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Beyond Pro-Choice Versus Pro-Life: Women of Color and Reproductive Justice

ANDREA SMITH

This paper argues that the pro-life versus pro-choice paradigm for understanding reproductive rights is a model that marginalizes women of color, poor women, women with disabilities, and women from other marginalized communities. The pro-life versus pro-choice paradigm serves to both reify and mask the structures of white supremacy and capitalism that undergird the reproductive choices that women make. While both camps of the pro-choice and pro-life debate give lip service to addressing the concerns of women of color, in the end the manner in which both articulate the issues at stake contributes to their support of political positions that are racist and sexist and which do nothing to support either life or real choice for women of color. Instead, women of color activists should develop alternative paradigms for articulating reproductive justice that make critiques of capitalism and criminalization central to the analysis rather than simply expand either pro-choice or pro-life frameworks.

Keywords: women of color / Native American women / reproductive rights / pro-choice / pro-life / prisons / prison industrial complex / capitalism / contraceptives

Once, while taking an informal survey of Native women in Chicago about their position on abortion—were they “pro-life” or “pro-choice”—I quickly found that their responses did not neatly match up with these media-mandated categories.

Example 1:

Me: Are you pro-choice or pro-life?

Respondent 1: Oh I am definitely pro-life.

Me: So you think abortion should be illegal?

Respondent 1: No, definitely not. People should be able to have an abortion if they want.

Me: Do you think then that there should not be federal funding for abortion services?

Respondent 1: No, there should be funding available so that anyone can afford to have one.

Example 2:

Me: Would you say you are pro-choice or pro-life?

Respondent 2: Well, I would say that I am pro-choice, but the most important thing to me is promoting life in Native communities.

These responses make it difficult to categorize the Native women queried neatly into “pro-life” or “pro-choice” camps. Is Respondent #1 pro-life because she says she is pro-life? Or is she pro-choice because she supports the decriminalization of and public funding for abortion? I would argue that, rather than attempt to situate these respondents in pro-life or pro-choice camps, it is more useful to recognize the limitations of the pro-life/pro-choice dichotomy for understanding the politics around reproductive justice. Unlike pro-life versus pro-choice advocates who make their overall political goal either the criminalization or decriminalization of abortion, the reproductive frameworks these Native women are implicitly articulating are based on fighting for life and self-determination of their communities. The criminalization of abortion may or may not be a strategy for pursuing that goal.

In previous works, I have focused more specifically on Native women and reproductive justice (Smith 2001). Here, I am using these Native women’s responses to questions about abortion to argue that the pro-life versus pro-choice paradigm is a model that marginalizes women of color, poor women, and women with disabilities. The pro-life versus pro-choice paradigm reifies and masks the structures of white supremacy and capitalism that undergird the reproductive choices that women make, and it also narrows the focus of our political goals to the question of criminalization of abortion. Ironically, I will contend, while the pro-choice and pro-life camps on the abortion debate are often articulated as polar opposites, both depend on similar operating assumptions that do nothing to support either life or real choice for women of color. In developing this analysis, I seek to build on previous scholarship that centers women of color as well as reflect on my fifteen years as an activist in the reproductive justice movement through such organizations as Illinois National Abortion and Reproductive Rights Action League (NARAL), the Chicago Abortion Fund, Women of All Red Nations, Incite! Women of Color Against Violence, and Committee on Women, Population and the Environment. I begin by examining the limitations of the pro-life position. I then explore the problems with the pro-choice position. The paper concludes with suggestions for moving beyond this binary stalemate between “pro-life” and “pro-choice.”

Pro-Life Politics, Criminalization of Abortion, and the Prison Industrial Complex

The fetus is a life—but sometimes that life must be ended.

—Jeanette Bushnell, Seattle-based Native health activist (2004)

The pro-life position maintains that the fetus is a life; hence abortion should be criminalized. Consequently, the pro-life camp situates its position around moral claims regarding the sanctity of life. In a published debate on pro-life versus pro-choice positions on the issue of abortion, Gray Crum (former vice-president of South Carolina Citizens for Life) argues that the pro-life position is “ethically pure” (Crum and McCormack 1992, 54). Because of the moral weight he grants to the protection of the life of the fetus, Crum contends that abortion must be criminalized. Any immoral actions that impact others should be a “serious crime under the law” (1992, 28). The pro-choice position counters this argument by asserting that the fetus is not a life, and hence policy must be directed toward protecting a woman’s ability to control her own body. To quote sociologist Thelma McCormack’s response to Crum: “Life truly begins in the . . . hospital room, not in the womb” (Crum and McCormack 1992, 121). Gloria Feldt, president of Planned Parenthood, similarly asserts that if the fetus is established as a life, the principles of *Roe v. Wade* must necessarily be discarded (Feldt 2004, 90).

Jeanette Bushnell’s statement that “*The fetus is a life—but sometimes that life must be ended*” suggests, however, a critical intervention in the pro-life argument. That is, the major flaw in the pro-life position is NOT the claim that the fetus is a life, but the conclusion it draws from this assertion: that because the fetus is a life, abortion should be criminalized. In this regard, reproductive rights activists and scholars could benefit from the analysis of the anti-prison movement which questions criminalization as an appropriate response to social issues. As I shall demonstrate, assuming a criminal justice regime fails to address social problems or to adjudicate reproductive issues and results in further marginalization of poor women and women of color. To make this connection, I must first provide a critical history of the failures of the prison system to deal effectively with social problems.

The anti-prison industrial complex movement has highlighted the complete failure of the prison system to address social concerns. In fact, not only do prisons not solve social problems, such as “crime,” they are more likely to increase rather than decrease crime rates (Currie 1998; Donziger 1996; Walker 1998). Most people in prison are there for drug or poverty-related crimes. Prisons do not provide treatment for drug addiction, and it is often easier to access drugs in prison than on the outside. For people who are in prison because of poverty-related crimes, a prison record

ensures that it will be much more difficult for them to secure employment once they are released. Consistently, study after study indicates that prisons do not have an impact on decreasing crime rates. For instance, the Rand Corporation found that California's three strikes legislation, which requires life sentences for three-time convicted felons, did not reduce the rate of "murders, rapes, and robberies that many people believe to be the law's principal targets" (Walker 1998, 139). In fact, changes in crime rates often have more to do with fluctuations in employment rates than with increased police surveillance or increased incarceration rates (Box and Hale 1982; Jankovic 1977). In addition, as documented by prison activist groups such as the Prison Activist Resource Center, government monies are siphoned away from education and social services into prisons, thus destabilizing communities of color and increasing their vulnerability to incarceration (Prison Activist Resource Center 2004).

The failure of prisons is well known to policymakers. In fact, John Dilulio, prominent right-wing analyst who was one of the major advocates for the build-up of the prison industrial complex, later renounced his position and came out in support of a prison moratorium (Dilulio 1999). Given that this failure is well known, it then becomes apparent that the purpose of prisons has never been to stop crime. Rather, as a variety of scholars and activists have argued, the purpose has been in large part to control the population of communities of color. As Michael Mancini (1991) and Angela Davis (2003) point out, the racial background of the prison population prior to the Civil War was white. After the Civil War, the Thirteenth Amendment was passed, which prohibits slavery—except for prisoners. The slavery system was then essentially replaced by the convict leasing system, which was often even more brutal than the former. Under slavery, slave-owners at least had a financial incentive to keep slaves alive. In the convict leasing system, no such incentive existed—if a prisoner died, she or he could simply be replaced by another prisoner (Davis 2003; Mancini 1991). The regime of the prison was originally designed to "reform" the prisoner by creating conditions for penitence (hence the term "penitentiary") (Ignatieff 1978). After the Civil War, however, the prison adopted similar regimes of punishment found in the slavery system that coincided with the re-enslavement of black communities into the convict leasing system (Davis 2003). As Davis argues, "racisms . . . congeal and combine in prisons"; they exist to maintain the capitalist and white supremacist underpinnings of U.S. society (Davis 2003, 26). The continuing racism of the prison system is evidenced by who is in prison. In 1994, for instance, one out of every three African American men between the ages of 20 and 29 was under some form of criminal justice supervision (Mauer 1999). Two-thirds of men of color in California between the ages of 18 and 30 have been arrested (Donziger 1996, 102–4). Six of every ten juveniles in federal custody are American Indian and two-thirds of women in prison are women of color (Prison Activist Resource Center 2004).

In a statement that also applies to the criminalization of abortion, Davis further argues that it is critical to disarticulate the equation between crime and punishment because the primary purpose is not to solve the problem of crime.

"Punishment" does not follow from "crime" in the neat and logical sequence offered by discourses that insist on the justice of imprisonment, but rather punishment—primarily through imprisonment (and sometimes death)—is linked to the agendas of politicians, the profit drive of corporations, and media representations of crime. Imprisonment is associated with the racialization of those most likely to be punished. . . . If we . . . strive to disarticulate crime and punishment. . . then our focus must not rest only on the prison system as an isolated institution but must also be directed at all the social relations that support the permanence of the prison. (2003, 112).

Prisons simply are not only ineffective institutions for addressing social concerns, they drain resources from institutions that could be more effective. They also mark certain peoples, particularly people of color, as inherently "criminal," undeserving of civil and political rights—thus increasing their vulnerability to poverty and further criminalization.

Davis's principle of disarticulation is critical in reassessing the pro-life position. That is, whether or not one perceives abortion to be a crime, it does not therefore follow that punishment in the form of imprisonment is a necessary response. Criminalization individualizes solutions to problems that are the result of larger economic, social, and political conditions. Consequently, it is inherently incapable of solving social problems or addressing crime. Alternative social formations and institutions that can speak to these large scale political and economic conditions are the appropriate place to address social issues, such as reproductive justice. As Davis argues: "Prison needs to be abolished as the dominant mode of addressing social problems that are better solved by other institutions and other means. The call for prison abolition urges us to imagine and strive for a very different social landscape" (Rodriguez 2000, 215). Thus, even if we hold that a top social priority is to reduce the number of abortions, there is no evidence to suggest that involving the criminal justice system will accomplish that goal, given that it has not been effective in reducing crime rates or addressing social problems. In addition, increased criminalization disproportionately affects people of color—and in the case of abortion, women of color and poor women. An interrogation of the assumptions behind the pro-life movement suggests that what distinguishes the pro-life position is not so much a commitment to life (since criminalization promotes death rather than life, particularly in communities of color and poor communities), but rather a commitment to criminal justice interventions in reproductive justice issues.

An assessment of recent debates within the anti-domestic/sexual assault movements further illustrates this argument. As I, and others,

have argued, the anti-violence movement, as it became increasingly funded by the state, began to rely on criminal justice interventions (Smith 2005/in press). Domestic violence and sexual assault agencies formed their strategy around the slogan that sexual and domestic violence *is a crime*. The response then of activists was to push for increased criminalization of sexual and domestic violence through mandatory arrest policies, no-drop prosecution policies, and longer sentencing. Sadly, the result of this approach was that not only did it not reduce violence rates, it often contributed further to women's victimization. For instance, under mandatory arrests laws, the police often arrest the women who are being battered. In fact, *The New York Times* recently reported that the impact of strengthened anti-domestic violence legislation is that battered women kill their abusive partners less frequently; however, batterers do *not* kill their partners less frequently, and this is more true in black than white communities (Butterfield 2000). Thus, ironically, laws passed to protect battered women are actually protecting their batterers! While prisons currently are not filled with batterers and rapists, this approach contributed to the growth of the prison industrial complex by implicitly buying into a criminal justice regime on which the prison system depends. Legislators attach violence against women provisions (such as the Violence Against Women Act) to repressive anti-crime bills, and by so doing legislators can then rely on anti-violence activists to support the legislation as a whole.

Similarly, the pro-life position implicitly supports the prison industrial complex by unquestioningly supporting a criminal justice approach that legitimizes rather than challenges the prison system. As Davis (2003) argues, it is not sufficient to challenge the criminal justice system; we must build alternatives to it. Just as the women of color anti-violence movement is currently developing strategies for ending violence (Smith 2005/in press), a consistent pro-life position would require activists to develop responses to abortion that do not rely on the prison industrial complex. Otherwise, these pro-life activists will continue to support policies that are brutally oppressive, particularly to communities of color and poor communities.

Interestingly, this critique of the prison system is prevalent even within conservative evangelical circles. For example, Charles Colson, a prominent Christian Right activist, founder of Prison Fellowship, and former attorney with the Nixon administration, served time in prison for his role in the Watergate break-in. Following his imprisonment, Colson began to work on prison reform, organizing the Prison Fellowship and its associated lobbying arm, Justice Fellowship. Many platforms implicitly or explicitly supported by Prison and Justice Fellowship could be used to question the wisdom of the criminalization of abortion: decarceration for drug offenders (Colson 1977, 17; Colson 1980, 52); minimum wage compensation for prison labor (Lawton 1988, 38); decarceration of all

nonviolent offenders ("The first thing we have to do with prisons today is to get the nonviolent people out") (Forbes 1982, 33; Smarto 1993, 46); prison construction moratoriums (Colson 1985, 29; Mill 1999; Van Ness 1985); eradication of mandatory sentencing (Forbes 1982, 33); suffrage for convicted felons (Colson 1985, 34); and expansion of community sentencing programs (Colson 1985, 29; Pulliam 1987; Van Ness 1985). In fact, Colson argues that 50 percent of people in prison today should be released immediately (Fager 1982, 23). To quote Colson:

The whole system of punishment today is geared toward taking away people's dignity, putting them in an institution, and locking them up in a cage. Prisons are overcrowded, understaffed, dirty places. Eighty percent of American prisons are barbaric—not just brutal, but barbaric. . . . Prison as a punishment is a failure. Mandatory sentences and longer sentences are counterproductive . . . the tougher the laws, I'm convinced, the more lawless and violent we will become. As for public safety, it can hardly be said that prisons contribute to public safety. . . . Prisons obviously are not deterring criminal conduct. The evidence is overwhelming that the more people we put in prison, the more crime we have. All prisons do is warehouse human beings and at exorbitant cost. (Colson 1983, 15; Fager 1982, 23; Forbes 1982, 34)¹

Yet, despite his sustained critique of the failure of the prison system, Colson never critiques the wisdom of criminalization as the appropriate response to abortion. In the name of promoting life, the pro-life movement supports one of the biggest institutions of violence and death in this society. But given that this critique of criminalization is not inaccessible to large sectors of the pro-life movement, there should be opportunities to make anti-criminalization interventions into pro-life discourse. Thus, the major flaw in the pro-life position is not so much its claim that the fetus is a life, but its assumption that because the fetus is a life, abortion should be criminalized. A commitment to criminalization of social issues necessarily contributes to the growth of the prison system because it reinforces the notion that prisons are appropriate institutions for addressing social problems rather than causes of the problems. Given the disproportionate impact of criminalization on communities of color, support for criminalization as public policy also implicitly supports racism.

In addition, I am suggesting that those committed to pro-choice positions will be more effective and politically consistent if they contest the pro-life position from an anti-prison perspective. For instance, increasingly, poor women and women of color are finding their pregnancies criminalized. As Dorothy Roberts (1997) and others have noted, women of color are more likely to be arrested and imprisoned for drug use because, as a result of greater rates of poverty in communities of color, they are more likely to be in contact with government agencies where their drug use can be detected. While white pregnant women are slightly *more* likely

to engage in substance abuse than black women, public health facilities and private doctors are more likely to report black women than white women to criminal justice authorities (Maher 1990; Roberts 1997, 175). Meanwhile, pregnant women who would like treatment for their addiction can seldom get it because treatment centers do not meet the needs of pregnant women. One study found that two-thirds of drug treatment centers would not treat pregnant women (Roberts 1997, 189). Furthermore, the criminalization approach is more likely to drive pregnant women who are substance abusers from seeking prenatal or other forms of health care for fear of being reported to the authorities (Roberts 1997, 190). Roberts critiques communities of color for often supporting the criminalization of women of color who have addictions and for failing to understand this criminalization as another strategy of white supremacy that blames women for the effects of poverty and racism. Lisa Maher (1990) and Rickie Solinger (2001, 148) note that a simple choice perspective is not effective for addressing this problem because certain women become marked as women who make "bad choices" and hence deserve imprisonment.

Similarly, Elizabeth Cook-Lynn (1998) argues in "The Big Pipe Case" that at the same time Native peoples were rallying around Leonard Peltier, no one stood beside Marie Big Pipe when she was incarcerated on a felony charge of "assault with intent to commit serious bodily harm" because she breast fed her child while under the influence of alcohol. She was denied services to treat her substance abuse problem and access to abortion services when she became pregnant. But not only did her community not support her, it supported her incarceration. Cook-Lynn argues that in doing so, the community supported the encroachment of U.S. federal jurisdiction on tribal lands for an issue that would normally be under tribal jurisdiction (1998, 110–25). Cook-Lynn recounts how this demonization of Native women was assisted by the publication of Michael Dorris's (1989) *The Broken Cord*, which narrates his adoption of a Native child who suffered from fetal alcohol syndrome. While this book has been crucial in sensitizing many communities to the realities of fetal alcohol syndrome, it also portrays the mother of the child unsympathetically and advocates repressive legislative solutions targeted against women substance abusers. Thus, within Native communities, the growing demonization of Native women substance abusers has prompted tribes to collude with the federal government in whittling away their own sovereignty.

In the larger society, Barbara Harris started an organization called CRACK (Children Requiring a Caring Kommunity) in Anaheim, California, which gives women \$200 to have sterilizations. Their mission is to "'save our welfare system' and the world from the exorbitant cost to the taxpayer for each 'drug addicted birth' by offering 'effective preventive measures to reduce the tragedy of numerous drug-affected pregnancies'" (Kigvamasud/Vashi 2001). Some of CRACK's initial billboards read,

"Don't let a pregnancy ruin your drug habit" (Kigvamasud'Vashi 2001). The organization has since opened chapters in several cities around the country, and has changed its name to Positive Prevention to present a less inflammatory image. Nonetheless, its basic message is the same—that poor women who are substance abusers are the cause of social ills and that the conditions that give rise to poor women becoming substance abusers do not need to be addressed.

Unfortunately, as both Roberts (1997) and Cook-Lynn (1998) point out, even communities of color, including those who identify as both pro-life and pro-choice, have supported the criminalization of women of color who have addiction issues. The reason they support this strategy is because they focus on what they perceive to be the moral culpability of women of color for not protecting the life of their children. If we adopt an anti-prison perspective, however, it becomes clear that even on the terms of moral culpability (which I am not defending) it does not follow that the criminal justice approach is the appropriate way to address this social concern.² In fact, criminal justice responses to unwanted pregnancies and/or pregnant women who have addiction issues demonstrate an inherent contradiction in the pro-life position. Many pro-life organizations have been ardent opponents of population control programs and policies—advocating against the promotion of dangerous contraceptives or the promotion of sterilization in third-world countries. Yet, their position depends on the prison industrial complex that is an institution of population control for communities of color in the United States.

Meanwhile, many pro-choice organizations, such as Planned Parenthood, have supported financial incentives for poor and criminalized women to be sterilized or to take long-acting hormonal contraceptives (Saletan 2003).³ As I will discuss later, part of this political inconsistency is inherent in the articulation of the pro-choice position. But another reason is that many in the pro-choice camp have also not questioned criminalization as the appropriate response for addressing reproductive health concerns. The pro-choice camp may differ from pro-life groups regarding which acts should be criminalized, but it does not necessarily question the criminalization regime itself.

The Pro-Choice Position and Capitalism

The pro-choice camp claims a position that offers more choices for women making decisions about their reproductive lives. A variety of scholars and activists have critiqued the choice paradigm because it rests on essentially individualist, consumerist notions of "free" choice that do not take into consideration all the social, economic, and political conditions that frame the so-called choices that women are forced to make (Patchesky 1990;

Smith 1999; Solinger 2001). Solinger further contends that in the 1960s and 1970s, abortion rights advocates initially used the term “rights” rather than choice; rights are understood as those benefits owed to all those who are human regardless of access to special resources. By contrast, argues Solinger, the concept of choice is connected to possession of resources, thus creating a hierarchy among women based on who is capable of making legitimate choices (2001, 6). Consequently, since under a capitalist system, those with resources are granted more choices, it is not inconsistent to withdraw reproductive rights choices from poor women through legislation such as the Hyde Amendment (which restricts federal funding for abortion) or family caps for TANF (Temporary Assistance for Needy Families) recipients.⁴ Solinger’s argument can be demonstrated in the writings of Planned Parenthood. In 1960, Planned Parenthood commissioned a study which concluded that poor and working-class families lacked the rationality to do family planning, and that this lack of “rationality and early family planning as middle-class couples” was “embodied in the particular personalities, world views, and ways of life” of the poor themselves (Rainwater 1960, 5, 167). As Solinger states:

“Choice” also became a symbol of middle-class women’s arrival as independent consumers. Middle-class women could afford to choose. They had earned the right to choose motherhood, if they liked. According to many Americans, however, when choice was associated with poor women, it became a symbol of illegitimacy. Poor women had not earned the right to choose. (2001, 199–200)

What Solinger’s analysis suggests is that, ironically, while the pro-choice camp contends that the pro-life position diminishes the rights of women in favor of “fetal” rights, the pro-choice position actually does not ascribe inherent rights to women either. Rather, women are viewed as having reproductive choices if they can afford them or if they are deemed legitimate choice-makers.

William Saletan’s (1998) history of the evolution of the pro-choice paradigm illustrates the extent to which this paradigm is a conservative one. Saletan contends that pro-choice strategists, generally affiliated with National Abortion and Reproductive Rights Action League (NARAL), intentionally rejected a rights-based framework in favor of one that focused on privacy from *big government*. That is, government should not intervene in the woman’s right to decide if she wants to have children. This approach appealed to those with libertarian sensibilities who otherwise might have had no sympathy with feminist causes. The impact of this strategy was that it enabled the pro-choice side to keep *Roe v. Wade* intact—but only in the most narrow sense. This strategy undermined any attempt to achieve a broader pro-choice agenda because the strategy could be used against a broader agenda. For instance, the argument that

government should not be involved in reproductive rights decisions could also be used by pro-life advocates against federal funding for abortions (Saletan 2003). Consequently, Saletan argues, "Liberals have not won the struggle for abortion rights. Conservatives have" (1998, 114).

Furthermore, this narrow approach has contributed to some pro-choice organizations, such as Planned Parenthood and NARAL, often developing strategies that marginalize women of color. Both supported the Freedom of Choice Act in the early 1990s that retained the Hyde Amendment (Saletan 2003). The Hyde Amendment, besides discriminating against poor women by denying federal funding for abortion services, discriminates against American Indian women who largely obtain healthcare through Indian Health Services, a federal agency. One of NARAL's petitions stated: "The Freedom of Choice Act (FOCA) will secure the original vision of *Roe v. Wade*, giving *all* women reproductive freedom and securing that right for future generations [emphasis mine]."⁵ Apparently, poor women and indigenous women do not qualify as "women."⁶

Building on this analysis, I would argue that while there is certainly a sustained critique of the choice paradigm, particularly among women of color reproductive rights groups, the choice paradigm continues to govern much of the policies of mainstream groups in a manner that sustains the marginalization of women of color, poor women, and women with disabilities. One example is the extent to which pro-choice advocates narrow their advocacy around legislation that affects the one choice of whether or not to have an abortion without addressing all the conditions that gave rise to a woman having to make this decision in the first place. Consequently, politicians, such as former President Bill Clinton, will be heralded as "pro-choice" as long as they do not support legislative restrictions on abortion regardless of their stance on other issues that may equally impact the reproductive choices women make. Clinton's approval of federal welfare reform that places poor women in the position of possibly being forced to have an abortion because of cuts in social services, while often critiqued, is not viewed as an "anti-choice" position. On Planned Parenthood's and NARAL's websites (www.plannedparenthood.org; www.naral.org) there is generally no mention of welfare policies in these organizations' pro-choice legislation alerts.

A consequence of the choice paradigm is that its advocates frequently take positions that are oppressive to women from marginalized communities. For instance, this paradigm often makes it difficult to develop nuanced positions on the use of abortion when the fetus is determined to have abnormalities. Focusing solely on the woman's choice to have or not have the child does not address the larger context of a society that sees children with disabilities as having worthless lives and that provides inadequate resources to women who may otherwise want to have them. As Martha Saxton notes: "Our society profoundly limits the 'choice' to

love and care for a baby with a disability" (1998, 375). If our response to disability is to simply facilitate the process by which women can abort fetuses that may have disabilities, we never actually focus on changing economic policies that make raising children with disabilities difficult. Rashmi Luthra (1993) notes, by contrast, that reproductive advocates from other countries such as India, who do not operate from this same choice paradigm, are often able to develop more complicated political positions on issues such as this one.

Another example is the difficulty pro-choice groups have in maintaining a critical perspective on dangerous or potentially dangerous contraceptives, arguing that women should have the "choice" of contraceptives. Many scholars and activists have documented the dubious safety record of Norplant and Depo-Provera, two long-acting hormonal contraceptives (Krust and Assetoyer 1993; Masterson and Guthrie 1986; Roberts 1997; Smith 2001). In fact, lawsuits against Norplant have forced an end to its distribution (although Norplant that remains on the shelves can be sold to women). In 1978, the FDA denied approval for Depo-Provera on the grounds that: (1) dog studies confirmed an elevated rate of breast cancer; (2) there appeared to be an increased risk of birth defects in human fetuses exposed to the drug; and (3) there was no pressing need shown for use of the drug as a contraceptive (Masterson and Guthrie). In 1987, the FDA changed its regulations and began to require cancer testing in rats and mice instead of dogs and monkeys; Depo-Provera did not cause cancer in these animals, but major concerns regarding its safety persist (Feminist Women's Health Centers 1997). Also problematic is the manner in which these contraceptives are frequently promoted in communities of color and often without informed consent (Krust and Assetoyer 1993; Masterson and Guthrie 1986; Smith 2001).⁷ Yet none of the mainstream pro-choice organizations have ever seriously taken a position on the issue of informed consent as part of their agenda.⁸ Indeed, Gloria Feldt, president of Planned Parenthood, equates opposition to Norplant and Depo-Provera as opposition to "choice" in her book *The War on Choice* (Feldt 2004, 34, 37). Planned Parenthood and NARAL opposed restrictions against sterilization abuse, despite the thousands of women of color who were being sterilized without their consent, because they saw such policies as interfering with a woman's "right to choose" (Nelson 2003, 144; Patchesky 1990, 8).

Particularly disturbing has been some of the support given by these organizations to the Center for Research on Population and Security, headed by Stephen Mumford and Elton Kessel, which distributes globally a form of sterilization, Quinacrine. Quinacrine is a drug that is used to treat malaria. It is inserted into the uterus where it dissolves, causing the fallopian tubes to scar, rendering the woman irreversibly sterile. Family Health International conducted four *in vitro* studies and found

Quinacrine to be mutagenic in three of them (Controversy Over Sterilization Pellet 1994; Norsigian 1996). It, as well as the World Health Organization, recommended against further trials for female sterilization, and no regulatory body supports Quinacrine. However, the North Carolina-based Center for Research on Population and Security has circumvented these bodies through private funding from such organizations as the Turner Foundation and Leland Fykes organization (which incidentally funds pro-choice *and* anti-immigrant groups). The Center for Research on Population and Security has been distributing Quinacrine for free to researchers and government health agencies. There are field trials in eleven countries, with more than 70,000 women sterilized. In Vietnam, a hundred female rubber plant workers were given routine pelvic exams during which the doctor inserted the Quinacrine without their consent. Thus far, the side effects linked to Quinacrine include ectopic pregnancy, puncturing of the uterus during insertion, pelvic inflammatory disease, and severe abdominal pains. Other possible concerns include heart and liver damage and exacerbation of pre-existing viral conditions. In one of the trials in Vietnam, a large number of cases that had serious side effects were excluded from the data (Controversy Over Sterilization Pellet 1994; Norsigian 1996).

Despite the threat to reproductive justice that this group represents, Feminist Majority Foundation featured the Center for Research on Population and Security at its 1996 Feminist Expo because, I was informed by the organizers, they promoted choice for women. Then in 1999, Planned Parenthood almost agreed to sponsor a Quinacrine trial in the United States until outside pressure forced it to change its position (Committee on Women, Population and the Environment 1999). A prevalent ideology within the mainstream pro-choice movement is that women should have the choice to use whatever contraception they want. This position does not consider: (1) that a choice among dangerous contraceptives is not much of a choice; (2) the millions of dollars pharmaceutical companies and the medical industry have to promote certain contraceptives, compared to the few resources women's advocacy groups have to provide alternative information on these same contraceptives; and (3) the social, political, and economic conditions in which women may find themselves are such that using dangerous contraceptives may be the best of even worse options.

One reason that such groups have not taken a position on informed consent in the case of potentially dangerous contraceptives is due to their investment in population control. As Betsy Hartmann (1995) has argued, while contraceptives are often articulated as an issue of choice for white women in the first world, they are articulated as an instrument of population control for women of color and women in the third world (Hartmann 1995). The historical origins of Planned Parenthood are inextricably tied to the eugenics movement. Its founder, Margaret Sanger, increasingly

collaborated with eugenics organizations during her career and framed the need for birth control in terms of the need to reduce the number of those in the “lower classes” (Roberts 1997, 73). In a study commissioned in 1960, Planned Parenthood concluded that poor people “have too many children” (Rainwater 1960, 2); yet something must be done to stop this trend in order to “disarm the population bomb” (Rainwater 1960, 178). Today, Planned Parenthood is particularly implicated in this movement as can be seen clearly by the groups it lists as allies on its website (www.plannedparenthood.org): Population Action International, the Population Institute, Zero Population Growth, and the Population Council. A central campaign of Planned Parenthood is to restore U.S. funding to the United Nations Population Fund. In addition it asserts its commitment to addressing *rapid population growth* on this same website. I will not repeat the problematic analysis, critiqued elsewhere, of this population paradigm that essentially blames third-world women for poverty, war, environmental damage, and social unrest, without looking at the root causes of all these phenomena (including population growth)—colonialism, corporate policies, militarism, and economic disparities between poor and rich countries (Bandarage 1997; Hartmann 1995; Silliman and King 1999).

As Hartmann (1995) documents, the United Nations Population Fund has long been involved in coercive contraceptive policies throughout the world. The Population Council produced Norplant and assisted in Norplant trials in Bangladesh and other countries without the informed consent of the trial participants (Hartmann 1995). In fact, trial administrators often refused to remove Norplant when requested (Cadbury 1995). All of these population organizations intersect to promote generally long-acting hormonal contraceptives of dubious safety around the world (Hartmann 1995). Of course, Planned Parenthood provides valuable family planning resources to women around the world as well, but it does so through a population framework that inevitably shifts the focus from family planning as a right in and of itself to family planning as an instrument of population control. While population control advocates, such as Planned Parenthood, are increasingly more sophisticated in their rhetoric and often talk about ensuring social, political, and economic opportunity, the *population* focus of this model still results in its advocates working to reduce population rather than to provide social, political, and economic opportunity.

Another unfortunate consequence of uncritically adopting the choice paradigm is the tendency of reproductive rights advocates to make simplistic analyses of who our political friends and enemies are in the area of reproductive rights. That is, all those who call themselves pro-choice are our political allies while all those who call themselves pro-life are our political enemies. An example of this rhetoric is Gloria Feldt’s description of anyone who is pro-life as a “right-wing extremist” (Feldt 2004, 5). As

I have argued elsewhere, this simplistic analysis of who is politically progressive versus conservative does not actually do justice to the complex political positions people inhabit (Smith 2002). As a result, we often engage uncritically in coalitions with groups that, as anti-violence activist Beth Richie states, “do not pay us back” (2000, 31). Meanwhile, we often lose opportunities to work with people with whom we may have sharp disagreements, but who may, with different political framings and organizing strategies, shift their positions.

To illustrate: Planned Parenthood is often championed as an organization that supports women’s rights to choose with whom women of color should ally. Yet, as discussed previously, its roots are in the eugenics movement and today it is heavily invested in the population establishment. It continues to support population control policies in the third world, it almost supported the development of Quinacrine in the United States, and it opposed strengthening sterilization regulations that would protect women of color. Meanwhile, the North Baton Rouge Women’s Help Center in Louisiana is a crisis pregnancy center that articulates its pro-life position from an anti-racist perspective. It argues that Planned Parenthood has advocated population control, particularly in communities of color. It critiques the Black Church Initiative for the Religious Coalition for Reproductive Choice for contending that charges of racism against Sanger are *scare tactics* (Blunt 2003, 22). It also attempts to provide its services from a holistic perspective—it provides educational and vocational training, GED classes, literacy programs, primary health care and pregnancy services, and child placement services. Its position: “We cannot encourage women to have babies and then continue their dependency on the system. We can’t leave them without the resources to care for their children and then say, ‘Praise the Lord, we saved a baby’” (Blunt 2003, 23).

It would seem that while the two organizations support some positions that are beneficial to women of color, they both equally support positions that are detrimental to them. If we are truly committed to reproductive justice, why should we presume that we should necessarily work with Planned Parenthood and reject the Women’s Help Center? Why would we not instead position ourselves independently from both of these approaches and work to shift their positions to a stance that is truly liberatory for all women?

Beyond Pro-Life Versus Pro-Choice

To develop an independent position, it is necessary to reject the pro-life versus pro-choice model for understanding reproductive justice. Many reproductive advocates have attempted to expand the definitions of either pro-life or pro-choice depending on which side of this divide they may

rest. Unfortunately, they are trying to expand concepts that are inherently designed to exclude the experiences of most women, especially poor women, women of color, indigenous women, and women with disabilities.

If we critically assess the assumptions behind both positions, it is clear that these camps are more similar than they are different. As I have argued, they both assume a criminal justice regime for adjudicating reproductive issues (although they may differ as to which women should be subjected to this regime). Neither position endows women with inherent rights to their body—the pro-life position pits fetal rights against women's rights whereas the pro-choice position argues that women should have freedom to make choices rather than possess inherent rights to their bodies regardless of their class standing. They both support positions that reinforce racial and gender hierarchies that marginalize women of color. The pro-life position supports a criminalization approach that depends on a racist political system that will necessarily impact poor women and women of color who are less likely to have alternative strategies for addressing unwanted pregnancies. Meanwhile, the pro-choice position often supports population control policies and the development of dangerous contraceptives that are generally targeted toward communities of color. And both positions do not question the capitalist system—they focus solely on the decision of whether or not a woman should have an abortion without addressing the economic, political, and social conditions that put women in this position in the first place.

Consequently, it is critical that reproductive advocates develop a framework that does not rest on the pro-choice versus pro-life framework. Such a strategy would enable us to fight for reproductive justice as a part of a larger social justice strategy. It would also free us to think more creatively about who we could work in coalition with while simultaneously allowing us to hold those who claim to be our allies more accountable for the positions they take. To be successful in this venture, however, it is not sufficient to simply articulate a women of color reproductive justice agenda—we must focus on developing a nationally coordinated women of color movement. While there are many women of color reproductive organizations, relatively few actually focus on bringing new women of color into the movement and training them to organize on their own behalf. And to the extent that these groups do exist, they are not generally coordinated as national mobilization efforts. Rather, national work is generally done on an advocacy level with heads of women of color organizations advocating for policy changes, but often working without a solid base to back their demands (Silliman et al. 2005/in press).

Consequently, women of color organizations are not always in a strong position to negotiate with power brokers and mainstream pro-choice organizations or to hold them accountable. As an example, many women

of color groups mobilized to attend the 2004 March for Women's Lives in Washington, D.C., in order to expand the focus of the march from a narrow pro-choice abortion rights agenda to a broad-based reproductive rights agenda. While this broader agenda was reflected in the march, it became co-opted by the pro-choice paradigm in the media coverage of the event. My survey of the major newspaper coverage of the march indicates that virtually no newspaper described it as anything other than a pro-choice or abortion rights march.⁹ To quote New Orleans health activist Barbara Major, "When you go to power without a base, your demand becomes a request" (2003). Base-building work, on which many women of color organizations are beginning to focus, is very slow work that may not show results for a long time. After all, the base-building of the Christian Right did not become publicly visible for 50 years (Diamond 1989). Perhaps one day, we will have a march for women's lives in which the main issues addressed and reported will include: (1) repealing the Hyde Amendment; (2) stopping the promotion of dangerous contraceptives; (3) decriminalizing women who are pregnant and who have addictions; and (4) ending welfare policies that punish women, in addition to other issues that speak to the intersections of gender, race, and class in reproductive rights policies.

At a meeting of the United Council of Tribes in Chicago, representatives from the Chicago Pro-Choice Alliance informed us that we should join the struggle to keep abortion legal or else we would lose our reproductive rights. A woman in the audience responded, "Who cares about reproductive rights; we don't have any rights, period." What her response suggests is that a reproductive justice agenda must make the dismantling of capitalism, white supremacy, and colonialism *central* to its agenda, and not just as principles added to organizations' promotional material designed to appeal to women of color, with no budget to support making these principles a reality. We must reject single-issue, pro-choice politics of the mainstream reproductive rights movement as an agenda that not only does not serve women of color, but actually promotes the structures of oppression which keep women of color from having real choices or healthy lives.

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Notes

1. This block quote is a compilation of Colson quotes from three different sources [Colson 1983, 15; Fager 1982, 23; Forbes 1982, 34].
2. As Roberts (1997) and Maher (1990) note, addiction is itself a result of social and political conditions, such as racism and poverty, which the U.S. government does not take steps to alleviate, and then blames women who are victimized by these conditions. Furthermore, the government provides no resources for pregnant women to end their addictions; it simply penalizes them for continuing a pregnancy. Thus assigning moral culpability primarily to pregnant women with addiction problems is a dubious prospect.
3. Additionally, several reproductive rights advocates at the historic *SisterSong* Conference on Women of Color and Reproductive Justice held in Atlanta, November 13–16, 2003, noted that some local Planned Parenthood agencies were currently offering financial incentives for women who are addicted to accept long-acting contraceptives or were distributing literature from CRACK. This policy was not uniform among Planned Parenthood chapters, however, and many Planned Parenthood chapters condemn this practice.
4. For further analysis of how welfare reform marks poor women and women of color as women who make “bad choices” and hence should have these choices restricted through marriage promotion, family caps (or cuts in payments if recipients have additional children), and incentives to use long-acting hormonal contraceptives, see Mink 1999.
5. The petition can be found on the Web at <http://www.wanaral.org/s01takeaction/200307101.shtml>
6. During this period, I served on the board of Illinois National Abortion and Reproductive Rights Action League (NARAL), which was constituted primarily of women of color. Illinois NARAL broke with National NARAL in opposing the Freedom of Choice Act (FOCA). Despite many heated discussions with NARAL president Kate Michelman, she refused to consider the perspective of women of color on this issue.
7. I was a co-organizer of a reproductive rights conference in Chicago in 1992. There, hotline workers from Chicago Planned Parenthood reported that they were told to tell women seeking contraception that Norplant had no side effects. In 2000, women from a class I was teaching at University of California, Santa Cruz, informed the class that when they asked Planned Parenthood workers what were the side effects of Depo-Provera, the workers said that they were not allowed to tell them the side effects because they were supposed to promote Depo-Provera. Similar problems in other Planned Parenthood offices were reported at the previously mentioned *SisterSong* conference. These problems around informed consent are not necessarily a national Planned Parenthood policy or uniform across all Planned Parenthood agencies.

8. In 1994 when NARAL changed its name from the National Association for the Repeal of Abortion Laws to the National Abortion and Reproductive Rights Action League, it held a strategy session for its state chapters which I attended. Michelman and her associates claimed that this name change was reflective of NARAL's interest in expanding its agenda to new communities, and informed consent around contraceptives would be included in this expanded agenda. I asked how much of NARAL's budget was going to be allocated to this new agenda. Their reply: none. They were going to release a report on these new issues, but they were going to work only on the issues NARAL had addressed traditionally.
9. Newspapers surveyed which focused solely on abortion rights include *The New York Times* (Toner 2004); *Connecticut Post* ("Abortion-Rights Marchers Crowd D.C." 2004); *New York Newsday* (Phelps 2004); *Syracuse Post Standard* (Gadoua 2004); *The Record* (Varoqua 2004); *The Baltimore Sun* (Gibson 2004); *The Commercial Appeal* (Wolfe 2004); *Richmond Times Dispatch* (Smith 2004); *Marin Independent Journal* ("Marchers Say Bush Policies Harm Women" 2004); *Salt Lake Tribune* (Stephenson 2004); *The Capital Times* (Segars 2004); *Dayton Daily News* (Dart 2004); *Milwaukee Journal Sentinel* (Madigan 2004); *Cleveland Plains Dealer* (Diemer 2004); *Minneapolis Star Tribune* (O'Rourke 2004); *Chicago Daily Herald* (Ryan 2004); *Chicago Sun-Times* (Sweeney 2004); *The Columbus Dispatch* (Riskind 2004); *San Francisco Chronicle* (Marinucci 2004); and *Dayton Daily News* (Wynn 2004). The coverage of "other" issues in a few papers were limited to "The concerns they voiced extended beyond the issues of abortion to health care access, AIDS prevention, birth control and civil rights" in *San Francisco Chronicle* (Marinucci 2004); "Another group flashed signs calling for the government to recognize same-sex marriage" in the *Houston Chronicle* (Black 2004); "Various trends and vendors on the Mall also promoted other political causes, including welfare, the Falun Gong movement in China, homosexual 'marriage,' the socialist movement, environmentalism, and striking Utah coal miners" in the *Atlanta Journal-Constitution* (Dart and Pickel 2004); "'This morning I was saying that I was mainly here for abortion,' said Gresh, reflecting on the march. 'But now, going through this, I realize that there are so many issues. Equal pay is a big issue. And globalization, and women's rights around the world'" in the *Pittsburgh Post-Gazette* (Belser 2004).

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