

## REMARKS OF RHONDA COPELON\*

These presentations highlight three interrelated sources of reproductive subordination: laws and policies denying women reproductive autonomy, access to necessary information and services, and the possibility of full participation or citizenship; belief systems that include traditionalist religions and cultures, population controllers, and medical practitioners; and the toleration, if not advocacy, of poverty, economic dependency, exploitation, war, and pervasive gender violence and discrimination. All combine to reduce women to less than persons, to objects or vehicles of sometimes competing, and sometimes mutually reinforcing, policies.

The presentations also emphasize the centrality of an indivisible human rights framework to changing this scenario and transforming women from objects to subjects. This was at the core of the global women's intervention in the International Conference on Population and Development (ICPD) in Cairo. The concept of reproductive rights transcends the "right to decide freely and responsibly the number and spacing of children," which was originally the sweetener for Northern-driven population programs. Despite its limitations, the Cairo Programme of Action was a watershed in its recognition that reproductive rights are human rights that include reproductive and sexual health, bodily integrity, and security of the person, and are unattainable without women's equality and empowerment.

The key, developed with quiet passion by Dr. Fatallah, is recognition of the fundamental dignity of women. Women must no longer be the objects of health policy as bearers of new life, transmitters of disease, or polluters of the world. This requires, as the Cairo Programme reflects, an understanding of women's reproductive health that transcends both maternal and child health and family planning frameworks and that renounces population targets and incentives. It requires, as only partially accomplished in Cairo, putting sexual pleasure into health as well as sexual self-determination

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of both heterosexual and lesbian women into rights.

On the most intimate level, the human rights dimension demands respect for women's decisions and needs. Sofia Gruskin highlights this in discussing the objectification and "disappearance" of women in HIV/AIDS policy initiatives. Ultimately, she challenges us to respect women's right to make childbearing decisions even when those decisions appear deeply troubling "from the outside." It is not lightly that one argues for the right of a woman to bear children with the threat of AIDS hanging over her life and, in about twenty percent of the cases, that of the child she might bear. But dignity is not divisible and the narratives of women desiring and foregoing childbearing in these excruciating circumstances make that clear. Respect for a woman's integrity also encompasses decisions which are driven by patriarchal pressures that condition a woman's worth on her fertility, at the same time as it includes the duty, as Lauren Gilbert suggests, to make alternatives available to women in a sensitive, realistic, and noncoercive way.

The second essential element of the international human rights framework—in contrast to neo-liberal U.S. constitutional jurisprudence—is the indivisibility of economic, social, and cultural rights with civil and political rights. Traditional population programs provide services without respect for decisionmaking and health while neo-liberal policies protect rights that are illusory in the absence of personal wealth and cultural respect for women's autonomy.

Lori Heise has done groundbreaking work linking issues and constituencies concerning violence and reproductive health. She is correct that, in the pre-Cairo universe, human rights and reproductive health tended to live in separate spheres. That this is changing is apparent in the battle for reproductive rights in Cairo, a result of the synergy between the women's human rights movement, which made the condemnation of gender violence a priority at the Vienna Conference on Human Rights, and the women's reproductive health movement, which transformed population rhetoric in Cairo. Indeed, post-Cairo, we must stop saying reproductive rights and health as if health is not a right. We underestimate the positive potential of human rights to address basic needs by limiting them to negative admonitions and after-the-fact relief.

The challenge of Cairo is to implement an indivisible approach to human rights that is separate from the demographic instrumentalism that fuels so much of the interest in population as well as some of the current interest in women's empowerment. The months since Cairo, however, underscore the gap between rhetorical and concrete change.

The recognition that reproductive rights are human rights demands profound changes in the design and operation of population programs and presents new challenges for the human rights system. For example, treaty bodies, including but not limited to CEDAW, should use the Cairo commitments as a measure of adherence—both positive and negative—to the articles they monitor. At the same time, Lauren Gilbert's suggestion of a complaints procedure in the UNHCR could be fruitfully applied to the programmatic agencies that are responsible for implementing the Cairo Programme, such as UNFPA, UNDP, WHO, and UNICEF, as well as the international financial institutions. It is also particularly important, as the speakers on this panel have emphasized, that those of us from the United States press the reproductive rights vision forward within this country, demanding that both U.S. foreign and domestic policy respect it.

Thus, we have returned from Cairo with an unprecedented, albeit limited, blueprint for an integrated vision of human rights. As Mona Zulficar has discussed, it also requires that we constantly confront the economic and military sources of poverty and environmental destruction, as well as create a people- and women-centered program for sustainable human development, to which the Cairo Programme gives only lip-service.

Here I want to suggest that we enlarge the framework of human rights yet another step and integrate what has been dubbed the third generation of human rights. Reproductive health and decisionmaking are, in turn, inseparable from individual, as well as collective rights to self-determination, development, environmental protection, peace, and security. The third generation of rights—like the future itself—requires solidarity, as well as accountability of market actors, and an end to economic exploitation and militarism. This includes ending the disproportionate flow of wealth in debt service and market dependency from South to North, as well as the flow of toxification from North to South. It embraces the elimination of all forms of gender violence and discrimination, as well as all policies and practices that render people homeless.

In the series of World Conferences from Vienna to Cairo, and looking forward toward the Social Summit and the Women's Convention in Beijing, women are weaving and interweaving a new and truly holistic vision of human rights—one that extends from the integrity of our bodies to the integrity of our world. It is a vision we must ultimately work to realize in all the places where we live. The ending of reproductive subordination, its causes, and its consequences, is one key.

