

Crossing the Lines

Reproductive Rights as a Queer Issue



Introduction

Both the pro-choice movements and LGBT (lesbian, gay, bisexual and transsexual/transgender) movements fight to protect the fundamental right to control our bodies without interference by the government. Both groups openly and adamantly promote responsibility, independence, and physical and emotional privacy, and for that reason should be united in our advocacy. Reproductive autonomy is as vital to the fight for LGBT rights as it is to the rights of heterosexual women and men.

Interference by the government in those private decisions limits an individual's ability to choose, as well as our access to safe and affordable health care. Right-wing efforts to infringe our privacy and self-determination are less about "promoting family values" and "protecting life" and more about controlling bodies and enforcing gender roles.

Some people think of reproduction in terms of heterosexuality, but many lesbian, gay, bisexual and transsexual/transgender people choose to become pregnant or adopt, and many face unintended pregnancy as well. All people need access to contraception, sex education and health care in order to determine our own lives.

The medical and emotional safety of LGBT individuals is put in danger as long as sexual privacy and reproductive choice is limited by the government. Criminalization of homosexuality has led to violence against LGBT communities, as well as to the loss of our jobs, and even the loss of our children in custody battles.

Parenting, Love, and Marriage

Policies promoted by the anti-choice right wing marginalize LGBT people and serve to justify many other forms of discrimination. Certain federal policies promote two-parent families and heterosexual marriage, creating obstacles for queer people, single parents and others.

The Defense of Marriage Act allows state and federal government to ignore same-sex marriages if they become legal in other states, and mandates heterosexual definitions for the terms "marriage" and "spouse" at the federal level, leaving same-sex relationships ineligible for the legal benefits many heterosexual couples take for granted.¹ Currently 35 states ban same-sex marriages and many refuse recognition of marriages performed in other states.²

Vermont is the most liberal US state regarding same-sex marriage, granting "civil unions" that still provide only 150 of the 360 protections that heterosexual married couples receive under law.³

Several states, including Utah, Florida, Mississippi and Arkansas, do not allow LGBT individuals and households to adopt children or serve as foster homes.⁴

The 1965 ruling in *Griswold v. Connecticut* held that criminal prohibition of contraceptive devices for married couples violated the rights of privacy, and the 1972 ruling in *Eisenstadt v. Baird* extended that protection to unmarried individuals.⁵ But in 1986, the Supreme Court ruled in *Bowers v. Hardwick* that the right to privacy does not extend to same-sex relations.⁶ By limiting the right to privacy, the Court placed same-sex relations in a category separate from family matters, procreation and marriage, and affirmed states' broad powers to discriminate against lesbians, gays and bisexual people. In a June 2003 ruling on *Lawrence v. Texas*, the Supreme Court struck down "sodomy" laws nationwide affirming the right to sexual privacy

between consenting adults, regardless of sexual orientation.⁷ The first six paragraphs of this ruling cited no less than five reproductive rights cases as precedents.

Specific policies limit access to reproductive services for LGBT people who want to have children. The FDA and CDC recommend against sperm donation from gay men, and at times doctors will refuse service.⁸ Uninsured women do not have access to safe reproductive care, and low-income lesbian women must choose between intercourse and various other forms of unprotected insemination if pregnancy is desired. Members of Congress have proposed that in vitro fertilization be available only to married couples.⁹

Queer youth sometimes intentionally become pregnant because they desire to parent later in life, but fear that social and legal obstacles would be greater in being queer and becoming a parent, versus being a parent and then coming out as queer.¹⁰

In custody battles, courts routinely deny transsexual and transgender parents custody of and visitation with our children. Stereotypes and myths about trans people are pervasive, and transsexuality is still listed as a mental disorder in the DSM (the diagnostic manual of the American Psychiatric Association). Because of this, a trans person's spouse may appeal to the court's prejudice against trans people (transphobia), arguing that she or he is sick and unfit to care for or interact with children. Custody and visitation, and any of the rights associated with legal marriage or partnership, are tenuous for trans people: when legal disputes arise, courts have generally annulled the marriages of trans people, ruling that our marriages are illegal because they may be "same-sex" based on the birth gender of a transsexual or transgender partner.¹¹

Health

Some doctors and physicians deny full health care to LGBT people. When surveyed, LGBT people who did not seek routine exams often responded that doctors and nurses were verbally or emotionally abusive during our last physical exam.¹² This directly affects reproductive health.

Adolescent women who identify as lesbian, bisexual, or unsure of our sexual orientation are often at increased risk for pregnancy, repeat pregnancy, adverse pregnancy outcomes, and poor contraceptive use.¹³ Lesbians are not immune to rape, incest, sex work, and sex that can result in pregnancy. More than 30% of adult lesbian and bisexual women have been pregnant at least once in their lives.¹⁴ Young lesbians and gay men often engage in heterosexual relations as means to explore and define our own sexuality.¹⁵

Queer youth sometimes become more sexual in order to hide or deny our sexuality. Unsafe sex can directly threaten the health of gay or questioning youth, as half of all new HIV infections (over 7,000 daily) are among 15-24 year olds.¹⁶

Despite numerous studies which report high levels of HIV infection and high-risk behaviors among transsexual and transgender people, our prevention needs remain largely unaddressed.¹⁷

Transsexual and transgender people can face serious difficulties in accessing reproductive health care. Doctors may be unaccustomed to treating people of our gender and may not understand our bodies (a transsexual man may need a gynecological exam, for example). If insurance companies decide that a transgender patient has provided invalid information about our sex, they can deny coverage for sex-specific treatment or cancel it altogether. Most private insurance plans deny coverage for medical expenses related to gender transition, and public insurance programs deny coverage as

well except in very few cities.¹⁸

Before a change of gender will be legally recognized, almost all states require complete and irreversible sterilization. This is a drastic invasion of trans people's right to privacy and right to control their fertility. This is compounded by the fact that trans people are rarely counseled prior to medical transition about the loss of fertility and possibility of gamete banking (sperm/egg storage by cryopreservation). It is also very difficult to find a fertility lab willing to work with trans people, and the cost is prohibitive and not covered by insurance.¹⁹

Education

The current administration opposes sex education, and favors instead abstinence-only programs which teach that condoms don't work and that young women and men are expected to wait until they're legally married to have sex.²⁰ Since the United States prohibits same-sex couples from marrying, the message to gay and lesbian students is that they should never have sex. Abstinence programs offer students no information about how to protect themselves from pregnancy and STD's when they have sex.

Substituting abstinence-only programs for sex education curriculum allows class discussions to be biased and to omit information about contraception and homosexuality. Homosexuality is usually mentioned only in terms of HIV transmission, and some states even require that homosexuality be discouraged and "presented as a psychological disorder" if discussed in class.²¹ These anti-choice tactics enable bigotry in schools and increase depression in LGBT youth.

It is estimated that LGBT teens are 2-3 times more likely to attempt suicide than our heterosexual peers.²²

Contraception and Access

Among high-income countries, the US has the highest teen pregnancy rate (22%) and the lowest rate of contraceptive use (75%). Countries with much lower pregnancy and abortion rates attribute their success in preventing unintended pregnancies to regular education about contraceptives and more affordable access to care.²³

Title X ("title ten") is the US's only federally funded program for reproductive/sexual health care.²⁴ Title X primarily gives grants to clinics that provide contraception and other reproductive health services to those who cannot afford private physicians. For LGBT people who either cannot afford a private physician or who fear abuse, neglect, or discrimination by other health care workers, such clinics are often primary sources of health exams. However, the current level of funding for Title X is not enough to serve even half the number of people who need services. Since 1980, Title X funding has declined by about sixty percent (measured in dollars adjusted for inflation).²⁵

Religion

When the government equates morality with sexual and gender conformity, it violates the separation between church and state. Religion is often used as ammunition for attacks on both LGBT rights and reproductive freedom. One example is the Bush administration's Faith-Based Initiatives plan, which would allow religious institutions to receive tax dollars to fund social services. Funding is given with no demand for financial accountability, no prohibitions on discrimination, and no safeguards against manipulative religious activity.²⁶ This poses a threat to the LGBT community because as the institutions that receive this funding are permitted to deny social services or employment on the basis of sexual orientation.

Another threat to reproductive health care and health care for LGBT people is the religious exemption clause, or "conscience clause." Anti-choice and anti-queer lawmakers try to insert these clauses into health care and civil rights legislation, to allow doctors and employers to opt out of serving or employing certain people, or providing certain kinds of health care, on the basis of personal religious objections -- even if it would otherwise be illegal discrimination.²⁷

An effort to establish a national exemption clause, ironically titled the Abortion Non-Discrimination Act, failed to pass Congress during the last session but could be revived now that Senate leadership positions are held by anti-choice politicians. ANDA would abolish all state and local laws and executive orders requiring medical institutions or professionals to provide reproductive health care to patients.²⁸

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