

23 [WRJ-RAC Reproductive Health & Rights Campaign](#), launched in May 2019. The Reproductive Justice
24 Movement was founded by Black women and continues to be led by Women of Color. SisterSong
25 Women of Color Reproductive Justice Collective, a national organization and leader in the Reproductive
26 Justice Movement, defines reproductive justice as the human right to maintain personal bodily
27 autonomy, have children, not have children, and parent the children we have in safe and sustainable
28 communities.² By rooting our reproductive health and rights work in a reproductive justice framework
29 and committing ourselves to work in solidarity with Communities of Color to build a society in which
30 one's reproductive life is not dictated by their race, class, geography, or other identity factors, we are
31 acting on our Jewish values of *kavod ha'briyot*, or respect for individual dignity.

32 **Maternal Health & Mortality**

33 At 26.4 deaths per 100,000 live births, the U.S. has the worst rate of maternal death in the
34 developed world, and is the only developed country with a maternal mortality rate that has been
35 steadily rising for the last three decades.³ Black and Indigenous women are two to three times more
36 likely to die from pregnancy related causes than white women, regardless of education, income, or
37 other socioeconomic factors.⁴ Black women are more likely to be uninsured,⁵ face greater financial
38 barriers to care when they need it⁶ and are less likely to obtain prenatal care.⁷ Though data is limited in
39 measuring maternal mortality in Indigenous communities, available data indicates that the maternal

² <https://www.sistersong.net/reproductive-justice>

³ <https://www.npr.org/2017/05/12/528098789/u-s-has-the-worst-rate-of-maternal-deaths-in-the-developed-world>

⁴ <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>

⁵ National Partnership for Women & Families. Women's Health Coverage: Sources and Rates of Insurance. From <http://www.nationalpartnership.org/research-library/health-care/womens-health-coverage-sources-and-rates-of-insurance.pdf>

⁶ The Commonwealth Fund. Biennial Health Insurance Survey, 2003-2016. From <http://www.commonwealthfund.org/interactives-and-data/surveys/biennial-health-insurance-surveys/2017/biennial-explorer>

⁷ Disparities in Health Care Quality Among Minority Women Selected Findings From the 2011. From National Healthcare Quality and Disparities Reports. U.S. Department of Health and Human Services. <https://archive.ahrq.gov/research/findings/nhqrd11/minority-women.html#maternalc>

40 mortality crisis for Indigenous women is compounded by the fact that approximately 40 percent of all
41 Indigenous people live in rural communities.⁸ These geographic barriers often limit Indigenous women's
42 access to local and culturally centered services and resources to support them during their pregnancies.
43 Data reflecting the extent of the maternal mortality crisis amongst Latina, Asian, and Pacific Islander
44 women indicates that in some communities, birth outcomes are similar to those of white women, but
45 that structural inequities such as poverty, food insecurity, lack of health care, and racism and
46 discrimination within the health care system, contribute to higher mortality rates in sub-communities.⁹
47 While overall maternal health outcomes in Canada are far better than in the U.S., Black women in
48 Canada still have substantially higher rates of premature births than white women.¹⁰

49 **Forced and Coercive Sterilization**

50 Forced and coerced sterilization (sometimes referred to as compulsory or involuntary
51 sterilization) is a grave violation of human rights and medical ethics and a shameful part of United States
52 and Canadian history. The term refers to sterilization procedures that are conducted without the
53 patient's knowledge and/or consent or through coerced consent. Spurred by the eugenics movement
54 popular at the turn of the 20th century, both public and private actors in Canada and the U.S have
55 historically targeted Indigenous women, immigrants, People of Color, people with disabilities, low-
56 income communities, incarcerated individuals, unmarried mothers, and those with mental illness. In
57 1927, the U.S. Supreme Court case *Buck v. Bell* set a legal precedent that allowed for compulsory
58 sterilization of individuals with intellectual disabilities, mental illness, and epilepsy "for the protection
59 and health of the state."¹¹ In the decades following *Buck v. Bell*, dozens of states passed eugenics laws

⁸ <https://jamanetwork.com/channels/health-forum/fullarticle/2766339>

⁹ <https://www.nationalpartnership.org/our-work/resources/health-care/maternity/tackling-maternal-health-disparities-a-look-at-four-local-organizations-with-innovative-approaches.pdf>

¹⁰ <https://www.cmaj.ca/content/188/1/E19>

¹¹ <https://www.law.cornell.edu/supremecourt/text/274/200>

60 that led to the sterilization of more than 60,000 individuals between 1927-1964 alone.¹² In total, more
61 than half of the states in the U.S. have had some form of eugenics law on their books.¹³ In 1970, the
62 Nixon administration dramatically increased Medicaid-funded sterilization of low-income Americans
63 through the passage of the Family Planning Services and Population Research Act. This funding,
64 combined with a federal commitment to family planning and community health, led to widespread
65 sterilization abuse in the United States until the mid-1970s, targeting poor Black women, Indigenous
66 women, Latinas, and people living with HIV/AIDS.¹⁴ In the 1970s, it was estimated that approximately
67 one-third of all Puerto Rican women aged 20-49¹⁵ and as many as 25-50 percent of Indigenous women¹⁶
68 were involuntarily sterilized, oftentimes under the guise of being seen by a doctor for other procedures
69 like tonsillectomies or appendectomies. Reports of forced sterilization in U.S. prisons¹⁷ and immigrant
70 detention facilities¹⁸ in 2020 remind us that the legacy of reproductive violence against Women of Color
71 has continued into modern-day.

72 Canada's disturbing history of forced sterilization mirrors U.S. history. In particular, women with
73 intellectual disabilities and Indigenous women have been forcefully sterilized by the Canadian
74 government for decades.¹⁹

75 **Violence Against Indigenous Women**

76 Another area of concern is the epidemic of violence against Indigenous women and girls in the
77 United States and Canada. More than 4 in 5 Indigenous women in the U.S. experience physical violence

¹² <https://www.frc.org/op-eds/coercive-sterilization-an-on-going-crime-against-humanity>

¹³ Open Society Foundation, *Against Her Will: Forced and Coerced Sterilization of Women Worldwide* (October 4, 2011)

¹⁴ https://www.law.berkeley.edu/php-programs/centers/crrj/zotero/loadfile.php?entity_key=QFDB5MW3

¹⁵ <https://www.library.wisc.edu/gwslibrarian/bibliographies/sterilization/>

¹⁶ <https://daily.jstor.org/the-little-known-history-of-the-forced-sterilization-of-native-american-women/>

¹⁷ <https://www.themarshallproject.org/2017/07/26/our-long-troubling-history-of-sterilizing-the-incarcerated>

¹⁸ <https://theintercept.com/2020/09/17/forced-sterilization-ice-us-history/>

¹⁹ https://www.saskatoonhealthregion.ca/DocumentsInternal/Tubal_Ligation_intheSaskatoonHealthRegion_the_Lived_Experience_of_Aboriginal_Women_BoyerandBartlett_July_22_2017.pdf

78 and/or sexual assault during their lifetime, the highest rate of any racial group.²⁰ In some regions in the
79 U.S., Indigenous women are murdered at more than ten times the national average.²¹ The vast majority
80 of survivors of physical or sexual violence may never see their abusers brought to justice, particularly if
81 the violence is perpetuated by a non-Indigenous offender. While the 2013 reauthorization of the
82 Violence Against Women Act expanded tribal jurisdiction over non-Indigenous perpetrators of domestic
83 violence, Indigenous communities lack authority over crimes of sexual assault, stalking, child abuse, and
84 trafficking perpetrated by non-Indigenous offenders.²² While the federal government has jurisdiction
85 over these cases, far too often these cases are dismissed or not fully investigated.²³ The complex web of
86 jurisdictions governing tribal areas, in addition to implicit racism in local police departments, which lack
87 adequate knowledge of Indigenous communities, often means the cases of missing Indigenous women
88 are not investigated, or the victims are not properly identified as Indigenous. Of the 5,712 reports of
89 missing Indigenous women in the United States in 2016, a figure that already vastly underrepresents the
90 scope of this issue, only 116 were recorded by the U.S. Department of Justice's federal missing persons
91 database.²⁴

92 In Canada, the national homicide rate for Indigenous women is at least seven times higher than
93 for non-Indigenous women²⁵ and the epidemic of missing and murdered Indigenous women has been
94 described as a national crisis and a Canadian genocide. A 2014 Amnesty International report on

²⁰ <https://www.ncjrs.gov/pdffiles1/nij/249736.pdf>

²¹ <https://indianlaw.org/issue/ending-violence-against-native-women>

²² <https://scholarship.law.umt.edu/cgi/viewcontent.cgi?article=2459&context=mlr>

²³ <https://www.uihi.org/resources/missing-and-murdered-indigenous-women-girls/>

²⁴ <http://www.uihi.org/wp-content/uploads/2018/11/Missing-and-Murdered-Indigenous-Women-and-Girls-Report.pdf>

²⁵ www.statcan.gc.ca/pub/89-503-x/2010001/article/11442-eng.pdf.

95 Saskatchewan found that while Indigenous women only make up 6 percent of the population of the
96 province, 60 percent of its missing women are Indigenous.²⁶

97 Therefore, Women of Reform Judaism commits to and calls upon its sisterhoods, women's groups,
98 and individual members to:

- 99 1. Urge elected officials at all levels of government to pursue solutions to improve racial disparities
100 associated with maternal health outcomes including:
- 101 a. Funding community-based organizations, including Indian Health Service facilities and
102 Urban Indian Health Organizations, focused on improving health outcomes for Black,
103 Indigenous, Latina, and other Women of Color;
 - 104 b. Funding research to learn about the underlying, root causes of disparate maternal and
105 neonatal mortality and morbidity among Black, Indigenous, and Latina women;
 - 106 c. Increasing racial diversity among providers in maternity care and other health care
107 professions;
 - 108 d. Pursuing policies that eradicate cultural biases and discrimination in medical education
109 and practice; and
 - 110 e. Holding individual providers and hospital systems accountable if they fail to provide
111 unbiased, high-quality, evidence-based care;
- 112 2. Urge elected officials and political appointees on all levels of government to:
- 113 a. Adopt legislative changes that clarify and strengthen legal frameworks that ensure and
114 clearly define full, free, and informed consent relating to sterilization procedures;

²⁶ https://www.amnesty.ca/sites/amnesty/files/iwfa_submission_amnesty_international_february_2014_-_final.pdf

- 115 b. Pursue policy proposals that call for increased transparency and accountability from
116 government officials and medical professionals surrounding sterilization procedures;
117 and
118 c. Pursue policy proposals that would provide reparations to victims of coercive
119 sterilization;
- 120 3. Urge elected officials and political appointees on all levels of government to support policies to:
- 121 a. Address violence against Indigenous women and girls;
- 122 b. Improve statistics and protocols on missing and murdered Indigenous women;
- 123 c. Eliminate jurisdictional gaps that result in the cultural marginalization and denial of
124 services to Indigenous women and girls and their families; and
- 125 d. Provide Indigenous and tribal governments with assistance to build capacity to
126 investigate, prosecute, and punish those who commit violence against Indigenous
127 women and girls;
- 128 4. Advance the policy recommendations listed above by:
- 129 a. Implementing sisterhood and/or congregational programs on these issues and other
130 topics relating to the intersection of racism, reproductive, and gender-based violence;
131 and
- 132 b. Support and partner with organizations working to ameliorate the impacts of
133 reproductive and gender-based violence against Black, Indigenous, and Women of
134 Color.