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Reviews

Reproductive Justice in an Age of Austerity

- Reviews section -

Publication date: Thursday 8 March 2018

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These two books about reproductive politics present contrasting situations. *Health Policy in a Time of Crisis* is focused, detailing how women are able to access publicly funded abortion in Catalunya [the region in Spain seeking its independence]. *Politics*, however, impinges on that story as we'll see.

On the other hand, *How All Politics Became Reproductive Politics* is broad, connecting reproductive rights issues to a range of other "hot button" politics in the United States today. These contemporary accounts discuss reproductive politics in a time of austerity and the intervention of rightwing politicians.

Author Laura Briggs describes the U.S. cultural war over reproductive justice as an integral part of neoliberalism's attack on caring work and on the women whose jobs it is.

Part of that attack is to brand particular issues with their terminology, dividing women into those who are responsible and those who are not. Certainly this attempt to view women as either the lady or the tramp is a hallmark of U.S. history, but Briggs analyzes how it functions today to drive today's neoliberal agenda.

In her introduction Briggs describes neoliberalism as "a political revolution that began in the late 1970s in the United States, in which corporate America and Wall Street have reset government priorities to shrink spending on the well-being of actual humans — from schools to housing to child welfare programs like AFDC — in order to keep corporate taxes low and profits high." (8-9)

She explains that her book will tell the story of the sea change neoliberalism brought — not so much by examining political and economic structures but rather through the vantage point of households, which are mostly organized by women.

In Chapter 1 Briggs outlines how the feminist movement of the 1960s and '70s spotlighted the reproductive tasks that have traditionally been assigned to women — child rearing, caring for the household, supporting the elderly — maintaining that these must be social, not gendered, work.

Along with other post-World War II social justice movements, feminists demanded a redistributive state that would provide affordable housing, good schools and child care centers, a safe environment at home and in the workplace, and a health care system that provides for the range of women's reproductive needs.

The "Responsibility" Gambit

While the feminist movement demanded that society take responsibility for social welfare and child rearing, the radical right talked about the need to take personal responsibility for one's decisions.

Chapter 2 describes welfare "reform" as the opening shot in the neoliberal campaign to turn poor women raising their children under difficult circumstances into "welfare queens." Although 62% of all welfare recipients were white, caregivers were painted Black and brown in order to make the program a giveaway to allegedly lazy and sexually promiscuous women of color.

President Bill Clinton claimed that “reform” would “transform a broken system that traps too many people in a cycle of dependence to one that emphasizes work and independence,” ignoring the inconvenient fact that the majority of those on AFDC were children. (48)

The end of AFDC meant that mothers were denied the possibility of going back to school except for minimal “work readiness” classes and were pushed into low-wage work with little access to child care. Briggs notes that this was a boon to Walmart and other corporations paying low wages. Meanwhile families were plunged into more stressful situations: less access to health care, less supervision of children, less financial stability.

By the end of the 20th century most mothers worked a double day, patching together what to do with their children while they were at work. But for women who could afford nannies and domestic workers, the solution was to hire immigrant women, documented or undocumented.

Briggs’ next chapter, “Offshoring Repro-duction,” examines the situation facing women at both ends of the economic spectrum, the (unequal) stresses they face and the impact this has on their children. She demonstrates that immigration is integral to reproductive politics.

If immigrant women could substitute for the needed household tasks of the wealthy, Briggs in Chapter 4 recounts a woman’s desperate story to become pregnant in her mid-30s. After four miscarriages and a dozen attempts at in vitro fertilization, she hired a woman to be her gestational surrogate.

This then segues into a discussion about the variety of technologies necessary if problems of fertility and infertility are to be overcome. She particularly notes the stress on Black women, who suffer higher infant mortality rates. But a range of reproductive issues “surrogate motherhood, sperm banks, problems of infertility, teenage pregnancy, which kind of contraceptive is prescribed, infant mortality and childbearing” must be negotiated in a country where some women are judged as slackers while others are cherished.

Briggs notes that “The more we privatize wealth, dependency, and care work, the more those who disproportionately bear care burdens or struggle with the unequal distribution of poverty and illness in the United States suffer.” (146)

The final chapter analyzes the struggle for same-sex marriage. However, it’s not simply the story of a victory. Rather it is how marriage became the defensive position the queer community took on in order to prevent households they had established from being broken up.

First there were legal struggles “for child custody, for guardianship of partners with severe disabilities, for the right to hold on to common property. Only after those battles were mostly lost did marriage become the fallback solution.

The author outlines the debates over why gays and lesbians should want to be “respectable.” They noted that marriage was “a poor substitute for a social safety net.” (182) Yet she also notes that gay and lesbian couples “not the activists, but ordinary folks” fought for their right to be married. They did so to protect their children, but also to assert their dignity.

Briggs notes a 2008 California Supreme Court case affirming same-sex marriage because it, like heterosexual marriage, facilitates stable family life and plays a critical role in caring for “the young the aged, the sick, the severely disabled, and the needy.” She remarks, “It couldn’t be clearer than that: the purpose of gay marriage is to privatize dependency.” (181)

Thus her chapter concludes: “As a reproductive politics issue, same-sex marriage facilitated the privatization of dependency in both a queerly affirming and profoundly conservative way.” (187)

In the Epilogue, Briggs, a professor of Women, Gender, and Sexuality Studies at the University of Massachusetts Amherst, ties together her various chapters by emphasizing the country’s growing inequality. She does not see Trump’s presidential victory as an “historical earthquake” but rather the consequence of “neoliberal tax cutting producing scarcity and austerity for communities and their school budgets.” (189-190)

That’s true, she maintains, whether the issue is schools, mass incarceration, U.S. foreign policy or the housing market speculation that exploded in the economic crisis of 2008. Briggs spends some time outlining how subprime mortgages were peddled particularly to African-American and Latinx women, with banks raking in money at every stage, including the process of foreclosing and evicting.

How All Politics Became Reproductive Politics explains the rightwing strategy of demonizing women and people of color in order to mark them as causing their own problems, and therefore undeserving. All structural obstacles are hidden under rightwing explanations; neoliberalism would dismiss Briggs’ list of reforms as prolonging “dependency.”

Given the level of new round of tax cuts to the wealthy along with the enormous increase in the military budget, Briggs’ account offers readers a way to understand how neoliberalism’s solutions run absolutely counter to social needs.

Access with Austerity

Health Policy in a Time of Crisis is an ethnographic account of women seeking abortion, along with their providers, through the Catalan health system.

Bayla Ostrach, a medical anthropologist, carried out her interviews shortly after the Spanish state passed legislation in 2010 providing for publicly funded abortions through the first trimester to citizens and residents, and under certain conditions in the second trimester. (Third trimester abortions are rare, involve a strict approval process, and are performed in hospitals.)

But by the time Ostrach began her work, the rightwing Spanish government elected in 2011 threatened to reverse the law.

Catalunya, with its growing independence movement, opposed all attempts to restrict access, particularly the Spanish government’s insistence on ending coverage to immigrants and imposing parental consent on teenagers.

CatSalut, the Catalan public health agency, worked out a compromise that limited immigrants to primary health care for the first year of their registration “but included pregnancy and abortion services within that framework. Sixteen- and 17-year olds were required to have the consent of at least one parent or seek a judicial bypass.

The economic crisis that devastated Spain and Catalunya looms throughout the book. Women who might otherwise have been happy to have a child, or an additional child, felt they had to manage their limited resources. Half already had at least one child. As “Carla” remarked, “I’d rather have one and care for him well than have two that go through penury.” (142)

Rather than recounting the difficulty in making decisions about whether to continue or end their pregnancy, Ostrach points out how women (and feminist activists as well) saw the procedure as “a tool or resource for managing difficult situations, and for prioritizing available resources to enable women to care for children they already have; abortion allows women in economic extremis not to become even more poor or precarious, enables young women to finish educational paths and begin careers, and fundamentally empowers people to make pragmatic decisions about the course of their lives within complex situations.” (114)

Ostrach, a U.S. researcher and feminist activist, investigated women’s access abortion in a country where abortion is seen as a procedure available to all women (at least in the first trimester) “and without an anti-abortion movement that impedes women at the clinic door. She notes how amazing it is for her to feel free to walk in and out of abortion clinics, in contrast to her experience around U.S. clinics.

Yet even in such an open environment, Ostrach finds that social inequality does not stop at the clinic door: “Disparities in the Catalan health system most dramatically affected women who were later in gestation, and disproportionately impacted poor and immigrant women “the easy targets of power and health inequalities.” (150)

In fact, we discover that many “regular” workers (as opposed to temporary or under-the-table workers) have access to a supplemental insurance plan. Before the economic crisis three-quarters of all workers were covered. They would use private care, not the CatSalut neighborhood clinics.

With the economic crisis many workers lost secure jobs and now fall back on public clinics. In fact, the majority of Ostrach’s informants were technically not “poor.” Without the crisis they might not have used the public system.

The Process “ and Bottlenecks

When a woman thought she was pregnant, she could go to the midwife at a CatSalut clinic in her neighborhood. A blood sample would be drawn and the pregnancy confirmed (or not). While there she could obtain gynecologic, prenatal, contraceptive and prenatal care.

In the earliest stage of pregnancy and choosing an abortion, she could obtain a medical abortion there. If she was between 9-22 weeks’ gestation, she needed to obtain a referral voucher from the clinic for a separate facility.

Since Ostrach worked out of a clinic that used the suction method for both first- and second-trimester abortions, she did not interview women who used pills to obtain an abortion. (It is unclear how many women use that route.)

The referral voucher has created a serious and costly bottleneck. Apparently, with the legalization of abortion there was no training of clinic personnel to provide accurate information about the next steps. Shockingly, a number of informants did not know that the voucher they had obtained at CatSalut meant they did not have to come up with the fee. (Originally the legislation dictated they had to pay, and were then reimbursed.)

Many vouchers are sloppily filled out. If the date is incorrect it is invalid. Additionally, there are separate vouchers for a first-trimester surgical abortion (Article 14) and a second-trimester one (Article 15). As a result, when a woman with a faulty voucher applies with her voucher at a surgical clinic, she has to return to CatSalut to obtain the correct one.

Why such paperwork is allowed to impede women’s need for an abortion remains a mystery, but Ostrach notes that

surgical clinics cannot cut through the red tape by simply faxing over a request for the correct form.

Shockingly, Ostrach reports that the average number of visits to obtain a surgical abortion is six! For at least the two mandatory surgical clinic visits (application and pre-tests with the operation scheduled for a different day), women have to travel further, make more complicated arrangements for child care, and take time off from work.

For the operation, the woman is required to have a person present in case of emergency – often necessitating that person's time off from work. The two separate surgical clinic visits were necessary because of the high incidence of incorrect paperwork.

Teenagers' access to abortion is also limited by parental consent, even more so given that many believe they must have the consent of both parents. Statistics seem to indicate that about 4% of 16-17-year olds obtain abortions.

Although Ostrach's grant requirements restricted her from interviewing minors, she was able to talk with staff at the Youth Center, which is dedicated to providing sexual information to people 25 and younger.

Reasons cited in the Association of Accredited Abortion Clinics (2011) for requesting a waiver of parental consent mirror those in the United States: "serious conflicts, family violence or threats, maltreatment, fear of being kicked out of the home, parent(s) in prison, mentally ill/unstable parent(s), parents openly opposed to abortion, and/or parents refusing to accompany them" [to the abortion procedure]. (136)

Ostrach recounts the story of a 12-year old Moroccan girl who was raped by her teacher. Afraid to tell her parents because she believed her father would kill the attacker and end up in prison, she finally told her mother and obtained a late second-trimester abortion. Both she and her mother pled with the clinic not to inform the authorities – as required – because they were still worried about the father's wrath.

Structural and Cultural Impediments

Ostrach recommends that a variety of procedures be reformed in order to eliminate structural barriers. She also discusses the cultural barriers that remain. One impediment Ostrach notes is that immigrant women, many of whom come from societies where abortion is illegal, are unaware that the situation is remarkably different in Catalunya.

As "Frida" – from Colombia – stressed, speaking of the CatSalut staff, "First of all, they should tell South American women that [we] won't die, that [we] will still be able to have children!" (117)

In fact, a third of Ostrach's informants were immigrants. Although less critical of the various hoops they had to jump through to obtain the referral voucher and subsequent abortion, they had longer wait times and more problems. Ostrach cannot ascertain how much the clinic staffs' unconscious racism impacted the care immigrant women received, but she notes several instances.

Another critical factor was the degree of social support women had for their abortion. This ranged from emotional support to helping with arrangements, accompanying the woman for her surgical abortion and taking her home afterwards.

Although the health care system is "universal," given the route provided through supplemental insurance, it is a

two-tier structure. (When we talk about single-payer health care in the United States, we must be sure to avoid reliance on insurance for needed health care because it clearly perpetuates inequality.)

Further, clinics that used the suction method are “contracted” by CatSalut. While I assume all are non-profit, it still means that they operate within the market economy.

When CatSalut contracted out additional clinics and reapportioned quotas, the clinic where Ostrach conducted her research had to lay off staff; it subsequently closed. Yet this was the one clinic that performed second-trimester abortions! As Ostrach notes, women applying to hospitals for even second-trimester abortions will surely encounter greater obstacles.

Health Policy in a Time of Crisis is a highly focused ethnographic study of particular importance because it looks at a relatively new health care system where abortion is legal and publicly funded, available to both citizens and immigrants. Ostrach points to the problems that limit women’s access, and hopefully her work will encourage both activists and health care providers to remove those barriers.

Thus the author sees the passage of the 2010 law as just the first step in a process. Neither Ostrach nor the reader can help comparing and contrasting the situation there with U.S. reproductive health care.

Additionally, Ostrach situates her study within a growing movement for Catalan independence, reinforced by activists’ sense that independence is the way to overcome austerity measures imposed by the Spanish state. This bird’s eye view is of interest to all who are following events in Catalunya. (See her update on the December 21 election at <http://www.solidarity-us.org/site/n...> and her article in our previous issue, “Only the People Save the People,” <http://www.solidarity-us.org/site/n...>.)