

# 23 Black Women's Reproductive Health, Justice, and COVID-19 Complications in the United States

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## Introduction

For women of color, contending as they have with systemic racism, social injustice, and the right to control their own bodies, ensuring reproductive justice has been an urgent need for generations. Certain predominantly white initiatives have addressed reproductive justice in general but often have not dealt with particularities related to race, ethnicity, or class. Consequently, gross maleficence on the part of medical professionals and racism-laced care delivery systems remain. Such malfeasance includes sterilizing women of color without their knowledge or consent, imposing stricter sentences on pregnant women of color who have drugs in their systems while giving birth than on white women in similar conditions, more judicial impositions of contraceptive measures on black women than their white counterparts in exchange for lighter sentences, and making abortions more accessible for affluent white women than for poorer white women and women of color.

Such acts violate biomedical ethics, a healthcare construct grounded in four basic moral principles: Respect for autonomy, beneficence, nonmaleficence, and justice.<sup>1</sup> While a relatively new discipline, biomedical ethics developed as an outgrowth of neglected areas of the Hippocratic tradition. The aforementioned principles are ethical norms that form the rules and obligations of how medical professionals in the context of healthcare should treat patients, distribute resources and information, and make decisions regarding the care of their patients.<sup>2</sup>

Respect for autonomy is the recognition of the rights of individuals to make choices based on personal values and beliefs, providing the individual has the mental capacity to do so.<sup>3</sup> Regarding women, their decision to give birth or not give birth constitutes an autonomous act. Nonmaleficence delineates several rules, including not causing unnecessary pain, incapacitating, or offending as well as not depriving others of the life necessities. Nonmaleficence also means equal treatment without regard to sex, religion, race, nationality, gender, or ethnicity and prohibits the threat of a punitive act or action (e.g., family division, unfair

removal of a child). Nonmaleficence furthermore obligates one to neither withhold nor withdraw beneficial treatment if a patient likely will recover and live a full life.<sup>4</sup>

Beneficence, a more affirmative principle of rights and protections than nonmaleficence, is concerned with an obligation to act for the benefit of others. Given that physicians often are in authoritative positions to determine patients' interests, beneficence mandates that, whenever possible, patients are active in decision-making processes.<sup>5</sup> As regards justice, the principle prevents unfair or wrongful acts such as denying needed resources or lawful protections or receiving social benefits on the basis of an undeserved advantage.<sup>6</sup> In some instances, self-made choices by women of color seem to have been excluded from legal protections; instead, their choices have been subjected to much interference and obstruction.<sup>7</sup>

This essay explores the principles of healthcare ethics as aids to the reproductive justice movement in the United States that various women of color launched during the mid-1990s. They responded to persistent race-based health disparities, especially among black women. The essay also explores ways public resources, including resources emanating from black religious life, should be mobilized and leveraged to ensure collective reproductive justice for women of color. The essay also examines how the COVID-19 pandemic has affected reproductive health among women of color. Research indicates women of color suffer higher rates of prenatal stress, anxiety, and depression than white women and that such conditions can have long-term effects on mothers and their children.<sup>8</sup>

### **Reproductive Health, Reproductive Rights, and Reproductive Justice**

The global reproductive justice movement emerged against a backdrop of predominantly white reproductive rights activism focused largely on abortion rights and contraceptive choice. In the United States, the women of color who helped launch the movement recognized their white mainly economically well-off white contemporaries did not advocate for many needs in communities of color. The American reproductive justice movement thus broadened the abortion debate, creating a mechanism to address unfair policies and legal interpretations that placed limits on the reproductive freedoms of women of color. Movement organizers stressed the need to make decisions to have children or not have children in safe environments.<sup>9</sup>

Regarding the international context of the reproduction justice movement, the year 1994 is pivotal. While preparing to attend the International Conference on Population and Development in Cairo, Egypt, a set of black women used the term *reproductive justice* to emphasize the idea that an individual's right to plan a family was central to global development. Members of the group named themselves Women of African Descent for

Reproductive Justice and started a campaign (later movement) rooted in three core principles. One, every woman had the right to decide if or when she would have a baby as well any other condition regarding childbirth. Two, a woman could prevent or terminate a pregnancy. Finally, a woman should be able to parent a child with necessary social support in a safe environment and a healthy community without fear of violence from another individual or government.<sup>10</sup>

Since 1994, numerous women of color have expanded the framework the Women of African Descent for Reproductive Justice created to include economic injustice, welfare reform, prisoner's rights, environmental justice, immigration, and drug policy in addition to reproductive choice.<sup>11</sup> Linda Ross, an African American author, activist, and cofounder of a Southern-based national organization called Sister Song (or SisterSong),<sup>12</sup> often discusses "reproductive oppression," or systematic population control via the regulating of women's bodies.<sup>13</sup> As she and her colleague, scholar Ricker Solinger, explained in 2017, reproductive justice combines social and reproductive rights and then centers that combination as a human right.<sup>14</sup>

"Convention on the Prevention and Punishment for the Crime of Genocide," a document the United Nations General Assembly ratified on December 9, 1948, is of utmost importance to the human rights element of the reproductive justice movement.<sup>15</sup> According to the document, "imposing measures intended to prevent births within [a] group, and forcibly transferring children of the group to another group," was a genocidal act.<sup>16</sup> That definition matched the experiences of countless African American women who suffered sterilization without consent, who lost children to an unfair foster care system, or whose pregnancies officials criminalized. Such reproductive control fostered reproductive oppression, which often resulted in detrimental outcomes for affected women and other loved ones.

The reproductive justice movement has proceeded along three major service delivery trajectories: health, rights, and justice.<sup>17</sup> Reproductive health addresses the improvement and the expansion of services (e.g., information, research, data) pursuant to developing prevention mechanisms that are culturally sensitive to women of color.<sup>18</sup> Reproductive rights form the basis of the delivery model embodying legal and other advocacy services. The model functions to safeguard existing constitutional protections that are not applied sufficiently to reproductive matters. By my estimation, incarcerated women, women clients of social assistance programs, and women and girls of color in poor communities who are without recourse in fighting structural and institutional racism concerning their bodies are most vulnerable to reproductive rights abuses.<sup>19</sup> The third trajectory, justice, takes the form of movement-building by women concerned with the intersectionality of reproductive rights, environmental and sociocultural issues, economics, and politics.<sup>20</sup>

## **Impacts of COVID-19 on Women of Color and Federal Legislation**

According to Diana Bianchi, a medical geneticist and neonatologist who directs the Eunice Kennedy Shriver National Institute of Child Health and Human Development, the COVID-19 pandemic has resulted in further endangerment of maternal health. Increased incidents of infant mortality, complications related to high blood pressure, postpartum hemorrhaging, and premature delivery are illustrative. As far as race/ethnicity are concerned, disparities have long been evident in pregnancy outcomes. For instance, black women have endured higher pre-term birth rates and maternal morbidity than their white counterparts. My research shows that other historical indices of disparity (e.g., anxiety, depression, underemployment) often worsen the mental health of pregnant black women.<sup>21</sup>

In addition to the matters discussed above, widespread shifting to routine care using telehealth systems during the COVID pandemic has posed major risks to women of color and to other marginalized women in the United States. Sometimes, during telephone conferences, physicians or other caregivers do not pay as close attention to what those pregnant women say as the caregivers would during traditional in-person, or face-to-face, consultations. Additionally, caregivers might not take the concerns of pregnant women of color as seriously as they would if consultations were in person. Of equal significance as those two possibilities, some pregnant women of color are not positioned well to pick up on symptoms of prenatal complications that physicians and other caregivers might catch during traditional face-to-face visits. Restricting such visits also means fewer ultrasound tests, cervical checks, laboratory work, and opportunities for additional health screenings.<sup>22</sup> According to Michelle Williams, dean of faculty at the Harvard T.H. Chan School of Public Health, those and related matters lead to a “disproportionate burden of morbidity and mortality” in black, brown, and poor white communities.<sup>23</sup>

Changing policies that limit maternal support during labor and delivery constitute an additional reproductive concern during the COVID pandemic. Fear of spreading the disease has caused hospital administrators to eliminate doulas, family members, and other individuals from being present during deliveries and post-delivery stays. Angelina Aina, interim director for Black Mamas Matter Alliance, confirmed the stories of black maternal advocates who have separated mothers suspected of having COVID from their babies. That act interrupted the skin-to-skin, or bonding, period between mother and child. While prudent, as the life of both mother and baby are at risk if a mother is infected with COVID, hospital administrators have separated more black mothers and babies than their white counterparts. Furthermore, black women have expressed being pressured into having Caesarean sections to limit the length of their hospital stays, increasing risks, and complications during delivery.<sup>24</sup>

Despite an assortment of major challenges on which COVID has cast a bright light, black and other women of color have demonstrated much resilience. From April 17, 2020, to May 1, as the pandemic spread around the world, a group of medical researchers in the United States conducted a survey among 787 pregnant women.<sup>25</sup> Two hundred sixteen were black, non-Hispanic/Latina women who completed a twenty-one-item questionnaire covering five factors of resilience: Emotion regulation, supportive close relationships, non-hostile close relationships, and perceived neighborhood safety.<sup>26</sup> Results indicated high levels of resilience among the black women surveyed, as expressed in their abilities to push through anxieties and take care of personal and familial needs.<sup>27</sup>

Although resilience is critical to the health prospects of women of color, achieving changes and reforms to reproductive healthcare policies and practices is more important. Policymakers are considering changes to Medicaid coverage for postpartum mothers, increasing insurance services, training more black female doctors, and encouraging current healthcare providers to not only listen to but also heed the concerns of black women.<sup>28</sup> With respect to Medicaid, there has been a growing cry among Democrats in the United States House of Representatives to expand coverage for pregnant women and new mothers.<sup>29</sup> In November 2019, the majority in the House Energy and Commerce Committee approved two bipartisan bills to address maternal mortality by voice vote, but the bills have not come to the floor.<sup>30</sup> The bills authorize coverage under Medicaid and the Children's Health Insurance Program for one-year postpartum care, new funding for state programs that address maternal health, and coverage for midwifery.<sup>31</sup>

Several advocacy groups have led the charge for legislative reform. For example, members of the Black Mamas Maternal Association lobbied for passage of the Black Maternal Health Omnibus Act, a piece of legislation Congresswoman Lauren Underwood, a Democrat from Illinois, introduced into the US House of Representatives in March 2020 and reintroduced in February 2021.<sup>32</sup> The act focuses on increasing prenatal workforces, among other things. Additional policy initiatives the association supports include using doulas as support persons in delivery rooms and obtaining grants to fund a larger number of midwives and physician assistants. It is important to note, these bills have not yet been passed but are supported by 93 groups, including The American College of Obstetricians and Gynecologists.<sup>33</sup> A separate organization, the Black Maternal Health Association, wants to see the US Department of Health and Human Services award grants to improve maternal outcomes and reduce bias and discrimination in maternal care.<sup>34</sup>

Sister Song is yet another organization whose members have promoted action steps that provide means to mobilize resources to fight against reproductive punishment and other forms of oppression. Members understand the intersectional reproductive needs of women of color, the constitutional

rights to have needs addressed, and the necessity of collaborating with other reproductive justice organizations to achieve common goals. Collaboration is particularly important for black women, whom white people, especially men, historically have refused to fully acknowledge humanity and identity. Sister Song's concerns emanate not only from pro-choice and pro-life differences, but also from a broader range of matters bearing on family development, respect for a black woman's body, autonomy, and the demand for quality medical care.<sup>35</sup>

## Conclusion

The fight for reproductive justice is not a new struggle. For example, the dark history of forced sterilization without proper consent is one aspect that is centuries old. Today, black women lead the charge to address such injustice, but additional warriors are needed. Bioethicists, lawmakers and other public policymakers, and medical professionals are simply three groups whose members can diversify the aforementioned army of women battling to achieve reproductive justice. In so doing, they set an example for other faith soldiers who seek to leverage multifaceted resources to ensure the health and wellness of women.

## Notes

- 1 Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics*, 6th ed. (New York, NY: Oxford University Press, 2009). Some scholars expand the list of biomedical ethics to as many as seven, adding health maximization, efficiency, and proportionality to nonmaleficence, beneficence, respect for autonomy, and justice. Peter Schröder-Bäck et al., "Teaching Seven Principles for Public Health Ethics: Towards a Curriculum for a Short Course on Ethics in Public Health Programmes," *BMC Medical Ethics* 15 (October 7, 2014): 1–10, <http://www.biomedcentral.com/1472-6939/15/73>.
- 2 Beauchamp and Childress, *Principles of Biomedical Ethics*, 1–14.
- 3 Beauchamp and Childress, *Principles of Biomedical Ethics*, 105.
- 4 Beauchamp and Childress, *Principles of Biomedical Ethics*, 149–53.
- 5 Beauchamp and Childress, *Principles of Biomedical Ethics*, 208.
- 6 Beauchamp and Childress, *Principles of Biomedical Ethics*, 241.
- 7 Dorothy Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York, NY: Pantheon Books, 1997), 294.
- 8 Raquel E. Gur et al., "The Disproportionate Burden of the COVID-19 Pandemic among Pregnant Black Women," *Psychiatric Research* 293 (November 2020): 1–8, doi: [10.1016/j.psychres.2020.113475](https://doi.org/10.1016/j.psychres.2020.113475).
- 9 Loretta J. Ross and Rickie Solinger, *Reproductive Justice: An Introduction* (Oakland, CA: University of California Press, 2017), 9. See also Rebecca J. Cook and Bernard M. Dickens, "From Reproductive Choice to Reproductive Justice," *International Journal of Gynecology and Obstetrics* 106 (August 2009): 106–9.
- 10 Zakiya Luna and Kristin Luker, "Reproductive Justice," *Annual Review of Law and Social Science* 9 (2013): 327–52; Ross and Solinger, *Reproductive Justice*, 9 (enumerating the trio of core principles).

- 11 Cook and Dickens, “From Reproductive Choice to Reproductive Justice.”
- 12 For information about Sister Song, visit <https://www.sistersong.net/>.
- 13 Loretta Ross, “Understanding Reproductive Justice: Transforming the Pro-Choice Movement,” *Off Our Backs* 36 (January 2006): 14.
- 14 Ross and Solinger, *Reproductive Justice*, 9.
- 15 United Nations General Assembly, “Convention on the Prevention and Punishment for the Crime of Genocide,” December 9, 1948, [https://web-cache.googleusercontent.com/search?q=cache:n-076PqZ0xEJ:https://www.un.org/en/genocideprevention/documents/atrocities-crimes/Doc.1\\_Convention%2520on%2520the%2520Prevention%2520and%2520Punishment%2520of%2520the%2520Crime%2520of%2520Genocide.pdf+&cd=1&hl=en&ct=clnk&gl=us](https://webcache.googleusercontent.com/search?q=cache:n-076PqZ0xEJ:https://www.un.org/en/genocideprevention/documents/atrocities-crimes/Doc.1_Convention%2520on%2520the%2520Prevention%2520and%2520Punishment%2520of%2520the%2520Crime%2520of%2520Genocide.pdf+&cd=1&hl=en&ct=clnk&gl=us) (hereafter cited as UNGA, “Convention.”).
- 16 UNGA, “Convention.”
- 17 Ross, “Understanding Reproductive Justice.”
- 18 Ross, “Understanding Reproductive Justice.”
- 19 Luna and Luker, “Reproductive Justice.”
- 20 Ross, “Understanding Reproductive Justice,” 14–19.
- 21 Regarding infant mortality, high blood pressure, postpartum hemorrhaging, and premature delivery, among other matters I discuss in the main text, see Diana W. Bianchi and *Janine Clayton*, “A Mother’s Day Message: Time for Action to Improve Maternal Health,” *National Library of Medicine Musings from the Mezzanine*, May 12, 2021, <https://nlmdirector.nlm.nih.gov/2021/05/12/a-mothers-day-message-time-for-action-to-improve-maternal-health/>.
- 22 Eona Harrison and Ebonie Megibow, “Three Ways COVID-19 is Further Jeopardizing Black Women’s Health,” *Urban Wire*, July 30, 2020, <https://www.urban.org/urban-wire/three-ways-covid-19-further-jeopardizing-black-maternal-health>.
- 23 Sandhya Raman, “COVID-19 Amplifies Racial Disparities in Maternal Health,” *Roll Call*, May 14, 2020, <https://www.rollcall.com/2020/05/14/covid-19-amplifies-racial-disparities-in-maternal-health>.
- 24 Raman, “COVID-19 Amplifies Racial Disparities.”
- 25 Gur et al., “Disproportionate Burden,” 2–3.
- 26 Gur et al., “Disproportionate Burden,” 3.
- 27 Gur et al., “Disproportionate Burden.”
- 28 Jamila Taylor et al., “Eliminating Racial Disparities in Maternal and Infant Mortality: A Comprehensive Policy Blueprint,” *Center for American Progress*, May 2, 2019, <https://www.americanprogress.org/issues/women/reports/2019/05/02/469186/eliminating-racial-disparities-maternal-infant-mortality/>.
- 29 Raman, “COVID-19 Amplifies Racial Disparities.”
- 30 Raman, “COVID-19 Amplifies Racial Disparities.”
- 31 Raman, “COVID-19 Amplifies Racial Disparities.”
- 32 Raman, “COVID-19 Amplifies Racial Disparities.”
- 33 Raman, “COVID-19 Amplifies Racial Disparities.”
- 34 Raman, “COVID-19 Amplifies Racial Disparities.”
- 35 Regarding white Americans’ historical denial of black women’s humanity, see Roberts, *Killing the Black Body*, 302.