
This book is about the vibrant histories of resistance and activism for reproductive justice led by women of color in the United States. Women of color negotiate their reproductive lives in a system that combines various interlocking forms of oppression—poverty, racism, environmental degradation, sexism, homophobia, and injustice. Because of these intersections, women of color advance a definition of reproductive rights that extends beyond the right to abortion on demand to include a much wider set of concerns: access to resources and services, economic rights, freedom from violence, and safe and healthy communities.

Using a series of eight organizational case studies, the book documents how women of color have led the fight to control their own bodies and reproductive destinies; it shows women organizing to define and implement an agenda for reproductive justice to address the needs of their communities. The four ethnic communities are African Americans, Native Americans, Latinas, and Asian Americans; the eight groups are the National Black Women’s Health Project, based in Washington, DC; African American Women Evolving, based in Chicago; the Native American Women’s Health Education Resource Center, based on the Yankton Sioux reservation in South Dakota; the Mother’s Milk Project, based in upstate New York; the National Latina Health Organization, based in Oakland; the Colorado Organization for Latina Opportunity and Reproductive Rights in Denver; Asians and Pacific Islanders for Reproductive Health in Oakland; and the National Asian Women’s Health Organization, based in San Francisco.

All of these groups are similar in that they are redefining reproductive rights to include the needs of their communities; they are leading the fight against population control and asserting links between the right to have children and the right not to have children; they are organizing along lines of racial and ethnic identity in order to create the spaces to confront internalized and external oppression, forge agendas, and engage with other movements; and they are promoting new understandings of political inclusion and movement building that bridge historic divisions to create new alliances.

The commonalities of experience and overall socioeconomic status of these four communities include disproportionate rates of poverty,
lack of access to health care information and services, lack of insurance coverage and limited access to contraceptive services. Almost one-fourth of the estimated 43 million women of color in the United States are uninsured, with limited or no access to quality health care. “For women of color, reproductive and sexual health problems are not isolated from the socioeconomic inequalities in their lives” (p. 6).

The organizations described in this book offer forward-looking strategies for connecting single-issue groups to build an inclusive and representative movement for reproductive health and sexual rights for all women by introducing new frames like reproductive justice. Mainstream feminist strategies based primarily on defending abortion through the legislative and judicial systems have proven to be limited, as the success of the Right Wing in mobilizing a vocal and active constituency threatening reproductive rights shows. The broader agenda of women of color has the potential to revitalize the reproductive rights movement by reaching across social movements and linking health and reproductive rights to other social justice issues. This is the meaning of the book’s title, Undivided Rights.

Readers of The Journal of Public Health Policy will appreciate the information the authors have amassed about these groups, as well as the insights the groups offer about ways that public health policy needs to be reformulated if health services are to reach these underserved groups. The importance of Undivided Rights to public health workers cannot be underestimated.

Meredith Turshen


Worldwide, but especially in the United States, no public health policies are more controversial and subject to reversals than those dealing with reproduction and sexuality. For more than a century, the core debate has been whether people’s access to comprehensive, safe, effective and affordable reproductive technologies and sexuality information should be increased or restricted. On one side are liberals, feminists, most medical and public health professionals, social workers and