

Articles violence against women, sexual & reproductive rights, abortion, forced sterilization, reproductive technologies, etc. for women and girls with disabilities

Prepared by Women Enabled International www.WomenEnabled.org

The below list of law review articles and social science articles compiles selected publications on the above-referenced topics. The list focuses mainly on articles in English, but seeks to identify articles globally.

Key Words:

- Lack of Availability of Appropriate Sexual and Reproductive Health Services and Programs
 - a. Accessibility Issues
 - b. Education and Training of Health Workers
 - c. Lack of Access to Information and Education on Sexual and Reproductive Rights
 - d. Accessible Information on Sexual and Reproductive Health
 - e. Lack of Access to Reproductive Technologies
 - f. Abortion Rights
 - g. Forced Sterilization and Contraception
 - h. Right to Parenting

- Gender-Based and Sexual Violence
 - a. Sexual Harassment in Schools
 - b. Accessible shelters
 - c. Disability sensitive services

- Location
 - a. United States
 - b. Other country
 - c. International

- General
 - a. Stereotyping, Gender, and Disability
 - b. Women with Disabilities Movement
 - c. Statistics and Data Collection
 - d. financial planning for persons with disabilities
 - e.

Barbara M. Altman & Amy B. Bernstein, *Disability and Health in the United States, 2001–2005*, NATIONAL CENTER FOR HEALTH STATISTICS 1, 56 (2008), available at <http://www.cdc.gov/nchs/data/misc/disability2001-2005.pdf>.

Key words: Accessible Information on Sexual and Reproductive Health; Women with Disabilities Movement; Statistics and Data Collection;

Data from the National Health Interview Survey from 2001-2005 showed that women with a disability were less likely to have Pap tests and mammograms than other women.

Brian S. Armour et al., *State-Level Differences in Breast and Cervical Cancer Screening by Disability Status*, 19 WOMEN'S HEALTH ISSUES 406 (2009).

Key words: Accessible Information on Sexual and Reproductive Health; Women with Disabilities Movement; Statistics and Data Collection;

This study looked at data from the 2008 Behavioral Risk Factor Surveillance System Survey to assess state-level disparities in breast and cervical cancer screening among women with and without disabilities. In thirty-one states, significantly fewer women with disabilities had a mammogram in the past two years than women with no disabilities. In twenty states, significantly fewer women with disabilities had a Pap test in the past three years than women without disabilities. In general, the greatest disparities were found in states in the South and along the Ohio River.

Ian Basnett, *Health Care Professionals and Their Attitudes Toward Decisions Affecting Disabled People*, in HANDBOOK OF DISABILITY STUDIES 450 (Gary L. Albrecht et al. eds., 2001).

Key words: Education and Training of Health Workers; Stereotyping, Gender, and Disability;

The author discusses his experience first as a young doctor and later as a quadriplegic to illustrate the negative attitudes many doctors have towards disability. He writes that as a young doctor in England, he understood little about disability, especially the potential for a disabled person to have a good quality of life. Characteristics of his medical training reinforced this attitude. For instance, medical students normally see people with disabilities in the context of caregiving, which highlights their functional limitations and differences, rather than in a social context, which would highlight similarities and strengths. The author outlines goals for improving medical training, writing that training should emphasize the broader influences of health and disability outside the healthcare system, the impact of attitudes and the environment on people with disabilities, and how patients with disabilities can be empowered in their relationships with physicians. Finally, he recommends involving more disabled health care professionals in training programs.

Trynie Boezaart, *Protecting the Reproductive Rights of Children and Young Adults with Disabilities: The Roles and Responsibilities of the Family, the State, and Judicial Decision-Making*, 26 EMORY INT'L L. REV. 69, 85 (2012), available at

<http://law.emory.edu/eilr/content/volume-26/issue-1/recent-developments/protecting-reproductive-rights-children-young-adults.html>.

Key words: Forced Sterilization and Contraception; Women with Disabilities Movement;

This article pinpoints several international law cases that demonstrate the tension between fundamental rights and nonconsensual sterilization of children and female adolescents with disabilities. Overall, the article highlights the need to address these issues generally, and questions whether they should be addressed in either a public or private domain. First, the article discusses *Angela's Case* in Australia. Next, the article examines the Children's Act 38 of 2005 and Sterilisation Act 44 of 1998. While Australia has ratified both the Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Rights of the Child (CRC), and incorporates versions of each in its legislation, South Africa follows a system where international law has to be fully incorporated into national law before taking effect. The CRPD in particular has yet to be incorporated into South African law. As a result, South Africa lags behind in addressing nonconsensual therapeutic sterilization of children with disabilities.

Sara E. Boyd et al., *Virtual Patient Training to Improve Reproductive Health Care for Women with Intellectual Disabilities*, 53 J. MIDWIFERY & WOMEN'S HEALTH 453 (2008), available at <http://www.medscape.com/viewarticle/579948>.

Key words: Women with Disabilities Movement; Statistics and Data Collection; Accessibility Issues; Education and Training of Health Workers;

A training module was developed involving a young woman with intellectual disabilities who visits a clinic complaining of abdominal pain. This article surveys issues involved in providing reproductive health care to patients with intellectual disabilities, then discusses the success of the training module in addressing those issues. Readily accessible and easy to use training modules could help reduce health care disparities.

Roberta Cepko, *Involuntary Sterilization of Mentally Disabled Women*, 8 BERKELEY WOMEN'S L.J. 122, 125 (1993), available at <http://scholarship.law.berkeley.edu/bglj/vol8/iss1/6/>.

Key words: Forced Sterilization and Contraception; Stereotyping, Gender, and Disability; Women with Disabilities Movement;

This article examines modern involuntary sterilization practices in both statutes and case law and provides a jumping point to change the law. By exploring the constitutional framework for sterilization cases, particularly those involving fundamental rights, this article explores the potential of a disparate impact challenge to the practice of sterilization of women. Cepko also analyzes current U.S. state statutes that enable women with disabilities to be sterilized and addresses how those statutes dehumanize the victims. The article also looks to caselaw that illustrates how courts perceive women with disabilities and the low burdens that must be satisfied in order to have a

disabled person be sterilized. This article concludes with several suggestions for how to better protect the rights of those at risk of involuntary sterilization.

Leighton Chan et al., *Do Medicare Patients with Disabilities Receive Preventive Services? A Population-based Study*, 80 ARCHIVES PHYSICAL MED. & REHABILITATION 642 (1999), available at [http://www.archives-pmr.org/article/S0003-9993\(99\)90166-1/pdf](http://www.archives-pmr.org/article/S0003-9993(99)90166-1/pdf).

Key words: Accessible Information on Sexual and Reproductive Health; Women with Disabilities Movement; Statistics and Data Collection;

In an analysis of data from the 1995 Medicare Current Beneficiary Survey, researchers found that women ages fifty to seventy with functional limitations were less likely to have had a Pap test or mammogram within the past year than women without a disability. Results were consistent regardless of the type of insurance the woman had or her place of residence.

Joan C. Chrisler, *Introduction: A Global Approach to Reproductive Justice- Psychosocial and Legal Aspects and Implications*, 20 WM. & MARY J. WOMEN & L. 1 (2013), available at <http://scholarship.law.wm.edu/cgi/viewcontent.cgi?article=1367&context=wmjowl>.

Key words: Accessibility Issues; Lack of Access to Information and Education on Sexual and Reproductive Rights; Lack of Access to Reproductive Technologies; Abortion Rights; Right to Parenting

This article focuses on the reproductive justice movement in a global context, particularly as it compares to the broader reproductive rights movement. Chrisler analyzes why reproductive justice is difficult to achieve in certain global contexts and then focuses on why reproductive justice is so significant. Lastly, the article analyzes current political, social, and legal barriers to reproductive justice. She notes that the obstacles to reproductive justice are as present in the United States as they are in developing countries.

Lindsey Coffey, *A Rights-Based Claim to Surrogacy: Article 23 of the Convention on the Rights of Persons with Disabilities*, 20 MICH. ST. INT'L.L. REV. 259, 260 (2012), available at <http://digitalcommons.law.msu.edu/cgi/viewcontent.cgi?article=1081&context=ilr>.

Key words: Lack of Access to Information and Education on Sexual and Reproductive Rights; Lack of Access to Reproductive Technologies; Right to Parenting; Women with Disabilities Movement

This article begins with a historical summary of the reproductive rights of persons with disabilities. It then argues that Article 23 of the Convention on the Rights of Persons With Disabilities (CRPD), which sets forth the standards governments shall

meet to guarantee reproductive rights, may be used to promote assistance through surrogacy. The CRPD would promote change by recognizing the ways that women with disabilities could realize their reproductive rights through access to better services. Coffey looks to the development of reproductive rights in the United States as an analytical framework for illustrating why prohibiting surrogacy is discriminatory towards those with disabilities.

Coleman, Carl H., *Conceiving Harm: Disability Discrimination in Assisted Reproductive Technologies*, 50 *UCLA L. Rev.* 17 (2002), available at http://papers.ssrn.com/sol3/papers.cfm?abstract_id=311319.

Key words: Accessibility Issues; Lack of Access to Reproductive Technologies; Right to Parenting; Women with Disabilities Movement

This article illustrates a framework for applying the Americans with Disabilities Act (ADA) to disability-based denials of treatment by assisted reproductive technology (ART). In doing so, Coleman recognizes the risks to the future child as a potential defense to a disability discrimination claim, but notes that the focus on the inquiry should be on how the risks and benefits of the treatment compare to those associated with other available reproductive and parenting options.

Mary Crossley, *Giving Meaning to “Meaningful Access” in Medicaid Managed Care*, 102 *KY. L.J.* 255 (2013-14), available at http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2391976.

Key words: Stereotyping, Gender, and Disability; Women with Disabilities Movement; Accessibility Issues

States have increasingly begun shifting Medicaid recipients with disabilities out of fee-for-service plans and into managed care plans. But most managed care plans are currently tailored to meet the needs of non-disabled Medicaid beneficiaries, particularly children and their parents. Thus, the plans are mostly focused on primary and preventive care, rather than the more specialized needs of people with disabilities. Crossley argues that disability discrimination law provides a mechanism to address access issues in these managed care plans. States are frequently required to obtain approval from the federal Centers for Medicare and Medicaid Services (CMS) before compelling beneficiaries with disabilities to enroll in managed care. The application to CMS will typically contain access-related standards, and Crossley argues that a failure to meet such standards can form the basis of a claim that the state has failed to provide meaningful access to the state’s Medicaid benefits.

A potential limitation to disparate impact litigation in regard to Medicaid benefits is the U.S. Supreme Court’s decision in *Alexander v. Choate*, 469 U.S. 287 (1985). In *Choate*, the Court rejected a claim by disabled Medicaid beneficiaries in Tennessee that the state’s plan disparately affected them by limiting its coverage of inpatient hospital care to fourteen days per year. The Court held that a program has an unlawful

disparate impact on people with disabilities if it fails to provide them with “meaningful access” to the benefit it offers. But the meaningful access requirement did not require the state to assure that disabled Medicaid beneficiaries achieved the same health outcomes as non-disabled beneficiaries. Thus, *Choate* might present a problem to a beneficiary who challenged a plan that failed to provide enough specialized providers. However, Crossley argues that courts have only found *Choate* to defeat an action in cases where plaintiffs have asked the state to change the content of its benefits package. Therefore, plaintiffs can avoid *Choate* problems by basing their claims on accessibility measures outlined in the state’s CMS applications, and by arguing that the services they request are a component of the benefit the state intended to provide rather than an additional benefit.

Simone Cusack & Rebecca J. Cook, *Stereotyping Women in the Health Sector: Lessons from CEDAW*, 16 WASH. & LEE J. CIVIL RTS. & SOC. JUST. 47 (2009), available at

<http://law2.wlu.edu/deptimages/Journal%20of%20Civil%20Rights%20and%20Social%20Justice/Simone%20Cusack%20and%20Rebecca%20J%20Cook.pdf>.

Key words: Stereotyping, Gender, and Disability; Women and Disabilities Movement; Lack of Access to Information and Education on Sexual and Reproductive Rights; Accessible Information on Sexual and Reproductive Health; Accessibility Issues

This article examines how stereotyping of women may impair or nullify their access to reproductive healthcare in violation of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). In order to eliminate discrimination and prevent other reproductive health violations, greater priority needs to be given to averting wrongful stereotyping. Additionally, states must play a role in adopting measures to dismantle these stereotypes, particularly under their obligations deriving

Judith F. Daar, *Accessing Reproductive Technologies: Invisible Barriers, Indelible Harms*, 23 BERKELEY J. GENDER L. & JUST. 18, 19 (2008), available at <http://scholarship.law.berkeley.edu/cgi/viewcontent.cgi?article=1268&context=bglj>.

Key words: Accessibility Issues; Lack of Access to Reproductive Technologies; Right to Parenting; Stereotyping, Gender, and Disability

With the rising use of reproductive technologies in the United States, potential barriers to access become clearer. This article not only highlights the successes of reproductive medicine but also the failures in that individuals still demand reproductive services that our society does not currently accommodate. In particular, this article discusses the harms of limiting access to reproductive technologies for those who are unable to achieve parenthood via heterosexual intercourse. Daar notes that women over forty, disabled individuals, those who are HIV-infected, single, or in a same-sex relationship often face these reproductive barriers. This article finds that these would-be parents are stigmatized and deprived of the opportunity to reproduce by these

limitations in ways that are reminiscent of an era of sterilization rather than an era supporting basic human rights. While the laws no longer force sterilization, they serve as commentary on the social worth of these prospective parents, and are just as coercive as any formal, explicit directive for them to forgo having children.

Rangita de Silva de Alwis, *Mining the Intersections: Advancing the Rights of Women and Children with Disabilities Within an Interrelated Web of Human Rights*, 18 PAC. RIM L. & POL'Y J. 293 (2009), available at <https://digital.lib.washington.edu/dspace-law/bitstream/handle/1773.1/528/18PacRimLPolyJ293.pdf?sequence=1>.

Key words: Stereotyping, Gender, and Disability; Women with Disabilities Movement;

This article argues that disability rights are a powerful lens through which to address the multiple forms of discrimination and subordination that women and children with disabilities face. A shift in the human rights paradigm that enables the different human rights treaties affecting women and children with disabilities to be implemented together, within an interlocking web of the human rights framework, will provide the necessary safeguards against multiple and cross cutting forms of discrimination against women and children with disabilities. At the same time, different social movements must come together at these points of intersection in order to create a more inclusive form of human rights practice that is sensitive to the multiple identities of women and children with disabilities and the different challenges that complicate those identities. By arguing for implementation of an intersectional analysis of the rights of persons with disabilities, de Silva seeks a more holistic form of human rights practice that fosters a deeper conceptual understanding of how these categories of rights overlap, intersect, and mutually reinforce each other.

Marguerite E. Diab & Mark V. Johnston, *Relationships Between Level of Disability and Receipt of Preventative Health Services*, 85 ARCHIVES PHYSICAL MED. & REHABILITATION 749 (2004), available at [http://www.archives-pmr.org/article/S0003-9993\(03\)00989-4/pdf](http://www.archives-pmr.org/article/S0003-9993(03)00989-4/pdf).

Key words: Women with Disabilities Movement; Statistics and Data Collection; Accessible Information on Sexual and Reproductive Health; Lack of Access to Reproductive Technologies;

In an analysis of data from the 1998 and 2000 Behavioral Risk Factor Surveillance System Survey, researchers found that women with disabilities received fewer Pap tests than women without disabilities. Results for mammograms were unclear. There was an overall improvement in the frequency of testing from the 1992 and 1994 surveys for all women, and researchers found no evidence of a general tendency for people with a disability to receive less preventative care than other patients.

Ashley Duggan et al., *What Can I Learn from this Interaction?: A Qualitative*

Analysis of Medical Student Self-Reflection and Learning in a Standardized Patient Exercise about Disability, 14 J. HEALTH COMM. 797, 798 (2009).

Key words: Education and Training of Health Workers;

This study involved a medical education program employing individuals with disabilities as standardized patients. Medical students were videotaped during interviews with the standardized patients and in feedback sessions. The twelve standardized patients were educators with a variety of disabilities, including cerebral palsy, blindness, and respiratory failure. The patient complained of shoulder pain and stated that he or she had been unhappy with his previous doctor. The case was designed to bring up issues of daily living with a disability and shoulder pain; the impact of both conditions on family and work; professional, family, and relational identities in general; and language preferences for addressing disability. Research focused on the impact of the study on three learning areas: learning how disability impacts the treatment plan; reflection in recognizing attitudes about disability; and learning about the practice of medicine generally beyond disability. Medical student responses indicated that the program increased their understanding of disability and reflective practice in medicine.

Michelle Fine & Sara I. McClelland, *The Politics of Teen Women's Sexuality: Public Policy and the Adolescent Female Body*, 56 EMORY L.J. 993, 995 (2007), available at

http://www.academia.edu/2364318/The_Politics_of_Teen_Womens_Sexuality_Public_Policy_and_the_Adolescent_Female_Body.

Key words: Accessibility Issues; Lack of Access to Information and Education on Sexual and Reproductive Rights; Lack of Access to Reproductive Technologies; Abortion Rights; Stereotyping, Gender, and Disability;

Public policy on adolescent sexuality is being shaped in ways that diminish support to young women, limits the ability of educators and health workers to provide support, and limits the ability of young women to access to information and options. In particular, these limitations impact already marginalized young women, including those with disabilities. This article focuses on three specific public policies: (1) the federally funded proliferation of abstinence-only-until-marriage education; (2) the refusal to grant young women over-the-counter access to emergency contraception; and (3) requirements of parental consent or notification for an abortion. Fine focuses on the consequences of these three public policies for women under the age of eighteen, and concludes that there needs to be a societal change to provide young women with opportunities to be engaged with institutions, communities, and relationships in which responsible economic, educational, healthy, and sexual lives can be lead.

FLA. OFFICE ON DISABILITY & HEALTH, BREAST CANCER SCREENING AND HEALTH ACCESS AMONG WOMEN LIVING WITH DISABILITIES IN FLORIDA (2011), available at http://fodh.php.ufl.edu/files/2011/05/BRFSS_2007-BreastCancerScreeningChartpack_1June2012-FINAL.pdf.

Key words: Statistics and Data Collection; Women with Disabilities Movement; Accessibility Issues; Lack of Access to Information and Education on Sexual and Reproductive Rights;

This study analyzed data from the 2007 Florida Behavioral Risk Factor Surveillance System Survey. Researchers found that fewer women with disabilities reported having a mammogram in the past two years than those without disabilities (80.6 versus 86.7 percent). Fewer women with disabilities also reported having a clinical breast exam within the past year than those without disabilities (67.8 versus 74.3 percent).

Jocelyn E. Getgen, *Untold Truths: The Exclusion of Enforced Sterilizations from the Peruvian Truth Commission's Final Report*, 29 B.C. THIRD WORLD L.J. 1 (2009), available at <http://lawdigitalcommons.bc.edu/cgi/viewcontent.cgi?article=1024&context=twlj>.

Key words: Forced Sterilization and Contraception; Right to Parenting;

In Peru, the State's Family Planning Program violated individuals' reproductive rights by sterilizing certain Quechua-speaking women without their informed consent. In response to the decades of human rights abuses, Peru established the Peruvian Truth and Reconciliation Commission to investigate the harms and promote justice. This article focuses on how the exclusion of enforced sterilization cases from the Peruvian Commission's investigation was part of an attempt to erase State responsibility. This article concludes that these systemic injustices are an act of genocide and therefore merit an independent inquiry to increase accountability and justice for all victims and survivors of state-sponsored violence.

Aditi Gowri, *Reproduction, Rights and Public Policy: A Framework for Assessment*, 35 TEX. INT'L L.J. 13 (2000).

Key words: Right to Parenting; Lack of Access to Reproductive Technologies; Lack of Access to Information and Education on Sexual and Reproductive Rights; Stereotyping, Gender, and Disability

Given rapid changes in human reproduction technology in the past decade, it is once again appropriate to reassess how human reproductive rights should be framed contextually. In the past, particular attention has been paid to the distinction between positive rights and negative rights in reproductive ethics and bioethics. This dichotomy is both misleading and undesirable for several reasons. Negative rights still impose a positive use of public resources as well as other external effects. Further, the dichotomy between negative and positive creates a distinction between poorer and more affluent individuals. For reproductive rights, women are often more impacted by a negative right than are men. Ultimately, reproductive policies must be reevaluated to address the flaws of the reproductive rights dichotomy.

Jennifer Honig, et al., *Meeting the Needs of Female Trauma Survivors: The Effectiveness of the Massachusetts Mental Health Care System*, 15 BERKELEY WOMEN'S L.J. 161 (2000), available at <http://scholarship.law.berkeley.edu/cgi/viewcontent.cgi?article=1164&context=bglj>.

Key words: Stereotyping, Gender, and Disability, Women with Disabilities Movement

This article argues that the current mental health system is ill-suited to treating trauma survivors, many of whom have had a history of physical and/or sexual abuse. It does so through examining the Massachusetts mental health care system and its structure, and the changes caused by the transition to privately managed care. The article focuses on the particular needs to female trauma survivors, and identifies the impediments within the private management of the mental health care system to meeting those needs.

Lisa I. Iezzoni, *Physical Access Barriers to Care for Diagnosis and Treatment of Breast Cancer Among Women with Mobility Impairments*, 37 ONCOLOGY NURSING F. 711 (2010), available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3008578/pdf/nihms-256285.pdf>.

Key words: Women with Disabilities Movement; Statistics and Data Collection;

In this qualitative study, researchers conducted in-depth interviews with twenty women with chronic mobility impairments who developed early stage breast cancer in order to assess their access to treatment and screening procedures. Many reported having to improvise adaptations to inaccessible mammogram machines. Many had to be lifted onto inaccessible examination tables, or were examined in a wheel chair.

Several had similar difficulties getting onto a table for radiation therapy or imaging studies. Patients who had to be lifted felt at risk of being dropped, or worried about the risk to staff. Inaccessible weight scales were also a problem, since chemotherapy dosages are set to the patient's weight. Some women were not weighed, and one was weighed while her doctor carried her. Some clinics had inaccessible doors, and patients reported having to wait for someone to let them in. Overall, physical barriers in medical offices added stress to the treatment process and made patients worry that they were not getting adequate care.

Lisa I. Iezzoni et al., *Teaching Medical Students About Communicating with Patients Who Have Sensory or Physical Disabilities*, 25 DISABILITY STUD. Q. (2005), available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1831622/pdf/jgi0021-1112.pdf>.

Key words: Education and Training of Health Workers;

Researchers conducted focus group interviews with medical students to study medical training on disability. They inquired into medical students' attitudes toward disability and their medical school education about communicating with patients with disability. While students used empathetic terms to discuss disability, they held largely negative views about living with a disability. They reported their views were mostly informed not from patients seen in medical school, but rather from experiences with older relatives who had grown frail, or occasionally with younger friends and relatives with disabilities. They described few experiences with peers or teachers with disabilities. Students reported having limited knowledge about living with a disability, but expressed openness to learning more. Students expressed a frustration with a medical curriculum that separated "hard science" classes, held in the morning, from "touchy feely" classes about patient communication and culturally competent care, held in the afternoon. They felt that the division caused them to take morning classes more seriously, and resented efforts to teach them to be empathetic. They indicated that medical education would be more effective if it combined scientific information about disease with information about a disease's effects on a person's life.

Lisa I. Iezzoni et al., *Use of Screening and Preventive Services Among Women with Disabilities*, 16 AM. J. MED. QUALITY 135 (2001).

Key words: Stereotyping, Gender, and Disability; Women with Disabilities Movement; Statistics and Data Collection;

In an analysis of data from the National Health Interview Survey of 1994–1995, researchers found that women with mobility issues were much less likely to get Pap tests and mammograms than other women. Results were reported for individual disabilities. For example, those with major, long-term, lower extremity mobility difficulties were least likely to have received a Pap test in the past three years (65.7% versus 77.5% for all women in the study). Women with significant difficulties using their hands and with serious mental illness were least likely to have received a mammogram in the past two years (41.7% and 42.9%, respectively, versus 57.2% for all women in the study). The article discusses possible causes for these results, citing past studies. One possible cause is a physical barrier to care, including inaccessible examination tables and communication barriers with blind or hearing-impaired patients. Physician knowledge and attitudes are another potential cause. Some physicians might assume women with disabilities are not sexually active and so neglect to discuss reproductive health topics. Some women perceive negative physician attitudes and so do not raise questions on those topics. Finally, some physicians might have limited knowledge as to the interaction between the woman's health and her disability.

Sweety Jain, *Care of Patients With Disabilities: An Important and Often Ignored Aspect of Family Medicine Teaching*, 38 FAM. MED. 13 (2006), available at <http://old.stfm.org/fmhub/fm2006/January/Sweety13.pdf>.

Key words: Education and Training of Health Workers;

Noting the lack of formal training programs, the author provides advice for “office-based teachers of family medicine” who wish to train medical students in how to treat patients with disabilities. The focus is on etiquette and how best to communicate with patients with disabilities. For instance, doctors should try to shake hands with all patients, even those who have restricted arm movements or artificial limbs; and should ask permission before assisting a patient. There are also tips for office staff, such as to assist patients in wheel chairs in moving through a crowded waiting room.

Jennifer Kern, *Across Boundaries: The Emergence Of An International Movement Of Women With Disabilities*, 8 HASTINGS WOMEN'S L.J. 233 (1997).

Key words: Stereotyping, Gender, and Disability; Women with Disabilities Movement; Lack of Access to Reproductive Technologies;

For many women, the Non-Governmental Organizations Forum on Women (NGO Forum) highlighted the international struggle for human rights for women with disabilities. This article provides an overview of the U.S. Independent Living and Disability Rights Movement and highlights progress at the United Nations in the late 1990s relating to the international disability movement. This article then addresses the future of the international movement of women with disabilities, particularly those facing reproductive discrimination.

Jesse Krohn, *Sexual Harassment, Sexual Assault, and Students with Special Needs: Crafting an Effective Response for Schools*, 17 U. PA. J.L. & SOC. CHANGE 29 (2014), available at <http://scholarship.law.upenn.edu/cgi/viewcontent.cgi?article=1163&context=jlasc>.

Key words: Sexual Harassment in Schools; Stereotyping, Gender, and Disability;

This article addresses how existing regulatory guidance on sexual harassment and assault in schools only addresses disability in passing and provides schools little guidance. A more holistic approach to responding to assault is needed, one that would balance healthy sexual development and prevention methods of harassment and assault. This article recommends an emphasis on social inclusion, greater training of staff, instructing staff to supervise vulnerable children, and punishing those who fail to do so.

Rima Kundnani, *Protecting the Right to Procreate for Mentally Ill Women*, 23 S. CAL. REV. L. & SOC. JUST. 59 (2013).

Key words: Forced Sterilization and Contraception; Lack of Access to Information and Education on Sexual and Reproductive Rights; Accessible Information on Sexual and Reproductive Health;

This article discusses the privacy implications of involuntary sterilizations and abortions, as well as the level of competency required for a woman with mental illness

to make her own reproductive choices. Although a few states have banned sterilization of mentally ill women, most states still allow it with prior judicial approval. State court standards for granting sterilization petitions are systemically insufficient, and courts continue to authorize involuntary sterilizations and abortions based on eugenic motivations. As such, this article suggests a “hybrid” approach to the issue, combining present standards including the substituted judgment standard, the mandatory criteria rule, and the best interests standard to maximize the reproductive rights of women with mental illness.

Tara Lagu et al., *The Axes of Access—Improving Care for Patients with Disabilities*, 370 NEW ENG. J. MED. 1847 (2014), available at <http://www.aahd.us/wp-content/uploads/2012/10/AxesofAccess-ImprovingCareforPatientswithDisabilities-NEJM2014.pdf>.

Key words: Education and Training of Health Workers; Accessibility Issues;

This article provides a brief survey of access problems in medical offices and gives policy recommendations to address such problems. For instance, offices frequently have inaccessible medical diagnostic equipment, such as examination tables, weight scales, and radiographic and ophthalmological equipment. A critical factor in this problem is the lack of clear standards under the ADA for medical equipment. But the Affordable Care Act calls for the creation of such standards by the U.S. Access Board. The standards are in the process of being promulgated: a multi-stakeholder committee has submitted its recommendations for standards to the Board. Disability advocacy groups, professional organizations, insurers, and equipment managers can provide information to clinics on how to best to add accessible equipment. In some instances, a clinic may have appropriate equipment, but it is unavailable when the patient arrives for her appointment. Administrators and clinical leaders should ensure that access needs are identified at patient intake, and scheduling and staffing procedures should take account of those needs. Clinicians and administrators should include patients with disabilities in the process of reviewing policies and procedures.

Tara Lagu et al., *Access to Subspecialty Care for Patients with Mobility Impairment: A Survey*, 158 ANNALS INTERNAL MED. 441 (2013).

Key words: Accessibility Issues; Statistics and Data Collection;

To estimate the percentage of practices having accessible equipment, researchers called practices in four cities (Boston, Portland, Dallas, and Houston) to make an appointment for a fictional patient who was obese, not weight-bearing, could not self-transfer from chair to examination table, and could not bring a family member to help transfer. A chief symptom and brief medical history were also mentioned, varying depending on the type of practice. Of 256 practices, 56 (22%) reported that they were unable to accommodate the patient. Of these, 9 reported that the building was inaccessible, and the remaining 47 reported that they were unable to transfer a patient from a wheelchair to an examination table. Reasons given for the inability to transfer included a lack of staff to perform the transfer (37 practices), a concern about liability (5

practices), or the fact that the patient was too heavy (5 practices). Of the 160 practices reporting that they required transfer in order to provide adequate care, only 22 (14%) reported having a height-adjustable table or a lift to transfer patients. The subspecialty with the highest rate of inaccessible practices was gynecology (44% inaccessible).

Rachel L. Lawless, *When Love Is Not Enough: Termination of Parental Rights When the Parents Have A Mental Disability*, 37 CAP. U. L. REV. 491, 532 (2008), available at

http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CB8QFjAA&url=http%3A%2F%2Fwww.capital.edu%2FWorkArea%2FDownloadAsset.aspx%3Fid%3D20689&ei=VkQYVebtBePlsATyuoLADw&usg=AFQjCNH6Gt73vMYuph-744e7LxAd-p6nrA&sig2=wphL8fIWD3Ne_bmKDs8BrQ&bvm=bv.89381419,d.cWc

Key words: Women with Disabilities Movement; Stereotyping, Gender, and Disability; parental rights;

After providing background on parental rights for parents with a disability, this article focuses on recent developments relating to termination of parental rights in several states, particularly in Ohio. This article then offers suggestions for changing proceedings where parental rights have in the past been terminated. In particular, this article suggests that agencies work with parents with disabilities from the beginning of their pregnancy to provide support. Additionally, regulatory frameworks need to be altered to replace a system of permanent termination with one of temporary removal.

Shari Martin et al., *Sociodemographic Predictors of Cervical Cancer Screening in Women with a Medical Disability*, 28 SOC. WORK PUB. HEALTH 583 (2013), unpublished version available at <http://corescholar.libraries.wright.edu/mp/2/>.

Key words: Statistics and Data Collection; Stereotyping, Gender, and Disability; Women with Disabilities Movement

This study looked at cervical cancer screening among women with disabilities in Ohio. The data used was a 2008 medical chart study of 350 women enrolled in a statewide home care waiver program. Controlling for age and third party insurance, the odds of being screened decreased 20% with each additional activity of daily living requiring assistance. Marital status, geographic location, and race were not significant predictors for CCS.

Elizabeth Ann McCaman, *Limitations on Choice: Abortion for Women with Diminished Capacity*, 24 HASTINGS WOMEN'S L.J. 155, 157 (2013).

Key words: Lack of Access to Information and Education on Sexual and Reproductive Rights; Lack of Access to Reproductive Technologies; Abortion Rights;

This article argues that despite the long history of abuse of eugenics programs targeting the disabled, there are many public policy reasons why states should support access to abortion for women with diminished capacity. It begins by examining what “informed consent” means for those with limited capacity. Next, this article examines how three states, Florida, New York, and California, approach diminished capacity and reproductive rights in diverse ways. Florida allows women with diminished capacity to terminate their pregnancies, New York allows a parent to consent on behalf of a woman with diminished capacity, and California allows a conservator to consent to surgical procedures for a woman with diminished capacity. Finally, this article makes policy recommendations based on the three states’ approaches, and concludes that it is both possible and necessary to design a statutory and regulatory scheme so that women with diminished capacity can have abortions safely and expeditiously.

Ellen P. McCarthy et al., *Disparities in Breast Cancer Treatment and Survival for Women with Disabilities*, 145 *ANNALS INTERNAL MED.* 637 (2006), available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2442165/pdf/nihms41802.pdf>.

Key words: Statistics and Data Collection; Women with Disabilities Movement;

In a large study of women with breast cancer ending in 2001, researchers found that women with disabilities had higher rates of breast cancer mortality than other women. The study analyzed cases of 100,311 women diagnosed with early-stage breast cancer. Women who were eligible for both Medicare and SSDI were considered disabled for purposes of the study. Clinical trials have shown that breast-conserving surgery has an equal survival rate to mastectomy, but women with disabilities were less likely than other women to receive breast-conserving surgery (43.2% vs. 49.2%). Women with disabilities who did have breast-conserving surgery were less likely to undergo recommended radiotherapy after the surgery (81.9% vs. 74.8%). Researchers suggested that the higher mortality rate for women with disabilities might in part be attributed to increased susceptibility to treatment-related complications such as infections. The study did not address reasons for disparities in treatment, but the authors suggested that possible factors could be patients’ preferences for treatment, patient-physician communication, inadequate access, and medical requirements of the underlying disabling conditions.

Nancy Mele et al., *Access to Breast Cancer Screening Services for Women with Disabilities*, 34 *J. OBSTETRIC GYNECOLOGICAL & NEONATAL NURSING* 453 (2005).

Key words: Statistics and Data Collection; Women with Disabilities Movement; accessible medical equipment;

In this qualitative study, researchers conducted interviews of twenty women with disabilities to assess barriers to access to breast cancer screening. Structural barriers to access included lack of insurance, lack of transportation, inaccessible parking, and inaccessible examination tables. Functional barriers included inadequate medical staff knowledge about how to deal with patients’ disabilities, difficulties with automated phone

systems, and a lack of educational materials in alternative formats like Braille or audiotape.

Kimberly M. Mutcherson, *Disabling Dreams of Parenthood: The Fertility Industry, Anti-Discrimination, and Parents with Disabilities*, 27 LAW & INEQ. 311, 312 (2009), available at http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1297941.

Key words: Lack of Access to Reproductive Technologies; Right to Parenting; Stereotyping, Gender, and Disability; Women with Disabilities Movement;

After describing various methods used by physicians who provide fertility services to accept or reject patients, the article addresses how certain characteristics, including disability, can lead to discrimination, as fertility providers may reject potential patients from treatment because they are disabled. Fertility providers have a right to screen patients, but this article argues that the reasoning behind such rejections should be transparent and rest upon concrete evaluations of the proper role to be played by the fertility provider in judging risks to patients and future children. This article also examines challenges that a person with disabilities might face in bringing a claim of unlawful discrimination under the Americans with Disabilities Act (ADA). The ADA entitles certain individuals to an individualized evaluation of her fitness to participate in fertility treatment. This article argues that when this medical determination finds the patient's health to be adequate, the law should limit a physician's power to use that disability to determine the patient lacks parenting skills, thus discriminating against the patient. Lastly, this article juxtaposes direct and indirect risks and argues that indirect risk is too ambiguous to satisfy either the ADA inquiry or ethical standards.

Margaret A. Nosek & Carol A. Howland, *Breast and Cervical Cancer Screening Among Women With Physical Disabilities*, 78 ARCHIVES PHYSICAL MED. & REHABILITATION S-39 (1997).

Key words: Statistics and Data Collection; Women with Disabilities Movement; Lack of Access to Reproductive Technologies;

This study analyzed data from the CROWD survey of women with and without disabilities done in the early 1990s. The study discusses disparities between women with and without disabilities in how frequently they receive Pap tests and mammograms. The survey also asked women who had not had one of the tests to provide a reason, shedding more light on the barriers to access.

Susan L. Parish & M. Jennifer Ellison-Martin, *Health-Care Access of Women Medicaid Recipients: Evidence of Disability-based Disparities*, 18 J. DISABILITY POL'Y STUD. 109 (2007), available at <http://ssw.unc.edu/rti/presentation/PDFs/Health-CareAccessofWomenMedicaidRecipients.pdf>.

Key words: Statistics and Data Collection; Women with Disabilities Movement; Accessibility Issues;

Researchers analyzed the health care of low-income female Medicaid recipients using a sample of 5,894 women from a national telephone survey from the years 1997 and 1999. Women with disabilities had a similar potential for access to care as other women, as measured by whether they had a usual source of health care and whether their usual care provider was a physician. Yet women with disabilities received needed medical care and medication at substantially lower rates than other women. They also received cervical cancer screenings at substantially lower rates. No disparity was found in screening for breast cancer.

Elizabeth Pendo, *Reducing Disparities Through Health Care Reform*, 2010 UTAH L. REV. 1057 (2010), available at <http://epubs.utah.edu/index.php/ulr/article/viewFile/481/349>.

Key words: Accessibility Issues; Lack of Access to Reproductive Technologies;

While there has been limited success in using the ADA to address the problem of inaccessible medical equipment (see Pendo 2008), the Patient Protection and Affordable Care Act (PPACA) provides a new approach. The Act provides for a standard-setting process of accessible medical equipment. 29 U.S.C. § 794f. It also contains a data collection provision: future federally conducted or supported public health surveys are asked to collect data on health care for people with disabilities, including the locations where people with disabilities access care, the number of providers with accessible facilities and equipment, and the number of providers trained in disability awareness and patient care. 42 U.S.C. § 300kk. Pendo argues that data collected through the Act could provide an answer to the question of how much accessible medical equipment is necessary in order to provide meaningful access, facilitating enforcement of standards in the future.

Elizabeth Pendo, *Disability, Equipment Barriers, and Women's Health: Using the ADA to Provide Meaningful Access*, 2 ST. LOUIS U. J. HEALTH L. & POL'Y 15, 16 (2008), available at http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1876558.

Key words: Accessibility Issues; Lack of Access to Reproductive Technologies;

This article focuses on challenges in using the ADA to address the problem of inaccessible medical equipment. A survey of public health literature shows that women with disabilities are less likely to receive Pap tests and mammograms than other women, and that inaccessible medical equipment is a fundamental barrier. While the ADA requires that medical facilities be accessible to patients with disabilities, limitations on private actions under the statute result in underenforcement. The author addresses potential problems with private actions under the Americans with Disabilities Act, especially the fact that there are no standards for accessible equipment under the ADA. She discusses potential alternative sources of standards, including recommendations

from the Disability Rights Education and Defense Fund. Pendo also discusses underlying social resistance to full reproductive care access for women with disabilities. Sexuality, reproduction, and parenting by people with disabilities have historically been stigmatized. Today health care providers sometimes assume that women with disabilities are not sexually active, and so withhold needed information and services.

Despite these difficulties, Pendo outlines a strategy for bringing suits to enforce ADA meaningful access requirements with regard to medical equipment against state Medicaid programs. A class action under Title II of the ADA against a Medicaid program enables advocates to affect an entire group of providers instead of just a single office. And since preventive services for reproductive health are generally covered under Medicare, such an action is a good way to improve access to those services. In order to establish a violation under Title II of the ADA, the plaintiff must demonstrate that she was denied the opportunity to participate in or benefit from the Medicaid program, or was otherwise discriminated against because of her disability. Pendo suggests that the action should be framed as a claim for meaningful access to women's health services covered under Medicaid. This avoids the problem of the Supreme Court's decision in *Alexander v. Choate*: rather than asking for an equal health outcome, which was not a valid claim under *Choate*, the women would be asking for meaningful access to the package of provided services. While the meaningful access requirement would not require that every provider office be accessible, Pendo suggests that meaningful access could be defined in relation to the percentage of Medicaid recipients in the state who have disabilities. Plaintiffs could also look to ADA architectural guidelines for hospitals, which require that ten percent of patient bedrooms and bathrooms in non-specialized areas be accessible. A class action approach based on Medicaid has the potential to stimulate dialogue on disability issues and lead to broader solutions.

Elizabeth Pendo, *Disability, Doctors and Dollars: Distinguishing the Three Faces of Reasonable Accommodation*, 35 U.C. DAVIS L. REV. 1175 (2002), available at http://papers.ssrn.com/sol3/papers.cfm?abstract_id=323961.

Key words: Stereotyping, Gender, and Disability; Women with Disabilities Movement;

This article discusses the reasonable accommodation requirement of Title I of the Americans with Disabilities Act of 1990 (ADA). There are three inconsistent outcomes that appear to comply with the reasonable accommodation requirement: cost-shifting, cost-sharing, and cost-avoidance. One reason for such varying outcomes is the lack of standard definition for disability. This article recommends using the experiential health model over the current functional health model in order to understand disability in the context of the ADA. This article also examines disability-based discrimination in the workplace, including the tension between disability discrimination as a civil rights issue and as a social safety net issue. Though flawed, cost-shifting is the best outcome because it incorporates a social-experiential model of disability. Pendo argues that cost shifting, where employers meet their obligation to provide reasonable accommodation to make it possible for people with disabilities to perform essential job functions and to

secure equal enjoyment of all terms and conditions of employers, is the best outcome because it embodies an experiential-social model of disability and the potential for both socioeconomic and political reconstruction.

Deborah Pergament, *What Does Choice Really Mean?: Prenatal Testing, Disability, and Special Education Without Illusions*, 23 HEALTH MATRIX 55, 56 (2013), available at <http://law.case.edu/journals/HealthMatrix/Documents/23HealthMatrix1.4.Symposium.Pergament.pdf>.

Key words: Lack of Access to Information and Education on Sexual and Reproductive Rights; Accessible Information on Sexual and Reproductive Health;

After first providing a brief overview of prenatal testing and the reproductive choices women must make as prenatal genetic testing improves, this article addresses the legal and social implications of prenatal testing and disability. It frames the discussion surrounding recent public controversies about prenatal testing, public education, and choice. It then outlines the choices pregnant women must make in light of emerging prenatal genetic testing technologies, discusses the legal, social, and bioethical implications of prenatal testing and disability, and examines efforts to address those issues through public policy. Additionally, this article addresses the juxtaposition of current efforts to restrict reproductive choices with other efforts to privatize responsibility for disability. Finally, the article examines questions related to the current efforts to constrict reproductive choices involving genetic testing while simultaneously privatizing responsibility for disability.

Jana J. Peterson et al., *Improving Cancer Screening Among Women with Mobility Impairments: Randomized Control Trial of a Participatory Workshop Intervention*, 26 AM. J. HEALTH PROMOTION 212 (2012).

Key words: Statistics and Data Collection; Women with Disabilities Movement; Stereotyping, Gender, and Disability;

A program to improve cancer screening among women with disabilities was developed, involving a 90- to 120-minute small group workshop and six months of structured telephone support. The workshops were led by women with mobility disabilities and included information about cervical and breast cancers; screening benefits and procedures; overcoming barriers to screening; and building skills for communicating with physicians. Seventy-six women formed a control group; sixty-eight attended the program; and twelve were offered the program but refused to or were unable to attend (the latter two were the “intervention” group). At the end of the six-month period, participants completed a follow-up survey. 61% of the intervention group reported receipt of a Pap test, as compared to 27% in the control group. There was no significant difference between groups for receipt of a mammogram (49% intervention vs. 42% control). The authors speculated that the disparity in results between Pap tests and mammograms could be due to the more involved procedure necessary for mammograms. The difference might also be explained by a higher rate of obtaining

mammograms in the control group: more women in both groups reported a desire to obtain a mammogram prior to the workshop than did for Pap tests.

Janet Price, *The Seeds of a Movement: Disabled Women and their Struggle to Organize*, in 2 CHANGING THEIR WORLD (Srilatha Batliwala, ed., 2011), available at http://awid.org/eng/Media/Files/CTW_SeedsOfaMovement_ENG.pdf.

Key words: Women with Disabilities Movement; Stereotyping, Gender, Disability;

This paper attempts to map out some of the challenges that disabled women have confronted in their struggle to fight discrimination and build their own movements. Disabled people generally and disabled women in particular have struggled against prejudice that holds them comparatively helpless, in need of support from others to manage their lives, their homes and their desires for the future. Price hopes to strengthen coalitions between disabled women and other groups that campaign for other important issues, including groups fighting violence against women, climate change, and those struggling for sexual rights and sexual health. In doing so, Price looks for widespread recognition of the place of disabled people, and disabled women in particular, in the world.

Judy Panko Reis et al., *It Takes More Than Ramps to Solve the Healthcare Crisis for People with Disabilities*, REHABILITATION INST. OF CHI. (2004), available at <http://dredf.org/wp-content/uploads/2012/10/it-takes-more-than-ramps.pdf>.

Key words: Stereotyping, Gender, and Disability; Education and Training of Health Workers; Women with Disabilities Movement; Accessibility Issues;

This report provides a survey of access-to-care issues. It includes an overview of the Americans with Disabilities Act and cases brought under that law to address medical disparities. The authors observe that enforcement of the ADA is difficult, and so make recommendations for medical providers, insurers, and policy makers as to how to implement equal access principles themselves. For instance, disability groups should partner with healthcare providers and educational institutions to provide training in access issues specific health problems. Healthcare providers should survey the needs of their patient populations to identify needed accommodations and research tax credits for providing accommodations. Medical school should provide training on specific disability issues. Health care professional organizations should design disability curricula and design access standards for providers.

Maya Sabatello, *Who's Got Parental Rights? The Intersection Between Infertility, Reproductive Technologies, and Disability Rights Law*, 6 J. HEALTH & BIOMEDICAL L. 227, 229 (2010), available at <http://suffolk.edu/documents/Law%20Journal%20of%20H%20and%20B/Sabatello-227-259.pdf>.

Key words: Accessibility Issues; Lack of Access to Reproductive Technologies; Lack of Access to Information and Education on Sexual and Reproductive Rights;

This article addresses limitations on the ability to access alternative procreation methods through assisted reproductive technologies (ART). Socio-cultural presumptions about parenting and norms for family structure are critical factors in determining the extent of a culture's right to ART. In particular, this article discusses the possibility of overcoming these barriers in view of the Convention on the Rights of Persons with Disabilities (CRPD) by overcoming stigma and prejudice through the use of new technology and reasonable accommodations for persons with disabilities.

Payal Shah et al., *Gynecological Care for Adolescents with Disability: Physician Comfort, Perceived Barriers, and Potential Solutions*, 18 J. PEDIATRIC & ADOLESCENT GYNECOLOGY 101 (2005).

Key words: Statistics and Data Collection; Stereotyping, Gender, and Disability; Women with Disabilities Movement; training for health care personnel;

Researchers conducted a survey of 136 gynecological care providers in Utah. Providers were asked to list the barriers they perceived in hypothetical clinical scenarios involving adolescents with disabilities. The most frequently mentioned barriers were time and reimbursement issues. 39% of providers felt that treating young adults with disabilities would take more time. 23% expressed concern over reimbursement issues, such as perceived difficulty being reimbursed by insurers for extra time with a patient. The comfort level of providers in dealing with adolescents with disabilities was low overall: in no scenario did more than half of providers feel "completely prepared." They were most comfortable in common, uncomplicated clinical situations: for instance, 73.3% were mostly comfortable or completely prepared to discuss birth control and family planning with an adolescent with a disability; and 72.6% were comfortable discussing safe sex and family planning for a seventeen year old with Down syndrome. Providers were less comfortable with specific problems, often disability related. For instance, 46.7% were completely unprepared or significantly apprehensive to evaluate early or delayed onset of puberty in an adolescent with a disability. 40.8% also reported being unprepared or apprehensive to address menstrual hygiene, heavy menses, and mood changes in a non-ambulatory fourteen year old. 15% of providers felt that they did not have adequate knowledge to ensure proper gynecological care for disabled adolescents in general. But 38% of providers expressed an interest in continuing education programs to better serve the population.

Anita Silvers, Reprising Women's Disability: Feminist Identity Strategy and Disability Rights, 13 BERKELEY WOMEN'S L.J. 81 (1998), available at <http://scholarship.law.berkeley.edu/cgi/viewcontent.cgi?article=1140&context=bqj>.

Key words: Women with Disabilities Movement; Stereotyping, Gender, and Disability;

This article examines how feminist identity strategy intersects with the cultural stigmas faced by women with disabilities, particularly in terms of curtailed opportunity. It

also discusses how a disability perspective could further feminist liberatory theory. First, this article addresses the impact of the politics of recognition on feminist approaches to disability. The article then addresses an alternative method of construction, one where disability culture is seen as a means of achieving political recognition. Finally, the article delves into the perspective on disability embodied by United States disability discrimination law and how this perspective impacts the politics of recognition.

Michael Ashley Stein & Penelope J.S. Stein, *Disability, Development, and Human Rights: A Mandate and Framework for International Financial Institutions*, 47 U.C. DAVIS L. REV. 1231, 1236 (2014), available at http://lawreview.law.ucdavis.edu/issues/47/4/Articles/47-4_Stein.pdf.

Key words: Stereotyping, Gender, and Disability; Women with Disabilities Movement;

This article argues that international financial institutions (“IFIs”) should follow the inclusive-development mandate of the Convention on the Rights of Persons with Disabilities (CRPD). Both legal and ethical considerations mandate IFI’s be inclusive of persons with disabilities in development schemes, and certain institutional changes would need to ensure implementation of these considerations. This article concludes with some observations on the transformative effect that disability-inclusive development proposals could have on the lives of individuals with disabilities in both developed and developing countries.

Rie Suzuki et al., *Multi-level Barriers to Obtaining Mammograms for Women with Mobility Limitations: Post Workshop Evaluation*, 37 AM. J. HEALTH BEHAV. 711 (2013).

Key words: Statistics and Data Collection; Stereotyping, Gender, and Disability; Women with Disabilities Movement;

A training program was developed to help women with mobility issues address barriers to accessing clinical preventive services. The program included building communication skills with providers and problem-solving logistical barriers. As compared to a control group, participation in the program increased the percentage of women who received Pap tests, but not mammograms. In this study, researchers interviewed women who had participated in the training program but had not received a mammogram to find out which barriers were the most stubborn. Many participants cited other health conditions and personal, family, and housework responsibilities as reasons for not obtaining a mammogram.

Kevin Urbatsch, Esq. & Michele Fuller, Esq., *The Future of Planning for Persons with Disabilities: What Challenges Will Arise?*, 9 NAELA J. 189 (2013), available at <http://www.naela.org/NAELADocs/PDF/Library%20Tab/NAELA%20Journal%20Fall%202013/NJVol9No2Urbatsch.pdf>.

Key words: financial planning for persons with disabilities;

This article examines the need for future special needs planning, including the legal, personal, and financial planning that enhances the quality of life for individuals with disabilities. After beginning with a summary of the treatment of persons with disabilities throughout history, the article discusses projections that the number of persons with disabilities will increase over the next thirty years. Additionally, the article addresses the future of access to financial assistance and healthcare benefits for persons with disabilities. It notes how in the United States, the Affordable Care Act and the Achieving a Better Life Experience Act, among other pieces of legislation, will allow more freedom for those with disabilities to plan and live independent lives.

Vanessa Volz, *A Matter of Choice: Women with Disabilities, Sterilization, and Reproductive Autonomy in the Twenty-First Century*, 27 WOMEN'S RTS. L. REP. 203, 204 (2006).

Key words: Women with Disabilities Movement; Stereotyping, Gender, and Disability; Lack of Access to Reproductive Technologies; Lack of Access to Information and Education on Sexual and Reproductive Rights;

This article focuses on the reproductive rights of women with disabilities, particularly cognitive disabilities. In doing so, it surveys the history of the sterilization movement and examines sterilization reform statutes that allow some sterilization with judicial authorization and. It also considers how feminist movements have unintentionally excluded women with disabilities despite their unique concerns. Additionally, this article examines how recent advancements in reproductive technologies have made the request for privacy and autonomy for women with disabilities more difficult.

Wenhui Wei et al., *Disability and Receipt of Clinical Preventive Services Among Women*, 16 WOMEN'S HEALTH ISSUES 286 (2006), available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1937503/pdf/nihms24408.pdf>.

Key words: Statistics and Data Collection; Women with Disabilities Movement; Stereotyping, Gender, and Disability

In an analysis of data from the Medical Expenditure Panel Survey, 1999-2002, researchers found that women with a disability were less likely to receive a Pap test or mammogram than women without a disability (82.4% vs. 76.6% for mammogram in the past two years, and 86.7% vs. 77% for Pap test in the past three years). But women with a disability were more likely than other women to receive influenza immunization or colorectal screening (31% vs. 41% for colorectal screening, and 39% vs. 50% for flu vaccine). The authors suggested that a plausible reason for the disparity in Pap tests could be that medical personnel believed that the severity of a woman's disability would limit her sexual activity and so lower her risk of cervical cancer. Inaccessible screening procedures could also cause disparities if women had mobility issues. They suggested that the colorectal screening disparity might result from more women with disabilities

being tested for diagnostic reasons rather than for preventative screening. Authors did not suggest a reason for the influenza immunization disparity.