

# Center for American Progress



**AND THE NATIONAL ASIAN PACIFIC AMERICAN  
WOMEN'S FORUM (NAPAWF) PRESENT:**

**“ASIAN AND PACIFIC ISLANDER WOMEN:  
MAKING THE INVISIBLE VISIBLE”**

**MODERATOR:**

**JESSICA ARONS,  
DIRECTOR OF THE WOMEN'S HEALTH PROJECT,  
CENTER FOR AMERICAN PROGRESS**

**FEATURING:**

**MUNEER AHMAD,  
ASSOCIATE PROFESSOR OF LAW, AMERICAN UNIVERSITY  
WASHINGTON COLLEGE OF LAW**

**COURTNEY CHAPPELL, POLICY DIRECTOR, NATIONAL ASIAN  
PACIFIC AMERICAN WOMEN'S FORUM**

**SUJATHA JESUDASON, PROGRAM DIRECTOR ON GENDER,  
JUSTICE AND HUMAN GENETICS, CENTER FOR GENETICS  
AND SOCIETY**

**GABRIELA VILLAREAL, COORDINATOR OF NATIONAL  
TRAINING AND TECHNICAL ASSISTANCE, SAFE HORIZON'S  
ANTI-TRAFFICKING PROGRAM**

**11:00 AM – 12:30 PM  
WEDNESDAY, MARCH 8, 2006**

**TRANSCRIPT PROVIDED BY  
DC TRANSCRIPTION & MEDIA REPURPOSING**

KIRAN AHUJA: Thank you very much for coming out. We're very excited about doing a series of briefings on Asian Pacific American Women and Sexual Reproductive Justice issues. We are releasing this report – pretty momentous for the Asian Pacific Islander Women's community. Oftentimes and as you can tell with the title of "Making Visible Invisible", I mean, "Making Invisible Visible," really Asian Pacific American Women have not been integrated into the conversations around reproductive health and rights and really, generally, in the progressive community taking note of the issues that impact the Asian Pacific Islander community, so I'm really excited to have you here joining us, and also really excited about co-hosting with the Center for American Progress. I think it speaks volumes to their appreciation for really – and the importance of inclusion of communities that often are sort of left out of the conversation. And so we're really excited about this partnership in really elevating Asian Pacific Islander women's issues on the national level.

For those of you who may not be familiar with the National Asian Pacific American Women's Forum, we are the only national multi-issue advocacy organization for Asian Pacific American Women. I say that with a lot of pride, but also with a lot of disappointment that there aren't more of us sort of doing this kind of work on the national level but we hope that that will change over the years. And finally, I also just want to wish you a happy International Women's Day. We did plan to do this briefing on International Women's Day and there are many other events that are happening across the world, so I hope you see this as much of gathering information as well as a celebration for being here. So thank you.

MS. JESSICA ARONS: Thanks, Karen. Yes, we're very excited to partner with NAPAWF to help them release their report on "Reclaiming Choice: Broadening the Movement, Sexual and Reproductive Justice in Asian Pacific American Women." One of the roles that the Center for American Progress sees for itself is to help promote new voices or voices that are often overlooked or somehow otherwise marginalized. And so we're very happy to play a role in getting out the word about the report itself and also, of course, more importantly about the substance of the report. The reasons for the title, as Karen alluded to "Making the Invisible Visible," is as many of you know that the model minority myth that Asian-Americans and Asian immigrants don't face problems here in the United States is a stereotype that masks some challenges faced by APA communities. And the other part of the invisibility to which the title alludes is that the mainstream reproductive rights movement has not always addressed all of the concerns faced by women of color. The focus that we have on abortion in this country, again, can drown out some of the talk about other issues of concern to all women, and so with that in mind we are hoping to broaden the frame.

NAPAWF uses the frame of reproductive justice and that's basically – for those of you not familiar with that term, it's the combination of social justice and reproductive

rights, and it broadens the frame beyond the traditional reproductive rights issues of abortion and contraception to also think about issues like some of the ones we'll talk about today, such as environmental links to fetal development, cancer and infertility; the implications and cultural uses of reproductive technologies; and the impact of immigration and trafficking on access to reproductive health care.

Reproductive justice allows us to acknowledge the intersection of race and ethnicity, gender, sexuality and any other characteristics that we need to factor in to look at how various populations face similar but unique challenges, and to develop policies that can address as many of those challenges as possible. It also acknowledges the differences between mainstream groups and women of color organizations and differences among women of color as well. And so I just wanted to give you a little background on reproductive justice because I think that each of our panelists will touch on and speak from a place of reproductive justice today, and so you'll be learning a little more about that.

Let me briefly introduce you to our panelists and turn it over to them. There's a real attraction here. I'm just going to introduce people in speaking order. Courtney Chappell to my left is the policy director and New Voices Fellow at the National Asian Pacific American Women's Forum. At NAPAWF, Courtney develops policy positions and performs legislative advocacy at the national level and in the area of reproductive health care.

Muneer Ahmad is an associate professor of law at American University at the Washington College of Law here in D.C. He teaches an international human rights law clinic and also immigration law. His practice and focus is on immigration rights, labor, and gender, and he's currently engaged in research on transnational advocacy among exploited women workers in the garment industry.

Gabriela Villareal is the third person to my left and she is with the Safe Horizon's Anti-Trafficking Program and the coordinator of National Training and Technical Assistance, so she provides technical assistance as well as organizes training sessions on human trafficking and modern day slavery issues to social and legal service providers, government agencies, and non-governmental organizations across the country.

And Sujatha Jesudason directs the program on Gender, Justice and Human Genetics at the Center for Genetics and Society, which is based in Oakland, California. She highlights the feminist eugenic and social justice concerns with the new reproductive and genetic technologies. Her recent projects include developing a national collaborative campaign against sex selection; making the connections between past, present, and future eugenic technologies; and framing genetic justice as a human right.

And so with that, I'll turn it over to Courtney. Thank you.

MS. COURTNEY CHAPPELL: Great. Thanks, Jessica. I'm going to start the panel discussion by highlighting some of the issues that fall within the reproductive

justice framework, specifically, you know, abortion, teen pregnancy, cancer and environmental toxins. And then I'm going to close with a just a few policy recommendations. I'm going to do all of this within 12 minutes, hopefully.

So as a background, however, I just want to mention two things: stereotypes and lack of research. When we see Asian-American women in mainstream media, in movies and television, there are particular images that always continuously surface. There are images of the Asian-American, sort of, the model minority. Now there are images of Asian-American as being very subservient, you know, overly sexual. There are also, the James Bond-type movies, and other images of Asian-American as sort of these cutthroat dragon ladies. I actually did a search of Asian Pacific American women on the internet and these are just some of the images that kind of popped up. And just so you know, there are a lot of porn sites involving Asian women and I only included one of the more conservative pictures. (Laughter.)

All of these images and stereotypes have a particular impact on APA women with regards to sexual and reproductive health care. For instance, the model minority myth, which Jessica alluded to, creates the public perception that we're all just one uniform group. We don't encounter any kind of sexual reproductive health care problems like teen pregnancy or sexually transmitted diseases. And then if we do encounter these problems then we have the financial means to sort of address them. There're also stereotypes of the Asian women – sort of docile, submissive, “lotus blossoms” or “China Dolls” – quote, unquote – that have created very over-sexualized, over-exoticized images of the Asian woman, an image that has contributed to global trafficking, to the international sex tours and industries, and also the pornography industries involving Asian women, and Gabriela is going to be talking a little bit about that.

These stereotypes in turn contribute to how Asian women deal with their reproductive and sexual identity. Even within the Asian community, there are images of Asian women as the selfless mother, the selfless wife, who place their family needs above their own health care concerns and needs. The Volvo ad, actually, it keeps changing, but the Volvo ad actually capitalizes on this, I think, with their whole committed-to-family – ideal; committed to the family and there's sort of this Asian mother and wife with her kids. All of these stereotypes are just incredibly pervasive and problematic, particularly within the reproductive health care context.

I also want to touch upon the research out there that actually documents the unique experiences of APA women and girls. If you conduct a search of all the published medical journals on reproductive and sexual health care, you'll find over 1,600 reports, but of that number, only 32 reports (or 2 percent) include APA women – the lowest percentage for any racial or ethnic group in this country, and this is far below our percentage in the U.S. population which is 4 percent. And in terms of the LGBTQ and sexual health issues, Asian Pacific American LGBTQs are virtually absent in research on, women's health, lesbian health, bisexual health and transgender health. There was a study in LA County from 1999 to 2001, where only 5 percent of the 1,400 surveyed participants were Asian, and this in LA county where Asians make up a huge percentage

of the population. Another thought to consider is that 0.2 percent of all federal grants from 1986 to 2000 went to fund APA health research, so not even 1 percentage went to fund the concerns of the APA community.

The lack of research combined with stereotypes, are really devastating because they reinforce the misperception that reproductive and sexual health care issues aren't a concern for APA women. This is sort of like a cyclical problem. The model minority myth creates the perception that APA women don't encounter any sexual or reproductive health care problems and then because we're healthy and prosperous, there's no reason to include us in research on sexual and reproductive health care, which then fuels the myth. We need to break that.

The few research reports out there indicate that APA women and girls encounter huge barriers to accessing reproductive and sexual health care services. And we have unique concerns in this field. Abortion, for instance. Abortion is a critically important issue for APA women. APA women have the second highest utilization rate of abortion services in this country. Thirty-five percent of pregnancies end in abortion for APA women compared to 18 percent for white women. Another thought to consider is that between 1994 and 2000, abortion rates fell for all groups except for Asian Pacific Americans.

So you ask the question, why is this? Well, we don't have a lot of information but there are a few explanations. Some argue that one reason for their high unintended pregnancy and abortion rates may be linked to their contraceptive preferences and uses. One study actually found that Chinese and Filipina American women were less likely to use hormonal birth control like the birth control pill than white women and were actually more likely to use condoms and the withdrawal method as a form of contraception. There's also anecdotal evidence regarding how APA women negotiate condom use with their partners. For instance, they tend to engage in more indirect conversations with their partners, such as placing the condom on the bedside table or on the pillow as opposed to directly telling their partners to use the condoms. So again, this might help to explain.

Another reason just may be linked to their lack of knowledge about emergency contraception – you know, what it's used for, where to access it, and the time frame when you need to take it for it to be effective. There's actually a study done in California that found that less than half of South and Southeast Asian women knew what EC was – emergency contraception was, or that it was an option if you had unprotected sex. Again, these things may help to just begin a conversation about why APA women have high unintended pregnancy and abortion rates.

Teen pregnancy is another issue where Asian Pacific American women are virtually ignored. National teen pregnancy studies tend to break down the statistics racially, lumping together all Asian Pacific Americans into one category: either the Asian Pacific American category or the "other" category. One of those studies actually found that APA teens had low pregnancy teen birth rates, giving the impression that teen pregnancy isn't a concern, but, again, studies that disaggregate the data have a different

result. Another study in California found that Laotian-American teens had the highest teen birth rate in that state. And it's just interesting to note that 60 percent of these teens were married at the time that they give birth, suggesting that this focus on abstinence-only programming might not address all of their concerns and needs.

In terms of cancer, the cancer screen rate for many APA women is very low, yet the instance of cancer is slowly increasing for particular ethnic sub-populations. In terms of cervical cancer, I just want to highlight one of the facts here: Vietnamese-American women have the highest rate of cervical cancer in this country. The rate is five times higher than for white women. Also, just to note that cervical cancer is one of the most preventable forms of cancer, yet treatment hinges on early detection.

In terms of breast cancer, overall APA women have some of the lowest rates of breast cancer in this country, but the risk of death for APA women who have breast cancer is 1.5 to almost two times higher than for white women. So again we asked ourselves the question, why? What's going on? Why are they diagnosed later? And why do they have poor survival rates? The reason is that they have lower rates of breast and cervical cancer screening and these lower rates are attributed to a number of factors. Asian Pacific Americans have high uninsured rates. Currently, 36 percent of APA women under age 65 lack health insurance. Preventative care is expensive and so many Asian Pacific American women just simply can't afford to pay for these services. And finally, the culture stigma around cancer and language barriers really discourage many Asian Pacific American women from going to the doctor and seeking these screenings and tests.

Lastly, I want to talk about the link between environmental toxins and reproductive health, specifically in the nail salon industry. I want to throw out a question: how many of you have ever been in a nail salon industry or get your nails done? We're not judging. (Laughter.) I do, too. Okay, so if you have, you noticed that most of the work force tends to be women of color, probably mostly Asian immigrants. They're probably wearing, you know, some of those masks over their face and they probably have lower English proficiency skills. 42 percent of nail technicians in this country are of Asian descent and Vietnamese-American women dominate the national make-up at 39 percent. In California, 80 percent of nail salon workers are Vietnamese immigrant women, so clearly this is an issue for the APA community.

So why are Asian immigrant women attracted to the nail salon industry? Well, it doesn't require a high English proficiency. Additionally, there's a growing number of Vietnamese-owned shops and Vietnamese instructors which attracts a lot of recent immigrants. They have very flexible work schedules and it's a very inexpensive, short training.

So what's the problem? Well, from a consumer perspective, cosmetic manufacturers have the ability to place whatever chemicals they want into these cosmetic products. They can place, if they want, carcinogenic chemicals, chemicals that have reproductive harm. There's no independent agency that regulates cosmetic products for

safety. In other words, the FDA at this time cannot require manufacturers to use only certain chemicals or only non-carcinogenic chemicals. Just to note that in other countries like the European Union, they do ban manufacturers from using certain chemicals, such as phthalates in their cosmetic products, but not here in the United States. From the consumer's perspective, there's no way of knowing which chemicals are harmful and which aren't. And from the Asian women's perspective – you know, as I mentioned Vietnamese immigrant women dominate this work force and there a number of work place hazards that Asian nail salon workers face. Prolonged exposure to certain chemicals found in some of these cosmetic products has been linked to cancer, birth defects, spontaneous abortions, infertility. Poor ventilation within the shops has been linked to asthma. And a lack of translated training materials, particularly in Vietnamese, has been linked to improper and dangerous handling of some of these products.

Because we're in D.C., I wanted to close with a couple of policy considerations. There are a number of really good, proactive policies pending in Congress and other federal agencies right now that would really support Asian Pacific American women and girls' reproductive and sexual health care needs. And to note, there's also a long list of very bad policies as well, but I want to end on a hopeful note. The first is the Responsible Education About Life Act which would provide states with money to teach sexual education that includes information on both abstinence and contraception. And given Asian Pacific American teens' high pregnancy rates and lack of knowledge about, the full range of contraceptive options, this bill would be particularly beneficial.

There are also a couple bills out there aimed at reducing unintended pregnancies and abortions. There's the Prevention First Act and then there's also the Plan B for Plan B Act. I'm sure you're all familiar with what's happening with the FDA around emergency contraception, and the Plan B for Plan B Act would require the FDA to make a decision on whether EC should be made available without a prescription for women 16 and older and whether it should be made available with a prescription for women under 15. And it's been three years – three years since the first application was submitted to the FDA to make EC available over the counter.

There are also a couple of bills in Congress that would extend access to the health care system for immigrant women and would be particularly important for Asian immigrant women. These include the Health Care Quality and Accountability Act and ICHIA or the Immigrant Children's Health Improvement Act. Both of these Bills would give states the option to use federal Medicaid money to cover certain groups of immigrants, particularly under ICHIA, it would be lawfully represent immigrant women and children.

Finally, I just want to mention that we need to really make sure that science doesn't become over-politicized to the point that federal agencies are no longer able to work independently or carry out their mission. And this is exactly, as I mentioned earlier, what's happening with the FDA around EC. I bring this up particularly because the company Merck recently received priority review from the FDA for its HPV, or human papillomavirus, vaccine and GlaxoSmithKline is likely to submit its vaccine for FDA

approval in the coming months. Studies have found that two of the HPV strains cause 70 percent of cervical cancer cases and the vaccine is nearly 100 percent effective in protecting women against these two strains. So as you can imagine, the HPV vaccine would be incredibly beneficial for the APA community, specifically Vietnamese American women, who, as I mentioned, have some of the highest rates of cervical cancer in this country. But there's already been some public outcry among conservative groups who are arguing that providing this vaccine to young girls will encourage promiscuity and things like that, and so I think we really need to ensure that the HPV vaccine does not become a repeat of what's happening with EC.

I want to close by just saying that these are all really great bills and really wonderful policies, but the chance that any of these bills will actually move during this congressional session are quite slim given the political climate around reproductive rights and the anti-immigrant sentiments that are kind of pervading this country. I definitely think there are other ways that we can be pro-active in this movement, particularly around the HPV vaccine. I think what we really need to do right now is to focus on really educating and mobilizing our communities and our grassroots – you know, creating messages that really resonate with these communities so that we have a very strong and committed base to sort of move our agenda forward in the next couple of years. Thank you.

MS. ARONS: Thanks, Courtney.

MS. CHAPPELL: I went long.

MS. ARONS: Yeah.

(Applause.)

Bear with us while we switch to the next PowerPoint.

MR. MUNEER AHMAD: If I stumble, it's because I can't read my notes.

(Laughter.)

MS. ARONS: Sorry for all the technical difficulties.

MR. AHMAD: I thank the Center for American Progress and NAPAWF for hosting this really important event, and I'm really happy to be here with all of you to talk a little bit about reproductive health for API women from a slightly different perspective. I am going to be talking about conditions of the workplace for many Asian women and Asian immigrant women in particular, and how those conditions affect their reproductive health and their health more generally. I think, for better or for worse, I'm going to end up speaking at a slightly broader level of abstraction than Courtney has, but what I'd like to do is try to map out what I see to be some of the overlapping phenomena that have an impact on the health of Asian immigrant women; things that we might not ordinarily

think of, including things like minimum wage, hour laws and immigration policy, and the ways that these in fact do end up having effects – detrimental effects - on the health of Asian immigrant women.

The slide I put up is just pure demography. And I want to start with demography for one simple reason, which is that I don't think that we can talk enough about the changing demographics of the United States, particularly with regard to Latina and Latino immigration and Asian immigration. Of course, Asian immigrants have come to the United States over not just decades, but centuries going back to the 19<sup>th</sup> century; but it's really since 1965 that we've seen a dramatic increase in the number of Asian immigrants because there have been changes in the immigration law. And you see, if you look at the chart – this is showing the number of Asian-born individuals in the United States from 1960 to the 2000 census. You can see an increase starting around 1970 or so, which is just after the 1965 law change, but you really see a takeoff in the '80s and the '90s. And that's in part why I'm going to focus my comments on Asian immigrant women. Obviously, that doesn't encompass the entirety of the API community, but I think it's an important population and constituency that we need to talk about. And again, I think that the demographic changes are really quite stunning.

Now, it's not just that the numbers of Asian immigrants are increasing, but the number of poor Asian immigrants and poor Asian women in particular have increased dramatically. There's an overlap there between the poverty and their limited English proficiency and the combination of the two determines for them a limited number of employment opportunities. This in turn increases the frequency of workplace risks to health and decreases Asian women's access to needed health care.

The Asian-born accounted for more than a quarter of the total U.S. born population in 2000. So in 2000, there were about 31 million foreign-born individuals in the United States and the Asian-born were about eight million, 26 percent of that group. This number - and you can see this in the charts which is breaking it down by different regions of Asian population - can show the significant rise in all of them just from 1990 to 2000. I have to admit that I often think, well, 1990 was just a couple of years ago and I'm getting to that age, I think, where you realize: "Wow, 1990 was like 16 years ago." (Laughter.) So I think of the '90s as just being, you know, but we're just starting to get into the 21<sup>st</sup> century but we're kind of in it. And I say that because I think that in many ways we have not hit a policy level, a political level, or even a cultural level that has really started to come to terms with the dramatic demographic transformation that we tend to associate with 1965, but actually has changed significantly just since 1990. And so between 1990 and 2000, the number of Asian-born individuals in the U.S. increased by 65 percent. Of the Asian-born living in the United States in 2000, 75 percent arrived after 1980, again driving home the point that we're talking about a recent phenomenon of immigration but even within that a much more recent phenomenon.

And two other points I just want to raise here. Over half of the Asian-born are women and the Asian immigrants – the Asian-born immigrants tend to be somewhat older than immigrants from other population, and I think that has an impact for our

discussions about health and have this discussion – it has an impact for my particular discussion about the workplace.

Both Courtney and Jessica mentioned the model minority myth and I want to just talk about that very briefly, too, because I think it is an overarching paradigm in which so much of the discussion at both a political and policy level happens around Asian Pacific Americans and Asian women in particular. So this myth, of course, is well known. This notion that Asian immigrants are educationally and economically better off than other communities of color; the myth is pernicious in lots of different ways. One, which I think doesn't get talked about enough, is the way that the model minority myth positions Asians as a model minority which implicitly denigrates other minorities, African-Americans in particular. The idea being, well, if Asians can do it, then why can't they, and of course this obscures many things. It obscures the vastly different histories of communities of color in the United States and it also, as I think Jessica mentioned, it masks differences within the Asian communities as well, so that when we look at some of the numbers that Courtney showed us and we start to disaggregate among different Asian immigrant communities, we see that there's really a diversity of socioeconomic conditions, even within groups that we might think of as being more socioeconomically better off. Of course, there are individuals within these communities whose needs are not being met either.

We know that some communities like the Hmong, Cambodians, Laotians, Vietnamese, and Bangladeshis are among the poorest not just among Asian immigrants, but among people in the United States as a whole. And then, of course, even within Asian ethnic groups we might think of and associate with greater wealth like East Asians and South Asians, there's considerable socioeconomic diversity.

Let me just put out a couple more statistics. In 1999, one in seven Asian-born individuals lived in poverty. I think that's probably a higher number than most people tend to associate with the Asian population. And as I mentioned earlier, there are extremely high rates of limited English proficiency as well as language isolation – geographic isolation of linguistic communities. We know that those who are limited in English proficient are more than twice as likely to be poor. And in cities like New York and Los Angeles, approximately 40 percent of the population of poor people; which is to say, poor people of any background – approximately 40 percent of the population of poor people is limited in English proficiency, so this is having a profound impact. There's essentially been a de-Anglocizing of poverty in the United States, or a multi-lingualizing of poverty because of immigration from Asia and from Latin America.

With this background in mind, I want to speak a little bit about Asian women in the workplace. The growing number of poor, limited English proficient, Asian women in the United States has, I think, had profound implications in the workplace. These women face extremely limited employment opportunities and often end up in highly exploitative industries: the garment industries of New York and Los Angeles are paradigmatic, but there are other low-skill manufacturing industries as well, such as electronics assembly in Northern California, and increasingly jobs in the informal sector: domestic work, even

selling things on the street – things that tend to go underneath the radar of state regulation and oftentimes escape the radar of politicians and policymakers as well – this is a part of the growing informality of our economy.

Because of their limited English proficiency, these women frequently are employed within so-called ethnic economies working, for example, in the Chinatowns and Koreatowns and Little Indias across the United States. In all of these industries, basic labor laws, minimum wage and overtime protections, as well as health and safety standards, for example, are frequently violated, owing a large part to under-enforcement of the labor laws by state and federal agencies. It's in this realm of degraded workplace protections that occurrences, not just of minimum wage and overtime or health and safety violations but of sexual harassment and gender discrimination, that we see increasing considerably as well. I should note that many of these same factors that make these women vulnerable to workplace exploitation, make them vulnerable to trafficking and other forms of servitude as well, and I know that other speakers are going to address that.

Of course, not only are employment options limited for these women, but once in the workplace the opportunities and abilities to enforce their rights are also limited by language difficulty, by unfamiliarity with the laws and legal system, by fear and intimidation from employers and as a complicating factor, by immigration status as well.

In my experience working with low-wage Asian immigrant women – and I'll say just by way of background, before I moved to Washington I worked for several years with the Asian Pacific American Legal Center in Los Angeles working primarily with Asian garment workers - what I've seen is that even legal permanent residents, Asian women who are legal-permanent residents, have a great deal of fear of immigration consequences that they might face if they act against an employer. And I think this speaks to the fact that hostility towards undocumented immigrants is rarely so easily contained and is instead understood as a broader anti-immigrant animus which heightens fear and thereby depresses rights enforcement in the workplace and elsewhere. With proposals now to criminalize unlawful presence – something that has been introduced in the House of Representatives just recently – and with the profile of groups like the Minuteman growing both across the country and here in the Washington area, I think we can only expect this kind of fear to increase and therefore the ability of individuals or the willingness of the individuals to enforce their rights in the workplace to decrease.

As a bit of digression, there was a video clip on the *Washington Post* website yesterday – I don't know if it's still there - but it's a piece about the Minutemen and it describes them as a civil defense group, which I thought was giving them a bit too much credit. It also has one of their primary leaders here in the D.C. area saying, "We have nothing against legal immigrants. It's just the undocumented that we want to go home." It seems to me that that's a nice rhetorical position, but one that's not upheld by the practices the groups like these are engaged in. And it also really ignores the fact that that anti-immigrant sentiment is experienced at a visceral level as anti-immigrant and not anti-undocumented. It also ignores the fact that we tend to think of the undocumented and the documented as two separate populations and which never shall meet, and it ignores the

fact that there are lots of mixed-status households; that you have a single family where two people are documented and three are undocumented, the notion being that the fear and intimidation and the animus being directed by groups like the Minuteman are only going to surgically reach two of those three, and I think is at odds with reality.

Let me put that aside. What then does this mean for Asian women's health? For one thing, we know that the industries in which poor Asian women find work have high rates of injury and Courtney talked about some of this: the exposure to chemicals and other harmful agents and the low rates of labor enforcement by the state. In the garment industry in Los Angeles, for example, a study by California's OSHA a couple of years ago, found health and safety violations in 100 percent of the factories that they inspected – 100 percent.

In many of the industries in which these women work, health insurance is not provided and the women have inadequate access to preventative health care. They are not making enough money to purchase health care on their own. And – this is something that I think oftentimes is overlooked – they are effectively prevented from using worker's compensation systems even where they are eligible for it, primarily because of a lack of familiarity with the system but again because of fears of reprisal in the workplace from their employers. Those fears of reprisal again I think are intricately linked, even if they're not expressed in explicit terms, to immigration status. And I think that's something that we need to pay greater attention to.

These general health concerns result, of course, in specific challenges with regard to reproductive health in terms of the added risk posed by conditions in the workplace, lack of access to health care, poverty and sub-poverty wages, linguistic isolation, and the deep fear sown by anti-immigrant policy and sentiment.

This is a first for me, I think I'm actually going to finish with time to spare. There are, I think, special issues related to refugees that we can talk about further, but again I think it goes to the point that Courtney raised earlier: we need to really disaggregate among Asian immigrant categories – that rubric – and look at the different histories, the different backgrounds and the different challenges that are being faced by these individuals.

I am less well-positioned to talk about policy prescriptions for the future, but I guess what I want to set out as a general principle is that rights enforcement in the workplace leads to improved social as well as economic well-being and that more humane immigration policy means improved health, particularly for poor women and for our concerns today, for poor Asian immigrant women. These phenomena of immigration policy and workplace rights and rights enforcement are inextricably linked.

And with that I want to end with a set of questions that Mari Matsuda, who is a wonderful and provocative Asian-American law professor at Georgetown, has raised. It's what she calls the other question, and what she says is – and I'm paraphrasing here: “When I see something that's racist, I ask how does this affect women? When I see

something that is sexist, I ask how does this affect gays and lesbians? When I see something that's homophobic, I ask how does it affect immigrants?" And I think that set of questions or that methodology of questioning is really important for us to embrace. It helps us to see the interconnectedness of forms of subordination and I think it helps us to envision what strategies we can accomplish so that we have a kind of multiplier effect, so that when we improve the humane qualities of our immigration policy, we recognize that we also gain benefits in terms of the health and the reproductive health of Asian immigrant women and of other women in the workplace and in their society.

Thank you very much.

(Applause.)

MS. ARONS: The passing of the laptop. We're moving from Muneer to Gabriela.

MS. GABRIELA VILLAREAL: Okay. Thank you. Hi, my name is Gabriela Villareal, and I work for Safe Horizon's Anti-Trafficking Program. The Anti-Trafficking Program was initiated by Safe Horizon in December of 2001, and we are the largest provider of social and legal services to victims of human trafficking on the East Coast.

What I'm going to address today is human trafficking and modern slavery and how it affects Asian women here in the United States. What you see before you is a definition of human trafficking that was actually developed by myself and another NAPAWF board member, which is a very, very simplified definition.

But before I go into my presentation, I'd actually like to do a survey of the audience. I'm really big on audience participation. How many of you saw the Lifetime mini-series *Human Trafficking*? A few hands. Wow. Okay. If you're not familiar with it, it was a mini-series that came out, I believe, in January or December or November of last year that focused primarily on Russian women who are trafficked into the New York City area for the purposes of prostitution. One of the main characters was an ICE agent who is also of Caucasian descent, who goes and plays savior and tries to rescue as many of these women as possible.

The problem with this mini-series, as well as many of the people who work and have discussions related to human trafficking, is that it gives the assumption that most of the people who are trafficked are women and that they're trafficked into prostitution, which is not true. The majority of people that are trafficked into the United States and internationally, are primarily women of color; women of Asian descent, African women, and Latina women.

This definition, like I said is very simple. The United Nations developed a protocol specifically to address human trafficking, and not only does their definition include forced labor or exploitation, it includes false adoption, as well as trafficking for the purposes of organ removal. In late 2000, the United States Congress passed the

Trafficking Victims Protection Act, which defines trafficking as a severe form and broke it into definitions of trafficking for sex and trafficking for forced labor.

I'd like to read to you a quote from a survivor of trafficking. Her name is Vee. She's a Vietnamese woman who was trafficked into American Samoa. "As soon as we landed, our passports were confiscated. I had to work from 7 a.m. to 2 a.m., and sometimes to 7 a.m. the next day, and also on Saturdays and Sundays without being paid. We had no money to buy food, amenities, or soap. There was no air ventilation. Workers slept right next to each other. The temperature in the room sometimes went up to over 100 degrees. We were not allowed to step out for fresh air."

Globally, two to four million people are trafficked. This is not just across international borders; this includes people who are trafficked internally in their home countries. Eighty percent are female, and the FBI estimates that this is a \$9.5 billion business. To give you an example, there was a case in the late 1990s in New York City which involved Thai traffickers who brought in a gang of cohorts who trafficked Thai women into the United States for prostitution. They trafficked the women from different parts of New York City to North Carolina, Los Angeles, the Bay Area of California, as well as Chicago. Can you imagine what estimated profits were they had in one year? They profited approximately \$1.3 million off of these women in a one-year period.

Obviously, this is a huge, illicit trade that's primarily run by organized crime, but we have seen incidences of trafficking that are conducted by diplomats. A lot of diplomats have been known to traffic domestic servants here into Washington, D.C. Traffickers can also be family members and friends, and traffickers have also been known to be employment agencies and subsidiaries of major corporations here in the United States.

This 2.4 million people per year is just an estimate, and actually the United States government through the State Department also recognizes the fact that this is not an accurate statistic. They're still working out their methodologies, and the reason for this is, one, it's such an underground industry; and, two, between governments, the United Nations, NGOs internationally and as well in the United States, there are very different definitions of human trafficking. I'd also like to note that the majority of people who are trafficked are from Southeast Asia, and the second largest source region is South Asia.

People are trafficked for a variety of reasons, as you can see here. These are probably the largest numbers of discussions that we've had within the trafficking community of why we think that trafficking exists. I'd also like to point out that in many source and transit countries; there are inadequate laws to prevent human trafficking. Many countries do not have laws that even criminalize the act of trafficking and enslavement. Also, there is a disinterest of many home country governments in addressing this issue. There's a lot of shame in knowing the fact that many of your people have been trafficked into other countries, so many governments are quite complicit and are choosing to ignore the issue as a problem.

In the United States in particular, these are the major types of trafficking for forced labor that we see. In terms of sexual exploitation – and it’s a very broad umbrella that I’m using to define that industry of sex work – but included in that is prostitution, stripping, work in massage parlors, as well as pornography. But like I said, these are just some of the major pieces. We’ve seen trafficking for peddling. One of the largest trafficking cases in the United States was discovered in the late ‘90s, also in New York, which involved a case of death of Mexican nationals who were forced to peddle trinkets on New York City subways. But can you think of any other types of forced labor that would exist in the United States? Any area that has a huge demand that isn’t being met that we can find people who are trafficked?

AUDIENCE MEMBER: Child care.

MS. VILLAREAL: Child care. That’s one. What about the lack of teachers in the United States? We are really, really hurting for teachers here. There is a case in Texas that broke approximately two years ago that involved Filipino male and female teachers who were trafficked and were forced into major debt bondage, who had their document – identity documents confiscated and their family members were threatened if they did not turn over their paychecks automatically, and actually, the Department of Justice indicted the school board superintendent and a few of the school board members as a part of this trafficking case, and it’s under investigation as we speak.

This number of trafficked persons in the United States, 14,500 to 17,500, is also an estimate that the U.S. government has. It is not necessarily accurate, the research methodologies have been questionable at best, and I’d also like to point out thousands more people are trafficked internally.

Some other more common examples of trafficking within the United States that we see involve young women who are trafficked across state and county borders for the purposes of sexual exploitation, but it also involves trafficking of men into agricultural work. There have been examples of trafficking of African-American men into Florida in particular to do basically slave work in the fields. Something that we thought was eradicated well over a hundred years ago is still going on today.

The majority of government-certified traffic persons are women. We don’t have specific statistics on that, because interestingly the Department of Health and Human Services and the Department of Homeland Security do not keep specific data on the genders of people who are trafficked.

The top three countries of origin for people who have been trafficked into the United States are China; number two, Mexico; and number three, Vietnam. Victims from Southeast Asia are primarily from China, Vietnam, the Philippines, and we have found that the number – the highest number of South Asian persons that were trafficked into the United States are of Indian descent. Trafficking is concentrated primarily in New York, Florida, and California. However, every single state has been affected by this issue.

And I'd like to note that just the cases of trafficking, and how it affects women and their lack of healthcare. Trafficked persons are often isolated from the outside world and lack access to basic healthcare. As a result, they have few options for birth control and other reproductive health services. Several reports have found that female survivors of trafficking have undergone forced abortions, carried to term unwanted pregnancies, and contracted STDs. Due to their lack of healthcare, untreated STDs have been known to result in infertility and other serious illnesses. In addition to physical trauma, a trafficked woman also suffers a decline in her mental health status, particularly those who have undergone a forced abortion or carried to term an unwanted pregnancy. Finally, prenatal care is nonexistent for those who are pregnant.

For those women who are trafficked into sex work, they are exposed at higher rates to STDs than the general population, and due to a fear of infection with HIV and AIDS, many customers are demanding from traffickers to recruit younger women for the perception, because of the perception that young girls will not give them HIV or AIDS.

In NAPAWF's "Reclaiming Choice" agenda – many of you have those on your chairs in those red folders – one area of action is providing access to affordable healthcare for all. This is an even more challenging aspect for Asian women who are survivors of human trafficking. Eligibility for federal protection and public benefits as a victim of trafficking is very limited. There's a certification process that victims of trafficking must undergo. Before their certification period, healthcare is minimal. But at present, to become a certified victim of human trafficking, a victim must be defined as having undergone a severe form of trafficking, must be in the United States on account of trafficking, must have a well-founded fear of extreme hardship if they are returned home, and must be willing in some way to cooperate with law enforcement. These standards are too high to help many deserving victims.

Once they get certification status, they are able to access refugee medical assistance, Medicaid, and health screenings by state departments of health. However, due to current immigration laws that restrict immigration and participation in Medicaid, it will definitely prevent timely and necessary reproductive healthcare services to survivors of human trafficking. So once again, I'd really like to state that providing access to affordable healthcare is very important, in particular to the female survivors of human trafficking in the United States.

(Applause.)

MS. ARONS: Thanks, Gabriela.

SUJATHA JESUDASON: So my name, again, is Sujatha Jesudason, and I work for the Center for Genetics and Society. The issue that I'm going to be talking about, sex selection, is, as I think we've heard through many of these issues today, given the invisibility of Asian women and our reproductive and sexual sort of health needs; this is actually one of the more invisible issues, in large part because I think there's more visibility about some of the other issues that we've talked about, but this is one of the

issues that's still very much veiled in silence both within the Asian community, but in the United States in general. In this way, it is very much seen as an issue of Asian countries, so it's seen as an issue only in places like India and China.

I'm going to talk a little bit about the issue of sex selection and then talk about what the challenges and opportunities are that are currently presented. And when we talk about sex selection, it's not something that's completely different or exotic, but really, it's something that's been happening – I mean, not sex selection per se, but it's a really a form of gender planning within families. Historically, most families have decided, we want X number of girls and X number of boys. And given the lack of contraceptive technology have said they just keep on having children until they have the desired number of girls and boys. Right? You have three boys in a row, and you want a girl, and then you just keep trying to have children until you have the desired number. In addition, in the past, it's the kind of gender balance or gender planning has happened through adoption, abandonment, or infanticide.

But now with the new kind of reproductive technologies available, we're seeing newer forms of particular sex selection, so we have sex-select abortions where a pregnant woman goes through either ultrasound or amnio, and then, depending on whether the child is the desired sex, will elect to have an abortion. The most recent kind of reproductive technologies are genetic screening, where either – while using in vitro fertilization, the embryos are genetically tested before implanting the embryo of the desired sex, or a new form called sperm sorting, where sperm is sorted for X-chromosome carrying sperm and Y-chromosome carrying sperm, and then selection happens through that.

I want to remind folks that we're talking about sex selection. It's really part of a continuum of gender discrimination. So we have notions of what particular genders should be and do and act like, and that part of the selection is based on that. In the Asian community, one of the particular forms of this is really son preference where there's a very strong cultural preference for sons for a variety of reasons. I'm not actually going to go into that in large part because some preference is based on very culturally specific things in different Asian communities.

But I think for those of us Asian-Americans who live in the United States, both there's some histories of that, but we also live currently in a country where there is strong both gender discrimination and gender preferences that go on, and we see that represented in all aspects of our life. And my favorite one is whenever I look at the U.S. government and looking at who are the people in power, there's clearly some gender discrimination going on there.

But part of this spectrum of gender discrimination is also about limiting and pressuring women about their reproductive decisions. What kinds of children should they be producing? It also extends into forms of violence against women and girls, and really ultimately the elimination of women and girls. So I would place sex selection in this kind of a spectrum.

Now, when we talk about sex selection, the context here is extremely, extremely important. So it's not just about son preference, but it's about son preference in several different contexts. The first model that I'll talk about is really a context of population-control policies. And this is really what happens in places like India and China where they have very strong population-control policies around either a one-child or two-child norm. In that context, women are forced – families are forced to then choose – around what is their desired sort of gender planning in the family.

The second model is around economic pressures, and here we've heard stories about families who don't want to have as many girls or limit the number of girls because of questions of dowry or the way that inheritance works, or even things like just carrying on the family name or family business. And what you'll find in these contexts is when you ask families if they have a preference as to whether you want a boy a girl, for the first child there actually is very little preference. Most families say, we don't care whether we have a boy or a girl; but when it comes to the second birth order, the second child in the family, that's really where the gender planning comes in. So if the first child is a girl, most people say then I want a boy. Or if their gender family planning agenda is that they want to have two boys in the family, then for the second child the stakes are a little higher.

The third model, and this is really the model that we see operating mostly in the United States, is really a model of reproductive autonomy. As families desire smaller and smaller families where they only want one child or two children, then the gender of, or the sex of that child becomes much more important. So that's where – and this is in the context of talking about reproductive rights and choice – families having the privacy to choose, but also women having the right to choose is important not only the size of the family, but also the composition of the family.

And then the fourth model, and this is the one where we're starting to see the emergence of the supply-driven model, where because the technology is available, the technology is marketed, so we'll look at a couple of ads for them. So people say, "Oh, if I know I can choose," then sort of that kind of frames the way in which people make their choices. So it's really a supply-driven model that's very much tied to marketing.

Specifically, the history of sex selection in the United States has been – because of the kind of polarized debate that we have in this country about abortion, the reproductive rights movement and the women's health movement has been very, very hesitant to talk about this issue. In large part because this is one of the places where the conservative right has taken the moral high ground around abortion and sees abortion – this is one of the doorways through which to regulate abortion, and so there's really been a complete lack of discussion and debate both in the mainstream community and then, I think, in the Asian community both around the silence and shame around it, but also struggling with the ways in which the reproductive rights movement frames these issues and not quite knowing where to go.

The second – and I already talked about this individual choice and autonomy framework, and studies have shown that 25 to 35 percent of Americans say that they would select for the sex of the child if they could. So remembering the kinds of models, this is the context in which sex selection gets talked about in the United States in and also in the Asian-American community.

There's also very much this notion of that sex-selection is a problem over there. It's a problem in India. It's a problem in China; maybe Philippines, Korea – we can list the countries. And also very much of a notion of “let's wait and see what the impact is.” Until we start seeing unbalanced sex (races?) in this country, we don't really need to address this problem.

And finally, once again – sort of, it is practiced and marketed to the Asian-American community, but really in these invisible ways. So this is an ad that we've seen – it's a very common ad that we see in some of the Asian ethnic media. And it says, “choose a boy or a girl.” And notice here the language is “you can choose the gender of your baby.” And this very much refers to these notions of individual autonomy and reproductive choice. Another one is “the choice is yours: choosing the sex of your baby, a new scientific reality.” So this is – you know, we're kind of – the technology and the market stuff is coming in.

And the interesting aspect of this is that this is not just an issue in the Asian-American community. It's probably currently practiced the most right now, but the marketing is really aimed also at mainstream communities, so this is some of the language that's used around the marketing of sex selection, so very light-hearted pink or blue. This is just for family fun. A new product was just marketed where you could test the – for the gender – the sex of your fetus at five weeks of pregnancy, and it was for the woman who can't wait to open her Christmas presents. And then this notion – you know, you can choose your baby's name and make gender-specific purchases during your pregnancy. And very much a sort of, kind of – in a sense of depoliticizing the issue and talking about it as family balancing and gender variety.

So – oops, let me just go back. So what I'd like to say is I think when we talk about sex selection, this is a deeply political issue. It's an issue that is very much tied to questions of women's power and autonomy in terms of reproductive health. In some context it's very clearly tied to gender discrimination, but I think in terms of more broader questions, it's also tied to notions of gender normalization. So when people are doing and practicing sex selection, they have very specific notions of what a baby girl will be and grow up to be and what a baby boy will be and grow up to be.

And I think going – kind of going back to some of the images that Courtney talked about in the beginning of her presentation, as Asian-American women and as an Asian-American community, what are the images that we're talking about when we think about gender selection? And in other countries, gender selection has very much been – or sex selection has been very much tied to both increasing violence against women in terms

of pressuring women, but also trafficking, so where there are sex – sort of population sex ratio imbalances, women are trafficked in from other areas.

And finally, I would say – and this is the issue that the Center for Genetics and Society is very concerned about, which is this technology and this practice very much sets the tone and framework for future selection practices in terms of reproductive technologies and very serious concerns around eugenics. So if we say it's okay to sex – select the sex of our children, where do we draw the line in saying it's not okay to select for skin color, for eye color, for intelligence, for all these other kind of eugenic practices?

Now when we're talking about options, the first option in terms of sex selection is decreasing the demand for sex selection. And within the Asian-American community there's actually some substantial work that has just started, particularly with the domestic violence groups, both positioning sex selection as a violence against women's issue and also doing community forums and community education and talking about what the spectrum of gender discrimination is within the community, and how sex selection fits in that spectrum of gender discrimination and son preference.

But then also – and I think is where the policy work really comes in, is to work to decrease the supply of sex selection, and one of the ways is to regulate the misuse of the technology. Notice here, I'm not talking about regulating women, but I'm talking about regulating the technology. In India when they banned sex selection, they made a very clear distinction between the correct uses of technology and the misuses of technology. There they identified the correct uses of ultrasound and then the incorrect uses of ultrasound to identify the sex of the fetus for those purposes.

The second is we need to do some policy work around stopping the marketing. We need to say it's not okay to advertise for sex selection and in fact, the – one of the ads that I showed you, the ad says, “a boy or a girl,” a group of Indian business and professional women in Northern California pressured the magazine that was carrying that ad to stop carrying that ad, so they got that ad removed from the community magazine.

And just as a reminder that there are many, many, many countries in the world that actually prohibit sex selection for what they call social reasons. One can sort of regulate sex selection for medical reasons where there's sex-linked diseases, but for the large part, social sex selection is prohibited.

I just wanted to take us back once again to the opening questions and the framework around reproductive justice, which we need to think about how we reclaim the language of choice within the Asian-American community. I also think in the community as a whole because if we talk about sex selection as a woman's right to choose, are we saying it's okay for a woman to choose the sex of her child, to choose the skin color of her child, the intelligence of her child? Where do we draw the line and how do we understand choice in a very complex world?

Finally to just say that in sex selection really the context is important, but also, it really is at the intersection of a large and important sort of set of issues. There's gender discrimination involved, but it's also at the intersection of technology and how do we use technology and what are the social outcomes of the use of technology? It's at the intersection of marketing. What is appropriate to be marketed and who gets targeted for that marketing? And then also, once again, the whole debate around choice and reproductive autonomy.

Thank you.

(Applause.)

MS. ARONS: Thank you, Sujatha. Thank you very much. Well, I have a bunch of questions, but because our speakers all had so much to say and had so much ground to cover, and I think they did a wonderful job with it, I want to throw out an opportunity for everyone in the audience to ask questions and make comments. Particularly if we have anyone from the press, I want to give them an opportunity to ask a question. And if not, then just anyone who's in the audience. Yes? And someone will come to you with a microphone, please identify yourself before you ask your question.

Q: Hi, I'm Terry O'Neil. I'm from the National Council of Women's Organizations, and I just want to say thank you to all the panelists. This was absolutely wonderful. I'm just curious about the sex selection, what are the mechanisms for enforcing a ban on certain reasons for, say, terminating a pregnancy?

MS. JESUDASON: In countries like India, the regulation is really targeted primarily on doctors and their licensing. Both the technology – so the ultrasound machines have to be licensed and going only to particular people – particular sort of medical institutions and then also the doctors are both – so guidelines are set out in terms of what they can and cannot say and how they can and cannot use the technology. Does that answer your question?

Q: (Off mike.)

MS. JESUDASON: I think one other important thing is the shift in where we're looking at the regulation. When we talk about sex selection we don't have to talk in the context of regulating women and what they desire or don't desire. I mean, I think that there are conversations that need to happen in all communities and among women about how we understand our individual choices and their impact on sort of broader social outcomes. But really when we're talking about regulation, it's really about the doctor and the medical community – and I think this is actually a real challenge for Americans to understand: that we're not talking about regulating individuals, but we're talking about regulating industry here.

MS. ARONS: Another question in the back?

Q: I read something in passing about a problem where there had been son preference and then a generation later there was a shortage of females in a population where people naturally generally wanted to marry people of their own ethnicity. Could you say something about that?

MS. JESUDASON: Well, I'm trying to decide how much to talk about sort of sex selection in the – I mean, because those are things that are happening not in the United States, right? Within the Asian-American community, we are not seeing those kind of sex ratio imbalances in terms of sex selection, so, the impact of sex selection in places like India and China has been much more drastic and it's been going on for much longer.

Q: My name is Jatrice Martel Gaiter and I'm president of Planned Parenthood of Metropolitan Washington. One of the initiatives that we've tried to undertake was to attract more women of Asian descent to the clinics. I rarely get my nails done, as you can see, but when I do, I look at women who are of reproductive age and I wonder, because of the nature of my job, are they getting PAP smears, where are they going for birth control, are they up to date on those? And we've met with the head of the Korean-American Association and brought her to the clinic to look at it and talk about working together. We have Korean clinicians, we have Vietnamese staff, and one of our doctors is from China, so we try to be culturally sensitive. But I'm concerned about making sure that these young women who are not English proficient will understand. How do you market to these young women or to the community so that they will not fear coming to a clinic or will not feel a stigma that it's just poor people or black people at the clinic, and do you have any ideas about that?

MS. CHAPPELL(?): Yeah. And it's great that you have such a diverse group of clinicians and doctors and I think that's really the first step, is hiring bilingual staff, having your materials translated, and then just going into those communities with those doctors – going to where young Asian Pacific American women frequent. Like the schools or after-school programs or things like that, and really kind of demystifying sexual and reproductive healthcare issues and what that means, because studies have found that a lot of Asian Pacific American teens don't talk about these issues within their households, within their families, and so they're getting this information from the communities. So it's really just critically important that you reach them and you develop messages that will resonate with them. And it's hard, it's very hard, but I think that you're doing a wonderful job in terms of kind of bringing in diverse staff to make – so that Asian Pacific American teens see themselves when they go to the clinics and doctors and things like that.

I don't have a great answer, but I think it's a beginning – that's a great start.

MS. JESUDASON(?): And just a quick resource. In Oakland there is an organization called Asian Health Services that's a very community-based organization, and they'd be a great sort of group to talk to. Asian Health Services in Oakland, California.

MS. VILLAREAL(?): I'd also like to recommend taking a look at some of the Washington, D.C.-based groups that organize around domestic workers, primarily Break The Chain Campaign has their "Promise Group," which involves self-advocacy by domestic workers of many ethnicities. And that would be a great way to get women who are still within the reproductive age range but not necessarily young, who still have a lot of issues accessing healthcare. They may be out of the house, able to go to the park, and maybe able to go to some of these meetings, but they may not even know that healthcare is even available for them and for women like them.

Q: I have a couple questions. Sure. I'm usually pretty loud. First is for the speaker on sex selection –

MS. ARONS: Lisa, can you identify yourself?

Q: Yes, sorry. I'm Lisa Eckenwiler. I'm a visiting fellow here at CAP, but my real life is to be a philosophy professor. I teach bioethics and also gender and ethics and public health ethics.

So for the sex selection stuff, I'm really interested in the language of choice and sort of what the ethical implications are of the way we talk about it for different groups of women, so I'd want to hear your comments on this. It seems to me that if you're thinking about women, say, who face domestic violence if they don't have girl babies, then maybe the language of choice is really useful for them because one thing that we're doing is giving them a way to help mitigate their own oppression I guess.

For more privileged women, the language of choice really bothers me, because it seems to me that what they're ultimately doing is perpetuating the oppression of women, right, to the extent that they make choices about having girl babies or boy babies. I wonder what your thoughts are about the different ways in which we use the language of choice for different groups of women and what those implications are. So I'll stop there, and then if other people have questions, and then I'll ask the two of you on trafficking and women in the garment and other industries questions.

MS. JESUDASON: Well, I think this is where sort of the kind of framework of reproductive justice become really important, where what we're really looking at is questions of women's power and how much power they have to negotiate for themselves, but also – and I think this is one of the important points that sort of the Reproductive Justice Framework is advocating, which is we can't just think about these as individual issues; that it's not just each individual has a right to everything and anything that they want, but we need to look at the social outcomes and the social impacts. And I think sex selection is one of those things where there are very clear indications – we already have the examples from other countries of what's happened. In sort of current-day –and I'm most familiar with India - the people who are practicing sex selection the most these days are urban women, educated women, and women who are affluent. They want smaller families. So it's within the language of reproductive rights of women saying, this is my reproductive right, I want to make my reproductive choices. And so we have to have

more nuanced conversations about this. But really it's sort of how do we talk about questions of power and privilege within choice.

MR. NYUGEN: Last question.

MS. ARONS: Actually, I think they have a few more minutes, so – I'm sorry, can you raise your hand if you have questions. (Laughter.) Okay, we'll go back to Lisa.

Q: Alright, I will double dip. A question for the two of you. I wonder if there is trafficking that goes on in the nursing industry. And I guess I don't mean people doing care-giving in the home for older people or people with disabilities or children, but if there's like what some people describe as poaching, right, like importing women from the Philippines or other places. Are women trafficked in that industry, in what's a very visible sort of labor force where there are a lot of shortages, right, in places like the U.S. and other affluent countries?

And two, I wonder if any of your work touches on the care-giving industry at all. I know you've done a lot of work in the garment industry, but I wonder if you could comment on say the care-giving industry and if you have anything interesting to say about what you see there.

MS. VILLAREAL: Thank you for your question. That I am aware of, there aren't any cases of trafficking into the nursing industry. However, I think that there's a lot of investigation that needs to go on in the United States about really defining what trafficking and labor exploitation is, and redefining what modern-day slavery is. According to the Trafficking Victims Protection Act, the labor exploitation piece can include debt bondage to an employment agency, which many nurses, regardless of nationality, have huge debts to – not just employment agencies here in the United States but perhaps recruiters in a destination country.

Another piece that can define trafficking is confiscation of identity documents. That actually has been found to prove trafficking in many federal cases. Many trafficked victims have had their passports, birth certificates, all identity documents taken away. So that's one element that can be used to prove trafficking.

Also, it's very difficult to prove, but we have been able to build partnerships with federal and local law enforcement to really understand that threats against the family are very valid reasons for why many people stay in their traffic situations. I can imagine in a case if someone is a nurse, she most likely is out and about, obviously interacting with hundreds of people every day, but if the employment agency knows exactly where her family is from, or even if a family member recruited or helped to facilitate the movement into the United States and there are threats to the family, that has been a huge, huge issue that we have really grappled with.

Also, we have had victims – not in nursing, but victims who have been told by the traffickers that their family members will be told that they weren't actually doing nursing

or doing teaching or being legitimate restaurant workers, that they were actually prostitutes. And the shame of working in the sex industry in many countries alone is enough to stifle victims from coming forward and identifying themselves as victims of trafficking.

Q: I'm Elizabeth Ton (ph) from George Mason University, and I'm a professor nursing. Actually, the major problem is a brain drain from those countries to this country because they train the highly-specialized area and they speak English. They are recruiting the most elite people from their country to this country for their labor here. So it's a brain drain problem, not so much they would be abused here. They could be abused because of the – but they cannot express themselves as well, so they have to go through so much cultural shock before they can be adapted to this country. But in the meantime, I think the hosting country is really having major brain drain. That's the major problem right now.

MR. AHMAD: If I could just speak on – it dovetails on that point and the original question. I know the original question was talking about healthcare or nursing care outside of kind of the childcare context, so I just want to raise one point with regard to childcare, which I think is a quite common occurrence where individuals are trafficked for the purposes of presumably doing domestic work, and a great deal of that domestic work becomes childcare. And we have seen that in our human rights clinic. At American we've had several cases like that, and in my previous work I had worked in some of those cases as well.

But the main point I want to raise here, which is interesting and deeply problematic, is that oftentimes – and I think, Gabriella, I'd be interested to know if this comports with your experience, but oftentimes the traffickers use the attachment to children – the familial and emotional attachment that forms between the childcare provider and the children, as a tool of maintaining the traffic condition, so that essentially to leave, to the extent that the opportunity were to arise, becomes an abandonment of the children, and that kind of emotional blackmail is part of the trafficking phenomenon. A lot of times people talk about trafficking as a condition of incarceration without – or jail without bars, right, and this is one way I think in which that is constructed – because of an exploitation of that kind of care-giving role, and also given what the age of many of these women are, which is to say that they are – they really are at the age of reproduction, and oftentimes by virtue of being in this enslaved condition, don't have available to them the opportunity to have their own children, so I just wanted to say that.

Now, with regard to the other aspects of care-giving, and I guess I was thinking of two – I heard maybe two different contexts, one is home healthcare providers and the other is nurses. On nurses, I think that the point that was made is exactly right, that there's a high market-driven need for nurses in the United States, and one of the ways that that has manifested itself is that our immigration policy is enormously liberal with regard to nurses. If there is a trained, skilled nurse who speaks English, by and large she or he can get a visa to come to the United States. And I think again that speaks to the way in which immigration policy intersects integrally with the health and well-being of

women in the United States, and Asian women in particular. The other point I would make there is that once those nurses are here, by and large they're in a unionized industry, and the union then provides them with a set of protections.

Going back then to the home healthcare workers, I think that – I am not aware of situations where individuals have been trafficked into that industry, but again I think that one point that is useful to raise there is the trend toward unionization of home healthcare workers. And I would point to the example in Los Angeles where one of the biggest union drives in recent decades was the unionization of home healthcare workers, which one would think is quite a difficult task, given that you have literally thousands of different individual workplaces, but in fact it was a very successful campaign, and I think that I would use that to circle back to the importance of labor law regulation and labor right enforcement as a means of protecting the health and well-being of Asian immigrant women.

MS. ARONS: Well, we've reached our time. I want to thank again all of the panelists for their wonderful presentations, and thank you for coming and asking such great questions, and look for more on the web.

(Applause.)

(END)