges of coercive sterilization have been ignored because of inadequate documentation. HIV/AIDS advocacy organizations have stepped into this void. Lawsuits were filed in Nambia in 2010. A complaint on behalf of Chilean women was brought to the Inter-American Commission for Human Rights by Vivo Positivo, a Chilean HIV/AIDS service organization, and the Center for Reproductive Rights. (7) Here too, the mainstream 'choice' movement has been largely silent, and resistance has come primarily from HIV/AIDS organizations.

C.R.A.C.K. = Project Prevention

In 1997, C.R.A.C.K. (Children Requiring A Caring Kommunity, now called Project Prevention), a US-based non-profit organization, began advertising in low-income communities and communities of color, offering to pay women who use illegal drugs $200 to be sterilized or to accept long-term contraception. Since that time, the organization claims to have paid 3,600 women in the US.

Project Prevention has also expanded outside the US. In the United Kingdom, it is allowed to pay addicts and alcoholics to use long-term birth control, but cannot pay for sterilization. In Kenya, the organization offers women living with HIV/AIDS $40 to have an intrauterine birth control device (IUD) implanted. In its fundraising materials, Project Prevention makes the false claim that this is the only way to reduce the number of babies born with HIV.

Women of color and their allies opposed this program, linking it to eugenics. They argue that the approach is not the way to solve problems associated with drug use and pregnancy. Instead, it pushes a population control agenda, and disseminates medical misinformation and political propaganda.

Advocates for reproductive justice have pointed to the need for expanded drug treatment and general health services and education. However, the choice movement has not been part of these efforts.

Conclusion

It is past time for the large, mainstream choice organizations to ally themselves with the struggles of all women to have children. Silence from the pro-choice community perpetuates these violations of human rights and stigma. On my agenda for future discussions of divisive issues I propose that we ask: how we can counter societal prescriptions about who should be a mother? How can we advocate for people whose reproduction is stigmatized and feared? What are the fears about taking on these battles? What are the political costs of doing so? What are the costs of not taking them up?

It is my hope that engaging these questions will enable the choice movement to join with the reproductive justice movement in supporting reproductive autonomy for all women.

References

(1) For the full text of the statement, see page 7.

(2) For more on this see Ross, Loretta (2014) 'Eugenicists Never Retreat, they Just Re Group: Sterilization and Reproductive Oppression in Prisons,' *RH Reality Check*, 12 June. Accessed 14 September 2014. Available at: http://rhrealitycheck.org/article/2014/06/12/eugenicists-never-retreat-just-regroup-sterilization-reproductive-oppression-prisons/.

(3) Johnson, Corey. (2013) 'Female Inmates Sterilized in CA Prisons,' the Center for Investigative Reporting, 7 July. Accessed 20 September 2014. Available at: http://cironline.org/reports/female-inmates-sterilized-california-prisons-without-approval-4917.

(4) Johnson, Corey. (2013) 'Female Inmates Sterilized in CA Prisons,' the Center for Investigative Reporting, 7 July. Accessed 20 September 2014. Available at: http://cironline.org/reports/female-inmates-sterilized-california-prisons-without-approval-4917.

(5) *Ibid.*

(6) The risk of mother to child transmission can be brought down to two per cent with appropriate medical interventions. *Dignity Denied: Violations of the Rights of HIV-Positive Women in Chilean Health Facilities*, p18. Accessed 20 September 2014. Available at: http://reproductiverights.org/sites/crr.civicactions.net/files/documents/chilereport_FINAL_singlepages.pdf.

(7) 'OURSELVES. THEIR BODIES? Issue brief: Assessing efforts to halt forced and coerced sterilization of women living with HIV.' Accessed 20 September 2014. Available at: http://www.stopaidsnow.org/sites/stopaidsnow.org/files/SRHR_ourselves_theirbodies-IssueBrief.pdf.

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