



A New Vision



for advancing our movement
for reproductive health,
reproductive rights and
reproductive justice.

របបរមតា
អ អ ៨

“Reproductive Justice
is important
because it tells us
the truth
about our bodies,
our lives,
our families,
our world.”

FOUNDED IN 1989, ASIAN COMMUNITIES FOR REPRODUCTIVE JUSTICE [ACRJ] HAS BEEN AT THE FOREFRONT of building a Reproductive Justice Movement that places the reproductive health and rights of Asian women and girls within a social justice framework. We are committed, as part of the Reproductive Justice Movement, to exploring and articulating the intersection of racism, sexism, xenophobia, heterosexism, and class oppression in women's lives. ACRJ is a founding member of the SisterSong Women of Color Reproductive Health Collective, which uses the Reproductive Justice framework as its central organizing strategy in the protection of women's human rights in resistance to reproductive oppression.

We believe reproductive justice is the complete physical, mental, spiritual, political, economic, and social well-being of women and girls, and will be achieved *when women and girls have the economic, social and political power and resources to make healthy decisions about our bodies, sexuality and reproduction for ourselves, our families and our communities in all areas of our lives.*

For reproductive justice to become a reality, we must undergo a radical transformation; change must be made on the individual, community, institutional, and societal levels to end all forms of oppression so that women and girls are able to thrive, to gain self-determination, to exercise control over our bodies, and to have a full range of reproductive choices. The control and exploitation of women and girls through our bodies, sexuality, and reproduction is a strategic pathway to regulating entire populations that is implemented by families, communities, institutions, and society. Thus, the regulation of reproduction and exploitation of women's bodies and labor is both a tool and a result of systems of oppression based on race, class, gender, sexuality, ability, age and immigration status. This is reproductive oppression as we use the term.

In this paper, we discuss the three main frameworks for addressing reproductive oppression, the historical context for the development of these frameworks, and the creation of a women-of-color-led reproductive justice movement. We outline our vision, the Reproductive Justice Agenda, as well as our actions to translate this vision, so that we may continue moving forward to gain reproductive justice.



“I got to express my feelings about political and educational issues...we were taught how to protest and speak our minds in a positive way. I developed confidence and I was happy that there were people like me that actually cared about the world and fighting against unjust issues. I was shy, but brave because I had a lot of support and inspiration.” ACRJ YOUTH ACTIVIST

Reproductive Health, Reproductive Rights, Reproductive Justice

Because reproductive oppression affects women's lives in multiple ways, a multi-dimensional approach is needed to fight this exploitation and advance the well-being of women and girls. There are three main frameworks for fighting reproductive oppression: [1] Reproductive Health, [2] Reproductive Rights, and [3] Reproductive Justice. Although the frameworks are distinct, together they provide a complementary and comprehensive solution. The Reproductive Health framework emphasizes the very necessary reproductive health services that women need. The Reproductive Rights framework is based on universal legal protections for women, and sees these protections as *rights*. Issues that were historically seen as private issues in the lives of women and girls have been made public and mainstream. And the Reproductive Justice framework stipulates that reproductive oppression is a result of the intersections of multiple oppressions and is inherently connected to the struggle for social justice and human rights. This paper focuses on the Reproductive Justice framework but will touch upon the Reproductive Health and Reproductive Rights frameworks to provide context.

The terms reproductive health, reproductive rights and reproductive justice are used interchangeably though they are rooted in different analyses, strategies, and constituencies, as we show below. Our intention is to articulate and clarify the main differences so we can ensure that our strategies are aligned with our problem definition and analysis, gain more precision about where our change efforts are situated, and work together more innovatively and synergistically at the nexus points. Consequently, all three frameworks are imperative; by itself, a single one cannot achieve the goal of ending reproductive oppression. Ultimately, as in any movement, all three components of service, advocacy and organizing are crucial to advancing the movement.

REPRODUCTIVE HEALTH

The Reproductive Health framework is a service delivery model for addressing the reproductive health needs of women. The central theme of this framework is that health disparities and inequalities can be ameliorated by the creation and development of progressive health care clinics and agencies that will ensure women have access to a full range of reproductive health services and are empowered to understand their health care needs. The focus is on providing services for historically marginalized communities through the creation of reproductive health clinics that provide low or no-cost care as well as culturally competent services. The problem in underserved communities is a lack of access not only to reproductive health services, but also to all health care. For many women, reproductive health care is their first and perhaps only encounter with the health care system.

1 Analysis of the Problem The lack of access to reproductive health services for women, and health care in general, is seen as a lack of information, a lack of accurate health data, or a lack of available services.

2 Strategy Based on this analysis, strategies for change tend to focus on improving and expanding services, research, and access, particularly prevention and cultural competency in communities of color. Work in Reproductive Health often consists of providing health services and public health education with an emphasis on reproductive tract infection (RTI) and sexually transmitted disease (STD) prevention. It also includes comprehensive sex education, access to effective contraception, abortion services and counseling, family planning, HIV/AIDS prevention and treatment, and cancer prevention and treatment.

3 Constituents Patients in need of services and/or education.

4 Key Players Are Providers Those who work as, or are allied with, medical professionals, community and public health educators, health researchers, and health service providers.

5 Challenges and Limitations As services and education are offered on an individual level, the root causes of health disparities are not addressed. In addition, the focus on individual women can be resource-intensive without leading to long-term change. Finally, this model is limited by inherent access issues because different women have different levels of access to these services and education.

Reproduction encompasses both the biological and social processes related to conception, birth, nurturing and raising of children as participants in society. Social reproduction is the reproduction of society, which includes the reproduction of roles such as race, class, gender roles, etc.

REPRODUCTIVE RIGHTS

The Reproductive Rights framework is a legal and advocacy-based model that serves to protect an individual woman’s legal right to reproductive health care services with a focus on keeping abortion legal and increasing access to family planning services. Groups fight for a woman’s “right to choose” and “right to privacy” through various legal, advocacy, and political means. Two main components of the strategy are to legally contest damaging legislation and advocate or influence public policies that protect reproductive choice. For instance, many Reproductive Rights advocates opposed the popular 2004 Violence Against Unborn Children’s Act because it established a precedent of fetal personhood that can eventually be used to overturn existing laws protecting abortion rights. A subset of Reproductive Rights is Reproductive Freedom, which was coined by activists in the pro-choice movement and popularized by the “Hands Off My Body” campaign. Though Reproductive Freedom was a call for the government to decrease restrictions on abortion, the constraints of this framing made it difficult to include issues and concerns of poor women, women of color, queer women and transgendered individuals, and women with disabilities.

1 Analysis of the Problem The lack of legal protection, laws, or enforcement of laws that protect an individual woman’s legal right to reproductive health care services. The fight is centered on protecting the reproductive rights of individuals, such as a woman’s right to privacy, her right to make choices, her right to be free from discrimination, her right to access services, and her actual access to social resources.

2 Strategy The primary strategy for organizations who work from this framework is legal, legislative, and/or administrative advocacy at the state and federal level. Legal strategies focus on utilizing the courts to protect and prevent erosion of reproductive rights. Advocacy focuses on legislation and policy to both defend existing rights as well as create new laws that promote reproductive rights. Typically statewide coalitions and alliances are built in this model – alliances of women’s groups, civil rights groups, and health policy and advocacy groups.

3 Constituents Women are organized and urged to participate actively in the political process. They are organized as voters and encouraged to express their opinions through voting for political representatives and calling or lobbying their members of Congress or State Legislatures.

4 Key Players Are Advocates Those who work as, or are allied with, advocates, legal experts, policymakers, and elected officials.

5 Challenges and Limitations The limitations of this framework are twofold. First, as Jael Silliman writes, “This conception of choice is rooted in the neoliberal tradition that locates individual rights at its core, and treats the individual’s control over her body as central to liberty and freedom. This emphasis on individual choice, however, obscures the social context in which individuals make choices, and discounts the ways in which the state regulates populations, disciplines individual bodies, and exercises control over sexuality, gender, and reproduction.”¹ And second, the core strategy of calling for women to exercise their voting rights and call or email their elected officials assumes a level of knowledge, access to elected officials, and belief in the effectiveness of the political system that women who are marginalized by immigration status, age, class, and race often do not have.

REPRODUCTIVE JUSTICE

The Reproductive Justice framework is rooted in the recognition of the histories of reproductive oppression and abuse in all communities, and in the case of ACRJ, in the histories of Asian communities and other communities of color. This framework uses a model grounded in organizing women and girls to change structural power inequalities. The central theme of the Reproductive Justice framework is 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. Controlling a woman’s body controls her life, her options and her potential. Historically and currently, a woman’s lack of power and self-determination is mediated through the multiple oppressions of race, class, gender, sexuality, ability, age and immigration status. Thus, controlling individual women becomes a strategic pathway to regulating entire communities. To realize a vision of the complete health and well being of all women and girls, a Reproductive Justice framework also engages with issues such as sex trafficking, youth empowerment, family unification, educational justice, unsafe working conditions, domestic violence, discrimination of queer and transgendered communities, immigrant rights, environmental justice, and globalization.

1 Analysis of the Problem Women’s ability to exercise self-determination—including in their reproductive lives—is impacted by power inequities inherent in our society’s institutions, environment, economics, and culture. The analysis of the problems, strategies and envisioned solutions must be comprehensive and focus on a host of interconnecting social justice and human rights issues that affect women’s bodies, sexuality, and reproduction.

2 Strategy As this framework highlights the intersection of multiple systems of oppression, key strategies include: **[A]** Supporting the leadership and power of the most excluded groups of women and girls within a culturally-relevant context that recognizes and addresses the multi-layered impact of oppression on their lives; **[B]** Developing the leadership and building the social, political and economic power of low-income women of color and their communities so they can survive and thrive; **[C]** Advancing a concrete agenda that wins real individual, community, institutional and societal changes for poor women and girls of color; **[D]** Integrating grassroots issues and constituencies that are multi-racial, multi-generational and multi-class into the national policy arena; and **[E]** Building a network of allied social justice and human rights organizations who who integrate a reproductive justice analysis and agenda into their work.

3 Constituents Women and their communities, organized to lead and participate in the struggle against not only reproductive oppression, but also other inseparable injustices present in their lives.

4 Key Players Are Organizers Those who work as, or are allied with, reproductive rights, reproductive health, social justice and other justice organizations.

5 Challenges and Limitations In working to change power relations, assumptions, and values, this framework challenges people personally and politically by asking them to adopt a world view that is diametrically opposed to the status quo. It implies taking risks, including taking direct action against those in power. Working long-term to change these kinds of power relationships is resource intensive, requiring constituents and members to have an in-depth and comprehensive analysis as well as staying power. As campaign-based organizing can be a lengthy process with campaigns lasting several years, the immediate and short-term needs of constituents and members, such as challenges around employment, financial resources, health, and education, can be difficult to meet.

¹ Silliman, J and Bhattacharjee, A (eds). *Policing the National Body*, Cambridge, MA: South End Press, 2002, pp. x-xi.

Historical Context

The fight for women's liberation has been inextricably linked to control over reproduction, nevertheless birth control has also been used as a tool of women's oppression. For example, in the early 20th century, the eugenics movement began to promote policies that restricted reproduction of society's most marginalized communities, and adopted access to birth control to achieve population control. Thus birth control was used to exert further control over individuals and communities who were already facing multiple oppressions. As movements for women's rights have evolved, the dialogue concerning reproduction control has also changed dramatically over time, resulting in the creation of the Reproductive Health, Reproductive Rights, and Reproductive Justice frameworks.

Though highly problematic from an anti-racist and anti-imperialist perspective, population control discourse was politically successful in increasing the visibility and acceptance of birth control in the first half of the 20th century. At the same time, African American women who made connections between race, class, and gender joined the fight for birth control in the 1920s as much from Black women's experience as enslaved breeders for the accumulation of wealth of White slave-owners as for realization of gender empowerment. In the 1960s, the federal government began funding family planning both in the United States and internationally as part of a strategy for population control, rather than women's empowerment. Population control has been defined as externally imposed efforts by governments, corporations or private agencies to control (by increasing or limiting) population growth, usually by controlling women's reproduction and fertility.² Other forms of population control include immigration restrictions, selective population movement or dispersal, incarceration, and various forms of discrimination.

As an outgrowth of the civil rights and women's liberation movements, the women's health movement of the 1970s established women-centered health clinics throughout the country to provide access to family planning and reproductive health services. There was a strong focus on abortion rights, culminating with the landmark 1973 decision in *Roe v. Wade* that legalized abortion nationwide. The *Roe v. Wade* decision struck down state laws that had previously outlawed abortion, making the procedure more accessible and safe, and set a precedent for numerous other subsequent cases. Explaining the link between social and economic participation and reproduction, the Supreme Court noted in 1992 that "the ability of women to participate equally in the economic and social life of the Nation has been facilitated by their ability to control their reproductive lives (*Planned Parenthood of Southeastern Pennsylvania v. Casey*, 1992)." ³

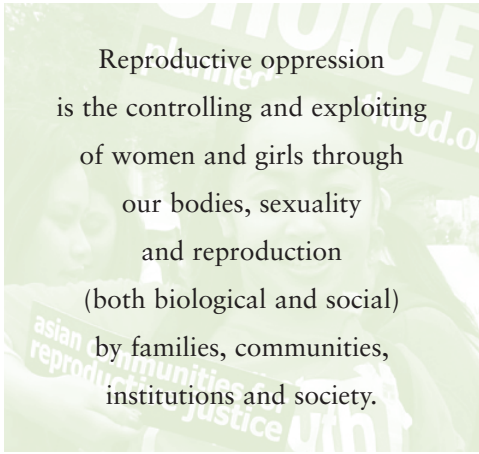
"If I could describe myself in one word, it would be courageous."

ACRJ YOUTH ACTIVIST

The Reproductive Rights framework came to champion women's entitlement to a full range of rights related to reproduction, reproductive freedom, and reproductive health. However, by the 1990s, there was wide recognition by women's advocates that an approach combining resistance to population control and advocacy for abortion rights was too narrow to achieve the larger goal of women's empowerment.

OPPRESSION AND REPRODUCTION

Both the Reproductive Health and Reproductive Rights frameworks largely focus on individual rights and solutions, rather than structural societal changes. Many of the most oppressed women at the margins of the movements for reproductive autonomy have championed the need for greater analysis of oppression in discussions of reproduction. The existing discourse and focus of the reproductive health and rights agenda rarely includes an analysis of the effect of intersecting forms of oppression. When racial analysis has been inserted into mainstream discourse, it has often used a Black and White framework, without integrating the racial oppression experienced by Asian and Pacific Islander (API), Latina, Indigenous, or Arab American and Middle Eastern women. The focus on and orientation towards individual rights and individual responsibility, as they relate to articulation of reproductive health and women's choice, reinforce the broader systems of political, economic, and cultural hegemony that privilege and maintain racial stratification in the United States, primarily through White supremacy.



Reproductive oppression
is the controlling and exploiting
of women and girls through
our bodies, sexuality
and reproduction
(both biological and social)
by families, communities,
institutions and society.

² Ross L. "Revisions to the ACRJ Reproductive Justice paper." E-mail to the author. 3 August 2005.
³ "Roe v. Wade: Its History and Impact." Fact sheet by Planned Parenthood Federation of America. 3 October 2005
<http://www.plannedparenthood.org/pp2/portal/files/portal/medicalinfo/abortion/fact-roe-wade-history.xml>

Examples of reproductive injustice abound in the United States and in the world. The control of Black women's fertility during slavery as well as via current welfare reform policies is key to racial stigmatization and economic oppression of the Black community. Historical sterilization abuse in Native American communities was a part of a genocidal strategy of decimation. Similarly, women with disabilities have been targeted for coerced sterilization and fertility control, and Puerto Rican women were also sterilized in large numbers. Additionally, contraceptives such as Depo Provera and Norplant, which are potentially dangerous if used over the long term, are systematically pushed on poor and young women of color in the United States with an eye to limiting poor populations. In each case, an imperialist agenda to secure land, resources, and women's labor has led to control over the bodies of women of color.

Repeatedly, economic, social, and institutional policies have severely affected women's choice to determine their reproduction. The regulation and control of API women and girls' bodies, sexuality and reproduction have played a key role in colonization and racial oppression, and in controlling API communities in the U.S. Historically, the nation's immigrant exclusion laws targeted people from Asia and served as a form of population control. As early as 1870, in an attempt to limit the size of the Asian population in California, the state legislature passed a law that prohibited the immigration of Asian women, and in 1875 the United States Congress passed the Page Law to forbid entry of mostly "Chinese, Japanese and Mongolian" women. Current policies restricting immigration and access to social services also significantly prevent API women from truly being able to make reproductive choices. For example, limited English-speaking API women accessing welfare payments often do not have a complete picture of their rights and status, and are unable to advocate for themselves and navigate the complex system because of the lack of sufficient interpreters. Moreover, though the use of DDT is banned in the continental U.S., over the past 40 years U.S. corporations have dumped vast amounts of agricultural chemicals including DDT in Hawaii, and mounting evidence suggests that these pesticides play a role in breast cancer development. Today, native Hawaiians have one of the highest breast cancer rates in the world.⁴

Women of color, including API women, do not face oppression purely due to their gender, but instead experience oppression in many forms. The long history of colonization and Western imperialism have institutionalized racism, xenophobia, heterosexism, and class oppression in this society, so that policies supposedly designed to serve all women often function to perpetuate injustice for women of color. For instance, immigrant or refugee API women with limited English proficiency have little power to negotiate interactions with reproductive health providers.

In addition to race and class discrimination, many API queer women and transgendered people face homophobia that deters them from accessing reproductive care. Reproductive health programs and service providers often focus on women as individuals and may adopt a paternalistic approach that oppresses and regulates women's reproduction. Although there is, currently, a movement to incorporate cultural competence and language access in health services, these interventions usually do not address power differential in the patient-provider relationship. They do not empower API women to be partners with medical practitioners. Also they usually do not incorporate or respect traditional health practices that API women value such as homeopathic medicine, herbal healing, or acupuncture. Without an intersectional analysis of the impact of multiple forms of oppression, the reproductive health and rights movements' focus on individual health and choice poses challenges and limitations as a framework to achieve reproductive justice for API women.

As Dorothy Roberts eloquently stated, "Reproduction is not just a matter of individual choice. Reproductive health policy affects the status of entire groups. It reflects which people are valued in our society; who is deemed worthy to bear children and capable of making decisions for themselves. Reproductive decisions are made within a social context, including inequalities of wealth and power."⁵ The focus on individualism neglects the broader societal context in which API women live.

API women's reproductive options and ability to control their reproductive lives are limited in many ways. For refugee women who have survived war in their home countries, their oppression is often enacted on their bodies. During war, a woman's body is treated synonymously to the land: as a battleground where women

Reproductive justice,
as defined by ACRJ,
will be achieved
when women and girls have
the economic, social and political
power and resources
to make healthy decisions
about our bodies, sexuality
and reproduction
for ourselves, our families and
our communities
in all areas of our lives.

⁴ Miller BA, Kolonel LN, Bernstein L, Young, Jr. JL, Swanson GM, West D, Key CR, Liff JM, Glover CS, Alexander GA, et al. (eds). *Racial/Ethnic Patterns of Cancer in the United States 1988-1992*. National Cancer Institute. NIH Pub. No. 96-4104. 1996.

⁵ Roberts D. "Race, Reproduction, and the Meaning of Liberty: Building A Social Justice Vision of Reproductive Freedom." Delivered 18 April 2000 at a Public Forum Presented by The Othmer Institute. 18 August 2005 <http://www.othmerinstitute.org/reports/report1.html>.

and resources are exploited, and as a site where victors establish dominance by reproducing themselves in the population through women's bodies, as well as reproducing their values, culture, religion, language, and traditions. Secondly, in addition to being more susceptible to HIV/AIDS, RTIs, STDs and other health risks and having limited accessibility to health care, women trafficked from poor countries such as Thailand, Cambodia, and the Philippines are more vulnerable to physical abuse, suffer a range of mental and emotional trauma, lack access to language tools and legal help, and are trapped in a state of powerlessness. These are two of many concrete examples of how reproductive justice is central to API women's struggle for self-determination.

In focusing on a narrow abortion agenda, or even a broader reproductive health agenda, the Reproductive Health and Reproductive Rights frameworks may neglect critical circumstances that many API women face. API women experiencing poverty, linguistic isolation, domestic violence, human trafficking, and harsh working conditions are focused on survival and do not have the luxury of "choice" because many options are not available to them. In addition, the focus on individualism does not speak to the experiences of API women. Numerous cultures across Asia promote societal, community, and family decision-making that is incompatible with individualistic reproductive rights. API women often have to navigate social taboos and traditions within their own cultures in making reproductive decisions, so that "choice" is not necessarily theirs to make.

CREATION OF THE WOMEN OF COLOR REPRODUCTIVE JUSTICE MOVEMENT

In resistance to reproductive oppression, women of color in the United States and internationally have long advocated for a broader reproductive justice analysis that addresses race, class, gender, sexuality, ability, age, and immigration status.

In many countries, the term "sexual health and rights" is used to describe an analogous constellation of reproductive justice issues. Issues of sexual health and rights include: sexual violence against women; comprehensive sex education; marriage rights, including same-sex marriage; and sexual torture during war. Current government policies throughout the world attempt to control sexual relations among people.⁶ Sexual health and rights advocates proclaim that humans are sexual by nature⁷ and thereby make the connection between sexual rights and human rights. According to the Platform for Action of the World Conference on Women in Beijing, "the human rights of women include their right to have control over and decide freely and responsibly matters related to their sexuality."⁸ Activists call for government to ensure that "public and economic policies, and public services and education, prevent discrimination and abuse in relations to sexuality and promote sexual health and rights."⁹

Although some historians have tended to erase the contributions of women of color, we have been actively organizing for reproductive justice for countless years. In the past two decades, this race and ethnicity-based organizing has gained visibility and increasing success. The National Black Women's Health Project was formed in 1984 as the first women-of-color reproductive health organization, building a foundation for women-of-color organizations representing the major ethnic groups. The Mother's Milk Project on the Akwesasne Reservation in New York was founded in 1985, followed by the National Latina Health Organization in 1986. The Native American Women's Health Education and Resource Center was launched in 1988, and Asian Pacific Islanders for Choice (forerunner to ACRJ) in 1989. Since then, women of color have organized numerous conferences, established myriad organizations, collaborated with each other, and formed alliances with civil rights and women's rights organizations.

"When I think about how others struggled to give us rights and privileges now, it means a lot to me and I'm very thankful." ACRJ YOUTH ACTIVIST

In November 1994, a Black women's caucus first coined the term "reproductive justice," naming themselves *Women of African Descent for Reproductive Justice* at the Illinois Pro-Choice Alliance Conference. According to Loretta Ross, one of the caucus participants, "We were dissatisfied with the pro-choice language, feeling that it did not adequately encompass our twinned goals: To protect the right to have – and to not have – children. Nor did the language of choice accurately portray the many barriers African American women faced when trying to make reproductive decisions. Perhaps because we were just returning from the International Conference on Population and Development in Cairo, Egypt in 1994, we began exploring the use of the human rights framework in our reproductive rights activism in the United States, as many grassroots activists do globally. We sought a way to partner reproductive rights to social justice and came up with the term 'reproductive justice'."¹⁰

A few years later, the SisterSong Women of Color Reproductive Health Collective was formed by 16 women of color organizations in 1997, with a focus on grassroots mobilization and public policy. SisterSong began popularizing the term reproductive justice based on the human rights framework. In April 2004, SisterSong coordinated women-of-color groups to mobilize thousands of women in a "Women of Color for Reproductive Justice" contingent as part of the March for Women's Lives in Washington, DC. And in October 2004, the groundbreaking book *Undivided Rights* (South End Press) provided a comprehensive history of women-of-color organizing around reproductive health, reproductive rights, and reproductive justice issues, documenting the vital contributions of women of color which hitherto had been largely unreported.

6 Berer M. *Sexuality, Rights and Social Justice*. *Reproductive Health Matters*, 2004, 12(23): 6-11.

7 Ibid

8 Ibid

9 Ibid

10 Ross, op. cit.

Attacking Reproductive Oppression: ACRJ's Reproductive Justice Agenda

At ACRJ we work towards a vision of the world where Asian women and girls have self-determination, power and resources to make their own decisions. Our vision requires that women, girls and their communities have all they need to thrive, creating the environment for personal, collective, and societal transformation.

To advance our work we use three main strategies: Analysis, Organizing, and Movement Building. Through our Reproductive Justice Analysis work, we host discussion and strategy sessions to deepen and broaden our analysis. We write and disseminate articles to build the base of the movement, and have developed a Reproductive Justice Agenda that informs and directs our work. Our Reproductive Justice Agenda illustrates our vision, solutions, and guiding principles for attacking the root causes of reproductive oppression (see Table 1). In this Agenda we articulate our analysis based on the lived experiences, issues, and research carried out for and by Asian women and girls to develop a model that addresses the nexus of systems of oppression based on gender, race, class, sexuality, ability, age and immigration status. Secondly, in our Organizing we use popular education and community-based participatory research to develop the leadership of

“A political struggle that does not have women at the heart of it, above it, below it, and within it is no struggle at all.”
ARUNDHATI ROY

Asian women and girls to plan and lead campaigns to achieve specific and measurable gains at the local and state level. For instance, we worked in collaboration with environmental justice groups to shut down a toxic medical waste incinerator here in Oakland, California, and have been working to pass and enforce state legislation that ensures comprehensive sex education in public high schools. And finally, in our commitment to advancing a Reproductive Justice Movement, we build and strengthen women of color and mainstream alliances for reproductive justice. We recognize the importance of broader inclusion and leadership of the most excluded groups of women. These include low-income women, queer women and transgendered individuals, women with disabilities, young women, and immigrant and refugee women. We believe that organized communities, particularly the most marginalized groups mentioned above, are key agents of change, and focus on improving social conditions and changing power and access to resources on all levels. Table 1 summarizes our approach.

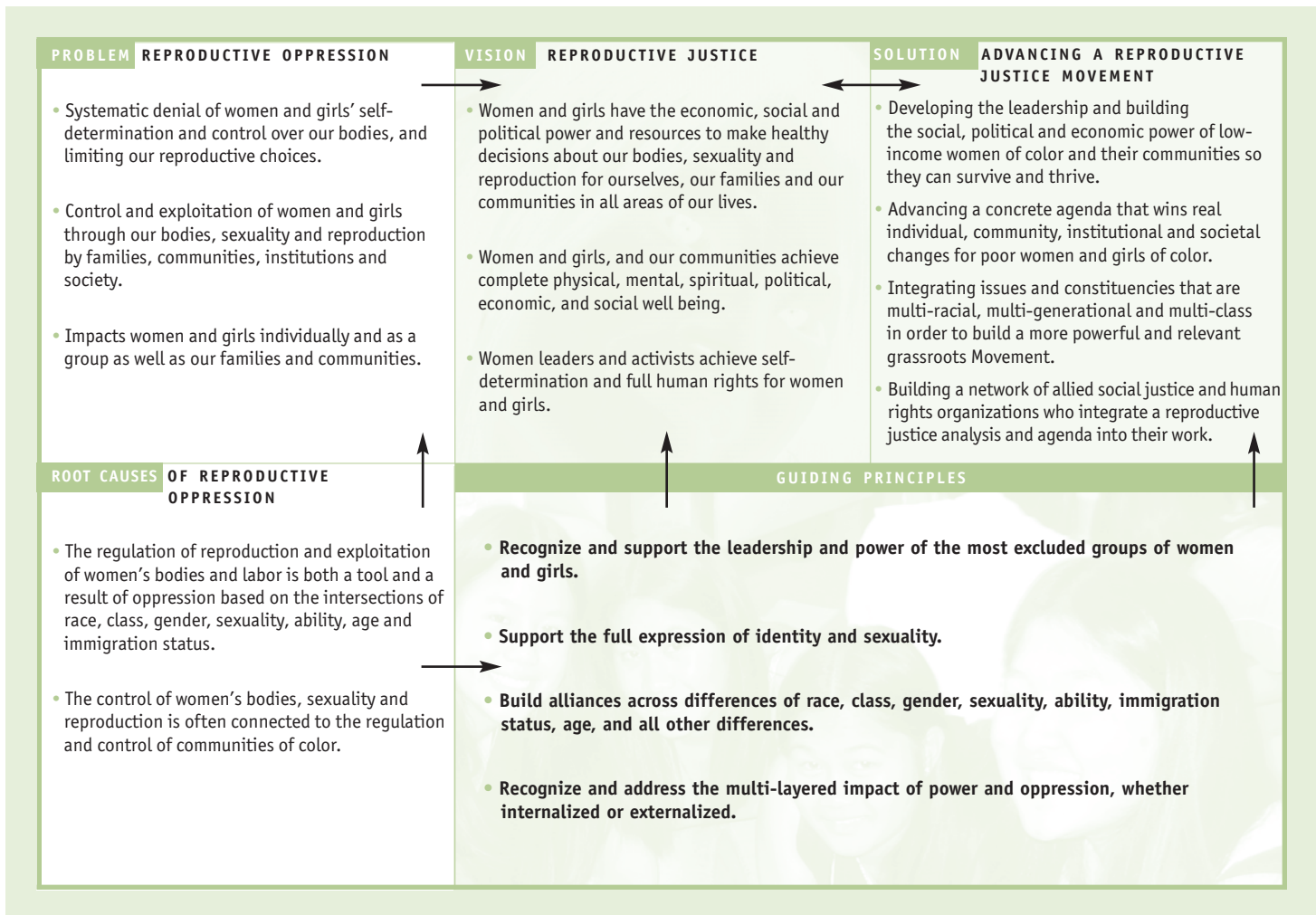


Table 1. ACRJ's Reproductive Justice Agenda

ACRJ's Reproductive Justice Agenda (RJA) places reproductive justice at the center of the most critical social and economic justice issues facing our communities, such as ending violence against women, workers rights, environmental justice, queer rights, immigrant rights, and educational justice, which have major implications for Asian women. For example, under conditions of reproductive justice, we will live in homes free from sexual and physical violence; we will live and work without fear of sexual harassment; we will have safe work and home environments protected from corporate exploitation and environmental toxins; we will be free from hatred due to sexual identity; we will be valued for all the forms of work we do; we will earn equitable and livable wages; we will eat healthy and affordable food; and we will have comprehensive health care for ourselves and our families. Moreover, the government and private institutions will support our decisions whether or not to have a child and we will receive the necessary support for our choices. In addition we will receive an education that honors and teaches the contributions of women, people of color, working class communities, and queer and transgendered communities.

As illustrated in the RJA, women's bodies, reproduction and sexuality are often used as the excuse and the target for unequal treatment in the attempt to control our communities. We believe that by challenging patriarchal social relations and addressing the intersection of racism, sexism, xenophobia, homophobia, and class oppression within a women-of-color context, we will be able to build the collective social, economic, and political power of all women and girls to make decisions that protect and contribute to our reproductive health and overall well-being. From this vision, we have developed key strategies and projects that enable ACRJ to have an impact on the grassroots, community, statewide, and national levels. From the perspective of a Reproductive Justice framework, the key problem is a lack of power, resources and control. At ACRJ we organize to gain power, resources, and self-determination in overcoming the multiple oppressions of race, class, gender, sexuality, ability, age and immigration status.

Intersectional analysis is the linking of different systems of oppression and power. These intersections can occur at different levels – individual, interpersonal, family, community, and institutional.

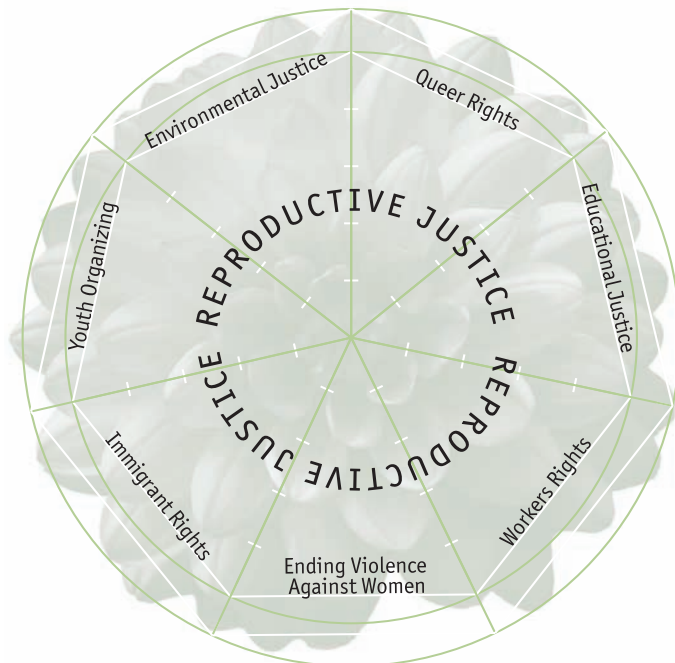


Figure 1. Intersectionality of Reproductive Justice with Social Justice Issues

Translating Vision into Action: ACRJ's Impact

Efforts to advance reproductive justice cannot be achieved by vision and analysis alone. In our work with Asian women and girls in California, we have translated our vision for reproductive justice into specific gains at the local and state levels, which include the following:

Developing New Leaders In line with our vision, we believe those who are directly impacted by reproductive oppression must be at the forefront of leading and making change. Since 1998, ACRJ has instituted a youth organizing program involving over 250 low-income, young Asian women across California. These young women receive intensive leadership development, popular education and organizing trainings to become effective leaders and powerful organizers for reproductive justice and social justice. The development of a cadre of underserved girls from immigrant and refugee families, comprehensively trained on essential issues of reproductive health and their connection to poverty, education, and employment represents a real first not only for the local community, but also for this portion of the national Asian population.

Campaigning and Advancing the Reproductive Justice of Asian Women and Girls By organizing for specific gains, youth activists have won campaigns protecting the reproductive health of Asian women. For example, the Healthy Communities Campaign, in collaboration with environmental justice groups, increased the visibility of reproductive health issues related to toxic emissions and culminated in victory when one of the most toxic medical waste incinerators in the nation was forced to close in 2002.

Educating Community Leaders ACRJ youth organizers created the Reproductive Freedom Tour of Oakland and Guidebook to educate researchers, community members, and policy makers on the issues impacting their community. The tour focuses on reproductive and social justice issues such as welfare, educational justice and gentrification.

Addressing the Language Needs of Immigrant and Refugee Asian Communities ACRJ youth leaders conducted surveys in Mien, Cambodian, Cantonese, and English to assess the impact of welfare reform and the true needs of community members, and discovered the biggest barrier facing immigrant women was the lack of interpreters at the Department of Social Services. This effort culminated in the first-ever Southeast Asian community forum in which ACRJ members educated staff at the Department of Social Services about the need for appropriate interpreters and translation for clients.

Advocating for Comprehensive Sexuality Education in California Public Schools Over the past few years, ACRJ has partnered with the ACLU of Northern California to pass and enforce SB 71, which simplifies sex education guidelines and ensures that public school sexuality education is comprehensive, accurate and free of bias. ACRJ has been conducting youth and adult trainings across California to ensure that communities are aware of the new law and have the tools to hold schools accountable as needed.

Researching Toxins in Personal Care Products Asian women and girls are affected by personal care product chemicals in a myriad of ways – through personal use promoted by marketing trends, through occupational exposures that are facilitated by poverty and immigrant status, and through hazardous exposures and the lack of access to health care. In response to the wide body of evidence that shows the health hazards of beauty products, ACRJ has established POLISH, the Participatory Research, Organizing, and

Leadership Initiative for Safety and Health. POLISH participants are currently researching the degree to which Asian women and girls and the many Asian women who are nail salon workers are exposed to toxic chemicals through both personal use and professional occupation. The results will fill major gaps in information, and the project will increase Asian girls’ and women’s capacity to identify reproductive justice problems and intervene in their community’s health status.

The ultimate goal of our work is to build self-determination for individuals and communities. For Reproductive Justice to be real, change needs to be made at all levels of society. We believe that translating the vision of our Reproductive Justice Agenda into action will bring about change on the individual, community, institutional, and societal levels in order to transform our world:

- 1 An individual woman or girl will acquire skills as well as demonstrate leadership and commitment to furthering reproductive justice;
- 2 A community will change its attitudes and behaviors to support women and girls as community leaders;
- 3 An institution, such as a church, school/school district, business/workplace, or legislative body, will make changes to stop reproductive oppression and protect reproductive justice for women and girls; and
- 4 Women and girls will gain complete self-determination and all forms of oppression are ended.

“Reproductive Justice means learning about your body, your talents, your strengths, and empowering yourself.”
ACRJ YOUTH ACTIVIST

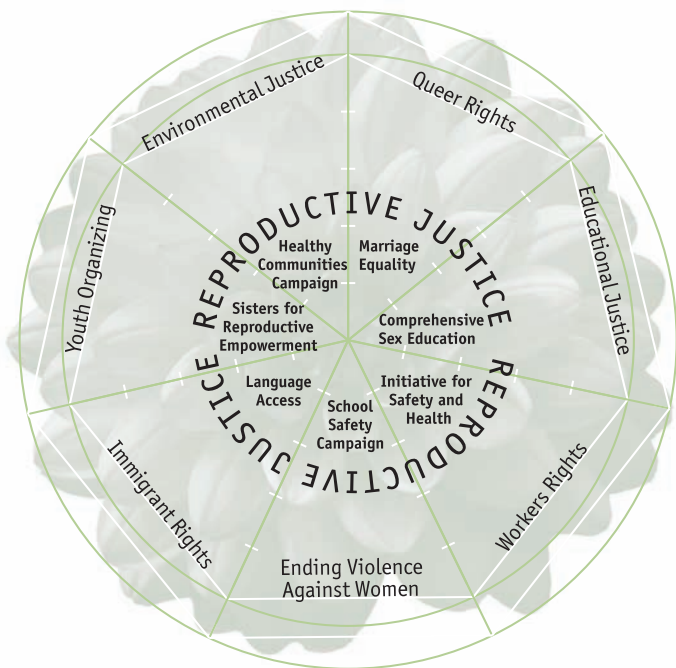


Figure 2. Intersectionality of ACRJ’s Reproductive Justice Work with Social Justice Issues

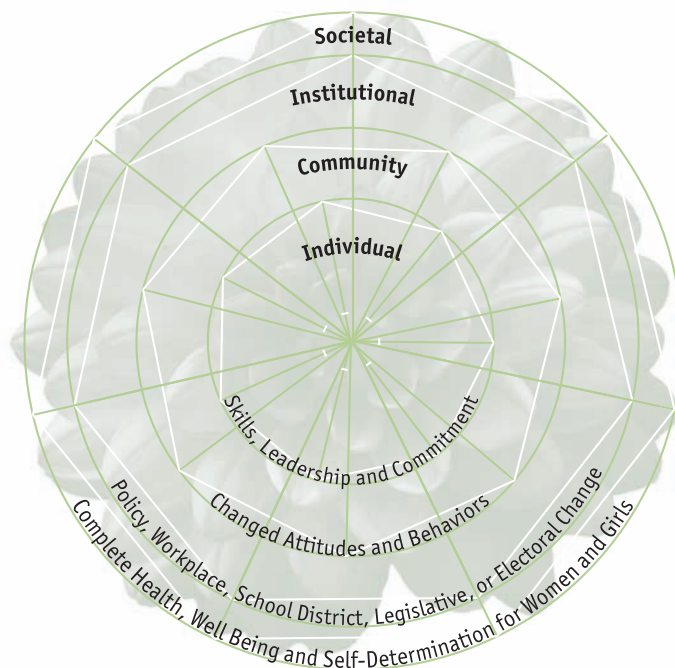


Figure 3. ACRJ’s Levels of Social Change

Where Do We Go From Here?

We are currently in a time of increasing instability, violence and consolidation of state and corporate power in the United States and around the world. These conditions provide fertile ground for an escalated assault on women's reproductive justice. The war against Iraq, vacancies on the Supreme Court, cuts to public assistance, the continued erosion of abortion access and reproductive health care, the passage of anti-immigrant and anti-youth legislation, and weakening environmental policies that allow toxins to contaminate our bodies and food supplies exemplify the strength and comprehensiveness of these attacks on the self-determination of women and our communities.

Moreover, mainstream reproductive rights leaders acknowledge that the movement is shrinking. By integrating the reproductive justice needs of our communities at local, state, national and international levels, we will be able to activate and mobilize larger constituencies. If our movement is fresh and relevant, it will flourish rather than diminish.

By organizing our communities, we create spaces for women and girls to be active and full agents of change in their lives. Reproductive Justice empowers women and girls to fully come into their strong, talented selves by creating environments in which they feel loved, safe, powerful, and confident. Reproductive Justice builds community among women and girls and creates opportunities for rich discussion where they can work out the conflicting messages they get about complex issues such as identity, sexuality and power.

We need a movement with a vision of addressing women wholly and comprehensively so that we do not single out pieces of a woman's body but see their bodies as whole. Similarly, we cannot focus solely on one aspect of a woman's life, whether at work, at school, at home, or on the streets. We need to understand how reproductive oppression may exist in all arenas of her life, and recognize that she may have to walk through all of these arenas in a single day.

Reproductive Justice aims to invigorate the movement by:

- Addressing the needs and issues of a diverse group of women while acknowledging the layers of oppression that our communities face, particularly those with little access to power and resources;
- Encouraging women and girls to be active agents of change and realize their full potential;
- Creating opportunities for new leaders to emerge within our communities and increase the sustainability of our movement;
- Integrating the needs of grassroots communities into policy and advocacy efforts;
- Infusing the movement with creativity, innovation, and vision;
- Providing opportunities to work at the intersection of many social justice issues while forging cross-sector relationships; and
- Connecting the local to the global by integrating the human rights framework.

Reproductive Justice calls for integrated analysis, holistic vision and comprehensive strategies that push against the structural and societal conditions that control our communities by regulating our bodies, sexuality, and reproduction. This is the time to come together across separate identities, issue areas, and change efforts to achieve the vision where all women, girls and communities will truly transform our world.

“It is time to speak your Truth. Create your community. And do not look outside yourself for the leader. We are the ones we have been waiting for”

HOPI ELDER



Help Us Advance Reproductive Justice

Here are several ways you can help build a shared vision of reproductive justice to guide substantive work in our communities and beyond. These suggestions serve simply as starting points to inspire your own activism and as opportunities for advancing our movement.

Reproductive Rights and Parental Consent Laws

Few would disagree that it is better when young people communicate with their parents in deciding whether or not to have an abortion. By mandating parental notification, however, some teenagers may choose to have unsafe and illegal abortions, delay seeking medical care, or travel out of state if they are forced to either face a judge or unsupportive parents, thus greatly increasing their physical and emotional health risks.

WHAT YOU CAN DO

- Organize and educate women, girls, and their families not only about access to abortion for young women, but also its connection to other reproductive justice and social justice issues.
- Strengthen alliances and coalitions with social justice groups who traditionally do not work in reproductive justice but whose constituencies are or will be deeply impacted by the issue. By working with community and in coalition, build a strong base with long-term capacity, leadership and electoral power.
- In partnership with state coalitions such as the Campaign for Teen Safety in California (www.noonproposition73.org), advocate for upholding reproductive rights for women of all ages and preserving safety for teenagers.
- Ensure the health care system provides resources, information, and quality care to women and teenagers about their reproductive choices.

Queer & Transgender Rights and Health Care Bias

For queer women and transgendered individuals, accessing health care is often limited by bias and discrimination in the medical community, delayed medical care, and a lack of research on health care needs and risks. Queer women and transgendered people must have the ability to exercise self-determination over their identity and their sexual lives as well as full civil rights, free from discrimination and harassment.

WHAT YOU CAN DO

- Organize efforts to incorporate queer and trans-friendly health care programs into mainstream hospitals and clinics, public agencies and community organizations in order to create a safer and more responsive environment.
- Support enforcement of California's new law that bans denial of insurance coverage based on transgender status and adds gender and gender identity to existing anti-discrimination provisions in state laws regulating insurance companies and health care plans (AB 1586).
- Advocate for Marriage Equality, the legal recognition of same-sex marriage which affords full federal and state benefits.
- Oppose any federal and state efforts that write discrimination into the constitution.

Educational Justice and Comprehensive Sexuality Education

Medically accurate, age-appropriate, comprehensive sexuality education is essential for the healthy development of young people and their relationships with each other. Research shows that by combining an abstinence message with information about condoms and contraception as

well as communication and refusal skills, comprehensive sex education is effective at improving young peoples' understanding of themselves and their health, and preventing teen pregnancy and STI transmission.¹

WHAT YOU CAN DO

- Mobilize parents, family members, and community members in your neighborhood to research and develop a "Report Card" that assesses the state of sexuality education in your local school district.
- Hold school boards and school administrators accountable to providing comprehensive sex education in public schools.
- Support state and federal legislation that mandates, enforces, and provides resources for comprehensive sexuality education, such as the federal Responsible Education About Life Act (REAL Act, SB 368) and the Family Life Education Act (HR 768).

Environmental Justice and Personal Care Products

Women and girls are exposed to hazardous chemicals on a consumer level through their personal care products, and on an occupational level through work in the beauty care industry. Lacking FDA regulation, only 11% of over 10,500 ingredients in personal care products have been tested for safety thus far.² Some of the toxins in beauty products are endocrine disruptors, which interfere with the normal functioning of hormones, and all are associated with reproductive, developmental and other health problems.

WHAT YOU CAN DO

- Pressure the Food and Drug Administration to regulate personal care products, and the personal care products industry to manufacture products without toxins. For instance, the *Campaign for Safe Cosmetics* works to mandate the phasing out of chemicals that are known or suspected to cause cancer, genetic mutation or reproductive harm (www.safecosmetics.org). African American Women Evolving's Healthy Vagina Campaign informs women of the potential risks associated with douching and advocates for stricter regulation of companies that manufacture feminine hygiene products (www.aaweonline.org/TheHVC Pamphlet.pdf).
- Organize and educate women consumers and workers about the health hazards of toxins in personal care products.
- Support enforcement of California's new law that calls for full disclosure of ingredients known to cause cancer or birth defects and investigation of the health impacts of these chemicals (SB 484).
- Advocate for legislative proposals that will ban these toxic chemicals entirely in cosmetics and other personal care products.

Workers Rights and Undocumented Women Laborers

Undocumented women laborers in the electronics industry, garment industry, and domestic services industry are burdened with low wages, little (if any) access to health care and substandard working conditions. Moreover, these immigrant and refugee workers are vulnerable to abuse and exploitation from employers who would deny them the few rights they might have.

WHAT YOU CAN DO

- Develop efforts to establish workers centers or worker cooperatives in your local community that provide a safe and central place for workers to receive training, support, referrals, and resources.
- Encourage unions to be increasingly supportive of their growing immigrant base and more active in fighting for immigrant and refugee workers rights.

- Join an organization that leads campaigns to protect the rights of undocumented women workers, such as CAAAV Organizing Asian Communities, which organizes across immigrant, working-class, and poor Asian communities (www.caaav.org), Sweatshop Watch, which works to eliminate exploitation and inhumane conditions that characterize sweatshops (www.sweatshopwatch.org), and Asian Immigrant Women Advocates, which empowers low-income, immigrant women workers to make change in their workplaces, communities and broader society (www.aiwa.org).
- Support legislative efforts to advance workers rights for undocumented women laborers.

Ending Violence Against Women and Human Trafficking

The lucrative industry of trafficking women and children for the purposes of manual and/or sexual labor is finally being revealed as the crisis it is. The fight against trafficking, and consequent indentured servitude and prostitution, involves empowering those whose age, gender, poverty, and national origin make them a target for exploitation as well as addressing the structural causes which allow it to flourish.

WHAT YOU CAN DO

- Expose the hidden industry of human trafficking through increased awareness, knowledge, and research.
- Join campaigns that work to fight trafficking, such as GABRIELA Network's Purple Rose Campaign, which works to create an international movement against the sex trafficking of Filipina women and their children (www.gabnet.org).
- Organize a coalition of service providers, public health workers, trafficked women and girls, and community members to inform, educate and mobilize people in your area.
- Lobby for local, state, and federal regulations and enforcement that prevent women and girls from being trafficked and prosecute traffickers, including implementation of two California laws (AB 22 and SB 180).

Immigrant Rights and Exclusion & Discrimination

Xenophobic laws and attitudes in the United States mean that immigrant activists and communities are continually fighting a reactionary battle. The specter of immigration raids, vigilante groups, detentions, deportations and family separations can prevent women and families from seeking needed social services to ensure that their communities continue to grow and thrive.

WHAT YOU CAN DO

- Support immigrant and refugee leaders to lead national debates and counter xenophobic public attitudes.
- Build the base of immigrants, refugees and allies who organize on the local and national levels to protect and expand the rights of immigrants, regardless of immigration status.
- Sign up for the Immigrant Rights News sponsored by the National Network for Immigrant and Refugee Rights, which works to promote a just immigration and refugee policy and defend and expand the immigrant and refugee rights in the U.S. (www.nnirr.org).
- Fight legislative and ballot proposals that aim to perpetuate discrimination and exclusion against immigrant communities.
- Support comprehensive immigration reform that will reunite families, protect workers, and bring stability to the lives of immigrants and refugees, such as the Save America Comprehensive Immigration Act of 2005 (HR 2092).

¹ Burlingame P. "Sex Education in California Public Schools." Released August 2003 by ACLU of Northern California. 3 October 2005 <http://aclunc.org/reproductive-rights/030903-report.pdf>.

² "Skin Deep Executive Summary." Study released June 2004 by Environmental Working Group. 3 October 2005 http://www.ewg.org/reports/skindeep/report/executive_summary.php



Asian Communities for Reproductive Justice

(formerly Asians & Pacific Islanders for Reproductive Health)

310 8th Street, Suite 102

Oakland, California 94607

P: 510.434.7900

F: 510.434.7902

www.reproductivejustice.org

for our bodies, our lives, our families, our world



SisterSong Women of Color Reproductive Health Collective

PO Box 311020

Atlanta, Georgia 31131

P: 404.344.9629

F: 404.346.7517

Email: info@SisterSong.net

www.SisterSong.net

Doing Collectively What We Cannot Do Individually

The SisterSong Women of Color Reproductive Health Collective is made up of local, regional and national grassroots organizations and individuals representing the primary ethnic populations/ indigenous nations in the country: Native American/Indigenous, Latina, Black/African American, Asian/Pacific Islander, and Middle Eastern/Arab American. The Collective was formed with the shared recognition that as women of color we have the right and responsibility to represent ourselves and our communities.

SisterSong is committed to educating women of color on Reproductive and Sexual Health and Rights, and working towards the access of health services, information and resources that are culturally and linguistically appropriate through the integration of the disciplines of community organizing, Self-Help and human rights education.

© Copyright 2005 by Asian Communities for Reproductive Justice.
All Rights Reserved.

Acknowledgements

We are deeply grateful to the SisterSong Women of Color Reproductive Health Collective whose guidance and support made the publication of this paper possible.

We honor the hearts, struggles, and spirits of our sisters and allies who put themselves on the line day after day to end reproductive oppression. Reproductive health, reproductive rights and reproductive justice work is very demanding, particularly in these challenging times. We offer our respect and appreciation to those who came before, those who struggle now, and those who will carry the torch in the future.

We would like to express our deepest gratitude to all current and former ACRJ participants, members, leaders, staff and board whose work and analysis contributed invaluable to this paper. A heartfelt thank you to our readers for their generosity of time, insight and expertise: Grace Chang, Marlene Gerber Fried, Leila Hessini, Vivian Huang, Lisa Ikemoto, Manami Kano, Gwyn Kirk, Lourdes Rivera, and Loretta Ross. Warmest thanks to Robin Brandes for her endless creativity, dedication and patience in the design and layout of this project.

Funding for this paper was made possible by generous grants from:

The Ford Foundation
General Service Foundation
Jessie Smith Noyes Foundation
Ms. Foundation for Women
Unitarian Universalist Veatch Program at Shelter Rock

ACRJ Staff

Eveline Shen, MPH, *Executive Director*
Dana Ginn Paredes, *Organizing Director*
Diana Ming Yin, *Communications Coordinator*
Monica Plazola, *Operations Director*
Aparna Shah, MHS, *Development Director*

Board of Directors

Bouapha Toommaly, *Chair*
Manami Kano, *Secretary*
Chris Lymbertos
Monica Plazola, *Treasurer*
Eveline Shen, MPH, *Executive Director*

National Advisory Board

Kimberly Aceves, *Executive Director, Youth Together*
Toni Bond, *President, African American Women Evolving*
Grace Chang, PhD, *Assistant Professor, UCSB Women's Studies*
Sumru Erkut, PhD, *Associate Director and Senior Research Scientist, Wellesley Centers for Women*
Marlene Gerber Fried, PhD, *Director, Hampshire College Civil Liberties and Public Policy Program*
Mimi Ho, *Program Director, Asian Pacific Environmental Network*
Edward Lee, *Administrative Director, Californians for Justice*
Beckie Masaki, *Executive Director, Asian Women's Shelter*
Kelvin Quan, JD MPH, *Managed Health Care Executive, Attorney and Community Advocate*
Tivo Rojas-Cheatham, MPH, *Community Participation and Education Section Chief, Environmental Health Investigations Branch*
Loretta Ross, *National Coordinator, SisterSong Women of Color Reproductive Health Collective*
Maria Somma, *International Organizing Coordinator, United Steelworkers Health Care Workers Council*
Robert Stark, *Executive Director, New Mexico Community Foundation*