

**Official Podcast Transcript**

**Title:** An Introduction to Reproductive Justice

**Speaker:** Miriam Yeung, MPA

**Duration:** 00:17:48

**Katherine Atcheson (**[**00:04**](https://www.rev.com/tc-editor/Edit?token=GoYAF4CJZPukiWsORYFVksULybdz2vVG0joz9LbBhuFMRgIBifbs0U6IroI4NAKDJXgvYQzydTkTgE73S9rk0rtUAiw&loadFrom=DocumentDeeplink&ts=4.98)**):**

Hello and welcome to the Family Planning Files, a podcast developed by the National Clinical Training Center for Family Planning. I'm your host, Katherine Atcheson. In today's podcast, we'll be discussing reproductive justice, how the reproductive justice framework is different from a reproductive rights framework, and how clinicians in family planning settings can apply reproductive justice to their work.

**Katherine Atcheson (**[**00:31**](https://www.rev.com/tc-editor/Edit?token=yQM29YCYzxqQrP8CPTc5baHu9Y_JPqjmrZi_ClnegaC5E3iBEIWEl8vr7Li8eAzu5wuI3OBAEbUyV2zJZ98lChBDKJM&loadFrom=DocumentDeeplink&ts=31.32)**):**

Our guest today is Miriam Yeung, MPA. Miriam Yeung is a reproductive justice activist who led the National Asian Pacific American Women's Forum from 2008 to 2016 and has led numerous economic justice and immigrant rights efforts. She currently works as a consultant and provides support to many reproductive health and civil rights organizations. Welcome to the podcast, Miriam.

**Miriam Yeung (**[**00:58**](https://www.rev.com/tc-editor/Edit?token=A8VBXx31us-Tq-9iCIQjYN_8bIGndABJmX8FzwqspeT7A928UAv-qXsyKAj7v0HwhXMux820ZlhbagQzNPsrQ2XiQUc&loadFrom=DocumentDeeplink&ts=58.74)**):**

Thank you so much for having me.

**Katherine Atcheson (**[**01:00**](https://www.rev.com/tc-editor/Edit?token=ujPr_PGVN6wNjbvLqdNZ39_O92HZNASuxIvAwF8iVJow1_-nP1CGwZFw91sdevdm5niJ0sICPsAUsDyhLtMwv56zqek&loadFrom=DocumentDeeplink&ts=60.48)**):**

So, just to begin, what is a working definition of reproductive justice framework?

**Miriam Yeung (**[**01:06**](https://www.rev.com/tc-editor/Edit?token=XXqTXhGgjKVd_hqExkD1Jm6ZNJBVLVyyUF2JRuBw7Bno-zfao5cGbaDWm4gLHxAv_ML0WYWB3l8kckmIlLGiPiyuXNo&loadFrom=DocumentDeeplink&ts=66.9)**):**

A really simple and clear definition is offered by SisterSong. SisterSong defines reproductive justice as the human right to maintain personal bodily autonomy, to have children, to not have children, and to parent the children we have in safe and sustainable communities.

**Katherine Atcheson (**[**01:25**](https://www.rev.com/tc-editor/Edit?token=uvRreKkj5CuyrOdHWRtHO3eCuMXzcHgZVU9khmpTmoNASRnMppA3y2QqKl4qLMU7S4alYBX5eV3R-5j1CXhScESlIbE&loadFrom=DocumentDeeplink&ts=85.68)**):**

So, given that definition of the reproductive justice framework, what distinguishes it from the more often heard term of reproductive rights?

**Miriam Yeung (**[**01:37**](https://www.rev.com/tc-editor/Edit?token=cor9jdylhs8U-pY7-IUeBVijCwtHXEEZLCodgLmjUvSXm6AwnC8YAifVXpap4QT5JDe5dhKZim5yZk-vRs9rpEUN3mM&loadFrom=DocumentDeeplink&ts=97.74)**):**

I actually think about our movement as composing of three parts, there's a reproductive rights arm, and a reproductive health arm, and a reproductive justice arm. So the reproductive rights arm, or framework, as we might call it, really views the problem of the status of people around the right to contraception, to healthcare. So it's really about laws and policies in that framework, the solution to that problem then becomes around policy change, and about litigation, about protecting and writing laws.

**Miriam Yeung (**[**02:18**](https://www.rev.com/tc-editor/Edit?token=nhCzWutrlhfqAkse-g0-QqKkDi4Xek3Z1IiOU6ywuGGHXf_ZdsjzkNe1z4hi1E4uVyrwQBK343YKDviUz8GO3Fx3TTc&loadFrom=DocumentDeeplink&ts=138.03)**):**

For many of the folks who are listening to this podcast, you're probably most familiar with the reproductive health framework, which really looks at the problem of access to healthcare, particularly sexual and reproductive healthcare, and saying that if we can provide accessible, affordable, confidential, effective, safe methods of contraception, reproductive healthcare, et cetera, then the world will be better off. That part is true as well. The reproductive justice framework, I think, offers another angle, which is that we acknowledge that we live in a world where power and the structures of power are unequally unequally distributed.

**Miriam Yeung (**[**03:01**](https://www.rev.com/tc-editor/Edit?token=PTlaIwxR6AbqFOCWr1WQJqvQSEpg1G308x67uh5Vi3YXJyItLow066cRIcPWNvnluSxf62x7C6JvA8uF5TFxhtRAxU4&loadFrom=DocumentDeeplink&ts=181.23)**):**

And that in fact, what is different about reproductive healthcare is that it's healthcare at the intersection of politics, like no other healthcare is, podiatry does not live at this intersection. But we know because it lives at the intersection of power and healthcare that these inequitable distributions of power become super important to the way different people can access reproductive and sexual healthcare. And so, we understand the world as being fundamentally broken in that power is not equal, and that the solution to the problem is not just providing more contraception, and it's not just passing the next short term law. It really has to be about fundamentally shifting the system of power today by building power for those who have been historically most marginalized and center the leadership and the voices of those most impacted by the disparities that we care about.

**Katherine Atcheson (**[**04:05**](https://www.rev.com/tc-editor/Edit?token=403ArumgVrUQKVygj1j850SsMpkqVEQeaK323CunxwyHQiZzTPCJBHfw7CwnmoXcqYOiT4u4X2ZpStGt4OFt38w8waI&loadFrom=DocumentDeeplink&ts=245.13)**):**

Well, thank you for explaining all of that, and to go into my next question, the term reproductive right has been around for decades, but how did the term of the reproductive justice and the building of this framework come about?

**Miriam Yeung (**[**04:22**](https://www.rev.com/tc-editor/Edit?token=EYAsvYpWYIl_JKSZ7AJA3VgKnAzmqJYthdKjj2J17GOqpHfaOCH3z80dm75X-UOs2_Twrp5wCCaqZnyctw_X6fm6X3g&loadFrom=DocumentDeeplink&ts=262.08)**):**

The reproductive justice term was invented and coined by a group of African American women activists in 1994, and they were attending a pre-conference to a human rights conference, it was actually the International Conference on Population and Development in Cairo. There was a big realization amongst those women gathered that, one, the current feminist and reproductive rights movement was led by white middle class women who had a white middle class lens, and because reproductive rights is grounded in the American legal system, which largely focuses on trying to keep government out of our bodies, or out of things, it didn't fully encapsulate the human rights doctrine. That in fact, if you have a human right to sexual and reproductive health or health in general, that it's actually the government's job to affirmatively provide for that right. Not just to say, stay out of my way so I'm out in the big bad world trying to scrapple for it. No, in a human rights approach, the government actually has to think about and affirmatively, actively, fulfill our human rights.

**Miriam Yeung (**[**05:40**](https://www.rev.com/tc-editor/Edit?token=Y7wnb_Zqhf48vNtYDuHbHdXK778ijepNuycX-qKmpWVQxKRos4E2VFPsbxXuOALEpGaiK0c6PuwKpb7DMCznYZXyu9c&loadFrom=DocumentDeeplink&ts=340.32)**):**

And so, they realized through experience that the lens of reproductive rights at that time was not sufficiently meeting the needs, particularly of poor, people of color, gender nonconforming people, because it missed out on this aspect. If you were of means, you could exercise your reproductive rights. But for many people in 1994, that was just a conceptual right because they couldn't afford it. There was no access to the right. So what good is a right if you can't actually access it?

**Miriam Yeung (**[**06:12**](https://www.rev.com/tc-editor/Edit?token=6E44w_E82B-FfWszzqs3ep-_08GUcxotHSWP252MzNSNobVgA7eLG8Bq0GtnO6FI08jtGnSDffeXr7fyXbiOGpKAcgs&loadFrom=DocumentDeeplink&ts=372.33)**):**

So that was the start and the seed of this movement. They took out a newspaper ad, and had many signatories, like 800 signatories, to declare this new framework, and soon after organizations started to build up and to sprout up and to really work with this framework so that we can do the community organizing that was necessary to bring about reproductive justice. I also want to plug that this week is a special week, because one of the founding mothers of reproductive justice, Loretta Ross, was just awarded the MacArthur Genius Grant, and so we are at this moment of real recognition of the maturation, ripening, and now, I think, hopefully a widespread acceptance that this is an important piece of activism and scholarship in social change work.

**Katherine Atcheson (**[**07:04**](https://www.rev.com/tc-editor/Edit?token=v3lEyaotn80wiKI5i43Kr5lSmssr0-Z0bR9HMvpjhCAhL4g-DBx8i--p9yAlMokIJM5vv9ZJDN-25-2wDonElHyzITA&loadFrom=DocumentDeeplink&ts=424.68)**):**

You briefly touched on this when you were discussing the history in the building of the reproductive justice framework, but to get a little bit more perhaps granular, how does intersectionality really inform reproductive justice, both the framework and applying the framework, and the work that is done in communities by those in the field of reproductive justice?

**Miriam Yeung (**[**07:27**](https://www.rev.com/tc-editor/Edit?token=c4Fw8rHDfmK_GpJAX9vUmtlw5QQ8PvkvKZ7_-7CFG963uboS4KTKWIp3KFoEZjmRBD-PUM94e4YRo5uCj54tHtx9qlE&loadFrom=DocumentDeeplink&ts=447.15)**):**

I mean, intersectionality embeds everything because intersectionality is another way of thinking about the human rights approach of indivisibility, that is that our multiple aspects of human rights are indivisible. Just because I have a sexual right doesn't mean I don't have youth rights, or right to movement, or right to economic prosperity. These things are all deeply embedded. So from that philosophical place, they're connected. More clearly, I think, for the listeners of this podcast, we know that every individual person who goes for care is not just a body part. They are full people, with full lives and histories and ancestries. So the person who walks in brings all of that with them, and that you really can't provide good care without acknowledging the whole kit and caboodle. That I am a person with a race, with a sexual orientation, with a sexual history, with various joys and traumas and idiosyncrasies, and with various conditions around economics and housing and all of that, that come to play and come to bear on my ability to make decisions or my access to the kinds of services that I want.

**Miriam Yeung (**[**08:45**](https://www.rev.com/tc-editor/Edit?token=iAFhRDrwpArMH1vnt_nlIo5ZNOjUSAp1eMURaE_EDNOPvqfJQqE2zFCQVuNfdiiWqiUXtB5HoAgxLRu27HgYMvdP5ao&loadFrom=DocumentDeeplink&ts=525.18)**):**

So what intersectionality is, is the recognition that all of these identities, you can't separate them. And Kimberly Crenshaw developed the term intersectionality out of legal scholarship that looked at how the laws that are written to protect people of color didn't protect women of color, or that laws that protected women didn't think about race. And so, we've come to accept and understand that, no, all of us are actually sitting at a multiple intersection of systems and of identities that are impacted by different systems, and that we have to take a 360 look around to be able to see full pictures.

**Katherine Atcheson (**[**09:21**](https://www.rev.com/tc-editor/Edit?token=rG-N5fuiW_KtGWJ4nx6ejXW8MPOkvE07ToboMPz_DdgOMkmRobhUeA_teciDGEWGXz_ADatyvtMn3YuU35cl-W_X78U&loadFrom=DocumentDeeplink&ts=561.48)**):**

To move from the theoretical to perhaps the practical, what are some specific issues that the reproductive justice framework tackles or encompasses?

**Miriam Yeung (**[**09:34**](https://www.rev.com/tc-editor/Edit?token=KoUkPt1E3cpwVOjPDLvRB3wSB-qQCx6594sx0soDxyvdZm0PZu1utxmRRlt5_EKtB2JOKm3qUtxZahCXeP6BFRrnEkU&loadFrom=DocumentDeeplink&ts=574.14)**):**

I think reproductive justice allows us to really look at whole lives of people, and so probably isn't a topic that's not touched by reproductive justice. I think different communities, and you can get really local in understanding the community of my neighborhood, or you can get a little slightly more mid-level and say, okay, the issues for the Asian American community, for instance, I might take.

**Miriam Yeung (**[**10:00**](https://www.rev.com/tc-editor/Edit?token=Ta4nwLgUigf_q0MxRJtOlsZ3LBlgJw1HnaLEY7EwK6YSRu3hNR3gNqJ3BT6elE0ZZZ0_cXovyZIhEZoeO_TVUfJ8a7E&loadFrom=DocumentDeeplink&ts=600.42)**):**

It's the work of the people to organize and say, what is most impacting our ability to have children, to not have children, to raise our children with dignity? So at any one moment, it might really be the lack of sex ed, it might really be that the closest clinic is 600 miles away, it might really be that I don't have a provider who speaks my language so I can communicate to them easily. It might be amongst women who are in prison, that they're still shackled when they're giving birth. It might be, for indigenous women, that corporations are poisoning the waters, and that's impacting their reproductive health. Or that the women who live on the Marshallese Islands, which were bombed by the US as nuclear testing sites, still routinely give birth to children with horrific birth defects because of the lingering effects of radiation and nuclear destruction that destroyed their land.

**Miriam Yeung (**[**10:57**](https://www.rev.com/tc-editor/Edit?token=QuTmwl_IuUf6GwQbEaJvdxApYseIAUBC1REm4dW_Mg-j4PQKFHCYuwnsMAo1sa6zos_RUVBw3iChpyCUtzBf-vyOZoQ&loadFrom=DocumentDeeplink&ts=657.24)**):**

Those are all reproductive justice issues that only that community can truly prioritize for themselves. And so, for us right now, in the Asian American community, the recent rise in anti-Asian violence is a reproductive justice problem because we are no longer able to live safely, no longer able to raise our families and children in safe communities, so that too impacts us.

**Katherine Atcheson (**[**11:21**](https://www.rev.com/tc-editor/Edit?token=pIkoy_azLP_qt-A0Je6e6zPi-aIfanN6Nc9TB21dQh8TuR1GlXLJ4V3wF_UTL1AFBU4byrWeaG1HUYUKpOH8Pc2mQG0&loadFrom=DocumentDeeplink&ts=681.24)**):**

How can healthcare providers, particularly those who are in family planning, sexual reproductive health, Title X settings, incorporate the reproductive justice framework in their own day-to-day clinical services?

**Miriam Yeung (**[**11:36**](https://www.rev.com/tc-editor/Edit?token=VF542KuRRs2tqi02XQh55KxOLHCLD2I0plKUkHix4r1C1QhboFELgqj9Wt6s2rbK2V8iY5fK4axnBCfmwo8OtxIYy5A&loadFrom=DocumentDeeplink&ts=696.24)**):**

I'm so glad you asked it that way too, because I think a lot of people, when they hear reproductive justice, they obviously should fall in love with it, and then they say they have to do reproductive justice. But the reality is not everyone has to become a community organizer, not everyone has to think about the power building work that a community organizer does. We still need you to actually provide the contraception, and the STI tests, and the pregnancy tests, and the prenatal care and all that. So, thank you for doing that. But I love how you say you can incorporate a reproductive justice analysis or framework in the way you work. So on a very micro level, like each patient that you see, I think is an opportunity to look at each patient really uniquely, and to try to take in, again, that 360 view of what brings that person in and how many things are impacting that person's life, and to think and always ask the question, "Why?"

**Miriam Yeung (**[**12:34**](https://www.rev.com/tc-editor/Edit?token=F4zBGLCI0F4Afg2ey0BvMDLKQGxO6PLl1pJBoaeV67whFX48sSdX2NKSQiPXJPyMbcmaTEBE5mW1-s-Y7UHXDGncZfo&loadFrom=DocumentDeeplink&ts=754.29)**):**

Reproductive justice requires to ask that question, "Why?" Because when you get to the root causes of the problem, why does this person have a recurring STI? Why is this person, is maybe struggling with domestic violence? Why is this person missing appointments constantly? Perhaps it's childcare issues. Why does this person have childcare issues? Maybe because there's no affordable childcare for them, or they're disconnected to extended family.

**Miriam Yeung (**[**12:59**](https://www.rev.com/tc-editor/Edit?token=lJe-0aMvcJZtA3JlHu2BoAATG31CSf4bPoUF2gwalRBWN90mmDo_IZMj3K56nX1pqZMlEVtR4ReE1awQoCbu-lrdDUA&loadFrom=DocumentDeeplink&ts=779.1)**):**

These all are the questions that lead you to understanding the systemic issues that are impacting the very patient in front of you, and you may not be able to help them with each and everything. That's not what we're asking. But to serve someone in a more wholly human way is by acknowledging that these are all the things that someone brings. And perhaps your practice does change by collectively looking and saying, "Oh wow, we've noticed a rise in homelessness in our community caused by a systemic issue." Perhaps that makes sense then for you to connect with other providers who have some power and privilege within the system, politicians listen to you, that you might be able to work on solving some of these bigger issues in the background as well as providing the really important and quality immediate care that you're providing.

**Katherine Atcheson (**[**13:53**](https://www.rev.com/tc-editor/Edit?token=JtZbvjJ-asuk-Lm7PE8Jnv5_972cErZcM4XOXvXQegQeAXBjjN5rHrHhjs0joS4qp0wvjpa-IhNAw1-Zq6OnA9as3Ww&loadFrom=DocumentDeeplink&ts=833.7)**):**

Obviously, this has just kind of been a taster, an introduction, to the idea of reproductive justice, but what are some favorite resources or places where our listeners can go to learn more about the reproductive health framework and ways to apply it to their own clinical practices?

**Miriam Yeung (**[**14:12**](https://www.rev.com/tc-editor/Edit?token=dfc2tDT-LHtUsodp9UWdTlgPp70H4JAGt0Id96odH2PthyI4o0qMt72G5bX9JG6cPEyxBNPKlzRq8sVSjmvleMKdjns&loadFrom=DocumentDeeplink&ts=852.9)**):**

Yeah, there's so many good resources out there now. I would encourage you to follow the work of reproductive justice leaders and organizations like SisterSong, like the National Asian Pacific American Women's Forum, like the National Latina Institute for Reproductive Justice, or In Our Own Voice. Those are the national groups, but I encourage you to look for the organizations that are local, of which there are many, and they might be overlooked, because generally reproductive justice organizations unfortunately are smaller and more under-resourced. But, pay attention to those activist's voices who are trying to change the whole system for better and for all of us. These are some of the best ways that I would say. And talk to the communities of color, and the leaders of communities of color, and the people of color who are your colleagues, to tune into their stories, their experiences, and the leaders that they look up to. That would be a good start.

**Katherine Atcheson (**[**15:11**](https://www.rev.com/tc-editor/Edit?token=q6ADsCEb-ivQCTNZjXKnvqKnpDfy42s1UrUWjreFq7oFe5BXNQzAYRD4Av3FNlR3OjAXrnfFyccUw3NDO-ZgOH_as0M&loadFrom=DocumentDeeplink&ts=911.07)**):**

So, before we go, what is your top takeaway or takeaways, the things you really want are clinicians to remember and apply as they go forward and return to their clinical practices?

**Miriam Yeung (**[**15:24**](https://www.rev.com/tc-editor/Edit?token=Iub6V19vxjC72Muujko9kM7sfQ4iWdxmfE2pB7QjvOvnRbmAWEEh-RIrOiH40zPzOmsmzPbz5HA3XouuNCC0Vmp_M9M&loadFrom=DocumentDeeplink&ts=924.27)**):**

My main takeaway is to remember that each of us are complex, whole people with multiple identities that are impacted by multiple systems. And you're skilled and trained to really help in one area, but we have to be able to see and remember all the other parts, and that this work is really about joining together to build power for a vision of the world that we all share.

**Katherine Atcheson (**[**15:48**](https://www.rev.com/tc-editor/Edit?token=IcA_sUHUr4LoWa6I5VByzJ992lwgHELuv2C9u3GnEeljW_0J7mzl7SI1xptiFePet1I9BGDZqueT1XJYH7qi3iR1BDc&loadFrom=DocumentDeeplink&ts=948.24)**):**

Well, thank you so much for joining us today, Miriam, and for sharing your time and expertise with our listeners.

**Katherine Atcheson (**[**15:55**](https://www.rev.com/tc-editor/Edit?token=1OhQHJmN4x18E14ukWPEVrrAo78eSADS_WWtXnYezfZEor5xWtfIo0_OMh4tIPVHeLPgmlYpFmA8S9RkQk5y6ILqWUY&loadFrom=DocumentDeeplink&ts=955.11)**):**

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**Katherine Atcheson (**[**16:32**](https://www.rev.com/tc-editor/Edit?token=6bg64PIr0D_ugTGiJFBhZbGRQZG-LQkDw6hvSJCxAbxQ2M-Ud_qyB95y-IS75oonaHPCHAHED4I8jixlgeznAXJOCdU&loadFrom=DocumentDeeplink&ts=992.88)**):**

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**Katherine Atcheson (**[**17:24**](https://www.rev.com/tc-editor/Edit?token=xn5DCgUEPU3gkY4yGTTjprDco08k2rkEHQ8IPKzyTEUYV3jv9L4f9bmvCDeHmBkFZOy3eZMRc7ryC4DZDseC4DgK1S0&loadFrom=DocumentDeeplink&ts=1044.36)**):**

Theme music written by Dan Jones and performed by Dan Jones and the Squids. Other production support provided by the Collaborative to Advance Health Services at the University of Missouri, Kansas City School of Nursing and Health Studies. And finally, thank you to our listeners for tuning in today. We hope that you'll join us next time for another episode of the Family Planning Files.