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Fact Sheet: Women with Disabilities and Legal Issues Concerning Reproductive Health[1]

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Introduction

This fact sheet describes significant reproductive health-related legal issues that women with disabilities may face. Women with disabilities are particularly susceptible to discriminatory standards of care, coercion and misinformation about their reproductive autonomy. Courts have issued decisions involving the capacity to consent to sterilization, abortion and similar procedures, or the ability of a guardian to make reproductive health determinations in the best interests of the individual. This fact sheet provides an overview of case law in this area as well as a brief discussion of other issues identified by legal scholars as important areas for advocacy.

Reproductive Health Issues

Sterilization

People with mental and physical disabilities have often been subjected to forced sterilization. The notion that these women and men are unable to make meaningful decisions about their reproductive capacity often leads caretakers, guardians, and the courts to consider sterilization as the best option for them. Case law regarding sterilization stems from the United States Supreme Court's 1927 decision in *Buck v. Bell*, in which the U.S. Supreme Court upheld a Virginia statute that instituted compulsory sterilization of individuals with mental

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disabilities.[3] Since then, many cases have addressed the issue of sterilization of women with disabilities. More recently, however, petitions for sterilizations are less likely to include arguments presuming the inability or unfitness of women with disabilities to procreate or raise children ("eugenics-based" arguments); instead, petitions are typically granted only where there is a finding that sterilization is in the best interests of the woman.[4]

Court-ordered sterilization raises serious concerns about whether a woman with disabilities is being fully allowed to express her sexuality and maintain reproductive autonomy and integrity. The cases in this area are often determined with little statutory guidance but they do, however, suggest general criteria for granting or denying a petition for sterilization. For those unable to give legal consent, courts may rely on one or more of the following standards: (1) mandatory criteria, where courts authorize sterilization only when specific factual findings are made, such as the lack of suitable alternate forms of contraception; (2) discretionary best interest, where the court uses its judgment to determine if sterilization is in the best interest of the party; (3) substituted judgment, where evidence is used to evaluate what the incompetent person would have decided for him or herself. In addition, some decisions are based on statutes that simply prohibit sterilization if the individual is unable to provide informed consent.[5]

In the latter half of the century, many state courts frequently applied a hybrid of the substituted judgment and best interest standards.[6] Under this formulation, for the court to grant a petition of sterilization, it must be demonstrated by clear and convincing evidence that the ward, if competent, would have wished to be sterilized and would not have objected to the chosen

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[3] 274 U.S. 200, 208 (1927).

[4] *See generally* Paul Lombardo, *Three Generations, No Imbeciles: New Light on Buck v. Bell,* 60 N.Y.U. L. REV. 30 (1985); Elizabeth Scott, *Sterilization of Mentally Retarded Persons: Reproductive Rights and Family Privacy*, 1986 DUKE L.J. 806 (1986).

[5] Jillian Kornblatt, *The Ashley Treatment: The Current Legal Framework Protects the Wrong Rights*, 10 MINN. J. L. SCI. & TECH. 773, 782-783 (2009). *See, e.g., Conservatorship of Valerie N.*, 40 Cal. 3d 143, 168 (Ca. 1985)(applying statute strictly limiting circumstances under which an incompetent person may be sterilized and reviewing history of involuntary sterilization in California); *Matter of Guardianship of Hayes*, 608 P.2d 635 (Wash. 1980) (specific mandatory criteria that must be met in order to grant a petition for sterilization are that: (1) the individual must be represented by a disinterested guardian ad litem; (2) the court must receive independent advice based upon comprehensive medical, psychological, and social evaluation of individual; and (3) to greatest extent possible, the court must elicit and take into account the view of the incompetent individual).

[6] *See* Vanessa Voltz, *A Matter of Choice: Women with Disabilities, Sterilization, and Reproductive Autonomy in Twenty-First Century*, 27 WOMEN'S RTS. L. REP. 203 (2006); *see also* MARTHA A. FIELD & VALERIE A. SANCHEZ, EQUAL TREATMENT FOR PEOPLE WITH MENTAL RETARDATION: HAVING AND RAISING CHILDREN (Harv. Univ. Press 1999); Jane Cummings, *Substituted Judgment in Rhode Island: Preserving a Mentally Incompetent Woman's Right to an Abortion*, 22 SUFFOLK U. L. REV. 397 (1988).

method of sterilization.[7] When evidence of the individual's preference is not available, the court looks to several factors in the determination of what is in the individual's best interest, including: (1) the possibility of trauma from pregnancy or the sterilization procedure, (2) the likelihood of future sexual activity, (3) the extent of permanent inability to understand pregnancy, and (4) evidence of good faith by petitioners seeking sterilization.[8] Though there is no consistent rule, many courts are reluctant to grant a petition for sterilization of minors with disabilities.[9] There have also been cases where compulsory sterilization of a competent female is considered in the punishment of a crime.[10]

Case Annotations

In re Estate of K.E.J. v. K.E.J. A guardian petitioned the court to authorize a tubal ligation for twenty-four year old K.E.J., who was adjudicated a disabled person after sustaining brain damage in an accident as an infant.[11] Two distinct privacy rights were at stake in this case: the right to bear children and the right of personal inviolability. Petitioner alleged that K.E.J. was sexually active despite guardian's efforts to deter her, but that K.E.J. was unable to comprehend the possibility of pregnancy or handle the responsibility that it would bring. Though K.E.J. was using Depo Provera as birth control, her guardian argued it was unsafe because it caused her to become overweight and raised her blood pressure. [12] The Illinois Appellate Court noted that K.E.J.'s level of sexual activity weighed in favor of a permanent means of contraception; however, her limited understanding of reproduction, contraception, along with her desire for some day having a child, weighed against it. The court could not determine that K.E.J.'s inability to care for a child weighed in favor of a tubal ligation, noting the availability of parenting alternatives, including adoption within the family. Ultimately, the Illinois court of appeals denied the petition based on the existence

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[7] *See In re Estate of K.E.J.*, 887 N.E.2d 704 (Ill. App. Ct. 2008) (applying hybrid of standards); *see also In the Matter of Moe*, 432 N.E.2d 712 (Mass. 1982) (same).

[8] *See, e.g., In the Matter of Terwilliger*, 450 A.2d 1376 (Pa. Super. Ct. 1982) (applying factors). *See generally* Eric Jaegers, *Modern Judicial Treatment of Procreative Rights of Developmentally Disabled Persons: Equal Rights to Procreation and Sterilization,* 31 U. LOUISVILLE J. FAM. L. 947 (1993).

[9] *See Matter of Guardianship of Hayes*, 608 P.2d 635, 636 (Wash. 1980) (holding that only in rare cases should an incompetent minor be sterilized). *See also Wentzel v. Montgomery Gen. Hosp.*, 447 A.2d. 1244 (Md. 1982) (guardian sought tubal ligation for disabled thirteen year old citing multiple medical and psychological factors; court held that sterilization was not appropriate for a minor).

[10] *See* Rebecca J. Cook, *Voluntary and Involuntary Sterilization: Denials and Abuses of Rights*, 68 **INT'L.J.GYNECOLOGY & OBSTETRICS** 61 (2000).

[11] *In re Estate of K.E.J.*, 887 N.E.2d 704 (Ill. App. 2008).

[12] *Id* . at 705.

of less intrusive alternatives such as long-acting and reversible injectable contraception such as Implanon.

In re Wirsing v. Michigan Protection and Advocacy Service. The legal guardian of a person with developmental disabilities petitioned for her sterilization, arguing that her inability to understand the use of contraceptives and the possible negative side-effects of birth control, along with the fact that women with disabilities are frequently the victims of sexual abuse, weighed in favor of a court-ordered tubal ligation. Though no Michigan statute was on point, the Supreme Court took into consideration laws governing the sterilization of competent females. Given that tubal ligation for sterilization is legally available to a competent female, the court reasoned that the same procedure should be available to an incompetent woman whose guardian is consenting for her, so long as the reasoning is found to be in her best interest. The court granted the petition for sterilization after finding that pregnancy and childbirth could carry greater physical and psychological risks than tubal ligation, and holding that tubal ligation is the safest and least intrusive means of surgical sterilization of a female, subjecting the patient to no undue risk.[13]

People v. Ashe. In February of 2005, Carrisa Ashe, a young mother of seven with a history of postpartum depression, pleaded guilty to killing her five-week-old daughter during an episode of postpartum psychosis.[14] The District Attorney's office offered a plea bargain that allowed her to avoid a twenty-year prison sentence if she agreed to undergo a tubal ligation. She accepted the plea and underwent compulsory sterilization. This was the first Georgia case where sterilization was considered an appropriate remedy for involuntary manslaughter, but there have been numerous cases in other states where women accused of killing their children have been forced to choose between sterilization and prison.[15]

Abortion

Women with disabilities who become pregnant can also be the subject of legal action aimed at compelling them to terminate their pregnancy. The case law in this area focuses on whether the woman is capable of providing

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[13] *See In re Wirsing,* 573 N.W.2d 51 (Mich. 1998).

[14] *See Georgia Woman Agrees to Sterilization to Avoid Murder Trial for Killing Infant Daughter*, Medical News Today (Feb. 12, 2005), http://healthying.com/Women_s_Health/03010750675.html. *See also* Voltz *supra* note 5; Cristie March, *The Conflicted Treatment of Postpartum Psychosis Under Criminal Law*, WM. MITCHELL L. REV. 244 (2005).

[15] *See Georgia Woman Agrees to Sterilization to Avoid Murder Trial for Killing Infant Daughter* at 1. *See generally* Rory Riley, *A Punishment that Does Not Fit the Crime: The Use of Judge-Ordered Sterilization as a Condition of Probation,* 20 QUINN. PROB. L.J. 72 (2006).

meaningful consent to the procedure and whether it would be in her best interests. In this context, abortion may be sought where there is question as to whether pregnancy, childbirth, and parenting would subject the woman to undue harm. A guardian or caretaker's reasoning for seeking authority for a court-ordered abortion often overlaps with the arguments raised in the sterilization case law. In particular, they may argue that women with disabilities are more likely than women without disabilities to be sexually assaulted resulting in the possibility of pregnancy.[16]

Given a woman's constitutional right to determine whether to have an abortion, abortion case law in the disability context often centers around women who may be or are presumed unable to make that choice.[17] Generally, courts have held that, to justify an order for the abortion of an incompetent woman, the petitioner must first provide evidence of incompetence, and second, must substantiate the claim that the woman in question would have agreed to this procedure if competent.[18]

Case Annotations

In re Guardianship of J.D.S v. Dept. of Children and Families. In this case, a twenty-two year old woman with cerebral palsy, autism, and a seizure disorder was raped while in the care of the Department of Children and Families group home and became pregnant as a result.[19] Because of the potential toxicity of J.D.S' medication to a fetus, her inability to take care of herself, and out of fear she would be given an abortion, a petition was filed by a pro-life advocate, with support from Governor Jeb Bush, seeking guardianship over the fetus under Chapter 744 of the Florida statute governing guardianship.[20] The Florida District Court of Appeal held that because Florida law provides safeguards to ensure that a guardian acts reasonably in consenting to any medical procedure on behalf of the ward, and the statute in question does not currently provide for guardianship of a fetus, the petition was denied.

The dissent in this case disagreed, arguing at length that appointing a guardian

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[16] Susan Stefan, *Whose Egg is it Anyway? Reproductive Rights of the Incarcerated, Institutionalized and Incompetent Women*, 13 NOVA L. REV. 405 (1989).

[17] *See, e.g., Roe v. Wade,* 410 U.S. 113 (1973); *see also Planned Parenthood of Southeastern Pa. v. Casey*, 505 U.S. 833 (1992).

[18] *See, e.g., Lefebvre v. North Broward Hosp. Dist.*, 566 So. 2d 568, 570 (Fla. Dist. Ct. App. 1990).

[19] *Wixtrom v. Dep't of Children & Families*, 864 So. 2d 534, 539 (Fla. Dist. Ct. App. 2004); *see generally* Catherine French, *Protecting the "Right" to Choose of Women Who Are Incompetent: Ethical, Doctrinal, and Practical Arguments Against Fetal Representation,* 56 CASE W. RES. L. REV. 511 (2005).

[20] *Id.* at 536.

for the fetus of an incompetent woman is not an undue burden and is instead a means to ensure the State's compelling interest in the health and welfare of the unborn child. The dissenting opinion also argued that the statute, when construed more broadly than the majority's view, could indeed provide for the appointment of a guardian for a fetus.

Lefebvre v. North Broward Hospital District. The hospital filed a petition for the termination of pregnancy for a patient with bi-polar disorder who was involuntarily restrained after a violent psychotic episode.[21] Lefebvre was impregnated under unknown circumstances while in the hospital's care. During her pregnancy she became increasingly aggressive towards herself and others and refused to eat. The Florida District Court of Appeal stated that usually in such cases substituted judgment is used to decide whether to grant the petition for abortion; however, because there was no evidence that Lefebvre would want to terminate the pregnancy and, more significantly, that there was no legal adjudication of her incompetency, the petition for an abortion was denied.

In re Jane Doe. A young woman in the care of a group home was impregnated as a result of rape.[22] Her guardian ad litem, the Department for Children and Families (DCF), believed she should obtain an abortion for psychological, social and physical reasons, noting she had the behavioral skills of a three year old.[23] The family court granted the petition for an abortion, holding that because of the unawareness of the woman of her pregnancy and her history of behavioral problems, an abortion was in her best interest. Giving deference to the family court, the Supreme Court of Rhode Island affirmed the its ruling that an abortion was the appropriate course of action. Furthermore, the Supreme Court held that the DCF had been Jane Doe's legal guardian since the age of four and therefore was the best surrogate decision maker at the time.

Infertility

Infertility affects millions of women and an estimated seven million women have sought treatment for the condition.[24] Courts have recognized that infertility is considered the impairment of a "major life function" and that it is, therefore, a disability within the scope of the Americans with Disabilities Act. [25] Thus,

[21] *Lefebvre*, *supra* note 17 at 569.

[22] *In re Jane Doe,* 533 A.2d 523 (R.I. 1987).

[23] *Id.* at 525.

[24] Ctrs. for Disease Control and Prevention, *Infertility FAQs* (2011), http://www.cdc.gov/reproductivehealth/Infertility/index.htm.

[25] *See, e.g. Saks v. Franklin Covey Co.*, 117 F. Supp. 2d 318, 324 (finding that infertility is an impairment that limits a major life activity) (S.D.N.Y. 2000), citing *Bradgon v. Abott*, 524 U.S. 624 (1998) (declaring reproduction to be a major life activity).

employees who are infertile may qualify for reasonable accommodations under the ADA. Recent case law (including the cases described below) indicates the standard to prevail when alleging that the ADA requires an accommodation of an individual's infertility is high.

Another source of litigation in infertility cases concerns state mandated insurance plans. Fifteen states require that insurers either offer infertility treatment coverage to group health plan sponsors or provide coverage in group and individual plans.[26] However such services and treatments vary considerably and the coverage terms are not always provided in detail.

Case Annotations

Yindee v. CCH, Inc. A CCH program analyst developed cancer of the uterus requiring a hysterectomy procedure.[27] She was later terminated from employment, leading her to file suit against her company for disability discrimination. The district court granted summary judgment to CCH, finding that the plaintiffs' condition was not a disability because her cancer was in remission and she no longer experienced any symptoms. The Seventh Circuit later clarified that, no matter the origin or whether permanent or temporary, infertility is a disability.   Accordingly, employers must therefore make proper accommodations for employees such as time off for infertility treatments or adoption planning. Because the evidence showed CCH made accommodations for plaintiff's disability and that her termination was based on a decline in work product, however, the Seventh Circuit affirmed the lower court's ruling.[28]

Chambers v. University Hospital. The Rocky Mountain Women's Health Care Center was accused of discrimination under the ADA for discontinuing a blind plaintiff's fertility treatments after her fourth round of treatments, when she refused to hire an occupational therapist to evaluate the safety of her home, as recommended by her physician. The jury ruled for the Center, holding that a physician was allowed to request evidence of an infertility treatment patient's ability to care for a child and the Center did not illegally discriminate against the plaintiff. [29]

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[26] Nat'l Conference of State Legislatures, *State Laws Related to Insurance Coverage for Infertility* (2010), http://www.ncsl.org/default.aspx?tabid=14391.

[27] *Yindee v. CCH, Inc.,* 458 F.3d 599 (7th Cir. 2006).

[28] *Id.* at 603.

[29] *Chambers v. Univ. Hosp. and M. H. Melmed, M.D. P.C.*, Civ. Act. No. 00-N- 1794 (D. Colo. 2000) (available from NHeLP).

Yeager v. Blue Cross of California. Plaintiffs brought a class action against a health insurer for violating the statutory duty to offer coverage for treatment of infertility in group health plans.[30] Appellant contended that Blue Cross violated state insurance law because the policy's $2,000 limit in annual benefits was not enough to address a typical plan member's infertility. Appellant sought recovery of her out-of-pocket expenses for infertility treatment she received over the $2,000 limit, and for her pain and suffering from losing her chance to bear a child.[31] Appellants relied heavily on the preamble to the state statute at issue, in which the legislature stated that infertility "should be treated for purposes of insurance the same as any other body dysfunction."[32] However, the United States Court of Appeals held that Blue Cross did not violate the statute because there is no statutory obligation to offer full coverage, or coverage on the same terms and conditions as other medical conditions covered by the plan.

Areas for Future Advocacy and Litigation

There is evidence in the legal literature that many reproductive health issues facing women with disabilities have not yet been the subject of litigation. Some of these issues are discussed below.

Barriers to Reproductive Health Access

It is well documented that health care providers do not consistently provide women with disabilities the proper and appropriate information, guidance, and services that they need to promote reproductive health.[33] This can result where providers asexualize women with disabilities, choosing not to provide them with necessary and appropriate information on pregnancy, contraceptives and sexually transmitted diseases based on the assumption that these women do not experience their sexuality in the same way as women without disabilities.[34] There

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[30] *Yeager v. Blue Cross of Ca.,* 175 Cal. App. 4th 1098 (Cal. Ct. App. 2009).

[31] *Id.* at 1101.

[32] *Id.* at 1103.

[33] Stefan, *supra* note 15 at 434. *See also* Voltz *supra* note 5, at 210 (same); Heather Becker, *Reproductive Health Care Experiences of Women with Physical Disabilities: A Qualitative Study,* 78 ARCHIVES OF PHYSICAL MED. & REHABILITATION 26 (1997).

[34] Becker, *supra* note 33 at 26. *See generally* BARBARA FAYE WAXMAN FIDUCCIA PAPERS ON WOMAN AND GIRLS WITH DISABILITIES 2011, CENTER FOR WOMEN POLICY STUDIES (2011) (noting that for women who do access reproductive health services, the side effects of birth control have not been yet studied in women with disabilities, and certain types of contraceptives can be inadequate for pharmacological and physiological reasons). *See generally In re Estate of K.E.J,* 887 N.E.2d 704 (Ill. App. 2008); *Wentzel v. Montgomery Gen. Hosp., Inc.,* 447 A.2d 1244 (Ct. App. Md. 1982) (lengthy discussion on suitable birth control alternatives to sterilization, but with little weight given as to how the contraceptive will affect the woman's quality of life). Pursuant to the Hyde Amendment, Medicaid coverage of abortion is limited to pregnancies that will endanger the life of

is also data confirming that women with disabilities who are covered by Medicaid often encounter bureaucratic barriers to family planning, causing delays in obtaining abortions and other reproductive health services.[35]

Depending on the provider and type of coverage, women with disabilities may also be denied insurance coverage for some services, where the service may not be medically necessary for women without disabilities, but it is essential for the well-being of women with certain disabilities, such as more frequent doctor visits during pregnancy. [36]

Barriers to reproductive health care can also result from the use of inappropriate medical equipment ill-suited for a particular woman's disability. For example, many women with disabilities report that standard gynecological exam tables are not suitable for people with limited mobility, or instruments used during an exam may cause pain in women with certain disabilities. The result can be that women choose to delay or even forgo these important annual visits.[37] The Patient Protection and Affordable Care Act (ACA) attempts to alleviate this problem by imposing standards requiring health care providers to establish physical accessibility standards for medical diagnostic equipment in all health care settings, including examination tables and mammography equipment within 24 months of the ACA's enactment.[38]

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the mother or are the result of rape or incest. The most recent reauthorization of the Hyde Amendment is found in the Consolidated Appropriations Act of 2010, Pub. L. No. 111-117, §§ 507-508, 123 Stat. 3034, 3150 (2010).

[35] *See* Anna Limontas-Salisbury, *Welfare Job Rules Hit Women with Disabilities*, Women's eNews (2010), http://womensenews.org/story/economyeconomicpolicy/100831/welfare-job-rules-hit-women-disabilities?page=0,1. *See generally* BARBARA FAYE WAXMAN FIDUCCIA PAPERS ON WOMAN AND GIRLS WITH DISABILITIES 2011, CENTER FOR WOMEN POLICY STUDIES (2011).

[36] *See* BARBARA FAYE WAXMAN FIDUCCIA PAPERS ON WOMAN AND GIRLS WITH DISABILITIES 2011, *id.*

[37] Elizabeth Pendo, *Disability Equipment Barriers, and Women's Health: Using the ADA to Provide Meaningful Access, Examination Tables and Pelvic Exams*, 2 ST. LOUIS U. HEALTH. L. & POL. J. 22 (2009) (noting that women with disabilities are generally less likely to get pap smear and pelvic exams because standard tables are non-adjustable and the tables too high which causes "delay or even denial of treatment").

[38] *See* The Patient Protection and Affordable Care Act, Pub. L. No. 111-148, § 4203(a) (2010) ("ACA"). The ACA requires that within 24 months after enactment of the PPACA, the Architectural and Transportation Barriers Compliance Board (ATBCB), in consultation with the Commissioner of the FDA, must promulgate regulations establishing minimum physical accessibility requirements for medical diagnostic equipment used in hospitals, clinics, physician's offices, emergency departments, and other medical settings. ACA § 4203(a). Equipment covered includes examination tables and chairs, weight scales, mammography equipment, x-ray machines, and other radiological equipment. ACA § 4203(b). ATBCB and the FDA must periodically review and amend these standards and determine whether the program should be expanded. ACA § 4203(c). This provision addresses a significant gap in current law, as access to this equipment has not previously been regulated by federal laws such as the Rehabilitation or

Biased Practices

Evidence indicates that women with disabilities are frequently pressured into obtaining an abortion by health professionals, not provided guidance on pregnancy and prenatal care, and are encouraged by fertility clinic physicians to undergo pre-implantation genetic diagnosis in the event of a hereditary disability.[39] Furthermore, adults with developmental disabilities are often restricted from making their own choices about intimacy and sexual activity by their legal guardians.[40] Although there is little case law on this subject, advocates should be mindful that such policies may violate the constitutional and statutory rights of people with disabilities.

Evidence also shows there are some circumstances in which medical practitioners recommend treatments believing that they are acting in the woman's best interest, but with little concern for the loss of reproductive autonomy.[41] Finding the appropriate balance between quality of life and bodily integrity is a recurring issue in cases of sterilization and reproductive organ and/or gland removal.

For example, in an episode dubbed by the media the "Ashley X treatment," a nine year old girl with static encephalopathy was the subject of a heated controversy when her parents consented to have her growth attenuated via estrogen therapy, remove her breast buds, and give her a hysterectomy. Her doctors believed this course of treatment was in her best interest, extending her life expectancy and improving her overall quality of life by preventing breast growth discomfort and menstrual cramping.[42]

There are certain disabilities in which puberty or menopause can cause discomfort and health problems leading a guardian or caretaker to bring a

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Americans with Disabilities Acts. The regulations will affect both publicly funded and private health care providers.

[39] *See* Margaret Nosek, *People with Disabilities as Health Disparities Population: The Case of Sexual and Reproductive Health Disparities*, 5 CAL. J. HEALTH PROMOTION 68 (2007).

[40]*See* Sue Fager et al., *Impact: Feature Issue on Sexuality and People with Intellectual*, *Developmental and Other Disabilities*, 23 U. MINN. INST. ON CMTY. INTEGRATION 2010 (2010).

[41] *See* Waxman Fiduccia, *supra* note 36 (e.g. recommending a hysterectomy as a treatment for endometrial cancer or adenomyosis).

[42] Christine Ryan, *Revisiting the Legal Standards that Govern Requests to Sterilize Profoundly Incompetent Children: In light of the 'Ashley Treatment' is a New Standard Appropriate?* 77 FORDHAM L. REV. J. 287 (2008).

petition for treatment on a woman's behalf to maintain a better quality of life.[43] Though courts are reluctant to sterilize minors, procedures such as breast bud removal can represent another way in which reproductive autonomy is thwarted. It is therefore paramount for advocates to recognize the nuances of reproductive autonomy underlying these issues, and use this knowledge to help determine the best approach on a case-by-case basis, ensuring that the woman's best interest is always carefully protected.

Conclusion

As advocates, it is critical to anticipate the reproductive health care challenges and discriminatory practices facing women with disabilities**.** A reproductive justice framework can be a vital tool in promoting women's overall well-being. Disability advocates should remain alert to potential threats to the reproductive rights of women with disabilities. Not only is each issue significant in the quest for health, justice and equality, but many of these reproductive health challenges can create new opportunities to promote legal advocacy and expand women's reproductive autonomy and disability rights.

[43] *See generally* Kornblatt, *supra* note 4; *Matter of Alexis H.,* 572 N.Y.S.2d 194 (N.Y. App. Div. 1991) (granting petition for hysterectomy of fifty-seven year old woman because menopause was creating physical discomfort and unsanitary conditions for her).