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.

MEREDETH 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
demographers who promote greater access for various reasons: to empower women, to slow population growth, to prevent sexually-transmitted diseases, to increase women’s enjoyment of sex and to reduce unwanted pregnancies. On the other side are conservatives, fundamentalists and the Catholic Church who equate more access with promiscuity, family breakdown, death of unborn children and immorality.

Because public health policies generally revolve around economic considerations (e.g., corporate profits versus cleaner air) and are less freighted with ideology, scientific evidence can help to achieve a reasonable compromise. In reproductive health, however, ideology can trump science, as happened with the 2004 FDA decision not to approve over-the-counter emergency contraception despite overwhelming evidence that it was safe. Hence there is a continual need for ardent, creative and focused reproductive health champions to confront the more conservative forces that can stall or reverse initiatives.

Margaret Sanger (1879–1966) was not only a champion of birth control, she even coined the term. She grew up in an impoverished household in Corning, New York, the sixth child of eleven. In her early 20s she became a nurse and chose to work in the squalid tenements of the Lower East Side of New York City. Deeply moved by the despair and deaths of many poor women because they were prohibited from learning about contraception and controlling their fertility, Sanger became a “woman rebel” against the Comstock Laws of 1873, which had classified as obscene any information relating to contraception. Arrested for her publications on sex education, Sanger fled to England in 1914. While in Europe, she visited birth control clinics in Holland and became determined to establish similar clinics in the United States. In late 1916, she opened the first birth control clinic in Brooklyn, New York. It was promptly shut down and Sanger was arrested for the second time and served a 30-day jail sentence. A breakthrough came in 1918 during Sanger’s appeal of her conviction, when Judge Frederick Crane recognized the right of physicians to give contraceptive advice. In 1921, Sanger established the American Birth Control League, the predecessor to the Planned Parenthood Federation. She also organized the first World Population Conference in Geneva in 1927 to raise attention to overpopulation. Sanger struggled for years to overturn the Comstock Laws, which were effectively nullified in 1936 with the “One-Package” decision that allowed physicians to give contraceptive
advice in person and through the mail. Another of her major accomplish-
ments was to instigate research on new contraceptive technologies,
eventually resulting in the “pill’s” introduction in 1960.

In this ambitious and very readable book, Miriam Reed carefully
chronicles the life of Margaret Sanger and also provides the reader with
significant excerpts from Sanger’s voluminous writings. Although in
later years Sanger sought to portray herself as a single-minded proponent
of birth control, Reed reveals the initial radical feminist and Social-
ist who deliberately “reformed” herself to woo mainstream supporters.
Many of Sanger’s writings from her “rebel” period in the 1910s are
surprisingly relevant today. Besides advocating for birth control, Sanger
argued forcefully for improvements in working conditions of women,
for children’s right to sexuality education, for wages for stay-at-home
mothers and for women’s right to sexual pleasure. Her major early
tactic was civil disobedience (“No law is too sacred to break”). Dr.
Martin Luther King, Jr. later observed, “There is a striking kinship
between our [civil rights] movement and Margaret Sanger’s early efforts
. . . [our] struggle for equality by nonviolent direct action may not
have been so resolute without the tradition established by Margaret
Sanger.”

By the 1920s, Sanger was determined to make birth control available
to women around the world. She became an intrepid globe-trotter
and public speaker who was particularly revered in Japan. She was
unafraid to challenge cultural icons such as Mahatma Gandhi, who she
noted “can never accept sex as anything good, clean, or wholesome.”
She strove to establish global organizations to increase access to contra-
ception and to raise awareness about overpopulation. Reed discusses
how, as a female nurse, Sanger was eventually sidelined by American
male physicians who took control and recast the mission of the organi-
zations as “planned parenthood” rather than “birth control.” Reed
skillfully employs Sanger’s correspondence and speeches to debunk the
myths that she was a racist or hard-core eugenicist, although she does
demonstrate that as late as 1955 Sanger still maintained that adults
with “transmissible or hereditary disease” should not give birth.

Reed gives non-judgmental insights into Sanger’s unconventional
personal life. Sanger was a gentle, frail woman who suffered from
many serious health conditions, including tuberculosis. She had three
children with her first husband, the artist Bill Sanger, whom she divorced
in 1921. When she remarried a conservative millionaire in 1922, she
insisted they maintain separate apartments and that her work take precedence. During her married life, she had numerous affairs with men as illustrious as H. G. Wells.

The book is well-organized into 42 chapters that track Sanger’s life from rebel to reformer to “conservative radical.” It also includes a comprehensive 10-page timeline of world events from 1873 to 2003 that situates Sanger’s milestones in the ongoing struggle for reproductive rights. For those hazy on historical figures of Sanger’s time, Reed provides 124 helpful thumbnail sketches of her contemporaries. Some drawbacks of the book are Reed’s occasional lapses into colloquialisms, her insertion of her own opinions about population growth and sexuality, and her uninformative introductions to several of Sanger’s excerpts. The book would have benefited from a discussion of how Sanger’s beliefs in freedom to choose one’s family size and in the importance of women’s sexual satisfaction, informed consent, and comprehensive sexuality education were obscured in the decades after her death and only resurfaced at the 1994 International Conference on Population and Development in Cairo.

These minor shortcomings should not deter readers interested in understanding how a determined individual—who the New Yorker wrote “seems about as dangerous as a little brown wren”—could use the four strategies of “agitation, education, organization, and legislation” to overcome Victorian prudery and achieve a profound transformation in women’s lives worldwide. This excellent book should provide inspiration and guidance to all public health professionals seeking to make a difference.

PAULA TAVROW