

**Loretta J. Ross
Rickie Solinger**

"Reproductive justice—women having power over our own bodies—
is the crucial first step toward any democracy, any human rights, and any justice."

Gloria Steinem

REPRODUCTIVE JUSTICE

An Introduction



Epilogue

Reproductive Justice on the Ground

Our description of reproductive justice is clearly a portmanteau that holds transformative ideas, encompassing visions, and powerful mandates. And equally clearly, the process of fully realizing and implementing this new paradigm will be long and complicated. But still we can offer snapshots of what reproductive justice looks like on the ground. This epilogue is a sampler of six ways that reproductive justice occupies the heart of an organization that began with individuals, became a community, and is thriving as a vital center of collective action.

Each of these six organizations was founded by and is led by women of color, with a constituency largely of individuals of color. This does not signify that reproductive justice is a concept and a movement exclusively for persons of color. On the contrary, reproductive justice expresses the requirements that all persons have when they strive to achieve sexual and reproductive health, safety, and dignity for themselves and their communities. Pressed by historical oppressions and animated by extraordinary creativity and determination, women of color have been the pioneers, defining

and organizing for reproductive justice. They have demonstrated the ultimate uselessness and lack of relevance of the narrow rhetoric of "choice" and have begun to show the inevitable power of this new cluster of ideas that constitute reproductive justice. These pioneers and the collective activity they have fashioned over recent decades represent a model and a roadmap for us all.

Each of the six pieces that follow describes how reproductive justice provides both a restorative tonic and a capacious framework. Each organization has created itself using core principles of reproductive justice that link one organization to the other and to many others. Each organization, because of its own focus and goals, interprets, emphasizes, and expands reproductive justice principles uniquely, as well.

At the heart of each of the pieces is a strong commitment to *intersectional* analysis and the belief that building alliances—being an ally, working collectively—across human rights issues constitutes the perfect expression of intersectionality in action. Each piece speaks in one way or another about the *lived experiences* of persons struggling to construct a life and to build a world governed by reproductive justice. Becoming a participant in that effort requires a commitment to self-determination and self-help and requires having the right to be a parent as much as it requires the right not to be a parent. Each of the pieces also shows the adaptability and applicability of reproductive justice, as it variously connects with individuals working to achieve, for example, birth justice and sexual justice. Finally, each of these voices, in various ways, expresses a profound belief in paying the closest attention to the condition of the community and its history because, ultimately, the individual can achieve only the degree of health, safety, and dignity that the various resources available within the community make possible.

NEW VOICES FOR REPRODUCTIVE JUSTICE

—LaTasha D. Magyes, founder and executive
director of New Voices

When I hear or say the words “tapping into the infinite potential of Black women and girls,” I envision in my mind the beautiful faces and collective genius that have the power to change Pittsburgh and the world. I never imagined that I would be here, in Pittsburgh, at thirty-four, leading New Voices for Reproductive Justice, a multistate human rights organization dedicated to the health and humanity of Black women and girls in Pennsylvania and Ohio. Life has a funny way of delivering on the promises of things you say you would never do.

I am one of many who came to Pittsburgh for school, work, or love. My path was a 95-percent scholarship to the College of Business Administration at the University of Pittsburgh. When financial accounting, intro to marketing, and business economics were not enough for my soul, you could find me in Black Consciousness with the late Rob Penny and raising hell in the Women’s Studies department (now called Gender, Sexuality and Women’s Studies). Beyond the classroom, I committed myself to activist campus leadership that would include real life-and-death scenarios of racism, sexism, and homophobia on campus like in the film *Higher Learning*. The precise moment I was politicized about race and gender, I was in my dorm room and I heard about how Black women in Congress attempted to block the certification of George W. Bush as president after the 2000 election, to no avail.

My first act of resistance for reproductive freedom occurred when I was spokesperson for the Plan B campaign to create access to emergency contraception at Student Health Services, a

venue that was closed at night and on the weekends. How convenient! I did not know all the language to articulate intersectional oppression then, nor did I even have the confidence in myself to speak and affirm my own experiences as my expertise. I did not know I was worthy enough to prioritize myself as a Black woman fighting for social justice. But we won . . . our campaign demands were met.

After this victory, I could not help but feel that this win *included me but was not about me* or any of the other Black women or women of color students. The feminism I encountered on campus was fierce but far from representing the critical understanding of how all parts of my identity impacted my ability to ever know reproductive freedom. I was turned off by the one-dimensional ideas of third-wave feminists who praised my womanhood but ignored my Blackness. With an academic, career, and life path turned toward civic engagement and an inevitable Corporate America takeover looming, I said to myself and to others, “I will never do reproductive *anything* ever again.”

I graduated with honors in 2003, left a legacy of badassness on campus, and entered into adulthood. You could not tell me that I was not going to San Francisco to complete my Coro Fellowship in Public Affairs. I received my acceptance letter and it mocked me as I read it: “Looks like you’re staying in Pittsburgh.” I was actually fine with that. I just knew if I was going to stay in Pittsburgh that I had to change Pittsburgh.

I began looking for professional students of color in the spaces that I had been part of creating on campus, like Sisters Beyond the Surface, Black Women’s Week, and Minorities in Pittsburgh Conference. My quest included many conversations with my best friends in which we concluded that progressive political spaces did not exist for young women of color, especially when

it came to spaces devoted to reproductive rights. We decided that we needed to develop new voices of leadership in Pittsburgh. Just around this time in 2003, the Feminist Majority began national planning for the March for Choice, a massive demonstration for reproductive rights scheduled for April 25, 2004, in Washington, DC. My feminist mentor asked me to be part of the Western Pennsylvania planning committee. I could see right away that the same white-women-centric feminist dynamics were playing out in the same way they had when I was in college, and I said no thanks. That is, until I met Malika Redmond and Alma Speed Fox.

Before Gmail, the hot thing was Hotmail. One day in this time frame, I received an e-mail from a young Black woman, Malika Redmond, who was from Pittsburgh but lived in Atlanta. She was coming home to visit, and she was looking for young Black women and women of color who might be interested in organizing for the March for Women's Lives—the replacement name for the March for Choice, a substantive title-change initiated successfully by women of color. I still wasn't convinced that I should be part of this effort, but then I met Alma Speed Fox—the mother of the civil rights and women's rights movements in Pittsburgh.

I met Alma Speed Fox when I made a simple request to use a community park for a project, and our interaction quickly developed into a lasting friendship that became instrumental in the birth of the reproductive justice movement in Pittsburgh. Ms. Fox essentially told me I had no choice but to organize Black women and women of color. I had inherited that legacy and a vision to transform a rust-belt city like Pittsburgh. With Malika providing support through the National Center for Human Rights Education and the initiative New Voices for Reproduc-

tive Justice, and Ms. Fox guiding me, in just forty days, we organized a busload of Black women and women of color to attend the March for Women's Lives. As the crowds grew, I knew I had found the movement for me. I was home.

On the ride back, after the march, the women asked, "What are we going to do when we get back to Pittsburgh?" I had not thought that far. I guess I had thought that this was it: we'd go to the march, and we'd go home. But twelve years later, New Voices is a multi-state organization in Pennsylvania and Ohio that has served and engaged over 50,000 Black women and girls, women of color, and queer and trans* people of color and has participated in building a powerful and influential movement for reproductive justice.

COLORADO ORGANIZATION FOR LATINA
OPPORTUNITY AND REPRODUCTIVE
RIGHTS (COLOR)

—*Cristina Aguilar, executive director of COLOR*

AMENDMENT 67: EMBRACING OUR CULTURE AND
MOBILIZING OUR COMMUNITY TO ACHIEVE
REPRODUCTIVE JUSTICE

The Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR) is building a movement of Latinas, their families, and allies. We focus on leadership development, organizing, and advocacy to create opportunities and achieve reproductive justice. We envision Latinas and their families having the knowledge, freedom, and power to access a full range of opportunities that promote the health of their bodies, minds, and spirit.

COLOR wants to ensure the reproductive and sexual health of our community. We advocate for reproductive rights. But the

heart of our work is a commitment to reproductive justice. We believe reproductive justice exists when all individuals have the power, access and resources to make healthy decisions about their bodies, sexuality, relationships, and families for themselves and their community.

We are committed to ensuring that women of color are able to access abortion care when they need it, but our commitments go further than that. We are committed to the right of all persons to have a child, the right not to have a child, the right to parent the children we have with dignity, the right to control our birthing options, the right to choose our sexual partners, and the right to control our own gender. Our 2014 fight against Amendment 67 in the Colorado state legislature brought many of these areas of passion and principle together.

Amendment 67 marked the legislature's third attempt in six years to pass a measure that would expand the definition of the words "person" and "child" in Colorado's criminal code to include "unborn human beings." This redefinition could have enormous potential to restrict access to abortion, fertility services, and many common forms of contraception. Activists who opposed "personhood language" also feared that antiabortion forces would use the expanded definition to criminalize pregnant women's behavior or some pregnancy outcomes, a development we have seen more and more often in recent years—for example, when laws are written so that a woman who has a miscarriage is at risk of arrest or interrogation. This recurrent legislative effort in Colorado was an extreme example of the attacks on women's ability to make their own decisions about whether they have a child and about how to build their families; these attacks fall hardest on low-income women and women of color.

Gina Millan, a community and parent organizer at COLOR does not typically share her story, but she spoke out on this policy. When Gina was in college, she had to leave school because of family problems. She found herself pregnant and without any family support or a partner, so she decided to have to have an abortion. Living in Mexico at the time, where abortion was illegal, she had to resort to a clandestine clinic where she felt she was putting her health at risk. Also the clinic doctor treated her disrespectfully.

Gina went on to get married and have a daughter. During her subsequent pregnancy, doctors told Gina that this time the pregnancy was high risk. After that, she worked hard to take all necessary precautions, but she found herself bleeding late one evening. When she went to the emergency room, the doctor told Gina and her husband that the placenta had detached and that she had lost the pregnancy. She later said that in spite of the physical hurt, the greatest pain was "apologizing to my daughter, who was six years old at the time, and telling her that she was not going to have a brother or a sister."

Many women are extremely sad when they experience pregnancy loss, especially when these experiences are made harder by barriers to abortion and additional health care services in other countries and right here in this country. Together with COLOR, Gina fought hard to defeat Amendment 67, knowing that she had walked in the shoes of women who would be hurt by a lack of safe abortion care, women who could be prevented from accessing reproductive health care to plan their families, and women who could face a miscarriage and then have to endure interrogation or investigation if the personhood policy were pushed through.

COLOR approached this ballot initiative as a reproductive justice issue. We also approached it with the determination to

apply our COLOR flavor of intersectional organizing. We saw this as an opportunity to halt a harmful policy and as a chance to empower our community through knowledge, education, and information. We led a robust grassroots effort focused on Latina voters in eight counties throughout the state. We brought together activists of different ages and looked at how to create a campaign that would build a stronger community and not simply do things the way they had always been done. We demanded that we be at the table as equal partners. We insisted that whether or not we had the same money or staffing capacity as other organizations, we had a lot to give to the campaign and to the conversation.

When the question of language translation came up, we pushed back on the idea that COLOR would translate a few core materials for our people. Instead, we insisted that *all* campaign materials and messages had to be translated. Otherwise, the implication was that Spanish speakers deserved a lesser campaign experience without the same access to information as English speakers. We also made it clear that it was not our job to make this comprehensive translation project happen. We explained that translation and interpretation are professional services with standards. Campaigns and coalitions must prioritize and invest in these services from the outset rather than naively burden native speakers or groups representing these communities with this “task.” Instead of minimizing or marginalizing the importance of translation, we argued that translation is critical to ensuring that campaigns make linguistic fairness available to all key communities, no matter their language.

We have the power to open our own gates or breach the gates when necessary. We did not wait to be invited to talk to pollsters who were crafting the questions and testing the messages that would have an impact on the direction of the campaign. We held

our own meetings with power brokers to emphasize and leverage the expertise of our community. We put ourselves in the position to advocate for and advise on Latina focus groups in English and Spanish. This helped us to forge ties that will benefit our community for future battles and victories and to build stronger alliances.

We conducted our campaigns without losing a sense of who we are. One of the best *cafecito* events that COLOR hosted during the campaign season brought together friends and families along with funk music and an outdoor fire. We generated a buzz that we know how to throw a party and host a fiercely effective, intersectional canvass. Grounded in cultura, we employed our *cafecito* model of having *comida, pan dulce, and música* as an entrée to our canvass kickoffs. We also made the event welcoming, because too often, political spaces can be intimidating—both during the campaign and beyond.

COLOR hosts events in our own homes. We have food and music that represents our culture. We invite a diverse set of partners. We organize and rally together, but we also dance together. We value an intergenerational approach and are committed to an intergenerational leadership pipeline. We have a program that trains and supports young Latinas to engage in the political process and are developing a program that supports young parents. We also hold up the stories of our founders and share our history as ways of respecting those who have built the foundation we stand on now.

Our approach has resulted in nods from national organizations for “revolutionizing the way Latinas organize in Colorado.” But we know that we are just leveraging our collective strength, empowering our community to be part of the change we are creating, and breathing culture into our work.

We are intentional about the way that we do our work. We believe that community is at the center of achieving complete physical, mental, spiritual, political, economic, and social well-being of women and girls. We know that we cannot achieve reproductive justice without Latinas of all ages and experiences by our side. We also know that we must build a movement that includes the talents and the lived experiences of our community.

In the end, Amendment 67 was defeated with a strong turnout from the Latino community voting against this harmful measure. We were a key part of the victory and modeled how to do work in a way that doesn't just rack Latinas on. We engaged with our community as a valued partner and leader on critical issues. We are not and will not be an afterthought. We will tell our stories and mobilize our voices and our votes to make a difference.

SISTERLOVE

—*Dázon Dixon Diallo, founder and director of SisterLove, Inc. and a pioneer in the women's HIV/AIDS and reproductive justice arenas*

BRINGING THE S INTO THE R FRAMEWORK

SisterLove is on a mission with two parts. We are working to eradicate both the impact of HIV and the existence of sexual and reproductive oppression in the lives of all women and their communities in the US and around the world.

SisterLove, Inc., is a twenty-five-year-old reproductive justice organization with a focus on sexual health and well-being through prevention and through care for women dealing with HIV, STIs, unintended pregnancy, and violence. SisterLove is an active collaborator and partner with a number of networks,

coalitions, and movement-building organizations. We are committed to ensuring that the human rights framework of liberty, justice, and dignity is at the center of social change efforts to protect and advance the sexual and reproductive health and rights of women and their families. We draw strength from the resilience and determination of the women we serve. And we need a lot strength because we work at many dangerous intersections where the lives of so many women and girls are shaped. We work to transform the policy frame that defends women's *choices* into a policy frame that asserts women's *agency* to make decisions that are best for themselves and their families. Notably, we broaden the reproductive justice movement to include *sexual justice* as an integral part of the framework.

SISTERLOVE'S PREP CAMPAIGN: A SEXUAL REPRODUCTIVE JUSTICE EFFORT

In 2012, the Food and Drug Administration (FDA) approved Truvada for use as pre-exposure prophylaxis, or PrEP. The preventative treatment (a daily pill), when used consistently by HIV negative individuals, provides a discreet method for decreasing a person's risk—by 92 percent and more—of contracting HIV through sexual contact. Shortly after the FDA's approval, SisterLove's founder and president, Dázon Dixon Diallo, brought together a group of advocates to establish the US Women and PrEP Working Group. This group quickly became the leading—and remains the only—group in the United States that focuses predominantly on women's lack of access to PrEP and on the absence of research dealing with women and PrEP. In comparison, a significant number of organizations focus on providing men who have sex with men access to PrEP. These conditions reflect the general disregard of the unique needs of women in the

face of the HIV epidemic. And ignoring women's needs reflects the widespread failure to connect reproductive justice issues and HIV. The sexual and reproductive justice framework is at the foundation of the working group's perspective, an expression of SisterLove's mission to articulate the HIV epidemic as a sexual and reproductive justice issue.

Diallo's engagement with the HIV/AIDS movement began with her work in the feminist health movement, where *self-help*—the power to determine one's own reproductive health and well-being—has been a core feature of feminist-centered, high-quality sexual and reproductive health information and services, including abortion and family planning. Similarly, women in the HIV movement have made self-help—in this case, placing the power to prevent HIV in women's own hands—a rallying cry for people working in the sexual and reproductive justice movement as well as for advocates of antiviolenace and HIV for nearly three decades. SisterLove, as an HIV/sexual/reproductive-justice service provider and advocacy organization, is leading the campaign for implementation of PrEP in the United States to include a focus on women's sexual and reproductive health needs because PrEP has enormous potential to empower women who are at risk for and living with HIV.

Advocates for PrEP draw on women's right to sexuality and to sexual justice. For one thing, this preventative treatment provides, to some extent, a degree of sexual liberation. Individuals who take the daily pill are taking the opportunity to stop thinking only about disease avoidance and start thinking about their own sexual well-being. But in a culture that continues to condemn or ignore a woman's right to sexual pleasure, we can hardly be surprised that medical authorities and researchers don't focus on PrEP for women who are at risk of exposure to

HIV. Instead, medical authorities and others have been quick to promote the use of antiretroviral (ARV) therapy to prevent mother-child transmission of HIV when this use of ARVs was discovered in 1994. The lack of a similar nationwide response to the development and proven effectiveness of PrEP suggests a widespread lack of interest and urgency when the subject is protecting women from exposure to HIV through sexual contact.¹

To understand the meaning of this phenomenon, we can consider the disproportionate impact of HIV on women of color. In the state of Georgia, for example, black heterosexual women constitute 75% of all women living with HIV. We can also consider the history of biomedical and reproductive oppression that Black women have suffered throughout American history, ranging from forced pregnancy and childrearing during slavery to forced sterilization afterward. Keeping these matters in mind helps us understand that using the HIV lens to advocate for PrEP for women is to advocate for sexual justice and reproductive justice as intrinsically intersectional human rights; we are promoting sexual health and pleasure as a right. The working group uses this framework in concert with SisterLove's mission. The framework gives strength to its message that the HIV epidemic is a matter of sexual and reproductive justice.

LINKING HIV SERVICES TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES

The US Women and PrEP Working Group conducts its policy, advocacy, and outreach through the sexual and reproductive justice framework, underscoring the linkages between HIV and sexual and reproductive health services and stressing the intersectional focus of the group's research and advocacy approaches. The group tackles the social determinants of health that

frustrate treatment and prevention efforts and disempower those who are living with and at risk of HIV? The group's advocacy efforts include raising awareness about the lack of insurance options for many people living with HIV and the disparities in coverage of PrEP. Moreover, advocates recognize that while PrEP can be a vehicle for empowerment, its existence may also potentially embolden the clients of sex workers to demand or expect condomless sex.

The working group presses for researchers studying PrEP efficacy to stop treating transgender women and men who have sex with men as a single population and instead to look at each group as distinct in identity and experience. The working group calls for service providers to be trained in providing care that is gender affirming and trauma informed and for research efforts into the impact of PrEP on pregnant women and on infants whose mothers have taken PrEP during the period of breastfeeding. Finally, the working group calls for all women to have access to community education about PrEP's efficacy if used autonomously, without a condom, as an act that can promote the empowerment and bodily self-determination of women in situations in which a partner may be unwilling to wear a condom.³

The 2015 national HIV/AIDS strategy update neglected to mention family planning or reproductive health services as arenas for providing HIV prevention care.⁴ Yet, in many instances, a family planning clinic is the main or only point of access to health care that a woman may receive in a year; this is typically the case for women in communities at increased risk of exposure to HIV.⁵ Providing HIV care and access to PrEP in family planning clinics is a way to provide a space where women can expect to receive guidance about their risk of exposure to HIV

and to have a physician provide a prescription to PrEP when they are at risk. These linkages are particularly necessary for women of color in the southern states, a population disproportionately at risk of exposure to HIV. This connection, so important to the advocacy of the working group, particularly highlights the role of HIV and sexual justice within the reproductive justice framework.

NATIVE YOUTH SEXUAL HEALTH NETWORK

—*Kryta Williams, advocacy and outreach
coordinator, and Erin Kosrmo, media arts justice
and projects coordinator, Native Youth
Sexual Health Network*

We like to think about reproductive justice in the context of reclaiming voice and naming values that Indigenous communities have long held and that we have long been attacked for. We can begin with the idea of our basic self-determination over our lands and bodies and the relationships we have to land, language, culture, and each other. These concepts are profoundly distinct from Western capitalist notions of private ownership that have to do with nation-specific ways of life, kinship models, and governance structures.

We Indigenous peoples have been organizing for our rights since long before the various waves of feminisms and the pro-choice movement and long before the naming of reproductive justice by and for women of color. Nevertheless, Indigenous women, families, youth, and communities in general are still left out of these narratives of herstory. This is the case despite the fact that we have suffered through many forms of reproductive oppression and genocide in the past and in the present. Indeed, we have much to teach and to share within a context of

consensual solidarity that centers our own understanding of who we are as peoples.

In many ways, though, reproductive justice has breathed new life into youth organizing. Particularly for us at the Native Youth Sexual Health Network, reproductive justice has provided another way to honor ancestral teachings, restore our ways of life, and build stronger movements for the future. Reproductive justice has provided a kind of translation in English to describe our realities and resist the push from the non-profit-industrial complex to maintain a single-issue focus. The very concept of reproductive justice has allowed us to take a stand and resist the hierarchical imperialism of state-manufactured health care. It has allowed us to center our self-determination so that we decide for ourselves what is best for our bodies, communities, and human rights in ways that acknowledge where this all went wrong in the first place.

It is no secret that Indigenous forms of reproductive justice were made illegal on purpose for many years, including ceremonies, gatherings, and cultural practices, as well as the criminalization of midwifery and a forced conformity to hetero, patriarchal settler governance. It is also true that our communities have always been organizing and resisting the ongoing colonialism that is still inherent to our relationship with the state and the violence it inflicts daily. For example, Indigenous women were, and continue to be, at the forefront of the movement for informed consent as a strategy for resisting historical and ongoing forced sterilization. In addition, many ceremonial practitioners and healers have continued to provide care despite threats to their lives.

Reproductive justice makes room for self-determination for all persons who invoke this language to decide for themselves what it looks like and means for them. However, this framework

also means our movements have to know each other's histories, resist erasure of each other from those histories, and, of course, actually acknowledge, honor, and learn from these teachings. For our communities, reproductive justice can also include all of what we know to be true ancestrally and all of what we learn from the legacies of organizers before us.

For us, centering Indigenous self-determination is a real way to respond to the constant erasure and displacement that Indigenous peoples face from so-called progressive movements, from structures of oppression, and from settlers as well as from the internalized racism that is constantly being reinforced and fed to us. In practice, this means being able to reshape and give life to young people's organizing efforts whether or not they have "activist cred" or a degree or a nonprofit job.

It makes sense for us to organize beyond and around the U.S.-Canada imperial border because so many of our communities are transected by this border and face violence at the hands of both countries. Also the very existence of this border is a reproductive justice issue. Border imperialism perpetuates and upholds violence against Indigenous bodies by the historical and present-day violent reinforcement of the doctrine of discovery and assertion of colonial ownership of Indigenous lands and territories.

Our relationship to reproductive justice is also reminding each other about the inherent and necessary connection to land, not to the state. In order to uphold this connection, we have utilized multiple frameworks including queer Indigenous feminisms that teach us about how critical it is to organize for the land and our bodies simultaneously. Homophobia and transphobia were and still are about the removal of Indigenous bodies from the land. Queer Indigenous feminisms are about movements that follow the leadership of Two Spirit, LGBTQIA Indigenous people.⁶

When we overlook interventions against our bodies and fail to respond and resist—or respond as if our bodies and the land are not interrelated—we respond to only a portion of the injustice. If we are not seeking justice for our bodies, then who are we seeking to protect the land for?

Responses to our bodies must move beyond recognition of states to a future where the state does not actually exist. Efforts to pursue harm reduction—that is, relief from state policies that abuse our bodies—are important to our survival. But our organizing goals must move beyond policy reform and other efforts to enhance or protect our status under the state. Our goals must imagine and embody new futures, always. Youth in our network generate much of this imagining, around kitchen tables, walking for the land and water, birthing babies, helping other queer/Two Spirit youth survive, creating narratives for our bodies through art that pushes back on stereotypes, healing intergenerational trauma, finding pleasure, and more. Even as we endure colonial violence and crisis, we hold onto each other's bodies and try to imagine and enact different futures.

SISTERSONG WOMEN OF COLOR
REPRODUCTIVE JUSTICE COLLECTIVE

—*Monica Simpson, executive director of SistersSong*

ON THE INTERSECTION OF REPRODUCTIVE JUSTICE
AND BLACK LIVES MATTER

On July 13th, 2013, the nation anxiously awaited the verdict in the case against George Zimmerman, the self-appointed neighborhood security guard who shot and killed Trayvon Martin, an unarmed young man on his way home with a bag of Skittles he just purchased at a 7-Eleven store. The smiling face of the

young chestnut-brown teenage boy gone too soon was burned into our minds, and many of us chanted the mantra “I am Trayvon Martin” as a way to stand in solidarity. Many of us were convinced that Zimmerman was guilty, but as Black Americans, we know all too well that the U.S. legal system has historically and repeatedly expressed its commitment to white supremacy, exonerating white people while demonizing, criminalizing, incarcerating, and killing Black people. In this case, the outcome was consistent with history: allowing George Zimmerman to walk away a free man while Trayvon Martin’s family was left to grieve their son resting six feet in the ground.

Black people wanted justice. We chanted “Black Lives Matter” in the streets and on social media, and a new movement for Black liberation was born. Led by Black women, young people, queer people, transpeople, elders, and allies, Black Lives Matter was no longer simply a pointed hashtag; it was our powerful rallying call. And we were ready.

Out of the shadows of the Trayvon Martin case, a group of Black women, also in Florida, emerged with their own call to action. Naming themselves “Free Marissa Now,” they constituted an alliance of activists and organizers working to free Marissa Alexander, a Black mother who had fired a warning shot in an effort to defend her family from her abusive partner. The shot harmed no one, and Alexander, who, nine days earlier, had given birth, justified her action as a proper response to a man who had threatened her life. Alexander described her warning shot as consistent with Florida’s stand-your-ground law. Nevertheless, Alexander was convicted, sentenced to a twenty-year term, and imprisoned, unlike Zimmerman who successfully used this same defense in explaining his murder of Trayvon Martin, an unarmed person.

In 2010, just a few years before both the death of Trayvon Martin and Marissa Alexander's conviction and imprisonment, SisterSong formed the Trust Black Women Partnership to defeat the racist antichoice billboard campaign that had begun in Georgia with the intention of shaming Black women for their reproductive decisions, equating Black women's abortions with genocide, and promoting antiabortion legislation. Over time, Trust Black Women had waged a successful campaign, and the billboards had become rare. But both the attacks on the lives of Black women and our claim to self-determination had grown; Marissa Alexander's case showed us that not all of the attacks were centered on abortion.

After building relationships with the leaders of Free Marissa Now and working with local activists in Jacksonville, Florida, SisterSong made a decision, one that some people thought was radical: to partner with Free Marissa Now in order to demand justice for Alexander and to frame the injustice perpetrated against her as reproductive oppression. SisterSong took the position that Alexander's wrongful incarceration embodied issues that the reproductive justice movement needed to be on the front lines for, much as the movement needed to be on the front lines for any attack on our human right to have a child or prevent pregnancy.

Although the reproductive health, rights, and justice movements were fighting off antichoice legislation across the nation, SisterSong veered from the path to organize with grassroots activists in Florida, a very politically charged state in the South, at a very politically charged moment. We believed that the Alexander case opened an opportunity for SisterSong to lean more forcefully into our framework rooted in human rights and intersectionality. This was an opportunity to move from theory

to practice and to trust the expertise and leadership of those who are directly impacted by the issues we are committed to addressing.

We also believed—then and now—that it is important to work across movements in order to build alliances. It was clear to us that if we wanted to boost support for reproductive health and rights issues, we needed to show up as allies for other movements, especially in cases where intersectional analysis shows that we are natural allies. Alexander's case stimulated us to draw parallels between the reproductive justice movement and the movement working on criminal justice reform and domestic violence. Together with the Free Marissa Now campaign, SisterSong cohosted the Standing Our Ground Against Reproductive Oppression, Gender Violence, and Mass Incarceration Summit in Jacksonville, Florida, in July 2014. The event culminated in a march to the Duval County Courthouse with a rally there to demand the release of Marissa Alexander. The two-day summit included panel discussions about the intersecting issues of criminal justice reform, domestic violence, child welfare, and reproductive justice, thus bringing the reproductive justice movement solidly into alignment with Black Lives Matter. This grassroots organizing effort helped create a national focus on Marissa Alexander's case, and ultimately she was released.

The Black Lives Matter movement continued to grow and so did the antiabortionists' attacks on the Black community. Attackers gained momentum by co-opting the language and strategies and riding off of the success of the Black Lives Matter movement. They saw this movement moment as an opportunity to once again use abortion to drive a wedge into the Black community for their own political purposes.⁷

From Mike Brown in Ferguson, Missouri, to Sandra Bland in Texas, Black people were dying just for being Black. Mothers were losing their sons. Black women were dying before having an opportunity to decide whether or not they wanted to parent. Black women were contemplating motherhood. They thought about whether they made enough money to support a child and about the quality of their school district. They also worried about dying in childbirth or having to identify their young son in a morgue after police shot him on a playground, like Tamir Rice in Cleveland.

Black reproductive justice leaders had to respond. SisterSong relaunched Trust Black Women and expanded the partnership, becoming the first reproductive justice organization to publicly connect Black Lives Matter with reproductive justice. We know that our reproductive decisions are inextricably linked to our lived experience as Black people, a status that is burdened with all forms of oppression. We know that we need to make this clear in order to dismantle and defeat the pro-lifers' attempts to divide us. Trust Black Women initiated a solidarity statement with Black Lives Matter to articulate these connections and our commitment to working together against all attacks on the lives of Black people. The Trust Black Women Statement of Solidarity with Black Lives Matter says:

The United States has a long history of overpolicing and overcriminalizing Black bodies that started with the forced removal of Africans from our homeland. Ever since we were brought here against our will, this country has been a hostile birthing environment for Black women and a dangerous place to raise Black children. Our lives are at stake. To realize a future where Black Lives Matter, we must Trust Black Women. To Trust Black Women is to affirm that Black Lives do Matter.

As the national reproductive justice collective whose foundation is supported by people of all ethnicities and identities, SisterSong understands the importance of collective action and being in political solidarity. Like Black Lives Matter, the reproductive justice movement was created by Black women over twenty years ago; therefore, we are committed to the fight for Black liberation. We proclaim boldly that Black Lives Matter and that we should always Trust Black Women.

INTERNATIONAL CENTER FOR
TRADITIONAL CHILDBIRTH

—*Shajia M. Monroe, founder, president, and
CEO of the International Center for
Traditional Childbirth*

Babies dying and mothers crying are at the heart of the mission of the International Center for Traditional Childbirth (ICTC), as a birth justice organization. ICTC exists to increase the number of midwives, doulas, and healers of color in order to empower families and to reduce infant and maternal mortality.

ICTC, based in Portland, Oregon, aims to halt the epidemic of Black babies born prematurely and too small, events that are the result of many structural factors in the United States, including health inequities, racism-induced stress, and the lack of access to midwives and doulas of color. Indeed, Black women and infants continue to have the worst birth outcomes of any racial-ethnic cohort in the United States. Black women have the highest rate of preterm birth and low-birth-weight babies. Black women lose their babies at a rate that is almost 2.3 times greater than white women. In addition, the Black maternal mortality rate is three times higher than the rate for white women.

In response to these conditions of birth, life, and death, ICTC, as a birth justice organization, intersects vibrantly with the reproductive justice framework. “Birth justice” refers to the right to give birth with whom, where, when, and how a person chooses. Today the law and public policies penalize many women who claim that the right to control their own pregnancies, births, and postpartum experiences are simply claiming their human rights. These are women determined to exercise the right to feed their babies from their own breasts, to birth at home, to have access to VBAC (vaginal births after Cesarean delivery) services, and to have the option of birthing under the guidance of a midwife from their own community. ICTC organizes to reduce the high infant and maternal mortality rate in the African American community by training Black midwives and ICTC Full Circle Doulas, as leaders to champion the birth justice movement.

Why do Black women and other women of color so frequently lack access to midwives of color from their own communities? After all, the history of Black midwives and other midwives of color in the United States is a vibrant history of expert practitioners attending births in their own communities deep into the twentieth century; until the American Medical Association persuaded state legislatures to criminalize traditional childbirth practices completely. In the first decades of the twentieth century, up to 50 percent of births in the United States were supervised by midwives; today only about 1 percent of births are. Historical sociologist Keisha Goode explains that the racist dimension of this campaign is still alive today: Black midwives attending the births of Black women’s babies constitute a very small fraction of that 1 percent. Moreover, predominantly white midwifery programs and professional organizations have had a

history of racial exclusiveness.⁸ To combat these obstacles and to promote maternal and infant health in communities of color, ICTC honors our past and embraces our future, engages youth in civic activities, seeks to improve birth outcomes and to address systemic barriers that have prevented Black midwives and doulas and midwives of color from full participation in the profession. Since 1991 ICTC has trained over four hundred doulas of color, one-third of whom have gone on to become midwives.

ICTC accomplishes a great deal with limited resources. Most recently, ICTC led the initiative to have doulas—certified professionals who provide personal, nonmedical support to women and families throughout a woman’s pregnancy, childbirth, and postpartum experience—recognized by the state of Oregon so that these birth attendants could receive Medicaid reimbursement and, through their work, decrease health inequities in Oregon’s birth outcomes. Beginning in 2011, ICTC worked in partnership with the Oregon Coalition to Improve Birth Outcomes and state legislators to enact a bill that mandated research and created a committee of stakeholders that produced a comprehensive report showing that doulas improved birth outcomes for women who face a disproportionately greater risk of poor birth outcomes, disproportionately women of color. When women had doula support, costs associated with maternal and infant care declined as well.

In 2013, ICTC announced a stunning victory: certified doula services were approved for reimbursement by Medicaid, a development that makes doulas accessible to many women who could otherwise not afford their services. This development drew in part on the Cochrane database, the gold standard for analysis of human health care and health policy research, which has described doula services as options that “all women should

be... encouraged to have," especially when "the provider is not an employee of the [hospital], when epidural analgesia is not routinely used, and when support begins early in labor."

Another ICTC victory occurred in early 2016, when ICTC was finally invited to join the steering committee of US MERA (United States Midwifery Education, Regulation, and Association), a collaborative working group of organizations representing the midwifery industry. US MERA describes its goals as "ensuring a highly qualified midwifery workforce that will increase access to midwifery care and improve the health of women, infants, and families in our country." But despite this mission and repeated efforts of ICTC, US MERA had not, until 2016, been willing to admit ICTC, the only autonomous organization that represents the interests of midwives of color, to its steering committee.

The absence of midwives of color from the US MERA decision-making table reflected an absence of cultural humility on the part of that organization and contributed to the systemic racism that creates and perpetuates barriers for midwives of color to enter the field and serve their communities. As a consequence of these kinds of exclusions, communities of color have faced a shortage of midwives of color who can provide culturally appropriate services in ways that improve birth outcomes. On February 23, 2016, after many months of hard work between ICTC and US MERA, ICTC received and accepted an invitation to be a US MERA member, bolstering ICTC's work to increase the number of midwives and doulas of color, diversifying the midwife and doula workforce, and improving infant and maternal health in the African American community.

Today, under the leadership of founder, president, and CEO Shafa M. Monroe, ICTC continues its targeted and wide-

ranging work, supporting federal and state legislative initiatives to promote better health for women and their babies, including bills promoting comprehensive and effective maternity services, breastfeeding promotion, and protections for premature infants. ICTC has also worked for the passage of H.R. 1054 to establish federal recognition of Certified Professional Midwives and Medicaid reimbursement for doula services for low-income women. ICTC works with the American College of Nurse Midwives and allied midwifery organizations, the U.S. Birthing Project, Black Women's Health Imperative, SisterSong, and ICTC state representatives. ICTC also supports traditional birth practices in Ghana, Colombia, Haiti, South Africa, Indonesia, and elsewhere, and holds doula trainings and the Black Midwife and Healers Conference in the United States every year, keeping birth justice in the forefront to save Black babies and end genocide.

In the United States, some mainstream reproductive rights organizations such as Planned Parenthood and feminist organizations such as the National Organization for Women have declared their allegiance to key concepts of reproductive justice. As we noted, the New York City Department of Health and Mental Hygiene's Sexual and Reproductive Health Unit of its Bureau of Maternal, Infant and Reproductive Health has committed itself to using the reproductive justice framework in constructing its programs and services. In September 2014, the South African minister of social development, Bathabile Dlamini, defined reproductive justice as a global framework and noted that "Feminists and particularly black feminists across the world are beginning to refer to reproductive justice as a concept

that best explains the realities of poor and marginalised women in many parts of the world." Surely, each organization, each governmental entity, and each official inflects the meaning of "reproductive justice" somewhat differently, reflecting differences in culture, history, health imperatives, politics, and other crucial variables.

And just as surely, as we have acknowledged, the process of bringing the principles of reproductive justice to life—fully realizing and implementing them—will be a long and complicated process. But these organizations and scores of others around the world are proving that reproductive justice is a framework that speaks to millions of people because its human-rights core and its creative spaciousness support ways for individuals to think about, plan for, and realize full personhood in harmony with their reproductive capacity.

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