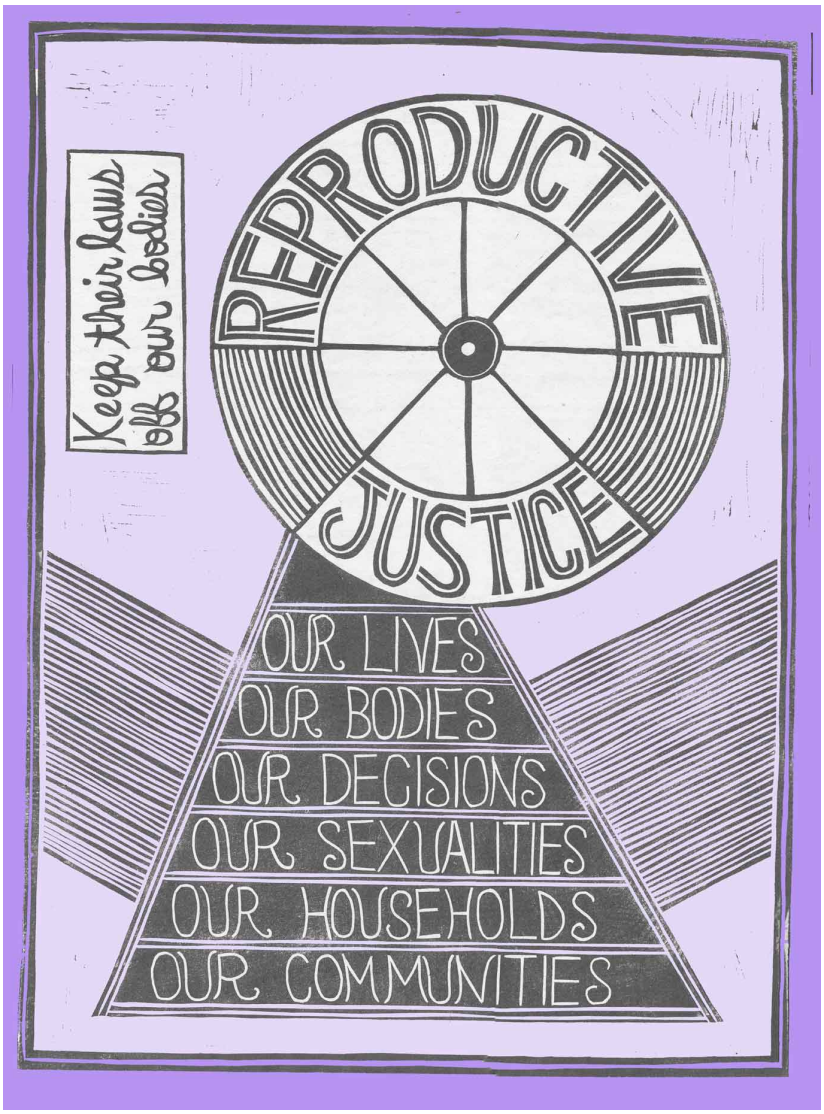
ISSN: 1941-0832

RADICAL TEACHER

A SOCIALIST, FEMINIST, AND ANTI-RACIST JOURNAL ON THE THEORY AND PRACTICE OF TEACHING

Teaching Reproductive Justice

by Sarah E. Chinn and Kimberly Mutcherson



"REPRODUCTIVE JUSTICE" BY MEREDITH STERN VIA JUSTSEEDS.ORG

Reproductive justice is a challenging concept for many people, not least because it puts marginalized people, especially women of color, at its core. As formulated by a group of Black women in advance of the UN's 1994 International Conference on Population and Development, reproductive justice (RJ) pushes beyond the politics of what in the 1990s was decorously and euphemistically called "choice."[1] As Women of African Descent for Reproductive Justice (WADRJ), this organization bought a full-page ad in the Washington Post and in Roll Call (the publication that covers Congress) laying out their agenda.[2]

Unlike their mostly white counterparts in mainstream reproductive rights advocacy organizations like NARAL and NOW, WADRJ saw abortion as just one part of a larger fabric of reproductive and maternal health issues that Black women faced – issues that were inextricable from structural racism and generations of unequal access to healthcare. Their broadside aimed to intervene in the ongoing debates over the national healthcare system proposed by Bill Clinton, and to bring an intersectional analysis of gender, race, and class to the mainstream conversation that went beyond rights that often existed only on paper for their communities. While they were unabashed about their insistence on extensive access to abortion – they ended one paragraph with the all-caps demand "WE WILL NOT ENDORSE A HEALTH CARE REFORM SYSTEM THAT DOES NOT COVER THE FULL RANGE OF REPRODUCTIVE SERVICES FOR ALL WOMEN INCLUDING ABORTION" – they recognized that abortion should not be the central element of the broader array of needs that Black women had and that RJ was broader than reproductive healthcare. The HIV/AIDS epidemic was still raging (AIDS mortality would not peak until 1995, with 50,000 dead that year) and the US medical establishment had long ignored the specificity of women's HIV disease symptoms, cutting off thousands of women from access to Medicaid funding to treat them. As it is now, maternal and infant mortality rates for Black women were much higher than for other demographic groups, exacerbated by insufficient access to high-quality and consistent prenatal care, a higher rate of hypertension, uneven access to the full panoply of contraception, and the myth among healthcare professionals that Black women had higher pain thresholds.[3]

Equally importantly, conservative politicians who argued vociferously for the value of the life of fetuses had little interest in protecting or caring for their mothers either during pregnancy or when the newly born emerged from the womb. WADRJ insisted on a fully funded suite of reproductive health care for all women, from pap smears to mammograms to prenatal care, regardless of race, class, age, (dis)ability, or sexual orientation. They further demanded the inclusion of Black women in healthcare policy and decision making because good policy cannot be crafted in the absence of the voices of Black women and other women of color.

This radical statement was of a piece with the long-time activism of women of color around reproductive health and women's health more generally. An important forerunner of WADRJ (and that shared a number of members) was the Women of Color Coalition for Reproductive Health Rights (WOCCRHR), which organized in the early 1990s around the 1992 March for Women's Lives. Their mandate was to encourage women of color to attend the march and at the same time pressure march organizers to fully represent the issues of women of color both in their promotional materials and on the platform.

In the mid-1990s and before, women-of-color groups were organizing forums to bring health professionals, educators, and activists together with policy makers to identify the most important reproductive health issues facing women of color. Out of these discussions came what is arguably the defining organization in the RJ movement: SisterSong Women of Color Reproductive Justice Collective. Drawing on and expanding the work of WADRJ and WOCCRHR, SisterSong laid out the foundational principles of RJ: "the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities."[4]

Each element of this apparently simple statement carries with it a broad and deep set of necessary conditions for RJ to be realized. Defining reproductive freedom as a human right is a bold claim, and one that has been a sticking point for international organizations like the United Nations, which (in theory) is the protector and defender of human rights around the world. It obliges us to attend to the constraints on bodily autonomy imposed by structural racism, misogyny, homophobia, xenophobia, ableism, transphobia, and other systems of hierarchy and discrimination. More importantly, it reimagines the model of human rights – which have more often been understood as abstract values like freedom of speech or freedom of the press – as inextricable from women's embodied experiences. To acknowledge women's bodily autonomy as a human right transposes conditions usually seen as "women's issues" (sexual assault, intimate partner violence, child marriage, and the like) into paramount concerns.

Even more radically, the founding mothers of RJ insisted that their movement center the intersectional experiences of Black women and other women of color. It was these women who understood the deep history of reproduction as a site of oppression in the United States. They gave voice to the powerful and enduring legacies of the commodification of the bodies of enslaved Black women, sterilization abuse of women of color around the United States, and the weaponization of the family policing system. The RJ lens has continued to expand over the years to embrace the experiences of trans and other gender non-conforming individuals, which is a testament to the core principles that founded the movement. As was true at its inception, RJ rests on the premise that it is only through an intersectional lens that justice can be attained, and justice can not be found only through achieving rights.

That claim to personal bodily autonomy generates any number of related rights: not just to have or not have children, but the guarantee of humane medical treatment and healthy communities in all contexts. Bodily autonomy

for all means that forcing incarcerated women to give birth while chained to a bed and then taking their babies away is a violation of human rights. Bodily autonomy for all means that prosecuting pregnant women for using drugs or alcohol rather than providing prenatal care and access to treatment is a violation of human rights. Bodily autonomy for all means that prohibiting medical and psychological care around gender transition and nonconformity is a violation of human rights. Bodily autonomy can only exist in "safe and sustainable communities," that is, in communities with well-maintained and academically excellent schools that offer a range of different learning options, access to fresh food, jobs that pay adequate wages, freedom from violence, affordable and culturally competent healthcare, and, finally, a justice system that is reparative rather than punitive.

Ultimately, RJ links to every other kind of justice movement: prison abolition, mutual aid, environmental justice, abolition of the family policing system, food justice, and, of course, reproductive freedom. The claim to bodily autonomy offers a different model from the traditional formulations of human rights, one based on both lived experience and political analysis rather than the disembodied and abstracted "individual" that is the supposed subject of human rights. It challenges some of our culture's most deeply held beliefs about pregnancy and parenthood ("of course a pregnant person who's using drugs should go to prison and their baby should be taken away!" "Of course parents have complete ownership of their children!"), and those challenges can be profoundly uncomfortable. But they engender deep and rigorous conversation about what "bodily autonomy" really means.

Of course, we can't discuss the complexity of RJ without mentioning the most recent dismantling of the already greatly limited right of Americans to abortion: the Supreme Court's decision in the 2022 case Dobbs v. Jackson Women's Health Organization that overturned Roe v. Wade and any federal constitutional right to abortion.[5] There is little for us to say here that hasn't already been said over the past two years, except that this iteration of the Supreme Court is determined to claw back any and all access Americans, especially Black people and other people of color, have to the vote; to clean water, air, and soil; to abortion; to shelter; and to protection from gun violence. It will take a very long time to undo the brutal damage that has been codified in Supreme Court decisions.

When we decided to edit this issue of Radical Teacher on "Teaching Reproductive Justice" we didn't know what kind of essays we were going to receive. We crafted a cfp as broad as possible to reflect the many possible meanings of RJ, and reached out to scholars we knew who did work in the subject.

Each of us has a different history with RJ: Kim is a law professor who has spent much of her career researching and writing about law, bioethics, and reproductive justice, especially the racial and other disparities of the fertility industry. Her work cracks open normative assumptions about who gets to control their fertility and who must be supervised by punitive state power. Sarah is a scholar of nineteenth-century US literature with both an abiding interest in how bodies are constructed and represented within regimes of race, class, and gender (among other things) and a history of direct-action activism for queer liberation and reproductive freedom.

Our hope that submissions would explore the breadth of reproductive issues was realized. Essays topics ranged from transnational classes in menstrual health education to the history of herbal abortifacients to networks providing education for self-administered abortion via mifepristone/misoprostol to drawing upon pro-abortion movements in Latin America for lessons in resisting the consequences of Dobbs, and beyond. Fortuitously, Kim was about to participate in a roundtable of prominent reproductive rights legal academics talking about how to reimagine RJ work after Dobbs and did the onerous work of transcribing the event so that it could be published in this issue.

These essays represent just a fraction of the radical teaching that is going on around RJ in the US and internationally. Our students will learn that personal bodily autonomy is a human right that must be preserved, no matter the political and cultural obstacles. As so often happens, women of color have provided a blueprint for what needs to be done. Let's get to work.

Notes

[1] In an impressive feat of rhetorical legerdemain, Murphy Brown (played by Candice Bergen), the eponymous protagonist of the popular 1990s sitcom, managed to discuss her unplanned pregnancy and her decision to continue it without every saying the word "abortion," and instead substituting the word "choice." In an article discussing the episode, the Los Angeles Times quoted local NOW chapter coordinator describing the brouhaha that surrounded the issue as saying "She made a choice, and that's what it's all about" https://www.latimes.com/archives/la-xpm-1992-05-21-me-168-story.html. By 2003, NARAL – originally called the National Association for the Repeal of Abortion Laws, and after 1973 renamed the National Abortion Rights Action League – changed its name to NARAL: Pro-Choice America.

[2] This is not to say that earlier generations of feminists had not agitated for an expanded definition of reproductive issues. Black civil rights leader Fannie Lou Hamer spoke often about her forced sterilization and the eugenic logic that led to the disproportionate sterilization of poor Black women in the South. In the 1970s Boricua physician Helen Rodriguez-Trias co-founded the Committee for Abortion Rights and Against Sterilization Abuse (CARASA), in large part in response to the unofficial

policy of forced sterilization of Puerto Rican women from the 1940s onwards, as well as the ongoing abuse of sterilization against Black and Indigenous women. CARASA in particular linked abortion access, sterilization abuse, poor reproductive healthcare, and insufficient sex education to a larger critique of capitalism, US colonialism, racism, and misogyny.

In 1984, Loretta Ross – later a member of WADRJ and herself a survivor of sexual violence and involuntary sterilization – co-produced a pamphlet that contained the seeds of the reproductive justice movement, We Remember: African American Women Are For Reproductive Freedom. The pamphlet laid out many of the core principles of reproductive justice: not just access to abortion, but the freedom not to have children, comprehensive sex education, high-quality and affordable prenatal care, and the like.

For the text of the WADRJ statement, see https://bwrj.wordpress.com/2012/08/08/black-women-on-universal-health-care-reform/.

[3] Linda Villarosa has done groundbreaking research on all these issues, many of which she analyzes in her 2022 book *Under the Skin: The Hidden Toll of Racism on American Lives and on the Health of Our Nation*. Most recently, she published an astounding article in the New York Times Magazine on the connection between the hormone disrupting chemicals in hair relaxers and conditions caused by hormonal irregularities, including early-onset menstruation, uterine fibroids, pre-term labor, infertility, and reproductive cancers. https://www.nytimes.com/2024/06/13/magazine/hair-relaxers-cancer-risk.html#:~:text=The%20research%20has%20finally%20begun,of%20the%20reproductive%2Dhealth%20issues.

On the subject of the myth of Black people's lower pain threshold, the Association of American Medical Colleges, an organization that oversees medical schools and other training programs, published a blog post by Janice A. Sabin entitled "How we fail black patients in pain." In the 2022 essay, Sabin cited a 2016 survey of medical students in which almost half reported believing that "Black people's nerve endings are less sensitive than white people's," "Black people's skin is thicker than white people's," and "Black people's blood coagulates more quickly than white people's." She also noted a 2012 meta-analysis of two decades of disparate treatment of pain along racial lines that found that Black patients were 22% less likely to receive the same amount of, or any, pain relief than white patients. They were also more likely to be assessed as drug-seeking rather than needing actual help with pain. https://www.aamc.org/news/how-we-fail-black-patients-pain.

[4] https://www.sistersong.net/about-x2

[5] Of course, access to abortion had been chipped away over the fifty years that Roe was the law of the land: the Hyde Amendment in 1979 that prohibited the use of federal health funding (i.e. Medicaid) for abortion care with very limited exceptions; the shrinking time frame within which abortions could legally be performed; the 2021 anti-abortion bill in Texas that not only limited abortions to six weeks but also provided cash incentives starting at $10,000 to turn in anyone involved in breaking the law, including providing transportation to a state with less draconian regulations.

Sarah E. Chinn teaches English at Hunter College, CUNY. A member of the Radical Teacher editorial collective, she's the author of four books: *Technology and the Logic of American Racism: A Cultural History of the Body as Evidence* (2000), *Inventing Modern Adolescence: The Children of Immigrants in Turn-of-the-Century America* (2009), and *Spectacular Men: Race, Gender, and Nation on the Early American Stage* (2017); and *Disability, The Body, and Radical Intellectuals in the Literature of The Civil War and Reconstruction* (2024). She's the co-editor with Brigitte Fielder of *J19: The Journal of 19th Century Americanists.*

Kimberly Mutcherson is an award-winning professor whose scholarship focuses on reproductive justice, bioethics, and family and health law. She has presented her scholarship nationally and internationally and publishes extensively on assisted reproduction, families, and the law. She has been a Scholar in Residence at the Birnbaum Women's Leadership at NYU Law School, a Senior Fellow/Sabbatical Visitor at the Center for Gender and Sexuality Law at Columbia Law School, and a Visiting Scholar at the Center for Bioethics at the University of Pennsylvania.