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Lawyering for  
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Justice

# Women of Color and the Struggle for Reproductive Justice

IF/WHEN/HOW ISSUE BRIEF

# Contents

INTRODUCTION	3
AFRICAN-AMERICAN	3
NATIVE AMERICAN AND ALASKA NATIVE (INDIGENOUS)	5
ASIAN-AMERICAN AND PACIFIC ISLANDER (API)	5
LATIN@ (HISPANIC)	6

## INTRODUCTION

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If/When/How recognizes that most law school courses are not applying an intersectional, reproductive justice lens to complex issues. To address this gap, our issue briefs and primers are designed to illustrate how law and policies disparately impact individuals and communities. If/When/How is committed to transforming legal education by providing students, instructors, and practitioners with the tools and support they need to utilize an intersectional approach.

If/When/How, formerly Law Students for Reproductive Justice, trains, networks, and mobilizes law students and legal professionals to work within and beyond the legal system to champion reproductive justice. We work in partnership with local organizations and national movements to ensure all people have the ability to decide if, when, and how to create and sustain a family.

## AFRICAN-AMERICAN

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Due to continuing institutionalized racism and a history of reproductive oppression,<sup>1</sup> many African-Americans today have limited access to adequate reproductive healthcare, higher rates of reproductive health issues, and are disproportionately impacted by restrictions on family health services.<sup>2</sup> Low-income people are especially likely to lack control over their reproductive choices, and in 2011, 25.9% of African-Americans lived at or below the poverty level, compared to 10.6% of non-Hispanic white people.<sup>3</sup>

### **Pregnancy:**

- 67% of African-Americans' pregnancies are unintended, compared to 40% for non-Hispanic, white people.<sup>4</sup>
- Ectopic pregnancy rates in African-Americans have declined more slowly than the national rate. African Americans have three times the risk of death from ectopic pregnancies over non-Hispanic white people.<sup>5</sup>
- African-Americans also face higher rates of uterine fibroids and hysterectomies.<sup>6</sup>

### **Maternal Mortality:**

- Maternal mortality rates are over three times higher among African-Americans, at 21.5%, compared to non-Hispanic white people at 6.7% and 9.2% of other races. The rate of infant mortality in the African-American community is more than twice the national rate.<sup>7</sup>

### **Infant Mortality:**

- Preterm delivery and low birth weight are the leading reasons that the U.S. claims one of the worst infant survival rates in the industrialized world, falling behind dozens of other countries.<sup>8</sup> Infant mortality among whites with a college degree or higher is about four deaths per 1,000 births.<sup>9</sup> But among African-Americans with the same level of education, infant mortality is about 10 per 1,000 births.<sup>10</sup> African-American mothers with a college degree have worse birth outcomes than white mothers without a high school education.<sup>11</sup> This disparity cannot be adequately explained by factors such as genetics,<sup>12</sup> smoking during pregnancy, and receipt of prenatal care.<sup>13</sup>
- The most significant contributor to health inequalities for women of color is excess costs.<sup>14</sup>

### **Chronic Stress:**

- Studies have suggested that the reproductive health of African-Americans is negatively impacted by chronic stress and a lack of social support.<sup>15</sup> An understanding of systemic racism suggests that remedies must include critical self-examination by healthcare professionals and social institutions, and involve community building, urban renewal, and a greater recognition of racism as a public health issue.<sup>16</sup>

### **Sexually Transmitted Infections (STIs):**

- African Americans are the group most affected by HIV.<sup>17</sup>
- An estimated 64% of U.S. women with HIV in 2010 were African-American,<sup>18</sup> compared to 18% non-Hispanic white women.<sup>19</sup>

### **Abortion:**

- African-Americans have the highest abortion rate in the U.S., accounting for about 30% of abortions, whereas Non-Hispanic whites account for 36%, Hispanics for 25%, and people of other races for 9%.<sup>20</sup>
- The fact that African-Americans have the highest abortion rate is interconnected with the reality that they disproportionately lack access to sex education, healthcare, and reliable contraceptives<sup>21</sup> and are disproportionately victims of domestic violence<sup>22</sup> and sexual abuse.<sup>23</sup>

### History of Reproductive Control and Oppression:

African-Americans' struggle for reproductive justice has focused on challenging coercive government policies that have compelled or punished childbearing throughout U.S. history. Control of African-Americans' reproductive choices dates back to 18th and 19th-century efforts to increase the slave population through procreative exploitation of enslaved women and continues today in the form of discriminatory welfare policies, abortion restrictions that target African-Americans, and criminal prosecutions of pregnant and child-rearing women. Here are just a few examples:

- *Banks' Administrator v. Marksberry* (1823) affirmed slave masters' ownership of African-American women, their offspring, and their future descendants.<sup>24</sup>
- The eugenics movement of the late 19th and early 20th centuries sought to curtail birth rates among people of color, deeming them genetically "inferior" and "unfit."<sup>25</sup>
- Forcible sterilization: In the U.S. South and West, throughout the 1960s and 1970s, federally funded welfare state programs underwrote the coercive sterilization of thousands of poor African-American women.<sup>26</sup> Under threat of termination of welfare benefits or denial of medical care, many African-American women "consented" to sterilization procedures.<sup>27</sup>
- In the U.S. North, teaching hospitals also performed unnecessary hysterectomies on poor African-American women as practice for their medical residents.<sup>28</sup> African-American women were subjected to invasive medical procedures without their consent.<sup>29</sup>
- Racially-motivated control of reproduction also manifested in stringent immigration policies, mandatory sterilization, and anti-miscegenation laws prohibiting marriage between whites and people of color.<sup>30</sup>

### So-Called "Race Selection" Abortion Bans:

A recent trend in anti-abortion legislation that targets African-Americans is the criminalization of abortion where the pregnancy is terminated because of the race (or sex) of the fetus.<sup>31</sup> In 2011, Arizona became the first state in the country to pass legislation that made it a felony for a doctor to perform an abortion due to the fetus' sex or race.<sup>32</sup>

- Seeing an opportunity to disingenuously use race and sex discrimination as a means to outlaw abortion, the Susan B. Anthony and Frederick Douglass Prenatal Nondiscrimination Act (called the Prenatal Non-Discrimination Act or PRENDA) was introduced in the House of Representatives in 2011.<sup>33</sup> The Act purported to prohibit abortion based on the race or sex of the fetus. The bill failed,<sup>34</sup> however states continue to maintain state PRENDA legislation.<sup>35</sup>
- Many states also began enacting legislation that purported to criminalize sex or race-selective abortions.<sup>36</sup> In 2010, eight states had proposed race- or sex- selection bans; Illinois, Oklahoma and Pennsylvania now have laws prohibiting sex-selection abortions but not race-based abortions.<sup>37</sup>
- In 2010, the Radiance Foundation launched a billboard campaign<sup>38</sup>, "Too Many Aborted," which accused African-American women of committing genocide against their own people by deciding not to carry pregnancies to term.<sup>39</sup>
  - As part of the campaign, 172 billboards went up in Georgia, Arkansas, Milwaukee, Texas, New York, Florida, Illinois and California.<sup>40</sup> These billboards equated abortion with genocide and slavery, targeted and shamed African-American women, degraded the African-American womb, and discredited African-American motherhood.<sup>41</sup>
  - Some billboards used pictures of President Obama with the caption, "Every 21 minutes, our next possible leader is aborted," co-opting the image of a pro-choice president.<sup>42</sup>
- To combat this hateful campaign, reproductive justice advocates from across the country came together to form the Trust Black Women Partnership.<sup>43</sup> Together, they successfully mounted campaigns to remove the harmful, racist billboards and highlight the hypocrisy of anti-abortion activists behind the billboards who are otherwise unconcerned with poverty and lack of access to health care, particularly reproductive health care, in the African-American community.<sup>44</sup>

### Black Women and the Prison Industrial Complex:

As the Black Lives Matter movement gained traction in 2015, many activists argued that it was forgetting the policing and brutalization of black women<sup>45</sup> and gender-variant people.<sup>46</sup> Further, there has been concern that pregnant people who are heavily policed may avoid prenatal care in order to avoid being reported or interacting with law enforcement.<sup>47</sup> For more information on RJ and the Prison Industrial Complex, see IF/WHEN/HOW's RJ in the Prison System<sup>48</sup> and Regulation of Pregnancy fact sheets.

## NATIVE AMERICAN AND ALASKA NATIVE (INDIGENOUS)

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The federal government directly regulates and restricts Native Americans' reproductive health choices through Indian Health Services (IHS), the sole source of health information and services for many Native Americans living on reservations.<sup>49</sup> Isolation, lack of public transportation to urban centers, and concentrated poverty make it difficult for reservations to recruit doctors and for women to access resources besides what is provided by the limited federal healthcare service budget.<sup>50</sup>

### Coercive Sterilization & Contraception:

- Native Americans have also faced a difficult history of reproductive control and coercion by the federal government:
- During the 1970s, IHS coercively sterilized Native Americans without their informed consent—an estimated 25,000 women by 1975.<sup>51</sup> Threats that the women would die or lose welfare benefits if they had more children accompanied “consent” documents offered only in English, rather than the women’s native languages.<sup>52</sup> The procedures were administered with inadequate waiting periods and on minors without their parent’s consent.<sup>53</sup>
    - One former IHS nurse reported the use of tubal ligation on “uncooperative” or “alcoholic” people into the 1990s.<sup>54</sup>
  - IHS used Depo-Provera on many indigenous people with disabilities in the 1980s in Phoenix, AZ and Oklahoma City, OK, despite the fact that the FDA had not yet approved its use at the time.<sup>55</sup>

### Sexual Violence:

- One in three Native American women will be raped or sexually assaulted in her lifetime—a rate 3.5 times greater than other racialized groups.<sup>56</sup>
- Until 2013, IHS did not provide access to emergency contraception except in cases of sexual assault.<sup>57</sup> After years of pressure, the IHS finally agreed to change its practice by making Plan B available over-the-counter, although many argue that IHS is out of compliance with this directive.<sup>58</sup>
- On reservations, the fact that 86% of perpetrators are not Native American means that tribal police have no jurisdiction to arrest them and must depend on the FBI to do so.<sup>59</sup>
  - On May 16<sup>th</sup>, 2012, the House of Representatives declined a Senate measure that would have extended the power of tribal courts to try non-Natives and instead passed a Republican bill reauthorizing a version of the Violence Against Women Act that excludes Native American women on reservations from protection.<sup>60</sup>

### Sex Work:

Indigenous people are over represented in sex work.<sup>61</sup> Indigenous activists have argued that racism, colonialism, and capitalism all contribute to a coercive cycle of oppression that keeps indigenous women in sex work.<sup>62</sup>

### Abortion:

- In accordance with the Hyde Amendment’s funding restrictions, IHS cannot provide abortion services to indigenous people except in the case of rape, incest, or life endangerment.<sup>63</sup> In fact, a 2005 report found that IHS provided only 25 abortions over the course of 20 years and reported that 62% of facilities did not offer abortions even when the woman’s life was in danger.<sup>64</sup>
- In Mississippi and South Dakota, states with large Native American populations, IHS does not provide federal financial aid for abortion in cases of rape or incest, services guaranteed under federal policy and required by the Department of Health and Human Services.<sup>65</sup>

### Two Spirit Identity:

Although there is no proper way to define two-spirit authentically within the context of Western language, two-spirit is a non-binary gender identity traditionally honored by indigenous communities prior to colonization.<sup>66</sup> Native communities see two-spirit, a new umbrella term that describes a wide variety of gender non-conformity, as a movement to return to a tradition that did not historically adhere to the gender binary.<sup>67</sup>

## ASIAN-AMERICAN AND PACIFIC ISLANDER (API)

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Stereotyped as the “healthy minority,” API health concerns are often underestimated and ignored by healthcare providers, lawmakers, and the general public.<sup>68</sup> The research that does focus on APIs lumps them into one monolithic category that fails to take account of the diverse cultural and linguistic differences among 30 separate subgroups.<sup>69</sup> As a result, APIs continue to suffer from significant health disparities that could be prevented or treated with early detection, leading to poorer health outcomes than the general population.<sup>70</sup>

- Cultural norms can restrict the roles of API women inside and outside the family, affecting their knowledge of sexual health and access to reproductive health facilities and technologies.<sup>71</sup>

#### **Pregnancy:**

- In California, rates of prenatal care during the first or second trimester are significantly lower among Cambodian, Filipino, Indian, Korean, Laotian, Thai, and Vietnamese people as compared to non-Hispanic whites between 1999 and 2001.<sup>72</sup> In 2009, 31.5% of API parents in Pennsylvania did not receive prenatal care in the first trimester, a marked increase from 21.7% in 2005 and almost double the rate of the white population (16.2%).<sup>73</sup> However on a national level, people are increasingly receiving early prenatal care in the first trimester, including API at 76.8% in 2010.<sup>74</sup>
- Laotian Americans have the highest teen birth rate of any racial or ethnic group in California at 18% and are less likely than non-Hispanic white teen parents to receive prenatal care, relying on Medi-Cal at a rate of 90%.<sup>75</sup>

#### **Health Disparities:**

- APIs have low rates of mammography, breast cancer screenings, and Pap smears. This is, in part, due to language barriers, which exposes the need for interpretative services and culturally appropriate resources and care.<sup>76</sup>
- Vietnamese-Americans have the highest cervical cancer rate of any racial group, five times the rate of non-Hispanic white people.<sup>77</sup>
- Many APIs, particularly those who work in low-wage sectors such as the restaurant and textile industries, do not receive employer-based health insurance. 49% of South East Asian Americans and 48% of Korean Americans do not have health insurance through their employers.<sup>78</sup>
- The majority of beauty care workers are APIs who are exposed to toxic chemicals linked to cancer, miscarriages, and infertility.<sup>79</sup>

#### **Abortion:**

- Seeking to exploit “son preference”<sup>80</sup> found in some Asian cultures, some U.S. clinics specializing in sex selection have intentionally advertised their services in ethnic media outlets such as Chinese and Indian language newspapers and magazines.<sup>81</sup>
- PRENDA, or the Prenatal Nondiscrimination Act introduced in Congress in 2011, sought to ban race and sex-selection abortions by imprisoning physicians for up to five years and requiring them to report patients who requested the procedure.<sup>82</sup>
  - While purporting to target biases that favor male children, which are more prevalent in countries like India and China, in reality, PRENDA would create an environment in the U.S. in which APIs would be singled out to have their reproductive choices and motives scrutinized.<sup>83</sup>
  - Rather than helping API communities tackle the gender biases that are the root cause of sex-selection abortions, PRENDA would have limited access to abortions on the basis of race for APIs, and instill fear in those who are undocumented that their immigration statuses may be reported by hospitals.<sup>84</sup> PRENDA would further marginalize a community that already faces greater difficulty than their white counterparts in obtaining adequate reproductive health services.<sup>85</sup>
  - Hypocritically, the sponsors of PRENDA that framed it as “woman-positive legislation” have a history of supporting the defunding of family planning, allowing providers to refuse abortion care even when a woman’s life is in danger, and failing to support the Children’s Health Insurance Program Reauthorization Act.<sup>86</sup>

PRENDA was defeated in the House of Representatives on May 30, 2012.<sup>87</sup> However, PRENDA was reintroduced on February 1, 2013 by Representative Trent Franks (R-AZ) to a congressional committee for review; its status is currently pending, although it appears unlikely to be enacted.<sup>88</sup>

#### **Sexually Transmitted Infections (STI):**

The number of HIV diagnoses amongst Asian Americans has increased in recent years, primarily due to population growth.<sup>89</sup>

- However, Asian Americans still account for only 2% of HIV infections in the United States.<sup>90</sup>
- It is estimated that more than 1 in 5 Asian Americans living with HIV do not know they have it.<sup>91</sup>

## **LATIN@ (HISPANIC)**

In addition to sharing many of the problems accessing reproductive health care and education with many other groups of women of color, Latin@s reproductive choices are also limited in a manner that reflects national xenophobia.<sup>92</sup>

Undocumented people in particular are targeted by policies driven by anti-immigration sentiment and are excluded from healthcare coverage and subject to inspection for their reproductive choices.

**Pregnancy:**

- Compared to non-Hispanic white people, Latin@s have higher rates of:
  - Unintended pregnancy (45.3% compared to 36.6% for non-Hispanic white people).<sup>93</sup>
  - Teen pregnancy (more than two times higher).<sup>94</sup>
    - Teen pregnancy is generally viewed as a negative phenomenon - lower incidences are seen as a success.<sup>95</sup> However, this viewpoint lacks respect for young people's reproductive choice to become teen mothers and is often associated with racial portrayals of young women of color as needing to be controlled and shamed for being irresponsible rather than supported and protected from discrimination.<sup>96</sup>
    - Latin@ teen parents are disadvantaged by lack of social support and an educational system that seeks to hide pregnant teens<sup>97</sup> and devalues their education with a separate, substandard curriculum devoid of honors classes<sup>98</sup> and focused on teaching parenting skills exclusively.<sup>99</sup>
    - Due to structural discrimination, Latin@ parents have less to gain than their white counterparts by delaying childbirth because many opportunities, such as attending college, are out of reach.<sup>100</sup> Even if Latin@s wait until their mid-20s to have children, they will not earn significantly more and are no less likely to be on public assistance.<sup>101</sup>
- More than 25% of Latin@s do not receive prenatal care during the first trimester<sup>102</sup> due to a lack of health care coverage and a shortage of information and care that is linguistically and culturally appropriate.<sup>103</sup>

**Anti-Immigrant Bias:**

- Latin@s are increasingly under attack by anti-immigration forces, which stereotype Latina women as reproducing for the sake of creating “anchor babies” –children born on U.S. soil and therefore possessing U.S. citizenship –to act as “anchors” to bring over other family members.<sup>104</sup> For example, Negative Population Growth (NPG), an environmentalist group, equates high population with environmental degradation, and immigration with high population, making a causal argument that blames immigrants for environmental ills.<sup>105</sup>
- Environmental injustices are perpetrated against immigrant communities and communities of color, including unequal enforcement of environmental regulations, discriminatory land use and zoning, and unequal responses to environmental complaints.<sup>106</sup> Overpopulation is a complex phenomenon happening on a global scale and can be tackled on a global scale by increasing access to education, economic opportunity, and family planning. Likewise, immigration is driven not just by the policies of individual countries, but also social and economic instability and transnational business practices.<sup>107</sup> The greatest cause behind pollution is large corporations, not new populations of people, who often live in poverty and consume less resources than those who do not.<sup>108</sup>

**Detention and Deportation:**

The Aderholt Amendment was passed in 2014 as a part of the Department of Homeland Security (DHS) Appropriations Act.<sup>109</sup> This act attacks the reproductive rights of women in detention centers by restricting federal funding for abortion services while detained. Women in detention centers already face notably high levels of sexual assault and limited medical care. For more information regarding reproductive justice in detention and deportation centers, see the National Women's Law Center fact sheet on Immigrant Women in Detention.<sup>110</sup>

**Lack of Health Insurance:**

- Latin@s have the highest uninsured rate among U.S. women, magnifying the impact of other inequities faced in their struggle for reproductive justice.<sup>111</sup>
- Undocumented residents were explicitly excluded from the Patient Protection and Affordable Care Act's (ACA) mandate for health coverage and barred from health insurance exchanges, cost-sharing subsidies, and participation in temporary high-risk pools.<sup>112</sup> Even legal residents are excluded from Medicaid coverage for five years after entering the U.S.<sup>113</sup> For five years after entry, the children of legal immigrants are also excluded from State Children's Health Insurance Plan, which is supposed to give children health coverage if their families' income is too high to qualify for Medicaid, but too low to afford private insurance.<sup>114</sup> Only New York has elected to extend Medicaid to undocumented pregnant people and a few states have given CHIP, Child Health Insurance Program through state funding provides coverage to undocumented children.<sup>115</sup>

**Sexually Transmitted Infections (STIs):**

- In 2010, Latin@s accounted for 15% of new HIV infections among U.S. women.<sup>116</sup>
- Latin@s have a high incidence of Chlamydia, almost three times higher than non-Hispanic white people in 2009.<sup>117</sup>



- According to data from the Center for Disease Control and Prevention (CDC) in 2009, Latin@s have the highest rate of cervical cancer, almost twice that of non-Hispanic white people.<sup>118</sup>

#### Abortion:

- In 1976, the Hyde Amendment, passed by the U.S. Congress, severely restricted public funding for abortion.<sup>119</sup> Latina college student Rosie Jimenez became the first known woman to die from a back alley abortion after the passage of the Hyde Amendment because she could not afford an abortion from a licensed healthcare provider.<sup>120</sup>

<sup>1</sup> See e.g., DOROTHY ROBERTS, *KILLING THE BLACK BODY* (1998).

<sup>2</sup> Jessica Arons and Madina Agénor, *Separate and Unequal: The Hyde Amendment and Women of Color American Progress*, CTR. FOR AM. PROG. 19-22 (December 2010), available at <http://americanprogress.org/issues/women/report/2010/12/06/8808/separate-and-unequal>.

<sup>3</sup> *Insecure and Unequal: Poverty and Income Among Women and Families*, NAT'L. WOMEN'S LAW CTR. 3 (Sept. 2012), [http://www.nwlc.org/sites/default/files/pdfs/nwlc\\_2012\\_povertyreport.pdf](http://www.nwlc.org/sites/default/files/pdfs/nwlc_2012_povertyreport.pdf).

<sup>2</sup> *Unplanned Pregnancy In The United States Among All Women*, THE NAT'L. CAMPAIGN, [https://thenationalcampaign.org/sites/default/files/resource-primary-download/dcr\\_sectiona.pdf](https://thenationalcampaign.org/sites/default/files/resource-primary-download/dcr_sectiona.pdf) (last visited July 24, 2014).

<sup>4</sup> *Facts on Induced Abortion in the U.S.*, GUTTMACHER INST. (July 2011), [http://www.guttmacher.org/pubs/fb\\_induced\\_abortion.html](http://www.guttmacher.org/pubs/fb_induced_abortion.html).

<sup>5</sup> *Ectopic Pregnancy*, CLINICAL KEY, <https://www.clinicalkey.com/topics/emergency-medicine/ectopic-pregnancy.html> (last visited July 8, 2015).

<sup>6</sup> *Uterine Fibroids: Risk Factors*, MAYO CLINIC (June 11, 2011), <http://www.mayoclinic.com/health/uterine-fibroids/ds00078/dsection=risk-factors>; *Women's Race, Income Linked to Treatment for Uterine Fibroids Says JNMA Study*, WEBWIRE (Oct. 3, 2005), <http://www.webwire.com/ViewPressRel.asp?aid=4496>.

<sup>7</sup> *Neonatal, and Infant Maternal Mortality Rates by Race: 1980 to 2007*, U.S. CENSUS BUREAU (June 2012), <http://www.census.gov/compendia/statab/2012/tables/12s0115.pdf>.

<sup>8</sup> *UNNATURAL CAUSES: WHEN THE BOUGH BREAKS*, CALIFORNIA NEWSREEL (2008) (transcript available at [http://www.unnaturalcauses.org/assets/uploads/file/UC\\_Transcript\\_2.pdf](http://www.unnaturalcauses.org/assets/uploads/file/UC_Transcript_2.pdf)).

<sup>9</sup> *Id.*

<sup>10</sup> *Id.*

<sup>11</sup> *Id.*

<sup>12</sup> Richard David, MD & James Collins, *Disparities in Infant Mortality: What's Genetics Got to Do With It?*, 97 AM. J. OF PUBLIC HEALTH . 1191, 1193 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1913086/pdf/0971191.pdf>.

(In fact, African-born women experience similar levels of infant mortality to American-born white women. Women who grew up in the United States as first-generation African immigrants however, have babies with lower birth weights).

<sup>13</sup> Michael C. Lu et al., *Closing The Black-White Gap In Birth Outcomes: A Life-Course Approach*, 20 ETHNICITY AND DISEASE, S2-62, S2-62 (Winter 2010), available at <http://www.unnaturalcauses.org/assets/uploads/file/ClosingTheGapBWBirthOutcome.pdf>.

<sup>14</sup> *Issue Brief: Disparities and Inequalities in Maternal Health and Infant Health Outcomes*, ASS'N OF STATE AND TERRITORIAL HEALTH OFFICIALS (2012), <http://www.astho.org/Programs/Health-Equity/Maternal-and-Infant-Disparities-Issue-Brief/>.

<sup>15</sup> Michael C. Lu et al., *supra* note 13, at S2-68.

<sup>16</sup> *Id.* at S2-71.

<sup>17</sup> *HIV Among African Americans*, CTRS. FOR DISEASE CONTROL AND PREVENTION (July 8, 2015), <http://www.cdc.gov/hiv/group/raciaethnic/africanamericans/index.html>.

<sup>18</sup> *HIV Among Women*, CTRS. FOR DISEASE CONTROL AND PREVENTION (last updated June 23, 2015), <http://www.cdc.gov/hiv/group/gender/women/index.html>.

<sup>19</sup> *Id.*

<sup>20</sup> Rachel K. Jones, et al., *Characteristics of U.S. Abortion Patients, 2008*, GUTTMACHER INST. (May 2010), <http://www.guttmacher.org/pubs/US-Abortion-Patients.pdf>.

<sup>21</sup> Susan A. Cohen. *Abortion and Women of Color: The Bigger Picture*, 11 GUTTMACHER POLICY REV. (Summer 2008) <http://www.guttmacher.org/pubs/gpr/11/3/gpr110302.html>.

<sup>22</sup> *Intimate Partner Violence in the African American Community*, IDVAAC, [http://www.idvaac.org/media/publications/FactSheet.IDVAAC\\_AAPCFV-Community%20Insights.pdf](http://www.idvaac.org/media/publications/FactSheet.IDVAAC_AAPCFV-Community%20Insights.pdf) (last visited July 25, 2015).

<sup>23</sup> *THE TRUTH COMMISSION ON BLACK WOMEN AND SEXUAL VIOLENCE*, BLACK WOMEN'S BLUEPRINT, <HTTP://WWW.BLACKWOMENBLUEPRINT.ORG/SEXUAL-VIOLENCE> (LAST VISITED JULY 15, 2015).

<sup>24</sup> *Banks' Adm'r v. Marksberry*, 13 Ky. 275 (1823).

<sup>25</sup> Margaret Quigley, *The Roots of the I.Q. Debate: Eugenics and Social Control*, THE PUBLIC EYE (1995), <http://www.hartford-hwp.com/archives/45/034.html>.

<sup>26</sup> Alexandra Minna Stern, *Sterilized in the Name of Public Health*, 95 AM. JOURNAL OF PUBLIC HEALTH 1128 (July 2005) available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449330/pdf/0951128.pdf>.

<sup>27</sup> *Id.* at 1134.

<sup>28</sup> Dorothy Roberts, *Forum: Black Women and the Pill*, 32 Family Planning Perspectives March/April 2000, available at <http://www.guttmacher.org/pubs/journals/3209200.html>.

<sup>29</sup> See e.g., REBECCA SKLOOT, *THE IMMORTAL LIFE OF HENRIETTA LACKS* (2010).

<sup>30</sup> *Loving v. Virginia*, 388 U.S. 1 (1967).

<sup>31</sup> *State Policies in Brief: Abortion Bans in Cases of Sex or Race Selection or Genetic Anomaly*, GUTTMACHER INST. (2015), [http://www.guttmacher.org/statecenter/spibs/spib\\_SRSGAAB.pdf](http://www.guttmacher.org/statecenter/spibs/spib_SRSGAAB.pdf).

<sup>32</sup> Ginger Rough, *Arizona Outlaws Abortions Based on Race, Sex*, AZ CENTRAL (Mar.30, 2011), available at <http://www.azcentral.com/news/election/azelections/articles/2011/03/30/20110330arizona-abortions-race-sex-crime.html>.

<sup>33</sup> H.R. 3541, 112th Cong. (1st Sess. 2011), available at <http://www.gpo.gov/fdsys/pkg/BILLS-112hr3541ih/pdf/BILLS-112hr3541ih.pdf> [Hereinafter H.R. 3541].

<sup>34</sup> *H.R. 3541 (112th): Prenatal Nondiscrimination Act (PRENDA) of 2012*, GOV.TRACK, <https://www.govtrack.us/congress/votes/112-2012/h299> (last visited July 15, 2015).

<sup>35</sup> E.g. ARIZ. REV. STAT. § 13-3603.02 (2011).

<sup>36</sup> Sneha Barot, *A Problem and Solution Mismatch: Son Preference and Sex Selective Abortion Bans*, GUTTMACHER INST., (Spring 2012), <http://www.guttmacher.org/pubs/gpr/15/2/gpr150218.html>.



- <sup>37</sup> *Issue Brief*, NAT'L ASIAN PACIFIC AMER. WOMEN'S FORUM (July 2010), <http://napawf.org/wp-content/uploads/2011/06/Race-and-sex-selection-fact-sheet.pdf>.
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