

# The Fight for Reproductive



# FREEDOM

A NEWSLETTER FOR STUDENT and COMMUNITY ACTIVISTS

Our fight for reproductive freedom took several major setbacks in 2004. Congress passed the Federal Abortion Ban. Anti-choice forces are encouraging legislatures to impose parental consent or notice requirements for abortion and contraception. Within state legislatures, recent bills are criminalizing pregnant women — some states have considered bills which criminalize actions taken against a pregnant woman and/or her fetus (called “fetal homicide” bills or “unborn victim of violence” acts). The HIV/AIDS epidemic is expanding exponentially and poor women and women of color are at the highest risk and the least protected. Other bills create roadblocks by prohibiting abortion funding for low income women or by using the annual budget process to cut state funds for family planning services. This list continues on.

Our access to safe and legal reproductive health care is under attack. A woman's right to choose is under attack. **Our vision of living in healthy and safe communities is under attack.** And LGBTQ folks, people of color, and poor people continue to struggle against a government that has historically done and is currently doing everything in its power to deny them humanity, let alone reproductive rights. We are at a crossroads. In this historic moment the fight for reproductive freedom is crucial to the movement for social justice.

In this issue, we focus on several key battles that have emerged in recent months. We challenge the ideology that pits women's rights against fetal rights. We demand an honest and complex analysis of the devastating effect that HIV and AIDS are having in our communities. We dispel myths about new reproductive technologies and potential effects they may have on our society. We also take the time to acknowledge and honor the daily struggles that are a part of our personal reproductive legacies, knowing that our struggle consists of many voices and many stories, all of which demand to be heard.

We do all this because our commitment to a complicated analysis of reproductive justice is perhaps more important than ever before. We ask you to rise up and join us in the fight for reproductive freedom!



MORE INSIDE >>>

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*Eesha, want to  
caption this?*



# Women, Pregnancy and the Battle for Control

BY WYNDI ANDERSON

**A**s an activist working to protect the rights of pregnant and parenting women, I am confronted almost daily with evidence of the fact that there is an ongoing battle for control of women's bodies. Once a week I answer the phone to a recording from the South Carolina correctional facility letting me know that Regina McKnight is calling. Regina is serving a 20-year sentence for homicide by child abuse – the state contends that the cocaine Regina ingested during her pregnancy caused the stillborn death of her daughter. Despite the fact that we now have irrefutable evidence that the stillbirth was the result of an infection unrelated to her drug use, Regina remains in prison. But Regina is not alone.

In Oklahoma City, OK, Theresa Hernandez sits in jail awaiting her trial. She has been charged with first-degree murder for experiencing a stillbirth. Again, though the evidence makes it highly unlikely that drug use is the reason for the loss, the state blames this loss on drug use (methamphetamine in this case). But even in the improbable event that her drug use was the cause, stillbirth and pregnancy loss can now be equated with the most vicious, intentional forms of cold-blooded murder. Cases like these are the latest manifestation of fetal rights arguments that are increasingly being used to enforce the notion that pregnancy renders women unworthy of full protection of the United States Constitution.

When I participated in the March for Women's lives last April, I had a chance to meet John and Amber Marlowe, who marched with the National Advocates for Pregnant Women (NAPW). The Marlowes do not believe in abortion; however, they understood all too well how fetal rights laws will be used if they are left unchallenged.

Amber Marlowe was in labor when a doctor decided that she needed a C-section. The doctor thought the baby was too big for a vaginal birth. Amber refused based on the fact that she knew her own body, and that neither she nor her baby needed

to undergo the increased risks of this medical procedure. The doctor decided to take the interest of the baby into his own hands by obtaining legal custody of the fetus so that he could force Amber to have a cesarean against her will. Yes. Read that in bolder language – Amber was going to be cut open against her will under the assumption that she was an unfit parent. She was going to lose her right to make a medical decision. The Marlowes fled the hospital to give birth in another hospital – a healthy natural birth.

After the march something occurred to me: the struggle over reproductive rights is not just about abortion. It never has been. It is very much about pregnancy. The fetal rights agenda is also not limited to protecting the health and welfare of the fetus. As we see in the lives of women like Regina McKnight, Amber Marlowe and Theresa Hernandez, it is about control of women, especially poor women and women of color.

**The struggle over reproductive rights  
is not just about abortion.**

The one million American women each year who choose to have an abortion (most of whom are or will become mothers) are clearly in conflict with the effort to outlaw abortion. However, the other 3 million women who decide (I use that term lightly in some cases) to carry the pregnancy to term are also in conflict with those who, in the name of ending abortion, are ending pregnant women's freedom. For those women who do not fit the ideal of a pregnant woman – poor women, women with HIV, women with drug problems, diabetes, mental health problems, etc. – pregnancy is becoming the ground for

**It is not about protecting the fetus from violence or ensuring that a fetus has the best chances possible for health; it is about controlling women.**

the public and very political fight that we have seen regarding abortion.

On a philosophical level, fetal rights arguments are hard to wrestle with. They are emotional because they deal with fundamental beliefs about life, and even the best critical thinkers have to work hard not to impose a personal agenda. I imagine we will be having these kinds of discussions as long as we are a free civil society. However, when fetal rights arguments are used in the courts they point to a very different agenda. It is not about protecting the fetus from violence or ensuring that a fetus has the best chances possible for health; it is about controlling women. Certainly fleeing a hospital while in active labor to avoid totally unnecessary surgery – as in Ms. Marlowe's case - is not something that promotes either maternal or fetal health.

Legally, fetal rights have been used to punish 'bad' mothers, advance political careers and destroy families. Women across the country are incarcerated instead of receiving the health care they need. Doctors and health care professionals are used as agents of the criminal justice system when they are required to report women to the police – even though every major medical group is opposed to such policies. Charlie Condon, who prosecuted pregnant drug using women in South Carolina, went from being a solicitor to the State Attorney General and a favored person in the Bush administration. Not one of the fetal rights cases I have worked on has set a precedent where pregnant women and their fetuses will actually be safer and healthier, as a result of the prosecution.

These fetal rights measures make the current situation clear. Women who are pregnant are not full citizens and the age-old battle of trying to manage a woman's body is still being waged. Continuing a pregnancy does not guarantee the approval and support many anti-choice advocates would have us believe. In fact, pregnancy becomes another opportunity to control and punish women.

*Wyndi Anderson serves as the Outreach and Education Director for the National Advocates for Pregnant Women, as the Southern Region Organizer for the National Network of Abortion Funds and sits on the board of Choice USA. In addition to her work Wyndi teaches yoga to men in a jail drug treatment program in Virginia. She lives in Washington, DC with her partner, Ian, and their small zoo of two dogs, two cats and two fish!*

## **From Abortion Rights to Social Justice: Building the Movement for Reproductive Freedom**

**April 1-3, 2005 · Hampshire College · Amherst, MA**

Sponsored by the Civil Liberties and Public Policy Program and the Population and Development Program

If you are committed to reproductive rights and social justice, this is THE place to be the first weekend in April. For 18 years, people have gathered over this weekend at Hampshire College to unite and rally for reproductive justice. Each year, the conference expands in scope and size and we now expect 500-600 participants and offer over 30 workshops. Conference speakers address reproductive freedom as it relates to a broad range of social justice initiatives including economic justice, healthcare reform, racial equality, peace, freedom from violence, youth liberation, civil liberties, and LGBTQ rights.

Over the weekend, you will have an opportunity to learn and share organizing experiences and strategies, broaden your understanding of reproductive rights, and make the connections with other related movements and issues. The conference is completely free and open to everyone. Whether you are a long time activist or are new to the movement, there is a place for you here. The conference is intended as a forum for learning and networking for all ages, experiences, and background knowledge.

**For more info and to register, go to our website, [www.clpp.hampshire.edu](http://www.clpp.hampshire.edu), or e-mail us at [clpp@hampshire.edu](mailto:clpp@hampshire.edu), or call us at 413-559-5416.**

# Reproductive Wrongs:

Important battles in the fight for reproductive freedom

## NEW REPRODUCTIVE TECHNOLOGIES

Most people know very little about the new reproductive technologies that have been developed in recent years. As reproductive rights activists, it is important to consider these technologies and their implications, many of which would jeopardize the health and well-being of women and children, and have a profound social impact.

## DEFINITIONS:

**Human Cloning** is a form of asexual reproduction. A child produced by cloning would be the genetic duplicate of an existing person

**Inheritable Genetic Modification (Designer Babies)** means changing the genes in egg or sperm cells, or in the cells of very early embryos, in order to modify the traits possessed by subsequent children

## THINGS YOU SHOULD KNOW ABOUT

### CLONING & IGM

Impacts on Health

- Cloning is unsafe. 95-98% of mammalian cloning in experiments have resulted in failure such as miscarriages, still births, and life-threatening disorders.
- The high failure rate indicates that the health and physical safety of cloned fetuses and children and of women would be jeopardized were cloning to be practiced on humans.
- Inheritable Genetic Modification (IGM) is essentially unsafe human experimentation. It is impossible to foresee fully the

effects of inserting genes into human cells.

- IGM is irreversible. Unanticipated negative outcomes of IGM would be passed down to future generations.

Impacts on Humanity

- In both cloning and IGM, eugenic practices could ensue, as potential parents might deliberately seek traits perceived to be superior. Superior traits would be passed down to future generations. Clones, with desirable and superior traits, could potentially have more value than non-clones. These 'genetic castes' could result in great social disparities.
- There is a capitalist aspect to these reproductive technologies as potential donors could market themselves as high caliber genome sources.
- Cloning and IGM commodify children, viewing them as objects that can be designed and manufactured to possess specific characteristics.


Impacts on the Struggle for Reproductive Freedom

- Cloning could potentially move decisions about reproduction further away from women as biotech companies and fertility service providers would have economic interest in modified embryos and fetuses.
- Influences about whether to clone, whom to clone, which traits to select might be determined by a partner, insurance company, doctor, or biotech marketers, meaning that women could lose control of their pregnancies and childbearing decisions.
- Costly procedures carried out on fetuses could lead to situations in which the protection of those modified

fetuses are pitted against the rights of the women carrying them.

- Advocates of cloning have appropriated the language of reproductive rights and freedom of choice by framing it as a “right” to choose genetic constitution of their children. The implication of this is to potentially pose new threats to reproductive rights, via fetal rights.

There are significant differences between ending unwanted pregnancy and creating a child with pre-selected traits. Advocates of these reproductive technologies argue that the lives of children could be improved through the modification of genes responsible for the transmission of genetic disorders. But there are other ways we can work on improving the lives of children, such as through advocating for better access to healthcare, education and other resources.



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## RESOURCES:

### Websites:

Center for Genetics & Society: <http://www.genetics-and-society.org>

Action Bio Science: <http://www.actionbioscience.org>

Council for Responsible Genetics: <http://www.gene-watch.org>

### Writings:

Dorothy E. Roberts, “Race and the New Reproduction,” in *Killing the Black Body* (New York: Pantheon, 1997), pages 104-149

Nadine Gordimer, “A New Racism,” *World Watch* (July/August 2002)

Judith Levine, “What Genetic Modification Means for Women,” *World Watch* (July/August 2002)

George J. Annas, “Genism, Racism, and the Prospect of Genetic Genocide,” presented at the *World Conference Against Racism* (September 2001) <http://www.bumc.bu.edu/www/sph/lw/pvl/genism.htm>

Jonathan Beckwith, “Cloning Serves the Interests of Those in Power,” *Cloning: For and Against*, M. L. Rantala and Arthur J. Milgram, eds. (Chicago: Open Court, 1999)

Jonathan M. Berkowitz, “Sexism and Racism in Preconceptive Trait Selection,” *Fertility and Sterility*; V Diane Beeson, Paul Billings, Marcy Darnovsky, and Charles Weiner.

Rajani Bhatia, “Taking a Stand Against Sex Selection,” special section on Coercive Contraception / Reproductive Technology in Political Environments, *Newsletter of Committee on Women, Population, and the Environment* (Spring 2002)

Marcy Darnovsky, “The New Eugenics: The Case Against Genetically Modified Humans,” *DifferenTakes* (Hampshire College Population and Development Program Spring 2000)

# The Veil of Secrecy: HIV/AIDS and Women of Color

BY ZINA AGE

“You don’t put your business all out in the streets.”

“You don’t air your family’s dirty laundry.”

Who hasn’t been told these things at some point during your childhood? Our families requested that we respect their privacy, but for people of color, our need for privacy seems to have morphed into something more insidious—a “veil of secrecy.”

In the nine years as Founder/Director at Aniz, Inc. (a non-profit agency dedicated to HIV/AIDS prevention, education and therapy) it is not uncommon to see a grandmother, mother and daughter all HIV positive in one or another of the multiple treatment programs offered by Aniz Inc. **In some cases, each woman believed they were the only HIV+ member of the family!** And why haven’t these Women of Color disclosed their status? Well, a lot of that decision depends on larger society’s attitudes towards HIV+ women. Will she be considered The Victim or The Villian?

Depending upon how a woman contracted the virus, society may view her in two very different lights. Did she contract the virus as a married woman, the victim of a philandering husband, or maybe a “Down Low” brother, so to speak? According to larger society, she is then The Victim—An object of pity. Many women of color are still carrying the heavy legacy of the Superwoman. The last thing these women want to be seen as is an object of pity. On the other hand, did she contract the virus through IV drug use or drug abuse induced prostitution? Well, then society labels her The Villian to be scorned, ridiculed and cast out. In any case, a woman diagnosed with HIV is likely to not disclose her status for fear of pity, scorn or both. Her HIV status becomes something to be ashamed of, something to hide, something to feel guilty about. The goal then becomes to not air dirty laundry (HIV status), indeed.

As a result, there are scores of HIV+ women of color in hiding. And to make matters worse, women are also being ignored. I find it extremely disturbing that when Gwen Ifill, an African American woman journalist (editor of *The Washington Week*), moderated the VP debates, neither candidate was even aware that African-American women between 25-44 were 14 times as likely to die of AIDS complications than their white counterparts. VP Candidates Cheney and Edwards were so unaware of the epidemic that neither of them could even come up with a cogent plan to investigate the issue, much less halt spread of this preventable disease we call AIDS. Has our secrecy, our shame, our guilt made us so invisible?

It's time to shed some light on the facts about HIV/AIDS and women of color:

- African American and Hispanic women together represent about 25% of all US women, yet they account for 83% of AIDS diagnoses reported in 2003
- In 2003, African-American women had a 23 times greater diagnosis rate than white women.
- 72% of newly diagnosed cases of HIV from 1999-2003 were African American women
- Due to various societal factors, African American women are 14 times as likely to die from AIDS complications than white women.
- Information drawn from different studies shows that during heterosexual sex, women are about twice as likely to become infected with HIV from men as men are from women.

In a CDC article titled “HIV/AIDS Among African Americans” several risk factors for HIV infection are outlined. They are: Poverty, Denial, Partners at Risk, Substance Abuse, and the Sexually Transmitted Disease (STD) Connection. Of these five risk factors, three if not all can be tied directly to a legacy of secrecy, shame and guilt.

**DENIAL** Communities of color have been a little slower to respond to the HIV crisis in America as well as globally. We have denied that in our communities we might engage in behaviors like homosexuality, IV drug use—major HIV risk factors. In fact, there are no statistics available that reveal the numbers of black men who have had sex with men (willingly or under coercion while in the prison industrial complex) who refuse to identify as bisexual or homosexual.

**PARTNERS AT RISK** Women of color are most likely to become infected by their heterosexual partners. So, it follows that women of color should be invested in finding out our partner's HIV risk factors. Has he engaged in unprotected sex with various partners? Has he ever had sex with another man? Has he ever done intravenous drugs? When's the last time he was tested for HIV? What is his serostatus? These are valid questions. Privacy is one thing, but our right to have the knowledge to save our lives is paramount.

### **THE SEXUALLY TRANSMITTED DISEASE (STD)**

**CONNECTION** Again, we need to be comfortable in asking our partner's HIV/STD Status as well as divulging our own. The presence of certain STDs can increase HIV infection 3 to 5 times.

HIV/AIDS is preventable. As Women of Color we have to choose whether to continue living our lives under the veil of secrecy, existing under a blurry haze of shame and guilt, continuing to be ignored. Or we can become truly Strong Women of Color who love and nurture ourselves as we fight for our health and the health of our daughters.

HIV (Human Immunodeficiency Virus) is the virus that eventually causes AIDS (Acquired Immune Deficiency Syndrome). Being HIV-positive, or having HIV disease, is not the same as having AIDS. Often people are HIV+ and lead normal, healthy lives for many years. A person who is HIV+ looks just like a person who is HIV-. The HIV virus slowly wears down the immune system (Immune Deficiency Syndrome). When your immune system is damaged, it can no longer fight the simple germs we all come into contact with everyday. Something as simple as a common cold might be life threatening to a person who has developed AIDS.

Zina Age is the founder/CEO of Aniz Inc. Founded in 1996, Aniz, Inc. is a non-profit agency whose mission is to provide holistic, therapeutic education and prevention resources for children and families infected with or affected by HIV/AIDS in the metro-Atlanta area. For more information, please visit our website at [www.aniz.org](http://www.aniz.org).

### **SOURCES:**

<http://www.thebody.com/nmai/whatisaids.html>

<http://www.avert.org/women.htm>

<http://slate.msn.com/id/2108724/>

[http://www.findarticles.com/p/articles/mi\\_m1077/is\\_8\\_56/ai\\_75247876](http://www.findarticles.com/p/articles/mi_m1077/is_8_56/ai_75247876)

<http://www.who.int/gender/documents/en/genderdimensions.pdf>

<http://www.cdc.gov/hiv/pubs/facts/afam.htm>

## • REPRODUCTIVE LEGACIES: OUR STORIES, OUR VISIONS, OUR VOICES •

In my 25 years on this earth I have come to be very familiar with the sharp, sanitized smell of hospitals, with the confusing mish-mash of medical terminology, with exactly which of my veins would be able to yield six vials of blood at a time, and with the necessity of knowing how to cross-examine a doctor like a pitbull prosecuting attorney in order to get the information that I need.

I have been prescribed treatments without the warning that they would have severe side effects. I have come close to death because of treatment I received from a doctor. More than once. I have been uncomfortable with and misunderstood by white doctors. I have had my gender expression and sexuality used against me. I have been denied adequate treatment. I have denied myself adequate treatment because I have come to fear doctors. I have had my questions and concerns brushed aside or met with hostility. I have believed doctors who told me that the type of sex I engaged in put me at low risk for STIs and been talked out of being tested. I have listened to doctors irrationally blame all my health problems on being fat. I have believed them. I have wanted to die.

Let me make one thing clear: I have a fair amount of class privilege. I always had healthcare because my father was in the Navy for 22 years. The only time I was not able to afford healthcare was the 6 month period between college and my first full-time job. I say all this because I think it's important to put class at center stage with all the other factors in these sorts of discussions and also because I think it highlights how seriously fucked people without much class privilege are within the medical establishment.

When the military doctor explained to my parents and I that I had lupus in 1998, he was alright for a doctor, took time to explain how lupus was an autoimmune disease, meaning that your immune system, instead of attacking viruses and other harmful intruders, attacked your own body. He added, "You know, lupus affects women of color more than any other group. African American women first, then Hispanic, then Asian." For him it was an interesting factoid, an aside. For me it was like receiving the sentence for a crime I always knew would catch up to me: being a female-bodied person of color.

I have come to realize that that statistic is the reason very little is known about this disease, even though it affects so many people and was first recognized in 1828. Lupus is a disease

that until less than 10 years ago meant certain death. Today it is a disease that can often be controlled with aggressive treatment utilizing steroids, anti-inflammatory and/or anti-malarial drugs, and sometimes even chemotherapy. The fucked up thing is that this treatment regimen merely weakens the immune system so that it ceases attacking the body. It doesn't try to suppose why the disease happens in the first place because, well, nobody knows. Some statistics say that more people have lupus than AIDS, cerebral palsy, multiple sclerosis, sickle-cell anemia and cystic fibrosis combined. Another study that compared death rates from lupus among African American and white women showed that death rates for African American women between the ages of 45 - 74 had actually increased by 70% between the years of 1979 - 1998.

A person with lupus who becomes pregnant is almost certain to have a lupus flare. It is recommended that they consult with a doctor when they decide to become pregnant. Pair this with the fact that women of color are least likely to seek out treatment from doctors and receive the worst care from the medical industry and you have a group that is at high risk for complications and death. I also have diabetes and the risks around pregnancy are dangerous too.

Queer, transgender/two-spirit, fat, female bodied people of color with chronic illnesses and diseases? Our bodies are uncharted territory. Our reproductive health is an afterthought. As a transgender person, how do I overcome the shame and confusion over needing reproductive healthcare in the first place? As a person of color, how am I supposed to put my life in the hands of someone who is part of a historical legacy that aimed to kill and pathologize my peoples? As a fat person, how am I supposed to know when a doctor is looking out for my well-being and not spewing fat-hating bullshit? The questions go on and on, and the point is, none of them will be answered as long as the medical establishment continues as it is.

We need doctors who understand that racism, homophobia, and transphobia seriously affect our physical, mental, and spiritual health. We need more doctors of color, more queer doctors, more transgender doctors. We need doctors with a radical understanding of wellness and health. We need healers and shamans. We need to merge old technology with new.

We need you to join in the struggle.

# Bad Medicine: Race, Gender, Disease and Reproductive Health

BY NICO DACUMOS

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