CENTER FOR RACIAL & DISABILITY JUSTICE

REPRODUCTIVE JUSTICE COLLECTIVE | POLICY BRIEF NO. 1

REPRODUCTIVE JUSTICE POLICY & DISABILITY

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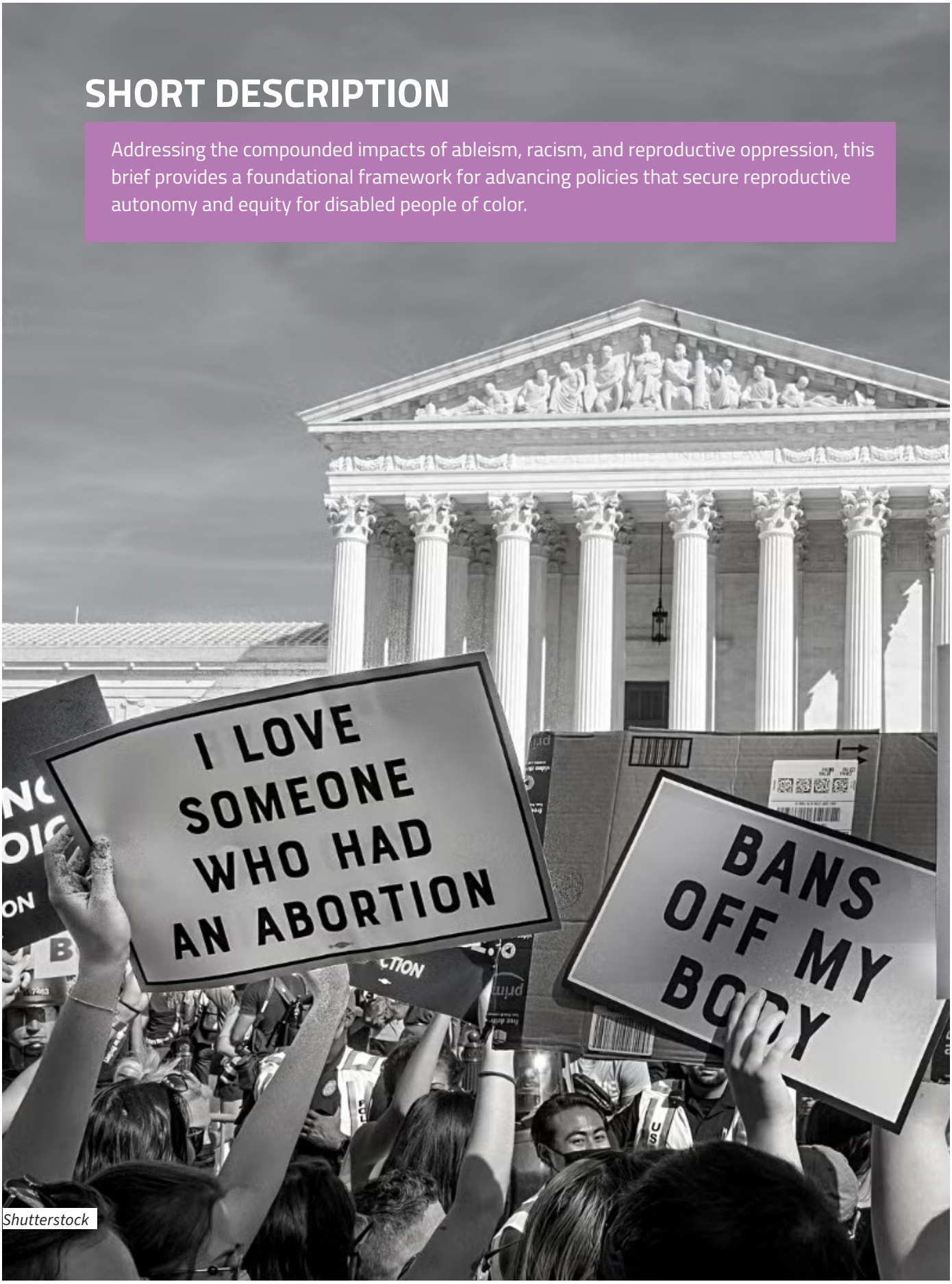
Cover: A family of four are lying on a bed smiling. One mother is holding a tablet and glacing up at a little boy smiling. The other mother is laughing while looking at the tablet. The two children are sitting on their moms' backs enjoying family time.

SHORT DESCRIPTION

Addressing the compounded impacts of ableism, racism, and reproductive oppression, this brief provides a foundational framework for advancing policies that secure reproductive autonomy and equity for disabled people of color.



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EXECUTIVE SUMMARY

Disabled people who are pregnant or parenting face widespread barriers to reproductive freedom, care, and autonomy; particularly those who are Black, Indigenous, and People of Color (BIPOC). These barriers are not accidental—they are the product of interlocking systems of racism, ableism, and misogyny that have long controlled and devalued the reproductive lives of disabled and racialized communities. Addressing these injustices requires more than reform; it demands a radical reimagining of policy grounded in reproductive and disability justice.

Reproductive justice, born from the organizing of women of color, affirms that all people have the right to have children, not have children, and raise families in safe, sustainable communities. Disability justice deepens this vision by centering access, interdependence, and collective liberation. Together, these frameworks expose the structural violence embedded in our healthcare, legal, and economic systems—and chart a path toward transformative change.

To move toward a future where BIPOC disabled birthing people are not just visible but valued, we must enact transformative policies that confront reproductive oppression at its roots. The following recommendations are foundational to that vision:

1. **Ensure access to reproductive health care that is disability- and race-conscious**
2. **Abolish forced sterilization and coercive reproductive control**
3. **Dismantle guardianship structures that undermine reproductive autonomy**
4. **Build accountability through intersectional oversight and disability data justice**

These recommendations call for a shift in power—away from systems that control and constrain, and toward policies that affirm dignity, autonomy, and justice.

UNDERSTANDING REPRODUCTIVE JUSTICE

The current state of reproductive equity and justice policy in the United States for disabled people is one of profound inequity, layered oppression, and urgent possibility. It reflects a deeply rooted history of eugenics and structural ableism, compounded by racism, poverty, and gender-based violence. Although there have been critical advances in reproductive rights, especially under disability rights law and advocacy, these gains have largely failed to meet the full scope of reproductive justice needs for disabled people, especially those who are BIPOC.

REPRODUCTIVE JUSTICE AT THE INTERSECTIONS

BIPOC disabled people experience disproportionately high rates of reproductive oppression, including coerced sterilization, denial of access to reproductive health care, restricted parental rights, and systemic barriers to abortion and contraception. These injustices are embedded in legal, medical, and social systems. **Reproductive oppression** is not just a matter of lacking abortion access—it includes systemic denial of sexual education, contraception, the right to parent, and self-determination [1]. Barriers for BIPOC disabled people are not intrinsic to one's disability or impairment, but are the result of discriminatory systems: inaccessible clinics, financial hardship, cultural bias, and exclusion from policy conversations all reduce reproductive autonomy [2].

POST-DOBBS VULNERABILITIES

The U.S. Supreme Court's *Dobbs v. Jackson* decision exacerbated these inequities. For disabled people, particularly those who are BIPOC, forced pregnancy in the context of inaccessible care and higher rates of maternal mortality presents life-threatening risk. Disabled people are more likely to live in poverty, have lower access to sexual and reproductive health services, and face greater difficulty traveling across state lines for abortion access—particularly in states with strict bans [3].

HISTORICAL & LEGAL DISCRIMINATION

Legal frameworks still allow or tolerate discriminatory practices. The National Council on Disability found that parents with disabilities, especially psychiatric or intellectual disabilities, are far more likely to lose custody of their children, with removal rates ranging from 40% to 80% in some populations. Courts frequently use a parent's disability as a determining factor in custody decisions, often without requiring proof of harm [4].

REPRODUCTIVE JUSTICE & EQUITY

Reproductive justice and equity are complementary frameworks that address the systemic barriers individuals face in exercising full autonomy over their reproductive lives. Together, they provide a roadmap for transforming policy, systems, and institutions to support human rights, health, and dignity.

Reproductive Justice

Reproductive justice is a human rights–based framework rooted in the leadership of women of color and grassroots movements [5,6]. First articulated in 1994 by Black women activists, reproductive justice came about in response to the reproductive rights movement, which centered white, middle-class, individualist frameworks, to reframe it as a broader, intersectional social justice issue centering race, class, gender, disability, and immigration. Racial justice is a framework, movement, and praxis that expands beyond individual "choice" to encompass the social, political, and economic conditions necessary for individuals and communities to fully realize reproductive freedom [5,7]. It affirms three core values:

- **The right to have a child**
- **The right to not have a child, including but not limited to abortion access**
- **The right to parent a child or children in a safe and healthy environment, including the right to parent with dignity**

Reproductive justice is about access, not simply choice; recognizing how systems of oppression intersect to shape and often constrain reproductive decision-making, especially for BIPOC, disabled, LGBTQ+, immigrant, and low-income communities. To achieve reproductive justice we must analyze power systems, address intersecting oppressions, center the most marginalized, and join together across issues and identities.

DISABILITY REPRODUCTIVE JUSTICE

In her work, Robyn Powell argues that the reproductive rights movement has largely neglected the reproductive oppression faced by disabled people, which is rooted in eugenics-era policies that include forced sterilization, institutionalization, marriage bans, and the infamous Buck v. Bell (1927) decision, which remains good law. As such, disability reproductive justice should:

- **Disrupt Intersecting Oppressions:** enter multiply marginalized disabled people and confront racism, ableism, transmisia, and heterosexism together.
- **Center Disabled People as Leaders:** Ground policy and advocacy in the leadership and lived experience of disabled people (e.g. "nothing about us, without us").
- **Protect Autonomy and Self-Determination:** Eliminate unnecessary guardianships and promote supported decision-making alternatives.
- **Ensure Access to Sexual and Reproductive Services and Information:** Enforce federal disability rights laws, fund telehealth, repeal the Hyde Amendment, and ensure accessible sex education.
- **Guarantee Rights, Justice, and Wellness:** Reform or abolish oppressive systems (e.g., family policing, subminimum wage laws), ensure economic security, and pass protective legislation like the EACH and WHPA acts.

Reproductive Equity

Reproductive equity is the goal and practice of eliminating disparities in reproductive health access, outcomes, and decision-making power. It requires proactively addressing the root causes of inequality—such as discriminatory policies, institutional bias, economic injustice, and environmental racism—that prevent people from achieving full reproductive autonomy.

Whereas reproductive justice provides a vision and framework for change, reproductive equity focuses on outcomes and systems transformation—including equitable access to quality care, supportive social conditions, and protection from reproductive oppression. Together, these frameworks call for a shift from narrow rights-based protections to a comprehensive approach that centers justice, community leadership, and structural change.

Reproductive & Disability Frameworks

	Reproductive Equity	Disability Inclusion	Reproductive Rights	Disability Rights	Reproductive Justice	Disability Justice
OBJECTIVE	Provide direct, patient-centered, and culturally affirming health services that ensures equitable outcomes	Ensure disabled people are not only included but centered in care design	Protect legal access to reproductive health services (e.g., abortion, contraception)	Secure legal protections for disabled people's civil and human rights	Affirm bodily autonomy, and the right to have, not have, or raise children in safe, supported communities	Promote collective liberation, interdependence, and the value of all bodyminds and identities
APPROACH	Move from access-only to inclusionary design; challenge ableist assumptions in care	Value lived experience, co-design care systems, challenge medical ableism	Legal and political action focused on maintaining access to services	Legal and rights-based strategies to end discrimination	Intersectional, community-rooted organizing led by those most affected, with a focus on structural change	Community-rooted, cross-movement solidarity that confronts ableism, racism, colonialism, and eugenics
INTEGRATED APPROACH	Center disabled people in reproductive care by designing services that are not only physically accessible but structurally inclusive, trauma-informed, and affirming of diverse bodyminds and identities. Move beyond compliance toward co-created care grounded in dignity, cultural relevance, and lived expertise.		Leverage legal and policy frameworks to protect reproductive and disability rights, while recognizing the limits of law in dismantling structural oppression. Advocate for expanded access, anti-discrimination protections, and the enforcement of rights, while resisting carceral or paternalistic interpretations of "protection."		Organize for structural change by centering those most impacted at the intersections of race, disability, gender, class, and queerness. Challenge interlocking systems of oppression (e.g., ableism, racism, eugenics, capitalism) through collective action, relationship-based strategies, and a vision of liberated, interdependent futures.	

Adapted from Hassan, Hirz, Yates & Hing, 2023 [8].

BIPOC, low-income, LGBT+, or otherwise multiply marginalized. Integrating frameworks such as reproductive justice, disability justice, reproductive rights, and health equity reveals shared commitments to bodily autonomy, interdependence, and systemic transformation.

This integrated lens also exposes the limits of dominant policy frameworks, which often rely on narrow legal definitions of individual rights, privacy, and choice. Reproductive justice moves beyond these constraints by addressing the structural conditions that shape people's reproductive lives [7]. Disability justice similarly challenges rights-based approaches that overlook entrenched ableism and systemic inequality. Together, these frameworks point toward a more expansive, human rights–based approach—one rooted in dignity, community, and collective liberation.

POLICY OVERVIEW

Understanding and addressing the needs of BIPOC disabled birthing people through policy is complicated by the siloed nature of research, law, and practice. Too often, these domains examine race, disability, or gender in isolation, failing to consider how these identities intersect and how discrimination compounds at those intersections. As a result, policies may nominally address disparities in maternal health, disability rights, or racial equity, but rarely do they grapple with the layered realities of those who live at the intersection of all three.

This fragmented approach leads to profound gaps in protection, access, and accountability. For example, policies may promote cultural competency without addressing ableism in clinical settings, or expand disability access without considering the reproductive oppression experienced by BIPOC or LGBT+ people. When frameworks focus solely on individual rights or procedural access, they obscure the structural conditions—poverty, surveillance, carceral control, and institutionalized neglect—that shape reproductive experiences.

To build effective, equitable policy, we must move beyond single-axis frameworks and instead adopt approaches rooted in disability reproductive justice—frameworks that center the voices of those most marginalized and demand structural transformation. This section critiques existing policy approaches through that lens, exposing how current systems both reflect and reproduce intersectional injustice.

1. MEDICAID & INSURANCE COVERAGE POLICIES

Structural Gaps: Medicaid and Medicare policies illustrate how systems fail when they address disability, race, or gender in isolation. For example, while Medicaid expansion under the ACA improved access to pregnancy-related care for some low-income individuals, it did not fully address the coverage gaps for disabled people—particularly those dually navigating poverty and structural ableism. Disabled pregnant people under 65 who qualify for Medicare often find their reproductive and maternity care needs excluded due to Medicare's traditional focus on elder care [9].

Intersectional Failures: Pregnancy-related Medicaid coverage often ends 60 days postpartum, disproportionately affecting BIPOC and disabled birthing people, who experience higher rates of complications and disability onset post-birth. Moreover, the restrictive eligibility for Home and Community-Based Services (HCBS) limits access to essential in-home support for parenting and postpartum recovery, disproportionately harming disabled people of color who face additional systemic barriers to long-term services and supports.

2. BIAS IN MATERNAL HEALTH POLICIES

Superficial Inclusion: Initiatives like the Preventing Maternal Deaths Act and Black Maternal Health Momnibus Act represent important progress but often overlook disability entirely or treat it as a secondary consideration. This reflects a broader trend in maternal health research and policy: racial disparities are rightly highlighted, but disability is absent or reduced to a risk factor rather than a site of structural oppression.

Missed Connections: The Pregnancy Mortality Surveillance System (PMSS) collects important data, but it does not disaggregate or cross-analyze by disability status. Meanwhile, implicit bias training mandates in medical education typically focus on race, while disability-inclusive training remains underdeveloped or nonexistent. This leaves providers unprepared to serve BIPOC patients who are also disabled and increases the likelihood of diagnostic overshadowing, dismissal, or coercive care.

3. REPRODUCTIVE RIGHTS & MATERNAL AUTONOMY POLICIES

Historic and Ongoing Harm: For BIPOC disabled people, reproductive autonomy is often compromised by laws and systems that continue to authorize coercive control. The history of forced sterilization of disabled people—particularly disabled women of color—remains deeply embedded in reproductive care. Protections against coerced sterilization exist unevenly across states and often fail to consider non-physical forms of coercion (e.g., pressure to use long-acting contraception as a condition for services). Dozens of states still permit the involuntary sterilization of disabled people, particularly those under guardianship. These laws reflect a lingering eugenic logic that treats disability as incompatible with parenthood.

Guardianship as Reproductive Control: Guardianship laws further compound this injustice. In many states, legal guardians have broad authority over medical decisions, including reproductive choices. For BIPOC disabled people placed under guardianship—often due to systemic racism in education, healthcare, or juvenile justice systems—this can result in de facto loss of reproductive autonomy. Even when individuals express clear wishes about contraception, pregnancy, or parenting, those preferences can be overruled by guardians or providers acting on paternalistic assumptions.

Post-Dobbs Landscape: The Supreme Court's ruling in *Dobbs v. Jackson* Women's Health Organization undermines bodily autonomy for all people but places uniquely high burdens on BIPOC disabled people, who are more likely to face transportation barriers, guardianship limitations, and systemic scrutiny that hinder abortion access. Policies rooted in narrow privacy or choice frameworks are inadequate—they must be replaced by rights-based approaches grounded in reproductive justice and disability justice.

Inadequate Protections Against Coercion: While some states have established protections against forced sterilization, these laws often focus narrowly on procedural safeguards rather than substantive rights. They rarely ensure access to legal counsel, independent advocacy, or culturally competent evaluations. Coercion also manifests in more subtle ways—such as the overprescription of long-acting reversible contraception (LARC) to disabled patients, often framed as "convenience" for caregivers or the system.

4. HOSPITAL & REPRODUCTIVE CARE ACCESS POLICIES

Coercion through "High-Risk" Labels: BIPOC disabled birthing persons are often deemed "high-risk" based on ableist, racist, and homophobic assumptions rather than individualized assessments. This label can lead to unwanted interventions, restricted birthing options, and coerced cesareans—especially in under-resourced or over-policed hospital settings.

Structural Inaccessibility: Despite legal requirements under the Americans with Disabilities Act (ADA), Section 504 of the Rehab Act, and the Affordable Care Act (ACA) Section 1557, many hospitals remain physically and programmatically inaccessible, with violations rarely enforced. Certificate of Need (CON) laws have led to the closure of rural and community-based birthing centers, expanding maternity care deserts that disproportionately affect disabled people of color who rely on local, culturally responsive, and accessible care [10].

5. WORKPLACE DISCRIMINATION & ECONOMIC BARRIERS TO MATERNAL CARE

Excluded by Design: While the Pregnant Workers Fairness Act marked progress, it does not adequately address the compounded employment barriers faced by disabled people of color, who experience higher unemployment rates and are often excluded from workforce protections due to part-time, gig, or informal labor status.

Inadequate Leave Policies: The Family and Medical Leave Act (FMLA) offers limited protections, and its unpaid nature makes it inaccessible to low-income disabled parents, especially those working in jobs without benefits. Paid leave policies often fail to recognize the extended care needs associated with disability and postpartum recovery, especially when compounded by chronic illness, mental health conditions, or long-term impairments.

RECOMMENDATIONS

Disability reproductive justice demands policies that recognize disabled BIPOC individuals as full agents in their reproductive lives—people who deserve not just access, but autonomy, dignity, and freedom from systemic violence. The following four policy reforms are rooted in this call for structural transformation, community-led solutions, and intersectional accountability:

1. ENSURE ACCESS TO REPRODUCTIVE HEALTH CARE THAT IS DISABILITY- & RACE-CONSCIOUS

Disability reproductive justice affirms the right to accessible, non-coercive, culturally rooted reproductive health care:

- **Prohibit coercive practices, such as automatic recommendations of LARC or cesareans for disabled patients.**
- **Mandate intersectional provider education and training in disability justice, reproductive justice, trauma-informed care, awareness and unconscious bias.**
- **Fund and scale access to disability-informed, full-spectrum doulas, birthworkers, and care navigators—particularly those of color and community-based.**

2. ABOLISH FORCED STERILIZATION & COERCIVE REPRODUCTIVE CONTROL

Disability reproductive justice recognizes forced sterilization as a form of reproductive violence rooted in eugenics and white supremacy. To uphold bodily autonomy:

- **Repeal all state laws permitting involuntary sterilization of disabled individuals, including under guardianship or institutionalization.**
- **Prohibit any sterilization or contraception as a condition for receiving services, housing, or benefits.**
- **Require robust informed consent standards, with communication access (plain language, ASL, AAC, etc.) embedded in law and practice.**

3. DISMANTLE GUARDIANSHIP STRUCTURES THAT UNDERMINE REPRODUCTIVE AUTONOMY

Disability justice calls for the replacement of guardianship with liberatory models that center disabled people's decision-making power:

- **End or restrict guardians' authority over reproductive decisions, recognizing these as fundamental human rights.**
- **Expand and fund Supported Decision-Making (SDM) frameworks that allow disabled individuals to exercise autonomy with chosen supports.**
- **Require independent judicial oversight and community-based advocacy in all reproductive decisions involving guardianship.**

4. BUILD ACCOUNTABILITY THROUGH INTERSECTIONAL OVERSIGHT & DISABILITY DATA JUSTICE

Disability reproductive justice emphasizes the need to challenge systemic harm through transparency, data equity, and community leadership:

- **Create a federal oversight entity or advisory board focused on disability reproductive justice, with leadership from disabled BIPOC communities.**
- **Require intersectional data collection and public reporting on sterilization, maternity care, abortion access, and reproductive outcomes disaggregated by race, gender, disability, and guardianship status.**
- **Enforce civil rights laws (ADA, Rehab Act § 504, ACA §1557) across reproductive settings, including meaningful remedies for violations.**

These policy changes are not about inclusion in a broken system—they are about transforming that system to center the most impacted. Rooted in disability reproductive justice, these recommendations call for a world where BIPOC disabled people are free to make decisions about their bodies, their families, and their futures—without violence, surveillance, or control.

SUGGESTED CITATION

Caldwell, K. (2025, April) *Reproductive Justice Policy & Disability.* Center for Racial and Disability Justice Reproductive Justice Collective (Policy Brief No. 1).

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