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Still Awaiting Justice: An Analysis on the Impact of Anti-Immigrant Sentiment on the Reproductive Autonomy of Migrant Women

by
Annays Yacaman

Presented in Partial Fulfillment of the
Requirements of Senior Independent Study

Supervised by
Dr. Avi Muñoz
The Department of Political Science

Spring 2022

Abstract

My research aims to explain the impact of anti-immigrant sentiment on the reproductive autonomy of migrant women. Legislators typically act as their constituents feel on a certain issue, so I aimed to explore how legislators responded with legislation when their constituents held higher levels of anti-immigrant sentiment, hypothesizing that this would lead to more legislation limiting the reproductive autonomy of migrant women. I explore topics of eugenics and how anti-immigrant sentiment has led to modern day eugenics. My hypothesis did not manifest itself in the expected way, but the results do provide evidence for a causal link between legislation meant to improve the lives of citizens and an increase in anti-immigrant sentiment, with the strong example of the Affordable Care Act in 2010. Moreover, I provide an explanation as to how this relationship is present, but legislators are talking about it in a different way. At the end of my thesis, I provide recommendations for future research on this topic and discuss what I would have done differently or would improve in the future.

Dedication

To the strong women who have influenced me and raised me. For all the women and mothers who have come to this country in hopes of building a better life for yourself and your families in pursuit of *the American Dream*, just as my grandmother and family did.

Acknowledgements

Completing my Senior Independent Study thesis would not have been possible without the village of people who have helped me make it to this point in my life. First, I would like to thank Dr. Munoz for supporting me throughout this entire thesis process, being patient with me, and offering a wealth of knowledge. I couldn't have made it through my toughest moments without your flexibility and understanding. Thank you to Dr. Corral, for being an amazing mentor throughout my college career, offering wonderful advice and guidance, and always being willing to provide me with a positive reference. Having such positive Latinx mentors during my time at Wooster was vital for my survival. Thank you to Dr. Medina for being so caring and accommodating this semester when I broke my ankle and making sure I still got a full experience with your Spanish class. Thank you to Dr. Leiby for being a positive role model and showing me what first generation success looks like and showing your endless empathy and care throughout my time at Wooster.

Thank you to my small community on the southwest side of Chicago that taught me what it meant to be resilient. Thank you to my amazing family who have always encouraged me to shoot for the stars and to reach for the highest achievements and quality of life. Thank you to my mom, my grandmother, and my sister, who have all supported me in any ways they could, even if that meant having less for themselves, whether I knew that or not at the moment. Gracias a mi grandma que me enseñó que son el amor y el apoyo incondicionales, te quiero muchísimo. Thank you to my stepdad, Robert, for always checking in on me while I am at school and being understanding and patient. Thank you to my cousins Janina and Clarissa for always hyping me up and being there when I needed advice or a shoulder to cry on.

Thank you to all my brilliant friends, whether I met you freshman year or senior year, you have all impacted me in wonderful ways. Isabelle, I could never fully put into words how you have impacted my life ever since I met you at orientation but thank you for being one of the most amazing, caring, and brilliant humans I have ever met. Thank you to Mia for being there with me to make a difference on campus our underclassmen years and getting work done with me senior year in the Latinx Lounge, as well as all of the help you offered when I got hurt this semester. Thank you to Liz, Etta, and Danielle for making Hendy A a welcoming little home for me this year, and thank you for your endless generosity, I could never repay you. Thank you, Noah, for being only a call away, even when you are currently in Argentina. Thank you for the tarot readings, Starbucks runs that always resulted in us fighting over us each trying to pay, and nights of us listening to music and getting work done together.

Thank you to my counselor, Anne Ober, for helping me become the best version of myself every day since I met you my first year and making me ask myself "what would Anne do?" in situations where I deserve better. Thank you to all the amazing nurses at the Student Wellness Center who helped me during such a difficult time this semester after my ankle surgery and helping me on my road to recovery.

Gracias a dios, yo nunco voy a fallar.

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Chapter 1: Introduction

The topic of reproductive rights has been heavily debated for decades in the United States. Though women have the right to abortions in the United States, not every state allows the same level of access to those decisions, nor do they view it as solely a woman's decision. At the same time, reproductive autonomy encompasses more than just abortion. Reproductive autonomy also includes decisions over areas of a woman's health such as contraceptive access and sterilization. Though women have been guaranteed this right to abortions in the United States, women of color are the most likely to face these hurdles regarding access, privacy, and decision-making power, thus resulting in different notions of reproductive autonomy for different groups of women. I will be investigating how some women are given more bodily autonomy over others, looking especially at immigration status. The pro-choice movement has always been centered around white women while being built off the backs of Black women and ignoring the intersectional needs of other women of color. "These injustices are rooted in sustained imbalances in power, systems, and structures that prioritize White, non-disabled, cisgender, and straight lives. These imbalances exist within our own movements. The reproductive justice movement was created in response to the White-led pro-choice movement's harmful devaluing and decentering of BIPOC, including ways in which their right to parent is constantly threatened" (Morcelle 2020). We see at the Irwin County Detention Center in Ocilla, Georgia last year, the case of at least 57 migrant women, reporting receiving forced or coerced hysterectomies while in ICE detention (Hall, Washington & Olivares, 2020). These are just the cases we know about; it is possible that there are more people with their stories of sterilization or forced reproductive treatments

while in ICE detention that remain untold. Since November of 2020, at least six of the migrants who spoke up about these procedures at the Irwin County Detention Center have been deported (Merchant 2020). I hope to ultimately answer the question of how does anti-immigrant sentiment impact the reproductive autonomy of migrant women? When reviewing the literature, I will identify where the holes are in terms of reproductive autonomy for different groups of women. The gaps I have identified in the literature thus far is that when discussing sterilization, there often isn't as explicit mention of migrant women, even though we know that the more recent cases of forced sterilization in the United States have been in ICE detention facilities, committed against migrant women (Ghandakly 2021). The reproductive rights movement in the United States has always been centered around white women and their right to make their own choices. However, for women of color and migrant women, there is a dichotomy between not wanting to allow them to have agency over their own bodies, while also wanting there to be less babies from women of color and migrants. Furthermore, when discussing policy regarding gender and class, one cannot ignore the aspect of race within legislative bodies that view white, middle-class values as under attack (Perry 2003, 71). During my review of the literature, when discussing reproductive autonomy and reproductive rights in America, it will be crucial to consider the aspects of nativism and citizenship.

Reproductive injustice at the border

It is often debated amongst political commentators and legal scholars whether when one is in detention if they have access to the same rights they would as anyone on United States soil. In the case of *Hamdan v. Rumsfeld*, we see the case of a non-citizen, specifically an enemy combatant, being granted Due Process rights (2006). Hamdan filed for a writ of

habeas corpus in federal district court, but he was then designated an enemy combatant by a military tribunal. Due to this distinction as an enemy combatant, he was excluded from parts of his trial, which the Supreme Court ruled unconstitutional (Oyez). Hamdan filed for a writ of habeas corpus in order to still be granted his 5th amendment rights. This is an important example from the Supreme Court of a non-citizen being granted their Due Process rights.

However, the reality is that while in detention, migrants are not afforded any rights. Under the 6th amendment, most migrants going through deportation proceedings are not guaranteed the right to counsel, as most of these proceedings are civil and not criminal (Frazee 2018). Yet, *Reno v. Flores (1993)* established that migrants have the right to due process (Frazee 2018). This means that under the Trump administration, especially in regard to their zero-tolerance policies, would have been denying migrants their rights at the United States border. Migrants in the care of Immigration and Customs Enforcement (ICE) facilities have regularly been subjected to subpar and sometimes fatal conditions (Human Rights Watch, ACLU, et. al 2018). “The death reviews we analyzed from 2010 to 2017 included evidence of practitioners or nurses failing to act on abnormal vital signs or test results, failing to ensure patients made informed decisions to refuse care, practicing beyond the scope of their licenses, and failing to respond to requests for care” (Human Rights Watch, ACLU, et. al 2018). This means that while in the custody of ICE facilities, nurses often acted in both underwhelming ways when patients needed more care, as well as surpassed their scope and took their roles too far, which both led to the death of migrants who were supposed to be safe in their custody. “The administration is also moving to detain more vulnerable people. An ICE directive—issued on December 14, 2017, and made public on March 29, 2018—eliminates the presumption that ICE should not detain pregnant individuals except in

extraordinary circumstances and removes critical reporting requirements regarding the treatment of pregnant individuals. In early April, President Trump signed a memo ordering an end to the practice of allowing children and families to be released from detention while a judge decides if they qualify for asylum. On the same day, Attorney General Sessions issued a “zero-tolerance” policy directing federal prosecutors along the southern border to prosecute all people crossing the border. In late May, a DHS official testified to Congress that 658 children had been separately detained from their parents at the border from May 6 to May 19, in pursuance of this policy.” Firstly, there use to be a slightly more humane way of treating pregnant people, which would be to not detain them, as they are already going through a journey which is life threatening to them and their unborn child and the stress and conditions of being detained only amplifies the threats and potential for complications for these women. In this sense, their reproductive autonomy is being hindered, because their ability to be cared for properly by medical professionals and ensure a safe delivery is greatly inhibited. Moreover, knowing these things as well as the stress that comes from being detained, even as a non-pregnant person, is incredibly stressful and scary, which could lead to complications for the mother and their child. The removal of the requirement to report on the treatment of migrant women is especially concerning for these reasons, for if the conditions were dangerous or questionable before, there would be even more risk of mistreatment and malpractice. Next, the zero-tolerance policy enacted during 2018 caused hundreds of children to be separated from their parents. This violates migrant women’s ability to raise their children, as all of these children were separated from their parents, many of whom will not ever be reconnected. Just as a woman should be granted the right to bear or not bear children, she should be able to care for her children without hindrance from the state. It promotes fear

within migrant women that their families could be separated, which allows the state to wield control and deter immigration as well as reproduction. The shift away from allowing families to stay together backtracks on the Flores Settlement Agreement (1997). Previously, child-parent separation was rare, and families were allowed to stay together and out of ICE facilities because the agreement had guidelines against children in the facilities. However, the zero-tolerance policy made it so that parents were detained in facilities in which their children could not be present in, making the children unaccompanied and under the jurisdiction of the Office of Refugee Resettlement (ORR).

Migrant women face many obstacles on their journeys crossing the southern border, including rape. Some women may know or find out they are pregnant while in ICE detention. Some women may decide they want to continue their pregnancies and others not. For minors, wanting to terminate a pregnancy while in ICE detention comes with extreme obstacles. In The United States, minors also have the right to an abortion; they must secure consent from their parents or judicial bypass. Judicial bypass as an option is the constitutional right of minors who may not have a parent present for various reasons (*Bellotti v. Baird* 1979). “Despite these constitutional protections, the US government has repeatedly taken steps to prevent undocumented minors from accessing abortion care, and has violated this tenet of reproductive justice” (Messing et. al 2020). In 2017, the ORR instituted an across the board ban on abortions for minors in ORR custody (Messing et. al 2020). This meant that even when people had the money, transportation, and met requirements by the state to secure an abortion, such as judicial bypass, they were denied their right to an abortion by the ORR (Messing et. al 2020). In fact, there were multiple emergency court hearings to grant them

abortions through court order (Messing et. al 2020). As Messing points out, it is not just a violation of the minors' rights to deny their right to judicial bypass granted abortion, it is a severe denial of the reproductive autonomy of these migrants. Forcing a child to carry a pregnancy to term is cruel, and it exemplifies the control the state has over migrant people's bodies. One may believe from these policies regarding life by the ORR means that pregnant migrant women are supported in order to carry out safe and healthy pregnancies, but the opposite is true. "Inhumane conditions, inadequate access to medical care, and unsafe practices in detention have resulted in stillbirths, miscarriages, and significant maternal health complications for pregnant migrants apprehended at the border" (Messing et. al 2020). Migrant women experience being shackled around their stomach when being transported (United States Senate 2019). "ICE does not and can not meet the medical, mental health, and nutritional needs of pregnant women in immigration detention; as three major medical groups have stated "the conditions in DHS facilities are not appropriate for pregnant women or children" (United States Senate 2019). By both not allowing people to obtain abortions and not allowing them to access adequate pregnancy care, it becomes clear that despite ICE's claims of wanting to protect life, they neither care about the life of migrant women or their unborn children or fetuses. Rather, they care about maintaining control over the bodies of migrant women.

In Chapter 2, I will be providing a review of the literature and introducing the theories used to interpret my findings, which were Chicana Cultural Theory, Mestiza Consciousness, and Critical Race Theory. In Chapter 3, I go over my research design and methodology, discussing why I chose a longitudinal case study and the details of my case study with

justifications for my choices. In Chapter 4, I collect my results and conduct my analysis.

Chapter 5 is spent discussing my conclusions, where I also discuss what I would change in this study in the future and the implications of my findings.

Chapter 2: Literature Review and Theory

Introduction

To begin my analysis, I will begin with a crucial review of the literature, which will help me answer my question down the line: *how does anti-immigrant sentiment impact the reproductive autonomy of migrant women?* I begin by introducing the two theories which will aid me in the lenses to propose my hypothesis and conduct my research. I then dissect the literature in order to understand further: 1) what are reproductive health and rights; 2) history of sterilization in the United States and the role of Eugenics; 3) how sentiment impacts legislation/policy mood; and 4) what consists of reproductive health legislation today.

Theory

In Gloria Anzaldúa's *Borderlands/La Frontera: The New Mestiza*, she discusses Chicana cultural theory and her identity of being Mexican (mestiza)-American, as well as how the borderland area is a liminal space that carries the pain of colonization and racism. "Su cuerpo es una bocacalle. La mestiza has gone from being the sacrificial goat to becoming the officiating priestess at the crossroad" (Anzaldúa 1987, 8). She says that as long as people experience these divides with the spaces they occupy, these borders (not physical), will always exist. Anzaldúa aims to break down the barriers that come with rigid binaries such as borders and categories. One of Anzaldúa's most important sentences says "As a mestiza I have no country, my homeland cast me out..." (1987, 80). Migrant women in the United States likely can relate to Anzaldúa, feeling like they have no space to claim as home. One does not easily leave their home country without reason or sacrifice or reason, and in a place

with barriers to accessing resources and anti-immigrant sentiment, it is no wonder that many migrant women would be able to relate to Anzaldúa's theories.

Borders and barriers as well as anti-immigrant sentiment cause migrant women to relate to Anzaldúa's theories related to the mestiza occupying a liminal space, because these women are in a space that is neither fully in or outside of the United States or Mexico, which means that the borderland area carries its own laws and ways of operation, resulting in a different set of rights. This liminality that is felt also allows mistreatment to subsist. With no sense of belonging, between their old homes and their new homes, this liminal space, we might theorize that liminality causes the reproductive autonomy of migrant women to decrease, due to this grey area of rights, which allows for actors to believe this is warrant for mistreatment.

“We need to say to white society: We need you to accept the fact that Chicanos are different, to acknowledge your rejection and negation of us. We need you to own the fact that you looked upon us as less than human, that you stole our lands, our personhood, our self-respect. We need you to make public restitution: to say that, to compensate for your own sense of defectiveness, you strive for power over us, you erase our history and our experience because it makes you feel guilty-you'd rather forget your brutish acts” (Anzaldúa 1987, 86). This quote is important because when discussing the irreparable history of racism, which includes forced sterilization and other public health matters, Anzaldúa says the United States must reckon with these methods of controlling bodies that occupy liminal spaces such as those that cross the border or are always between other binary identities. Overall, this idea of

accepting responsibility is central to Chicana cultural theory. Chicana cultural theory and Mestiza consciousness deem that those who hold the power within American institutions where decisions are made must be held accountable for their discriminatory actions and policies, which push marginalized people, and especially women of color and migrants, into a liminal space. These liminal spaces are isolating and difficult to navigate on purpose, while also taking away the decisions making power away from migrant women. This plays out when we discuss the reproductive autonomy of migrant women, because their decision power regarding their reproductive autonomy is taken away by those in power, those who are white and those who uphold white supremacist institutions. “The only “legitimate” inhabitants are those in power, the whites and those who align themselves with whites” (Anzaldua, 4). As I will discuss later, anti-immigrant sentiment today is based off of not being aligned with white society and not being seen as human enough to deserve the same rights as white citizens. The act of becoming white, is the act of being viewed as a member of society with full citizenship and decision making power, including over one’s own reproductive choices. It is important to use Anzaldúa’s theories when discussing sterilization, because we are discussing bodies that have been othered while also being controlled by the white-centric state. Anzaldúa helps us understand the obsession with the need for control over migrant women, people who are rejected by the state’s standards while trying to steal the personhood of migrant women, stealing their abilities to grow life like others in society, stealing what can be one’s hopes and purpose. Moreover, migrant women relate to Anzaldúa, because there is a uniqueness in being a migrant woman that other women do not deal with, which is due to the liminal space they occupy, which makes them lack statehood or a place of belonging.

Critical Race Theory was created by “progressive intellectuals of color,” in order to “confront critically the most explosive issue in American civilization: the historical centrality and complicity of law in upholding white supremacy and complicity of law in upholding white supremacy (and concomitant hierarchies of gender, class, and sexual orientation)” (Crenshaw, 1995). Angela Davis is a scholar of Critical Theory and Critical Race Theory, and in her chapter “Racism, Control, and Reproductive Rights” in her book *Women, Race, and Class*, Davis states “As for the abortion rights campaign itself, how could women of color fail to grasp its urgency? They were far more familiar than their white sisters with the murderously clumsy scalpels of inept abortionists seeking profit in illegality. In New York, for instance, during the several years preceding the decriminalization of abortions in that state, some 80 percent of the deaths caused by illegal abortions involved Black and Puerto Rican women” (1983, 118). Davis challenges us to think critically about how issues impact people differently, based on intersections of their identities. Davis’ analysis helps us understand reproductive autonomy, because her work informs us on the differences in access that women of color and migrants have to health care. Her thoughts through the lens of Critical Race Theory help us understand how the law is applied unevenly to different groups of people, and how different groups of people feel the impacts of legislation differently. This will be important to my analysis because I will be examining legislation from the Texas state legislature and how anti-immigrant sentiment informs laws around the reproductive autonomy of migrant women. Having the framework of Critical Race Theory will help me identify areas where when talking about reproductive autonomy, migrant women are being left out of the discussion, even when they might be most impacted. On the other hand,

Critical Race Theory will help me analyze how these laws intentionally include migrant women to strip them of their reproductive autonomy and enforce white supremacy.

Gloria Anzaldúa's Chicana Cultural Theory complements Critical Race Theory. Anzaldúa pertains to the state of belonging and being othered. On the other hand, Critical Race Theory deals more with institutions and how individual racism and discrimination permeates places like state governments which create laws. Though dealing with different spaces, I leverage Anzaldúa's Chicana Cultural Theory with Critical Race Theory, because legislators who occupy institutional spaces that create laws have their own perceptions of migrant women, which have the ability to other migrant women through legislation. These two theories complement each other because racist and xenophobic attitudes that certain congresspeople carry impact the legislation that they introduce and pass, thus helping us connect the state of othering with institutional racism.

What are reproductive health and rights?

Reproductive justice has been a hot-button issue in the United States for at least half a century. *Roe v. Wade* (1973) established the right to have an abortion, citing the Due Process Clause of the 14th Amendment, which guarantees the right to privacy. A women's right to privacy over her pregnancy overrode the right to state action on abortions (1973). Abortions are a key aspect of deciding one's future. People choose to have abortions for a variety of reasons, whether medical issues, pregnancy as a result of rape or incest, monetary issues, or simply not wanting to be a parent. In any case, *Roe v. Wade* establishes that the 14th amendment protects women's right to privacy in having an abortion. A right to abortions is a

key aspect of reproductive autonomy, but there are other key elements as well. *Griswold v. Connecticut* (1965), in similar fashion to *Roe v. Wade*, upheld that individuals have the right to privacy when regarding childbearing, when they struck down the state's (Connecticut) attempt to ban the sale, prescription, and use of contraceptives. Similarly, in *Eisenstadt v. Baird* (1972), Massachusetts aimed to limit the prescription of contraceptives only to couples. The Supreme Court utilized the *Griswold* case to establish the right to contraceptives for married couples while arguing that the 14th Amendment's Equal Protection Clause's rational basis test was not passed when this law discriminated against single people from married couples. In *Bigelow v. Virginia* (1975), the Supreme Court found that Virginia's law against advertisement by abortion clinics was unconstitutional, based on the First Amendment's guarantee of freedom of speech and press. In terms of reproductive autonomy, this can speak to informed consent, as advertisement ensures that people have more opportunity to learn of all of their options. Similarly, in *Bolger v. Youngs Drug Products Corporation* (1983), the Supreme court ruled it unconstitutional to prohibit companies from sending unsolicited information regarding contraceptives, due to the court viewing this as an important social issue protected under the First Amendment, as it provided valuable information around family planning and disease prevention. *Rust v. Sullivan* is another example of a case regarding informed consent and family planning. During the Reagan administration, a gag rule was implemented "barring abortion counseling and referral by family planning programs funded under Title X of the federal Public Health Service Act" (ACLU). The Department of Health and Human Services was to bar anyone using Title X funding for abortion. The Supreme Court upheld the rule, but the Clinton administration in 1993 repealed this gag rule, allowing clinics utilizing Title X funds to offer non-directive

counseling with abortion as an option. There are a plethora of important Supreme Court cases regarding reproductive autonomy, including the decision which is yet to be delivered regarding Texas' SB 8, and while dealing with different issues, they deal with reproductive autonomy. Important aspects of reproductive autonomy include other decisions around fertility such as contraception (including informed consent), and access to family planning services. "Key to this is the notion of choice. In health care contexts, the rights to informed consent and confidentiality are instrumental to ensuring free decision-making by the client. These rights impose certain correlative duties upon health care providers and deliverers of services. They are bound to disclose information of proposed treatments and their alternatives so as to obtain the informed consent of the client, and they must respect her right to refuse treatment" (Shalev 1998). Informed consent means that a patient must understand the full ins and outs of any procedures they undergo. It is not just up to the patient to ask questions either, the medical provider should ensure that they feel the patient has all the information necessary to understand the treatment they are undergoing. This can include doctors asking questions back to their patients on what their regimen will look like, and more to make sure they believe their patients understand their plan.

This means that clients in the healthcare setting must be informed of all possible options regarding their health treatments, as well as on the ins and outs of the treatments, such as the treatment's impacts, the duration of treatment, etc. Ultimately, the patient must have a full understanding of procedures they undergo. "Autonomy means the right of a woman to make decisions concerning her fertility and sexuality free of coercion and violence. Much turns on our understanding of coercion and violence. Key to this is the notion of choice. In health care contexts, the rights to informed consent and confidentiality are

instrumental to ensuring free decision making by the client.” (Shalev 1998). Dr. Carmel Shalev presented this paper at the International Conference on Reproductive Health, Mumbai (India) in March 1998. She is a scholar on women’s rights, human and health rights, and bioethics regarding reproduction. The key to Dr. Carmel Shalev’s definition is that there is “free decision making by the client,” which includes informed consent, free of coercion. This means that people should be knowledgeable about the procedures and treatments they are receiving, unlike in cases of forced sterilization. Dr. Shalev’s definition of reproductive autonomy is essential when discussing reproductive autonomy, because definitions impact how we talk about abortion as being an essential factor but not the only factor of reproductive autonomy, which impacts different groups of women differently when they are not solely worrying about accessing an abortion, but also ensuring their doctor is informing them of their treatment options, their rights, and their overall reproductive autonomy. For some women, all these factors around reproductive autonomy may be implied, as they are far less likely to have their autonomy abridged in such invasive ways. However, it is important to define reproductive autonomy, because migrant women have been more likely to have this abridged; not being offered proper translation, not being made aware of all their treatment plan options, being forcibly sterilized.

History of sterilization in the United States/Eugenics

There is a history of forced sterilization in the United States committed against communities deemed unfit for childbearing or undesirable for reproduction. Alexandra Minna Stern discusses in Chapter 3 of *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America*, that there were many “social” eugenics programs in the early

1940s, “Reflecting the viewpoint of an influential sector of elite Californians that embraced eugenics as the best solution to the state’s perceived problems, Hogue saw sterilization as a ‘protection, not a punishment’” (2016). Eugenics programs were essential to the elite, the white, wealthy dominant class, because it would protect against “the continued pollution of the human bloodstream” (Begos 2002). This quote helps us understand that eugenics is founded on racist principles of population control and perceptions of what races and groups of people are most human. Who is viewed as most human is what dictates who is allowed to make decisions regarding their reproduction. Certain women are more likely to face societal pressures to sterilize, which is explained by the concept of stratified contraception. Shreffler explains further that migrant women are more often pushed to sterilize, as well as Black, Native, and Hispanic women (2014). Reproduction was viewed as something that should be reserved for white women and other women with economic means, so medical personnel in recent history have coerced or pressured marginalized women, including migrant women, into sterilizations (Shreffler et. al 2014).

Moreover, it’s also about using these views of belonging to create a particular notion of nationhood and/or citizenship. Anzaldúa’s Chicana Cultural Theory helps us think about these racist and xenophobic principles of eugenics because migrants who occupy these liminal spaces are not a part of what the vision of nation building looks like. Because there is a view of who belongs to being a part of what a nation looks like, those who are not wanted as a part of the nation, migrants, are treated as less than human. “... Racial purity cannot be sustained without strict adherence to appropriate gender and sexual behavior. All white women must fulfill their role as procreators of the race, all white men must fulfill their role as white saviors, all white people must be protected from the evils of nonwhite, non Christian,

nonheterosexual others” (Perry 2003, 72). The ideal nation is viewed as with as much white purity as possible. These views of nationhood and/or citizenship help establish that nonwhite people, and especially foreigners like migrant women are othered, as they cannot be a part of this group. Because migrant women are not viewed as belonging to the nation, they are not only othered, but the state aims to control their bodies, from their movement to their reproduction (Messing et. al 2020).

The Stern chapter aids our understanding, because it focuses on California and how the doctrines of manifest destiny and nativism permeated the minds of Californians, ultimately affecting Latinx people and Native Americans the most. Second, there was a strong affinity between the doctrines of Manifest Destiny and nativism that seized California during and after the Gold Rush and eugenic racism. “Sinophobia and discrimination against Latin Americans, Asians, and American Indians, which permeated California from the 1860s to the 1880s, offered propitious ground for scientific racism, targeted principally at Mexicans and Filipinos, to materialize in the 1920s and 1930s” (Stern 2016, 85). California represented a third of all sterilizations occurring in the United States, because they had a “matrix of educational organizations, civic groups, business associations, medical societies, and philanthropies that subscribed to eugenic philosophies” (Stern 2016, 86). California was home to many elites who often worked together to advance the eugenics movement, such as John R. and Dora Haynes who founded Los Angeles’ first private foundation in 1926, dedicated to the ““social betterment of mankind”” (Stern 2016, 86). Moreover, the State Department of Institutions implemented “anti-immigrant policies, intelligence testing, and mass sterilization” (Stern 2016, 86). I argue that anti-immigrant policies today are fueled by

anti-immigrant rhetoric and sentiment, which have attributed to the forced sterilization of migrant women in detention centers, as well as legislation limiting the reproductive autonomy of migrant women by severely limiting access to reproductive health services. The reason this sentiment and rhetoric leads to these policies is that people who hold these sentiments are in positions of power, which according to Anzaldua, allows the power-holders, or legislators, to other migrant women who are in a transitional phase of their lives, or a a liminal space. Moreover, another reason sentiment and rhetoric lead to these policies is that people with these attitudes hold positions of power, and most often, people who campaign on certain issues, tend to try to push for legislation in these areas. It is the founding of these institutions in which policy is made that were constructed around exclusion and racism. These institutions that view migrant women as others and not worthy of inclusion due to their conceptualization of nationhood and citizenship, are the same institutions that dictate the reproductive autonomy of migrant women.

Another useful piece of literature is also by Alexandra Minna Stern, and it discusses California's history of forced sterilization and the eugenics behind these procedures at Los Angeles County Hospital during the early 1970s (2005). A bill was introduced in 1979 in California's state legislature to ban these state-sanctioned sterilizations, but by then 20,000 forced sterilizations had occurred from 1909-1979. *Madrigal v. Quilligan* (1978) was an important case that dealt with the various forced sterilizations at this hospital against Mexican-American women following c-sections. Specifically, it was a class action lawsuit against the Los Angeles County-USC Medical Center by ten Mexican-American women who were sterilized without their consent. One of the women was Dolores Madrigal, who was

sterilized without her consent during the birth of her second child. Dr. Bernard Rosenfield served as the whistleblower in the case. This case was decided five years after *Roe v. Wade*. The federal judge from California ruled in favor of the hospital, citing miscommunication and a language barrier in defense of the hospital. This is a landmark case because the coerced sterilizations were funded by the Federal government and Lyndon B. Johnson's War on Poverty, whereas earlier cases were funded by the state. Moreover, this case sends a message to women of color, especially migrant women who are more likely to face cultural and language barriers, that they are not protected. Despite the fact that white women are protected under *Roe v. Wade*, women of color and migrant women did not and still do not receive equal protection of their bodies from erroneous, damaging procedures. "As early as the 1920s, California eugenicists such as Goethe, Jordan, and Holmes asseverated that Mexicans were irresponsible breeders who flooded over the border in "hordes" and undeservingly sapped fiscal resources" (Stern 2005). Here, a clear distinction is made with the birthing tendencies of migrant women, especially from Mexico, and they are compared to animals (anti-immigrant) and blamed for overpopulation. It also discusses the implications for these programs and messaging, such as Proposition 187, which strove to drastically restrict access to education and health and social services for undocumented people." (Stern 2005). Proposition 187 targeted "Mexicans, who were portrayed as infectious hyper breeders, alien invaders, and vampires threatening to bankrupt the state" (Stern 2005). Anti-immigrant sentiment ties back to sterilization and the limitation of reproductive autonomy in this way, because people with these sentiments view the migrant population as one that needs to be controlled. Control over populations is most gruesome and effective when it comes to controlling reproduction and birth. This type of control can happen in a variety of ways:

sterilizing someone so they could never have a child, limiting their resources to get access to health care and services to have a successful and healthy pregnancy, limiting access to scientifically supported medical information, forcing people to carry pregnancies to term that they do not want to, etc. Anti-immigrant sentiment manifests into this type of control, because there is the belief that migrants do not have the right to control or decide their own futures. It is also worth noting that “in many states, such as New Jersey and Iowa, sterilization laws were declared unconstitutional, judged to be “cruel and unusual punishment” or in violation of equal protection and due process” (Reilly 1991). In contrast, California was able to maintain their sterilization program statute for nearly a century without major change until its repeal in 1979 (Stern 2005). These views on migrants exist popularly on their own: viewing migrants as dangerous and as alien or carrying consequences. In general, these views of migrants result in xenophobic attitudes, which are also expressed through legislation. Despite these parallels between how migrants are typically portrayed as threats to security and how they are viewed as “hyper breeders,” the concept of reproductive autonomy and the notion of citizenship and belonging are not often tied together, which is what I aim to do. I will combine these two ideas together which I view as inherently intertwined by painting a connection between the opinions of everyday citizens in Texas regarding migrants to the policies that are passed by year in the Texas legislator, which contribute to an otherization of migrants and a loss of reproductive autonomy.

How Sentiment Impacts Legislation/Policy Mood

It is important to recognize that although immigration is technically a federal issue, states have the ability to shape policy in their legislators. Just as some states may decide not to enforce immigration laws that are harsh, some states may try to institute laws that are more

restrictive or hammer down on immigration enforcement. Why do states do this? “We theorize that state legislators are likely responding to mass opinion with immigration policy restrictiveness when citizens mobilize and demand accountability during times of heightened issue salience. However, during times of reduced salience among the populace the influence of anti-immigrant sentiment wanes, and commercial and political elites are seemingly able to shift individual immigration policies in more accommodative directions. Anti-immigrant sentiment can motivate state immigration policy restriction, but likely only during select periods of heightened issue salience and attentive, engaged citizenry” (Butz, Kehrburg 2019). This study is useful to my research, because they determine through their study that anti-immigrant sentiment alone does not determine a legislator’s responsiveness to create policy, rather mobilization of these opinions through action is necessary. However, Butz and Kerhburg are not looking at factors such as reproductive autonomy legislation that results from anti-immigrant sentiment, which is a gap in this literature. They state “theories of racial and group threat arguments predict that large or growing minority populations result in hostile attitudes among the majority, which forms an opinion–policy linkage supporting restrictive policy outcomes (Avery, Fine, & Márquez, 2016; Blalock, 1967; Key, 1949; Newman, 2013; Newman, Johnston, Strickland, & Citrin, 2012; Schildkraut, 2001). These authors would support my reasoning that restrictive policy outcomes are determined by racial resentment and the othering of migrants, being portrayed, and perceived as non-citizen and not worthy of rights or their own autonomy, especially regarding reproduction. Anti-immigrant sentiment translates to policy, because due to constituents being vocal and hostile about their racial resentment and xenophobia, policymakers then feel the need to respond to the demands of their constituents with policy. “During times of heightened issue salience

state policymakers are likely to respond to preference signals from the citizenry, yielding an overall stronger opinion–policy linkage (Rogers, 2017), including a strengthened link between mass anti-immigrant sentiment and restrictive state immigration policies.” This quote is incredibly important from the Butz and Kerhburg literature, because in the case of Texas, which I am analyzing, I believe we will find that due to Texas’ geographic location, as well as their history of dealing with immigration, we can rely on Texas citizens to consistently care about immigration. At the same time, I believe we will see enough variation in public opinion from their citizenry regarding immigration, due to major events around immigration occurring, that we will see how Texas legislators react to anti-immigrant sentiment with restrictive policies regarding the reproductive autonomy of migrant women. This policy-linkage to anti-immigrant sentiment is imperative to my research, and many scholars are in agreement that generally policy makers respond to public opinion of their citizenry.

Reproductive health legislation

Typically, when travesties occur in history, people ask “how did this happen?” However, there are many examples of how legislation has been created to intentionally limit or harm the reproductive autonomy of migrant women and women in general. Kari et al. (2015) examines the impacts of cutting state funding for reproductive healthcare and family planning on family planning institutions. Using data from surveys conducted in 2011, and they found that 25% of family planning clinics closed, less organizations offered reversible contraception, overall, they served 54% fewer clients, and the organizations that specialized in family planning took the biggest hit (Kari et. all 2015). Title X allows these clinics to

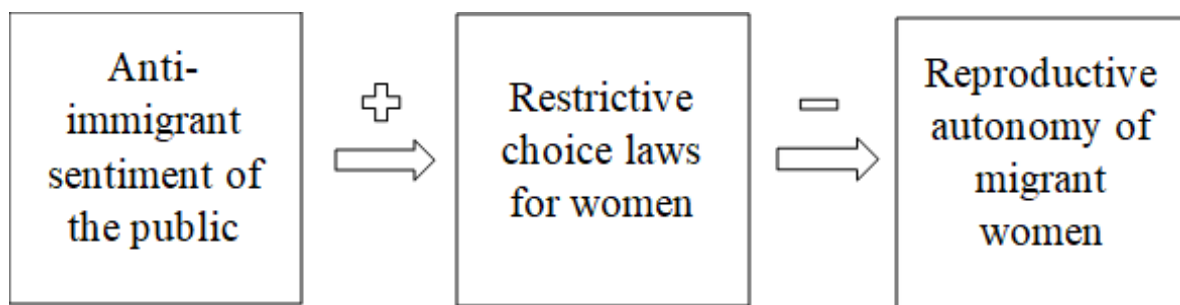
service women who are uninsured, as they subsidize organizations that service uninsured women. Since 2010, several states have cut their family planning budgets and 5 states cut their family planning budgets at higher rates compared to their other health programs (Kari et. all 2015). Since 2011, 16 states have proposed legislation to bar family planning organizations from receiving public funds such as Title X or Medicaid, or specifically those that provide abortion services- even though those public funds could not be used for abortions in the first place, due to the Hyde Amendment. This literature focuses on the impact of legislation in Texas during 2011, which greatly restricted funding to these funds, and it important to my question, because it emphasizes how instrumental state legislatures are to policies that expand or often restrict what organizations get Title X funding and how much they get.

Chapter 3: Research Design and Methodology

Introduction

The previous chapter introduced my research question: *how does anti-immigrant sentiment impact the reproductive autonomy of migrant women?* I hypothesize that as anti-immigrant sentiment gets stronger, more restrictive reproduction policies will be passed and the reproductive autonomy of migrant women will be lessened. In this chapter, I will describe my methodology and research design. I intend to start by explaining my methodological approach, then I will explain my independent and dependent variables. Lastly, I will examine my approach to measuring anti-immigrant sentiment in Texas. Before ending with my expectations, I will provide a discussion where I evaluate the strengths and weaknesses of my methodological approach.

Figure 3.0 - Arrow Diagram of Hypothesis



Variables and definitions:

Defining Migrants

It is important before beginning my study to define the terms which I will be regularly using. For example, the term migrant is important to be defined because it may group some people while leaving out others. According to the Department of Homeland security, a migrant is a person who leaves their home country to seek residence in another country (Homeland Security). According to the United States Census Bureau, migration “typically refers to moves that cross a boundary, such as a county or state line” (US Census). An interesting factor to consider is that the Migration Observatory of Oxford University says that in some surveys, the term migrant is often not defined in surveys. This causes respondents to define this term on their own, which opens the possibility for implicit attitudes. Ghoshal and Crowley recognize the many ways to quantify the costs of migration, especially for economic migrants, but they assert that a proper model would calculate the psychological cost of migrating (1983). For the purpose of my research, I will be defining the term migrant. The term migrant is not defined under international law. A migrant is someone who has crossed a boundary such as the southern U.S.-Mexico border, leaving their home country to settle in another country, the United States. “In the new global and European map of migration, the old dichotomies of migration study- internal versus international, forced versus voluntary, temporary versus permanent, legal versus illegal- blur as both the motivations and modalities of migration become more diverse” (King 2001, 89). King says that we need to deconstruct traditional migration dichotomies (King 2001, 91). Defining who is a certain type of migrant by what their motivations were for coming to the United States is no longer neatly packed into a black and white category due to the nature of intervention in

places like Central America, the ever-complicating legal barriers to claiming asylum, being granted a visa, or becoming a citizen. On June 11th, 2018, Attorney General Jeff Session announced that victims of gang violence and domestic violence no longer qualified for asylum (Aguilar 2018). In places like El Salvador, where United States intervention has led to the overthrow of governments, poverty, and gang violence, it is more convenient to label people coming from here economic migrants rather than asylum seekers in order to avoid accountability for the position people are in.

Anti-immigrant sentiment

It is important to define anti-immigrant sentiment for the purpose of my study, because it is my independent variable. In 2009, a Pew Research Center Study found that Hispanics were perceived to be the most discriminated against in society. “Nearly one-in-four (23%) Americans said Hispanics are discriminated against “a lot” in society today, a share higher than observed for any other group” (Pew). Subsequently, Latinos comprise the largest percentage of undocumented immigrants in the United States. In 2009, 76% of undocumented immigrants were Hispanic (Pew Research Center 2009). While these categories overlap, I point them out not to say they are the same or that all Latino people are migrants or undocumented. Rather, I point out the overlap because in order to police undocumented people or migrants, Latinos have become a racialized group as a product of a need for scapegoating and putting a face to the name, the name being migrants (Valdez 2016). “...illegality, like criminality, is also unrecognizable in popular discourse without a body of color. Specific racial and/or ethnic groups are more legible than others as “illegal” according to both region and historical moment, such as the Chinese in the late nineteenth

century and more recently, immigrants from Mexico and Central America” (Cacho 2012). In order to picture the scary villain, the person invading their country, white nativists must draw a picture of who migrants are, which is depicted as Latinos today. Illegality as a concept or a category is unrecognizable without a color. This image is swelled by the media when images of dozens of migrants riding on dangerous trains to make their way to the United States or Latino children who cry for their parents as their parental units are detained by CBP are circulated. This racialization is underscored by scholarship demonstrating the equivalency of anti-Latino sentiment and anti-immigrant sentiment (Beltran 2020, Cacho 2012 De Genova & Ramos-Zayas 2003). As a result, Latinx people become racialized and tied to the definition of who a migrant is.

Despite the fact that the Pew Research survey does not define “immigrant” as being Latino, these negative attitudes about immigrants impact Latinos in particular. Therefore, I am not constructing a new measure, rather I am clarifying how these two categories of Latino and immigrant go hand in hand when rhetoric contrary to one is employed. “Notably, African Americans are perceived to be separate, distinct, and, indeed, excluded from the category “Americans”- exposing the fact that “American comes to connote whiteness. As such, “American”-ness is unavailable to Blacks *or* Latinos...” (De Genova & Ramos-Zayas 2003, 77). Originally pegged to African American citizens, being viewed as non-American, not a part of the cultural and social makeup of what strengthens this country, Latinos are viewed as non-American, due to not being in the “white” category. Racial scripts highlight the way in which racialized groups are linked to one another in their struggles and how they affect one another (Molina, 6). Scripts are created as a way of creating racial hierarchies, and

when legal status is involved, racial scripts are used to put migrants at the bottom of the hierarchy.

“The contention that the term [*illegal immigrant*] is merely “brief and descriptive” also ignores the fact that in America, *illegal immigrant* is not race-neutral. The term, which once referred specifically to Mexicans, broadened to encompass all Latinos when, following changes in the 1965 Immigration Act, increasing numbers of immigrants from Central American, South American, and Caribbean countries arrived, searching for jobs or seeking refuge from war and political refuge... Mexicans were then turned into criminals with new border surveillance. The Border Patrol was created, initiating a new era of policing policies and practices that increasingly linked Mexicans to illegality” (Molina 2014, 143). “A relational treatment recognizes that race is a mutually constitutive process and thus attends to how, when, where, and to what extent groups intersect” (Molina 2014, 3).

Until a couple of years ago, the term *illegal immigrant* was still used popularly; Molina enforces that when people in America think about migrants, especially those who are undocumented, they think of Latinx and often Mexican and Central American migrants. The idea of illegality was tied to Mexicans as a means of implementing policies to police their bodies. “The term also fails to consider the decades following the 1920s, when debates, policies, and practices continuously reinscribed Mexicans as immigrants (regardless of the actual length of their residency or the status of their citizenship) or deemed them unworthy of citizenship” (Molina 2014, 144). Mexicans and other Latinx people are viewed as foreign and as migrants, regardless of how long they have been in the United States; at times for

generations.

“To map the invention of ethnicity, we need to attend to the micropolitics of category formation... to debates within the 1911 Dillingham Immigration Commission, and to the classification of Mexicans by the Immigration and Naturalization Service (INS) and the Census Bureau on the southwestern border in the 1930s and 1940s. In each, cultural and political elites tried to distinguish immigrants and races by specifying ethnicity as a distinct social formation” (Hattam 2007, 158). Ethnicity was used as a social category to distinguish Mexicans and Latinx migrants even further in order to exclude and other them due to their immigrant status or assuming their immigration status. Interestingly, following the Treaty of Guadalupe Hidalgo, Mexican Americans occupied this liminal space that Anzaldua talks about, being considered a separate racial group socially, while being considered legally white to increase the chances of statehood for the territory (Molina, 27).

“The act of “becoming white” is a historical as well as moral process that involves the subjugation of Black and other nonwhite populations through practices of settlement and violence” (Baldwin 1984). Because migrants are othered by those who enforce white supremacy, they do not have the ability to be at the status of white people in this country, white supremacy relies on being violent towards groups such as migrants in order to keep themselves at the top. “According to Shklar, the worth of citizenship has historically been less about equality of rights or the political power it imparts than about conferring dignity and social standing. Acknowledging that this assertion is “not an empirical observation of who had the vote at the time,” Olson observes that this is instead a social and affective claim about whiteness as “a *political* color that distinguished the free from the unfree, the equal

from the inferior, the citizen from the slave”; citizenship is not just standing, as Shklar argues, but *racialized standing*” (Beltran 2020, 45). I feel this explained implication of citizenship fits my explanation of what it means to be a citizen, which is beyond a legal definition. Anti-immigrant sentiment reinforces who is viewed as deserving the dignity and having the social standing to participate in a democratic society as a citizen.

As of 2020, 13.7% of all of the United States population is a migrant (Budiman et. Al 2018). “This represents a more than fourfold increase since 1960, when 9.7 million migrants lived in the U.S., accounting for 5.4% of the total U.S. population” (Budiman et. Al 2018). At the same time of this rising immigration, migrants have always been, in recent history, scapegoats for a host of problems in the United States. I will be measuring anti-immigrant sentiment by using the University of Texas / Texas Tribune Poll Texas Statewide Survey that is conducted yearly, that surveys 800-1200 adults in Texas, depending on the year. All of the adults are registered voters. They ask initial questions trying to engage how interested and engaged the participants are, such as: “Q2. Generally speaking, would you say that you are extremely interested in politics and public affairs, somewhat interested, not very interested, or not at all interested?” They ask questions on how frequently the participants vote, and on any given year, a majority of them vote in every election or almost every election. Therefore, we can assume that this survey is reflective of the overall Texas voter population and their political beliefs, since these people are consistently voting. How I will be measuring my Independent Variable of anti-immigrant sentiment more specifically, is by analyzing the *Policy Questions* that they ask. A question that is repeated in most years’ surveys is “Q31. Thinking about legal immigration, do you think the United States allows too many people to

immigrate here from other countries, too few, or about the right amount?” and “Q32. Which of the following poses the greatest threat to the United States?” with “illegal immigration” being a top answer. There is also the question posed every year of: “What would you say is the most important problem facing the State of Texas today?” with immigration being a top answer. I will be analyzing year by year the answer to the question “Thinking about legal immigration, do you think the United States allows too many people to immigrate here from other countries, too few, or about the right amount?”_and the answers which range from: 1. Too many, 2. Too few, 3. About the right amount, 4. Don’t know/No opinion. Through this, I will calculate the anti-immigrant sentiment in Texas that year, laying out the mean for results by question and then assigning a score for each year on the anti-immigrant sentiment for Texans in a given year. I will be using this as a proxy for how legislators will act for that year regarding immigration policy. Because there isn’t an efficient or sound way for me to assess the anti-immigrant sentiment of legislators in the Texas state legislature, I am using public opinion of Texans in a given year, as we can assume that legislators are responsive to the policy attitudes of their constituents, especially when these policy attitudes are linked to racial resentment (Avery, et al. 2016). Some scholars say that state opinion is virtually the only cause of the net ideological tendency of policy in the states” (Erikson, Wright, McIver 1993, 81). Moreover, “together with the evidence that opinion tends to move before policy more than vice versa, indicates that opinion changes are important causes of policy change. When Americans' policy preferences shift, it is likely that congruent changes in policy will follow” (Page, Shapiro 1983, 189).

Reproductive Autonomy

Reproductive autonomy is serving as my Dependent Variable in my study. As mentioned previously in my literature review, reproductive autonomy is the right to have balanced choices, whether to have a child or to not have a child, which includes informed consent, education, and confidentiality. Another key aspect here is that the individual must have enough knowledge and be given the proper resources to make the proper decision for themselves, free of coercion (Shalev 1998). Moreover, a part of having balanced choices is having access to information on your options when pregnant, not just being fed or forced one option, whether that is deciding to bear the child or abortion. Reproductive autonomy does not include fake women's health centers or crisis pregnancy centers or generally health centers that do not inform women of the full host of options. Keywords that will help me pinpoint policies that will allow me to measure reproductive autonomy within a policy are birth control, contraceptives, pregnancy, abortion, sterilization, hysterectomy, family planning clinics, and teenage pregnancy. What I will look for as an indication of a negative policy in regards to reproductive autonomy is increased funding for fake women's health centers. These centers offer limited services, which are often medically inaccurate, yet their funding comes from tax dollars (TX Pregnancy). The Alternatives to Abortion program was established through the Texas legislature in 2005 in the Texas Department for Health and Human Services (Martin 2018). Only in 2017 did the Texas state legislature start requiring these fake women's health centers or "crisis pregnancy centers" to disclose how they spent their large amount of funds, which will include this year's upcoming budget of \$100 million just for these centers (Najmabadi, Astudillo 2021). Next, a clear indication of restriction on reproductive autonomy are laws that eliminate access to abortions, shutting down or reducing funding for clinics that provide abortions, requiring parent consent for minors or eliminating

judicial bypass, or making the act of providing or assisting in abortions illegal. Furthermore, laws that limit access by reducing funding, increasing the age, reducing insurance coverage to birth control or other contraception methods are signals to the inhibition of reproductive rights.

General method

I will be conducting a longitudinal case study. A longitudinal case study is a study of repeated variables over a period of time. I chose a longitudinal case study because I intend to analyze one state (Texas) over the period of time May 2010 to November 2015. In particular, a longitudinal case study will allow me to calculate my Independent Variable (anti-immigrant sentiment) in a consistent manner because the survey I am utilizing is conducted only in Texas. I also wanted to control for variances in how state governments operate their legislatures, especially since Texas operates in a unique fashion. For example, the Texas legislature only meets or conducts sessions on odd-numbered years, unless a special session is called. This makes more sense to analyze my data between years in Texas rather than to another state, since different states have other unique ways of operating their legislative sessions, allowing them to get more or less done depending on the state, which could ultimately impact my measure of how much legislation is introduced every year regarding the reproductive autonomy of migrant women.

A longitudinal case study will allow me to study the same subject (Texas) over a longer period of time, without worrying about variables that could cause differences in results that are not actually caused by my Independent Variable, which is anti-immigrant

sentiment. “I was able to develop a longitudinal-processual analysis. This demonstrated how the contemporary beliefs, values and attitudes of the workforce, and the mutual feelings of animosity and distrust between employees and management, were shaped by a sequence of historical events stretching back over 20 years” (Waddington 160). In the case of this study involving a strike, Waddington utilized a longitudinal case study because it allowed them to analyze how the independent variable changed over the time period. Similar to my case, my independent variable (anti-immigrant sentiment) and its definition is the same, a longitudinal case study allows me to observe my independent variable over time, as historical events that happen over time are bound to impact my Independent Variable. These historical events are accounted for; this is why the particular time periods have been selected. “Rather simple approaches work well with longitudinal data, and much progress can be made using straightforward descriptive analysis of individual trajectories followed by statistical estimation procedures for collections of growth curves” (Rogosa, 36). By selecting simple terms to look for regarding both the systematic coding scheme on immigration and reproductive autonomy within the legislation I am observing over the selected periods of time, as well as anti-immigrant sentiment, which will be simplified through data from the surveys, it will allow me to analyze those individual trajectories and how my Independent Variable impacts my Dependent Variable. A comparative study could be possible but there are data limitations when comparing one state legislature to another.

I chose Texas as the subject for my Independent Study due to its long history of immigration policy. Due to where Texas is geographically, I believe it gives me a unique opportunity to study a state with a lot of stakes in immigration policy and enforcement.

Moreover, sharing its border with Mexico brings in the unique factor of being a hotspot where people apply for asylum. With the Trump Administration's Zero Tolerance Policy, and the backtracking on the terms of the Flores Agreement, women in this area were particularly vulnerable to have their children taken away and be taken to a detention facility where their reproductive rights are not respected. The geographic location of Texas and its proximity to the Southern Border means that the people living in Texas are more likely to have strong feelings about immigration. Furthermore, in Texas we can assume the general attitudes towards reproductive rights are stronger due to the state being a consistently Republican voting block during presidential elections.

The data that I will be collecting as my Dependent Variable is policy outcomes regarding reproductive autonomy of migrant women. I will be doing this by doing a content analysis of legislation during a time within the years of the beginning of May 2010 to November 2015. The reason I choose these periods is because I believe these years represent enough changes in Texas and the national political context. Although Governor Perry took office in 2000, I believe 2010 represented a shift for Governor Perry who started was always conservative but became arguably more conservative as he was running for the Republican presidential nomination in 2012 and 2016. Gearing up for his 2012 run, he made statements around Bush not being conservative enough during his time as President and Governor (Hu 2010). Moreover, as the House shifted strongly towards the Republicans in 2010 and President Obama's bargaining power being weakened following the passage of the Affordable Care Act that year, Perry would have capitalized off this with more conservative ideology. I end this period at the beginning of January 2015, because Perry's term ended on

January 18th, 2015, and Greg Abbott took office on January 19th, 2015. Moreover, during this shift between Rick Perry and Greg Abbott, there was a shift in the Republican Party base and messaging, which became far more conservative as a whole and punished defector politicians who did not follow suit. I initially intended to include data up until 2020, but this was not possible due to time constraints, so my data and analysis is capped in November 2015, which I feel provides us with enough of a variation and shift.

I will be assessing whether the legislation has either a positive or negative impact on the reproductive autonomy of migrant women by utilizing the indicators I mentioned earlier to then create a systematic coding system on the legislation by year. I will know if the legislation affects migrant women when there are keywords also used that also indicate the legislation includes migrants. These keywords that would indicate the inclusion of migrants in this legislation include unauthorized, undocumented, illegal, migrant, immigrant, and alien. What is potentially different here versus the national political context is that in the state legislator, they are able to make more direct and sometimes even more conservative laws regarding reproductive autonomy, as they are not as often catching the attention of the mass public of the United States. The Texas state legislature would be more likely to cut funding to programs that utilize Title X and include abortions in their family planning options, even if Title X does not cover abortions, because the state can make these changes around this federal grant program (HHS Headquarters, Office of Population Affairs). I will include legislation in broader areas that have been brought up, such as general immigration and health care by integrating them into my systematic coding scheme when they include the words in my coding scheme previously mentioned, around reproductive autonomy and

immigration. I will be analyzing this in a congruent way to reproductive autonomy and immigration, deciphering if the legislation has a positive or negative impact on reproductive autonomy.

Content Analysis

The material that I will be content analyzing are bills in the Texas legislature during the years of 2010-2020. My coding scheme will include information on the respective pieces of legislation such as: the bill name & number, date, who sponsored the bill, their party identification, how far the bill got in the process, the general focus of the bill, the bipartisanship of passing bills, as well as the impact on reproductive autonomy; ultimately either a positive or negative.

I will be following a coding scheme that I am creating in order to define whether a policy in the Texas state legislature has a positive or negative effect on the reproductive autonomy of migrant women. If a policy has strong negative effects (including negative language on migrants and reproductive autonomy) it will get a score of 1. If a policy has negative effect on reproductive autonomy but does not include language on migrants, it will get a score of 2. If a policy has neutral implications on reproductive autonomy and migrants, it will receive a score of 3. If a policy has positive language on reproductive autonomy but does not include language on migrants, it will get a score of 4. If a policy has positive language on migration and reproductive autonomy, it will get a score of 5.

I am coding policies as positive or negative, as mentioned earlier, by specific keywords that will help me pinpoint policies that will allow me to measure reproductive autonomy within a policy are birth control, contraceptives, pregnancy, abortion, sterilization, hysterectomy, informed consent, family planning clinics, crisis pregnancy centers, and teenage pregnancy. What I will look for as an indication of a negative policy in regards to reproductive autonomy is increased funding for hysterectomies, sterilization, crisis pregnancy centers, while reducing funding for policies that combat teen pregnancy, for contraceptives, birth control, abortion, and other policies that would decrease informed consent. I will know if the legislation affects migrant women when there are keywords also used that also indicate the legislation includes migrants. These keywords that would indicate the inclusion of migrants in this legislation include unauthorized, undocumented, illegal, migrant, immigrant, and alien.

Expectations

I expect that my research will yield the results that when anti-immigrant sentiment increases, the reproductive autonomy of migrant women will decrease. This means that as the University of Texas / Texas Tribune Poll Texas Statewide Survey's show higher levels of anti-immigrant sentiment in a given year, I expect that there will be a greater volume of bills and/or severity of bills passed that will inhibit the reproductive autonomy of migrant women.

Something secondary I expect to find is that the legislators sponsoring these bills will have greater party identification with the Republican party, due to the GOP's party position on wanting to combat illegal immigration and generally their pro-choice policies. On the other hand, the Democratic Party, though they have taken national party platform stances on

supporting immigrants and being pro-choice, I imagine that some bills will show some levels of bipartisanship, especially in regard to immigration.

Chapter 4: Results and Analysis

Introduction

As stated previously, a comparative case study is used to test my hypothesis involving the impact of anti-immigrant sentiment on the reproductive autonomy of migrant women. Based on the existing scholarship, I expect to find that during years with heightened anti-immigrant sentiment, there will be more laws limiting the reproductive autonomy of migrant women. This is because my methodology connects voter opinions to elite behavior. If voters are expressing anti-immigrant sentiment, elites will respond to this sentiment with their power-making abilities: introducing legislation. I will be analyzing data from the Texas Tribune Poll data and providing aggregate analysis concluding which years showed higher levels of anti-immigrant sentiment within Texas voters. Then, I will be analyzing how many bills that are on reproductive autonomy having negative or positive effects on reproductive autonomy and how many of these bills have negative or positive effects and language on migrants and how many of these are with negative or positive effects on migrants. I will also be analyzing how many of the bills are primarily focused on immigration, then from those bills on immigration, how many have been coded per year (that has negative or positive effects and language on reproductive autonomy).

Texas Tribune Poll Data

Since my case study includes the years 2011-2015, I will be utilizing data from the Texas Tribune Poll from the years 2011-2015. Of the questions presented to the survey participants, I decided to choose the question, which was to rank the following statement

from strongly support, somewhat support, somewhat support, strongly support, to don't know: "Passing a comprehensive immigration overhaul at the federal level that would provide a pathway to citizenship for most illegal immigrants currently living in the United States." This question was presented in the Texas Tribune Poll from the years 2011-2014. However, this question is no longer asked in this survey past February 2014. Beginning in June 2014's survey through the Texas Tribune Poll, the following question is asked: "Do you agree or disagree with the following statement: Undocumented immigrants currently living in the United States should be deported immediately." For this question, we can calculate anti-immigrant sentiment through this question based on the opposite scale, for higher levels of agreement indicate higher anti-immigrant sentiment, whereas the question asked from 2011-2014, would show higher levels of anti-immigrant sentiment as the level of disagreement with the question increases. The possible responses for this question were strongly agree, somewhat agree, somewhat disagree, strongly disagree, or don't know. We can deduce that anti-immigrant sentiment based on the 2011-February 2014 question can be best captured by the somewhat oppose and strongly oppose responses. As for the June 2014-November 2015 question of "Do you agree or disagree with the following statement: Undocumented immigrants currently living in the United States should be deported immediately," the responses that will best capture anti-immigrant sentiment are strongly agree and somewhat agree.

The first results I will analyzing are from May 2010, which to reiterate asked participants to state how much they supported or opposed the statement: "Passing a comprehensive immigration overhaul at the federal level that would provide a pathway to citizenship for most illegal immigrants currently living in the United States." 23 percent of

respondents strongly supported this pathway to citizenship, 21 percent somewhat supported, 14 percent somewhat opposed, 35 percent strongly opposed, and 6 percent answered, “don’t know.” Therefore, at least 49 percent of survey respondents can be shown as having anti-immigrant sentiment from this question for 2010.

In May 2011, the same statement was given and survey participants were asked to rank their support or opposition. 19 percent of survey respondents said they strongly supported a pathway to citizenship, 18 percent of survey respondents somewhat supported this, 14 percent of survey respondents somewhat opposed this, and 43 percent of survey respondents strongly opposed a pathway to citizenship. Therefore, we can deduce that 57 percent of respondents for the 2011 year held anti-immigrant sentiment, for the purposes of the 2011 survey.

During February 2012, the same question was asked, and 20 percent of respondents said they strongly supported this pathway to citizenship, 26 percent somewhat supported it, 16 percent somewhat opposed it, 29 percent strongly opposed it, and 9 percent answered, “don’t know,” meaning that at least 45 percent of respondents held anti-immigrant sentiment.

During 2013, there were two surveys conducted where this question was asked, one in February 2013 and one in October 2013. In February 2013, the responses were as follows: 25 percent strongly supported this pathway to citizenship, 26 percent somewhat supported it, 13 percent somewhat opposed it, 28 percent strongly opposed it, and 8 percent answered, “don’t know.” Therefore, for the February 2013 survey, at least 39 percent of respondents held anti-immigrant sentiment. Similarly, for the October 2013 survey, 21 percent of respondents said they strongly supported this pathway to citizenship, 25 percent somewhat

supported it, 16 percent somewhat opposed it, 32 percent strongly opposed it, and 7 percent answered, “don’t know.” This means that at least 48 percent of respondents held anti-immigrant sentiment. During the year of 2013, the mean attitude of anti-immigrant sentiment was 43.5 percent.

During February 2014, the survey respondents answered with the following responses to the same question: 26 percent strongly supported, 25 percent somewhat supported, 17 percent somewhat opposed, 27 percent strongly opposed this pathway to citizenship, and 5 percent answered, “don’t know.” This means that at least 44 percent held anti-immigrant sentiments.

Then, the Texas Tribune stopped asking this question after February 2014, and they began asking a different question, which I will be using to evaluate anti-immigrant sentiment. The question is, “Do you agree or disagree with the following statement: Undocumented immigrants currently living in the United States should be deported immediately.” 32 percent of respondents strongly agreed, 22 percent somewhat agreed, 18 percent somewhat agreed, 22 percent strongly disagreed, and 6 percent answered, “don’t know.” This means that at least 54 percent of respondents held anti-immigrant sentiment in the February 2014 poll. During October 2014, this same question was asked, and 35 percent strongly agreed, 25 percent somewhat agreed, 16 percent somewhat disagreed, 18 percent strongly disagreed, and 6 percent answered, “don’t know.” Therefore, at least 60 percent of voters held anti-immigrant sentiment during this October 2014 poll. During the year of 2014, the mean attitude of anti-immigrant sentiment was 57 percent.

During February 2015, when asked this same question of how much they agreed with the statement, “Undocumented immigrants currently living in the United States should be deported immediately,” 34 percent answered strongly agree, 25 percent said somewhat agree, 16 percent said somewhat disagree, 18 percent strongly disagreed, and 6 percent answered, “don’t know.” This means during February 2015, at least 59 percent of respondents held anti-immigrant sentiment. Lastly, during November 2015, 30 percent of respondents strongly agreed with the same statement, 25 percent somewhat agreed, 18 percent somewhat disagreed, 21 percent strongly disagreed, and 6 percent answered, “don’t know.” We can conclude that for November 2015, at least 55 percent of respondents held anti-immigrant sentiment. During the year of 2015, the mean attitude of anti-immigrant sentiment was 57 percent. This is a significantly high marker of anti-immigrant sentiment. As I predicted, anti-immigrant sentiment is higher during this transition period under Governor Greg Abbott, who promoted a far more conservative ideology during his election campaign.

Table 4.1 - Texas Tribune Poll, Anti-Immigrant Sentiment

“Passing a comprehensive immigration overhaul at the federal level that would provide a pathway to citizenship for most illegal immigrants currently living in the United States.”

	Strongly support	Somewhat support	Somewhat oppose	Strongly oppose	Don't know	Total support	Total oppose/ Anti-immigrant sentiment
May 2010	23	21	14	35	6	44	49
May 2011	19	18	14	43	5	37	57
February 2012	20	26	16	29	9	46	45
February 2013	25	26	13	28	8	51	41
October 2013	21	25	16	32	7	46	48

February 2014	26	25	17	27	5	51	42
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Table 4.2 - Texas Tribune Poll, Second Question

“Do you agree or disagree with the following statement: Undocumented immigrants currently living in the United States should be deported immediately.”

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Don't know	Total agree/ Anti-immigrant sentiment	Total disagree
June 2014	32	22	18	22	6	54	40
February 2015	34	25	16	19	6	59	35
November 2015	30	25	18	21	6	55	39

This means the data show that during the years 2011, 2014, and 2015, we saw the highest levels of anti-immigrant sentiment exhibited by the survey participants. As mentioned before, it must be noted that the question asked regarding immigration was changed after February 2014, from choosing a level of agreement for the statement, “Passing a comprehensive immigration overhaul at the federal level that would provide a pathway to citizenship for most illegal immigrants currently living in the United States.” to “Do you agree or disagree with the following statement: Undocumented immigrants currently living in the United States should be deported immediately.” As aforementioned, the year of 2015, showed a mean attitude of anti-immigrant sentiment which was 57 percent. This is a significantly high marker of anti-immigrant sentiment. As I predicted, anti-immigrant

sentiment is higher during this transition period under Governor Greg Abbott, who promoted a far more conservative ideology during his election campaign. We do not see as high of a quantity of bills receiving a score of a 1 compared to 2011, but it is higher than what we see in 2013. Interestingly, 2015 includes the year with the largest quantity of bills interpreted but not coded, meaning that they pertained to immigration and were assessed as positive or negative (more often negative), but they did not mention or relate to matters of reproductive autonomy. There were a total of 28 bills this year which did not get coded, compared to 12 in 2013 that did not get coded and 7 in 2011 that did not get coded.

It is worth noting that anti-immigrant sentiment in Texas, according to the Texas Tribune Poll and my measure, never drops below 40 percent, which is significant. 40 percent, though not a majority, is a significant percentage of the electorate. This significant portion of the electorate holding anti-immigrant sentiment provides a strong incentive to shape policy mood in Texas year to year. The mean percentage of voters holding anti-immigrant sentiment from the collective data is 50 percent. If at least 50 percent of voters (not including voters who answer “don’t know,” have anti-immigrant sentiments, this would provide a legislator a strong incentive to introduce bills which are anti-immigrant.

Texas Legislature Data

I scored bills by looking through each individual bill and reading through them, looking for the keywords implicating immigration and/or reproductive autonomy. For the bills focused on reproductive autonomy, I looked for the key words “birth control,” “contraceptives,” “pregnancy,” “abortion,” “sterilization,” “hysterectomy,” “informed consent,” “family planning clinics,” “crisis pregnancy centers,” and “teenage pregnancy.”

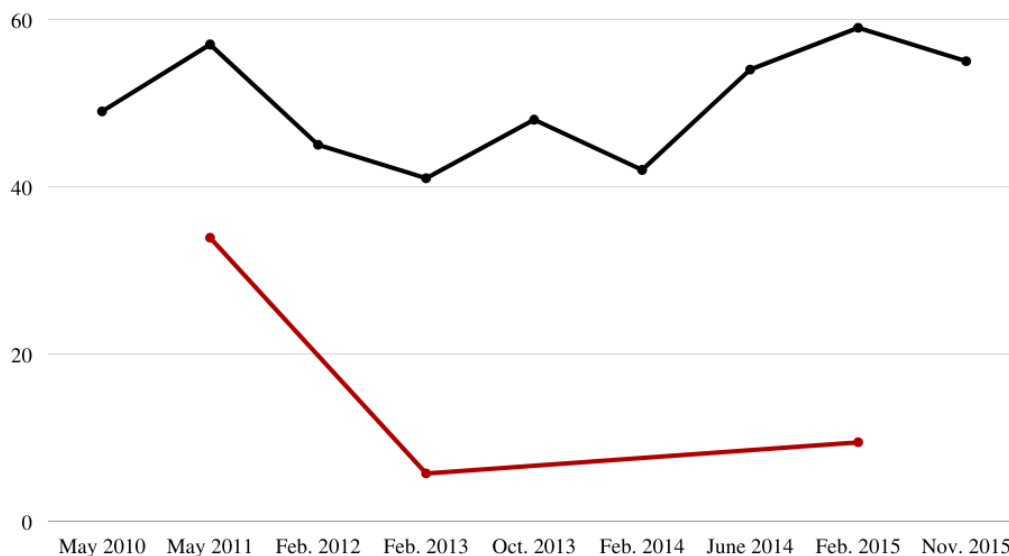
Once I scoped out the bills that included these key words, I ranked them using my coding system. The worst score that a bill could get was a 1. If a bill had strong negative effects on both migrants and reproductive autonomy, including negative language on both, it was given a score of 1. I have provided a reference of what one example of a bill receiving a score of a 1 is in my appendix. If a bill has negative effect including negative language on reproductive autonomy but does not include language on migrants, it was given a score of 2. It is important to note that a bill receiving a score of a 2 is technically not the worst on my scale, but it is still a bill with harmful effects and should still be considered very harmful and negative, even if it is not a 1. This is because migrant women are still impacted negatively by these bills that receive a score of a 2, in fact they in many cases bear the brunt of the issues when it comes to reproductive autonomy, even if the bill is intended to limit all women from realizing their full reproductive autonomy, due to the nature of liminality, citizenship, healthcare access, and economic means. If a bill had neutral implications on reproductive autonomy and migrants, it was given a score of 3. If a bill had positive language on reproductive autonomy but does not include language on migrants, it will get a score of 4. If a bill had positive language and effects on migration and reproductive autonomy, it was given a score of 5. I collected data from the Texas Legislature between the years 2011-2015. The Texas Legislature conducts itself every two years, except when special sessions are called. As a result, I collected data for 2011 with the regular session being 82(R)- 2011 and the special session being 82(1)- 2011. During the year of 2013, the regular session was listed as 83(R)- 2013, and the special sessions were 83(1)- 2013, 83(2)- 2013, 83(3)- 2013. The last year I collected data on from the Texas Legislature was 2015, which only conducted itself through a regular session, labeled as 84(R)- 2015. For all of the years (2011, 2013, and

2015), I collected data on and coded data from both the House and Senate of the Texas Legislature. It is important to note that I collected data on bills involving immigration, but they did not get coded unless they also included key words or effects on reproductive autonomy. As such, there are slightly more bills that were collected for my data than bills that were coded. For the entire year of 2011, regular and special sessions, there were a total of 63 bills that were analyzed for my data, of these 56 were coded. For 2013, regular and special sessions, I collected data on 82 bills, and of these 82 bills, 70 were coded. For 2015, regular and special sessions, I collected data on 81 bills, 53 bills were coded.

Table 4.3 - Coded bills including immigration and reproductive autonomy matters

Score	2011 (63 bills)	2013 (82 bills)	2015 (81 bills)
1	19 (33.9%)	4 (5.7%)	5 (9.4%)
2	33 (58.9%)	44 (62.9%)	29 (54.7%)
3	0 (0%)	6 (8.6%)	1 (1.9%)
4	1 (1.8%)	10 (14.3%)	18 (34%)
5	3 (5.4%)	6 (8.6%)	0 (0%)
	Of 56 coded	Of 70 coded	Of 53 coded

Figure 4.1 - Annual Anti-Immigrant Sentiment & Bill Introduction in Texas Legislature by percentage, 2010-2015, (only including bills that are scored a 1 (most restrictive bills))



During 2011, the amount of bills that received a score of a 1, which means that the bill had strong negative effects including negative language on migrants and reproductive autonomy), was 19 (30.12%), the amount of bills that received a score of a 2, which means the bill had a negative effect including negative language on reproductive autonomy but does not include language on migrants, was 33 (52.4%), the amount of bills that received a score of a 3, meaning the bill had neutral implications on reproductive autonomy and migrants, was 0 (0%), the amount of bills that received a score of a 4, meaning a bill had positive language on reproductive autonomy but does not include language on migrants, was 1 (1.6%), the amount of bills that received a score of a 5, meaning the bill had positive language and effects on migration and reproductive autonomy, was 3 (4.8%). During 2013, the amount of bills that received a score of a 1, was 4 (4.9%), the amount of bills that received a score of a

2, was 44 (53.66%), the amount of bills that received a score of a 3, was 6 (7.3%), the amount of bills that received a score of a 4, was 10 (12.2%), the amount of bills that received a score of a 5, was 6 (7.3%). During 2015, the amount of bills that received a score of a 1, was 5 (6.17%), the amount of bills that received a score of a 2, was 29 (35.8%), the amount of bills that received a score of a 3, was 1 (1.2%), the amount of bills that received a score of a 4, was 18 (22.2%), the amount of bills that received a score of a 5, was 0 (0%).

In 2013, we see the highest number and proportion of bills receiving a score of 2 at 53.66%, or 44 bills, which indicates negative consequences and language on reproductive autonomy, without specific language on migrants. Nonetheless, 2011 also had a high number of bills with a score of 2, which was 33 or 52.4% of the bills introduced. In 2013, we see a lower number of bills receiving a score of 1, at just 4 bills or 4.9% of the bills that year, which means it is the year with the lowest amount of bills with negative language/implications for reproductive autonomy and migrants. Similarly, in 2015, there are only 5 bills (6.17%) receiving a score of 1, meaning there were not as many bills combining negative impacts on reproductive autonomy and migrants. Rather, there is a higher presence of bills which focus just on reproductive autonomy. Moreover, the bills on immigration are far less likely to crossover or mention reproductive autonomy key words.

There were no bills that explicitly linked anti-immigrant sentiment and reducing reproductive autonomy when it came to including key terms such as “abortion,” “hysterectomy,” or “sterilization.” However, there was a large presence of bills that targeted migrants and framed them as being burdens on American society and the state of Texas, especially when it came to fiscal measures. These bills refer to resources such as schools and

especially health care systems in the state of Texas. For example, during session 82(R)-2011, HB 21, which was sponsored by Debbie Riddle, a Republican, the caption of the bill reads, “Relating to reporting by state agencies on the financial effect of providing services to illegal immigrants.” The bill clarifies that a state agency would distribute funds to a local government entity, including schools. Moreover, in the fiscal notes, the author of the bill says this bill could include “indigent health care,” costs. This essentially is stating that in their eyes, migrants are a burden to state agency funds and resources. When sentiment on migrants is that they are draining resources, this shows that there is anti-immigrant sentiment. They are also connecting this back to certain government services such as health care, which could impact reproductive autonomy in the long run, but it does not show a direct causal link.

Moreover, there are other similar bills which propose to penalize state funded entities which do not enforce immigration law. An example of this is HB 623, during session 82(R)- 2011, introduced by Representative Dennis Bonnen (R), which in its caption text states "Relating to the detection and reporting of unauthorized immigration, the collection and dissemination of information concerning unauthorized immigration, the legal treatment or classification of unauthorized immigrants for certain purposes, the enforcement of certain laws governing immigration, and the establishment of English as the official language of this state." This is an example of a bill that’s primary focus is immigration but has implications on reproductive autonomy. On page 11 of the bill’s text, the authors write “B. Except as otherwise provided by law, including the federal Voting Rights Act (42 U.S.C. Section 1973c et seq.), a state agency is not required to provide documents, publish written materials, or provide website content in any language other than the official language of this state” (11). This means that in relation to issues of Health and Public Safety code, the state of Texas would have no

obligation to translate or provide documents regarding health matters in any language other than English. As mentioned earlier, a part of reproductive autonomy is informed consent; understanding the procedure that is going to be done on you, understanding your options and patient rights. It is hard to understand what procedures are being performed on you and realize your informed consent privileges if you are not being informed in a language that you can understand. We see few bills which provide against the coercion of abortions with inclusion of the language of Spanish or any indigenous languages native to Latin America. There has only been one bill introduced between 2011-2015 to protect against coerced abortions which ensures English and Spanish options to protect all expecting women, which was HB 26, during session 83(2)- 2013, introduced by William Callegari (R) in 2013. There are many bills introduced that attempt to stop coerced abortions by the Texas legislature, but none of these bills discuss providing information against coercion in a language besides English. There are people under certain identity categories that are more likely to be coerced into a procedure regarding their reproductive health which they would not consent to, and migrant women certainly fall under this category. We must question then why only one proposed bill of many attempts to protect migrant women. Though there are migrants who speak English as well as residents/citizens who don't speak English fluently, there is by far a larger chance for migrant women that they will not speak English and reap the so-called benefits that the legislators introducing these bills in Texas claim will result for women.

This means that during 2011, this was when we see the highest number of bills that received a score of 1, which indicates a bill with negative consequences and language regarding anti-immigrant sentiment and reproductive autonomy. To have a score of 1 is most

indicative of a relation between anti-immigrant sentiment and the repression or limiting of reproductive autonomy. A potential reason for this could be that in 2011 when it came to immigration policy, “health” was the second leading “Policy Arena” by state legislatures in the United States (Carter, Lawrence, Morse). Similar to the case of Texas, the NCLS finds that most of these bills define who is eligible to receive state benefits, and most often explicitly excluded migrants. Moreover, I believe we can attribute this to the Affordable Care Act being signed into law on March 23rd, 2010. The 2011 laws accounted for by the NCLS were made up of proposed laws as of March 31st, 2011. This would have allowed for a time following the signing into law of the Affordable Care Act to see a response in the 2011 state legislative session initiatives, intending to limit any possible coverage for migrants under state health benefits programs and under the Affordable Care Act. The implication of this is that states are making clear who they are willing to spend their funds on, and it is not migrants. 50-75 percent of migrants pay billions in taxes each year, with a total of \$11 billion a year being contributed to state and local taxes (King 2021). Despite buying into the system of building up the United States, migrants are not being invested in. Rather, there are laws created such as these in 2011, which explicitly write out and exclude migrants from reaping any of these benefits. This not only perpetuates anti-immigrant sentiment by making migrants feel that they are not wanted and do not belong in American cities and society, but it also restricts their access to health care and human service, which limits the reproductive autonomy of migrants. This is due to and can be connected to the anti-immigrant sentiment that exists in the Texas population, exhibited by the Texas Tribune Poll. The poll showed heightened anti-immigrant sentiment in May 2011 from Texas voters, which lead to legislators in the Texas House and Senate responding to these anti-immigrant sentiments and

creating anti-immigrant laws, exhibiting a high cross-over relationship during 2011 of anti-immigrant sentiment and the restriction of reproductive autonomy. Nearly a third of the bills which I coded from this year, were spent attempting to harm migrants and their reproductive autonomy. Nonetheless, we also see a high level of anti-immigrant sentiment in February 2015, at a level even slightly higher than in May 2011, without the same response of bills from legislators expressing anti-immigrant sentiment and the repression of reproductive autonomy. Surprisingly, we see that in 2015, we have the lowest amount of bills coded, meaning that there were less bills on immigration including reproductive autonomy issues, thus not getting coded. At the same time, this year had the highest amount of bills positively impacting reproductive autonomy in general but that did not include migrants, having 18 bills scoring a 4, compared to 2011 with 1 and 2013 with 10. Most interestingly and related to my hypothesis, there are no bills this year that received a score of 5, meaning there were no bills that had positive language or positively impacted both reproductive autonomy and migrants. Thus, we are shown that during the period with the most heightened anti-immigrant sentiment amongst Texas voters, there are no bills that positively impact reproductive autonomy for migrant women. Simultaneously, this is the highest recorded year with bills with positive language and impact on reproductive autonomy in general (ones that do not include migrants in their language).

The lack of overlap observed in bills involving reproductive autonomy and migrants is interesting and worth observing further. There is an abundance of bills that focus on immigration every year, and there is an abundance of bills that focus on limiting the reproductive autonomy of the population of Texas writ large. Yet, there are far fewer bills that connect these two areas, despite the desire to limit the reproductive autonomy of women

in Texas and the lack of belonging for and wanting to give rights to migrants. We can connect this back to Anzaldua's China Feminist Theory and Mestiza Consciousness because they talk about being in a liminal space of not belonging while being in a physical in-between space that a migrant occupies. Moreover, we can apply Critical Race Theory, because migrants in-between state causes legislators and institutions to believe that they can further oppress migrants, thus creating these laws which would institutionalize these means of oppression, in this case, cutting off any access to public healthcare for migrants. Health care is meant to be a point of access to all types of services, including abortion. However, migrants are being barred from accessing an affordable health care option with these pieces of legislation. As mentioned, most of the bills that do connect reproductive autonomy and immigration matters typically do so in a way that addresses benefits under state health plans. There is an explicit desire to preserve life by legislators and deny or severely restrict the access to abortion of women. However, we do not see explicit intentions to preserve the life of unborn migrant women's children. I believe there is a lack of legislation on connecting these two matters because of the conflict and tension of wanting fewer migrant children in the United States but not wanting more abortions to occur. During the Affordable Care Act passage, Congress opted to not guarantee coverage of abortions (Guttmacher Institute 2015). The Hyde Amendment bans states from using federal funds to fund abortions, but it does not bar states from using their own state funds to cover abortion through state insurance coverage (Planned Parenthood). Women of color are more likely to have Medicaid due to socio-economic barriers, being most impacted by this lack of coverage (Planned Parenthood). At the same time, we see an additional layer of attempting to restrict access to a public healthcare option at all for migrants. This question of access is vital here when we are

discussing reproductive autonomy, as mentioned in my literature review. What is a right without access? Here, migrants are not guaranteed access or a right to healthcare, which would give migrants access to an umbrella of services that make up reproductive health, even beyond abortion. Yet, it is worth connecting how we see for all women's reproductive autonomy being limited by restricting access to abortion, and for migrant women, we see an additional layer of restricting reproductive health care by cutting off access to affordable state-run healthcare options in Texas entirely. I believe this is due to the tension of wanting to see fewer abortions occur while also wanting fewer migrant babies to be born. Texas legislators are fighting tooth and nail throughout the legislative sessions, introducing dozens of anti-reproductive autonomy laws, every day throughout these short sessions. In their eyes they are fighting to keep unborn children from being killed. Yet, they do not fight equally or even a fraction as hard for unborn brown or migrant children. In fact, as we see from the at least 19 pieces of legislation introduced in the 2011 session alone, legislators in Texas are actively working to restrict migrant women from accessing the same level of reproductive autonomy, services, and care as other potential mothers in the state of Texas, showing perhaps that they care more about preserving the life of white Texans than the life of any Texan born to a migrant mother.

What are the implications of this? Instead of being able to access accredited healthcare options, seeing a doctor under a state-run Medicaid program, a migrant woman may unknowingly walk into a crisis pregnancy center with signs promising a free pregnancy test, an ultrasound, and counseling. Though these sound like helpful things at a glance for someone without health insurance, a migrant woman may walk away being pressured to keep

the fetus alive and give birth to a baby since these crisis pregnancy centers are known to pressure and shame individuals into not having an abortion and carrying a baby to term. A majority of these centers will not inform women of their full host of options, and to a migrant woman unaware of the laws state by state or how to access an abortion clinic that may be over a hundred miles away, they may be more susceptible to falling for their guise.

There are also long-term implications for the findings of my data, which lay the groundwork for targeting migrants in the future even if my data does not present explicit linkage. For one, we see that despite the increase in legislation introduced during these years attempting to improve the reproductive autonomy of women (from 1 bill receiving a score of a 4 in 2011 to 18 bills receiving a score of 4 in 2015), there are not these same protections introduced for migrant women. In fact, we see a large drop between 2011 to 2015 in bills receiving a score of a 5, meaning a bill having positive impacts on immigration and reproductive autonomy, from 3 in 2011, 6 in 2013, to 0 in 2015. Having absolutely no bills to receive a score of a 5 in 2015 is significant, and it emphasizes the point to us that when we see bills introduced that are meant to positively impact women, they are only focused on positively impacting white women or women with citizenship. In fact, we see during 2011, a year of heightened anti-immigrant sentiment amongst Texas voters, there are a high number of bills attempting to bar migrants from accessing state-run health care, which would decrease their reproductive autonomy significantly.

Perhaps why we do not see as many bills attempting to limit the reproductive autonomy of migrant women in the 2013 and 2015 legislative sessions is because they shift focus to immigration matters regarding enforcing immigration and verification of lawful

presence in the United States by different state agencies, such as the police to matters of employment, voter registration, jury duty, and more. Thus, we see far more bills in 2013 and 2015 that do not get coded, for they deal with immigration matters but do not cross over impacting matters of reproductive autonomy. Moreover, these bills which attempt to restrict the reproductive autonomy of women in general (receiving a score of a 2), will inevitably negatively impact migrant women just as bad, if not worse.

Chapter 5: Conclusion

The point of my Independent Study thesis was to expand my knowledge of immigration and its relationship and effects on reproductive autonomy and rights. Through my thesis, I sought to answer the question: *how does anti-immigrant sentiment impact the reproductive autonomy of migrant women?* This question came about after learning of the horrific forced sterilizations occurring at ICE detention centers in the United States, which were exposed by a whistleblower in late 2020 and learning more about the United States' history of eugenics. Through my research on eugenics, I learned much of what drove people's feelings on supporting eugenic movements was believing that the people impacted did not belong and that they were other.

Throughout this process, I had to evaluate positive versus negative legislation, weighing the potential outcomes of bills along with the explicit text and occasional documents of bill analysis from the legislators if they were provided. I aimed to understand the impact of anti-immigrant sentiment on reproductive autonomy as well as their overlapping as a means of control, in order to contribute to the existing literature on immigration and reproductive rights. During Chapter 2, I broke down the relevant theories to my question, which were Chicana Feminist Theory/Mestiza Consciousness and Critical Race Theory. In Chapter 3, I went into detail over my variables and my methodology, which was conducting a longitudinal case study. During Chapter 4, I presented the results of my study. I found that anti-immigrant sentiment showed some signs of being linked to the decrease in reproductive autonomy for migrant women.

When I began conducting my research, I believed I would find solid evidence of bills that explicitly attempted to restrict the reproductive autonomy of migrant women, such as on topics of sterilization and abortion. However, this was not the case. Legislators in the Texas House and Senate were not introducing bills that would explicitly allow for the discrimination of abortion towards migrants or allow for a coerced or forced sterilization to occur. However, I believe it is important to emphasize that though I did not find this explicit linkage does not mean that the relationship I studied was not present, rather I believe this points us to see that legislatures are not talking about these two areas in this way.

What was made clear was the case of the year 2011, which had one of the highest levels of anti-immigrant sentiment, and it was the year with the highest recorded year with bills that had negative effects and language on both reproductive autonomy and immigration (receiving a score of 1). However, there were other years with high levels of anti-immigrant sentiment, such as 2015, which did not have the same high levels of bills which linked negative effects and language on both reproductive autonomy and immigration (receiving a score of 1). As mentioned in my analysis, I believe this high level of bills receiving a score of 1 in 2011 is due to the debate and contention over the Affordable Care Act being introduced in March 2010. What resulted from this introduction of the Affordable Care Act in 2010 was fear and talking points about migrants receiving state benefits, so states like Texas introduced bills in their legislators explicitly barring migrants from accessing affordable healthcare. Therefore, my results to my question, “how does anti-immigrant sentiment impact the reproductive autonomy of migrant women?” are inconclusive, and I am not able to draw a definitive conclusion at this time. My study does provide us with a picture on how immigration and reproductive autonomy issues are painted as separate, which can distract us

from realizing their deep connections. As I mentioned previously in my previous chapter, there is clearly a tension present between legislators wanting to protect the life of unborn children and limit abortions and wanting to limit the population of migrants in the United States, whether they are already born and crossing the border or being born on US soil to migrant parents.

What this means for migrants in Texas is that during times where contentious pieces of legislation are introduced, especially when pertaining to the benefits of citizenship, is that we may see increase in legislation that targets migrants, attempting to further marginalize and other them to justify excluding them from government programs and funds that they deem as only being for United States citizens. What this means for reproductive autonomy is that when there are government initiatives, programs, or pieces of legislation that are introduced to improve health of people in the United States, migrants will be not just left out, they will be explicitly written out, making it impossible for migrants and migrant women to access these resources, contributing to the decrease of reproductive autonomy of migrant women.

Despite my hypothesis not fully being supported in the way I expected by my data, the results that were collected are important, because they situate times where we may see heightened anti-immigrant legislation, which is during times of heightened anti-immigrant sentiment coupled with a time of a major initiative being introduced, which would potentially improve the lives of all citizens. I believe this will help contribute to future research, as perhaps people can do different case studies in order to test the reproductive autonomy of migrant women, such as utilizing surveys, different states, etc. I would certainly build on my research if I had the opportunity, by expanding the years of data collection on the Texas

legislator, in particular I would be interested in comparing the data I collected to the years under the Trump administration, as I would be interested to see the effects of the harshness of the Department of Homeland Security during that time on state level matters.

My independent study focused on the years 2010-2015 for my case study, but I believe we see current day examples of the problematic nature of restrictive choice laws and how they intersect with immigration, especially in Texas. SB 8 was introduced in the Texas Senate during 2021, which was passed on May 19th, and made it possible for private citizens to sue anyone for “aiding and abetting” an abortion, which could mean being sued for up to \$10,000 for providing information on how to obtain an abortion (McNeel 2021). For migrant women who face increased risks of being exploited and sexually assaulted, especially on the migrant trail, not being legally allowed without severe legal repercussion to be educated on their options, is extremely dangerous and harmful to the reproductive autonomy of migrant women, who may have a non-existent to small support network and are navigating a new country with a supposed right to privacy to receive an abortion under the United States Constitution, with no actual guarantees and high risk factors under the legal system of Texas. In a country where migrant women are already in a liminal space physically and legally, often forced into the shadows with limited legal protections, legislation like SB 8 in Texas make it hard not to believe that citizenship impacts choice and autonomy over one's reproductive future.

Appendix A: Example of a Scored Bill

Example of a bill which received a score of a 1, meaning that it had negative implications and/or language on both immigration and reproductive autonomy. This bill requires state governmental agencies and entities to collect information on citizenship and immigration and would prohibit them from receiving state funds if they do not enforce immigration. The reason this received a score of a 1 is if this bill passed, it would mean that a health clinic received any sort of state funds, which most of them do, they would be liable to collect immigration information and verify the immigration status of their clients, or they could face penalties. This means that instead of focusing on providing care, these agencies would potentially scare away migrant women in fear of deportation or arrest, which would decrease their access to care and limit their reproductive autonomy.

By: Harless	H.B. No. 113
A BILL TO BE ENTITLED	
AN ACT	
relating to the enforcement of state and federal laws governing immigration by certain governmental entities; providing a civil penalty.	
BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:	
SECTION 1. Section 370.003, Local Government Code, is amended to read as follows:	
Sec. 370.003. <u>LOCAL GOVERNMENT [MUNICIPAL OR COUNTY] POLICY REGARDING ENFORCEMENT OF STATE AND FEDERAL [DRUG] LAWS.</u> (a) <u>This section applies to:</u>	
(1) <u>the [The] governing body of a municipality, [the commissioners court of a] county, or special district or authority;</u>	
(2) <u>an officer, employee, or other body that is part of a municipality, county, or special district or authority, including a sheriff, municipal police department, municipal attorney, or county attorney; or</u>	
(3) <u>a[r] district attorney[r] or criminal district attorney.</u>	
(b) <u>An entity described by Subsection (a) may not adopt a policy under which the entity will not fully enforce the laws of this state or federal law, including laws relating to:</u>	

	(1) drugs, including Chapters 481 and 483, Health and Safety Code; and
	(2) immigrants or immigration, including the federal Immigration and Nationality Act (8 U.S.C. Section 1101 et seq.) [7 and federal law].
	(c) In compliance with Subsection (b) (2), an entity described by Subsection (a) may not prohibit or in any manner restrict a person employed by or otherwise under the direction or control of the entity from doing any of the following:
	(1) with respect to information relating to the immigration status, lawful or unlawful, of any individual:
	(A) sending the information to or requesting or receiving the information from United States Citizenship and Immigration Services or United States Immigration and Customs Enforcement, including information regarding an individual's place of birth;
	(B) maintaining the information; or
	(C) exchanging the information with another federal, state, or local governmental entity;
	(2) assisting or cooperating with a federal immigration officer as reasonable and necessary, including providing enforcement assistance; or
	(3) permitting a federal immigration officer to enter and conduct enforcement activities at a municipal or county jail to enforce federal immigration laws.
	(d) An entity described by Subsection (a) may not receive state grant funds if the entity adopts a rule, order, ordinance, or policy under which the entity will not fully enforce the laws of this state or federal laws relating to Subsection (b) (2) or, by consistent actions, fails to fully enforce the laws of this state or federal laws relating to Subsection (b) (2). State grant funds for the entity shall be denied for the fiscal year following the year in which the rule, order, ordinance, or policy is adopted or the determination is made that the entity has intentionally failed to fully enforce the laws of this state or federal laws relating to Subsection (b) (2). The Governor's Office of Budget, Planning, and Policy shall adopt rules to implement this subsection uniformly among the state agencies from which state grant funds are distributed to an entity.
	(e) An entity described by Subsection (a) is liable to the state for a civil penalty if the entity adopts a rule, order, ordinance, or policy under which the entity will not fully enforce the laws of this state or federal laws relating to Subsection (b) (2) or, by consistent actions, fails to fully enforce the laws of this state or federal laws relating to Subsection (b) (2). The amount of a penalty imposed under this subsection is \$10,000 for each day of the violation. The attorney general may recover a penalty under this subsection in a suit brought on behalf of the state. The prevailing party in an action brought under this subsection may recover court costs and reasonable attorney's fees. A penalty collected under this subsection shall be paid to the comptroller for deposit in the general revenue fund.
	(f) Any citizen residing in the jurisdiction of an entity

	described by Subsection (a) that allegedly adopts a rule, order,
	ordinance, or policy under which the entity will not fully enforce
	the laws of this state or federal laws relating to Subsection (b) (2)
	or, by consistent actions, fails to fully enforce the laws of this
	state or federal laws relating to Subsection (b) (2) may apply for
	appropriate equitable relief in a district court of a county in
	which the principal office of the entity is located to compel
	compliance with Subsection (b) (2).
	SECTION 2. The heading to Chapter 370, Local Government
	Code, is amended to read as follows:
	CHAPTER 370. MISCELLANEOUS PROVISIONS RELATING TO [MUNICIPAL
	AND COUNTY] HEALTH AND PUBLIC SAFETY APPLYING TO MORE THAN ONE
	TYPE OF LOCAL GOVERNMENT
	SECTION 3. This Act takes effect immediately if it receives
	a vote of two-thirds of all the members elected to each house, as
	provided by Section 39, Article III, Texas Constitution. If this
	Act does not receive the vote necessary for immediate effect, this
	Act takes effect September 1, 2011.

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