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Water, Human Rights, and Reproductive Justice: Implications for Women in Detroit and Monrovia

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Abstract

Access to safe water and adequate living standards are recognized as basic health requisites and human rights worldwide. Nevertheless, socially marginalized women across the globe are currently facing threats to safe water access, which has dire implications for their health and that of their children. The City of Detroit, Michigan has recently shut off water services to over 50,000 residences, with low-income and racially marginalized women and their families disproportionately affected. The conditions for many Detroit residents are not unlike those in Monrovia, Liberia, where lack of access to safe water and substandard environments have contributed to the ongoing Ebola epidemic and subsequent maternal and infant mortality. Utilizing a comparative analytic approach rooted in postcolonial feminist theory and intersectionality, our commentary draws parallels between these two timely water, human rights, and reproductive justice crises in Detroit and Monrovia. We explore how public discourse and proposed solutions have failed to acknowledge the historical contexts and sociopolitical determinants of these crises, which have urgent and long-lasting implications for women's reproductive health and social justice worldwide.

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INTRODUCTION

The 1948 Universal Declaration of Human Rights (UDHR) proclaimed adequate standards of living necessary for health and well-being, including access to safe water, as a basic human right of all persons regardless of gender, race, or other status.¹ The UDHR, which declared motherhood and childhood are entitled to special care and assistance, paved the way for legally binding agreements (e.g., International Covenant on Civil and Political Rights) that required ratifying nations provide supportive measures to ensure the human rights of women and their families are upheld.² This has important implications for gender and health equity globally.

Nevertheless, women throughout the world continue to struggle to attain even the most basic standards of living for themselves and their families with severe health consequences.³ For example, in Liberia diminished access to safe water is now a contributor to the ongoing Ebola epidemic.⁴ Hand washing has been identified as an effective prevention method, but basic sanitation is inaccessible to many people in developing nations like Liberia. There, families survive on an average of \$410 a year, and only 17% of the population has access to safe water for drinking, cooking, and washing.⁵

Combined with a severely weakened health infrastructure, these living conditions of socially vulnerable populations have set the stage for one of the gravest public health crises of our day: in Liberia alone, over 4,800 individuals have died from Ebola since March 2014.⁶ When Ebola first spread to the crowded capital of Monrovia, panic erupted and West Point, an urban area home to over 100,000 low-income residents, was quarantined.⁷ Death rates from Ebola within the capital skyrocketed. As 75% of Ebola-related deaths in Liberia have been among women, this constitutes not only a public health crisis but also a major threat to reproductive justice. Women are disproportionately vulnerable largely because of gendered caretaking roles that place women at higher risk of exposure to infected individuals—particularly children.⁸ Recently, the Association of Reproductive Health Professionals (ARHP) urged leaders, policymakers, and health professionals for swift and compassionate responses to the Ebola crisis with particular emphasis on the reproductive health needs of women in affected areas, who are experiencing increased risk of fetal loss, pregnancy-associated hemorrhage, and maternal mortality.⁹

¹United Nations General Assembly, *Universal Declaration of Human Rights* (United Nations, 1948), <<http://www.tandfonline.com.proxy.lib.umich.edu/doi/abs/10.1080/00221473.1968.10619091?journalCode=ujrd18#.VB4suEtsplc>>.

²United Nations Human Rights, "International Covenant on Civil and Political Rights," *United Nations Human Rights*, 2014, <<http://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx>>

³United Nations, *Framework of Actions for the Follow-up to the Programme of Action of the International Conference on Population and Development Beyond 2014* (United Nations Population Fund, 2014), <http://icpd2014.org/uploads/browser/files/93632_unfpa_eng.pdf>

⁴Mark Doyle, "Ebola Outbreak: How Liberia Lost Its Handshake," *BBC News*, September 20, 2014, <<http://www.bbc.com/news/world-africa-29260185>>; Centers for Disease Control and Prevention, "2014 Ebola Outbreak in West Africa," October 2014, <<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html>>

⁵World Bank, "2013 GDP per Capita," Database, *World Bank Open Data*, (2014), <<http://data.worldbank.org/indicator/NY.GNP.PCAP.CD>>; Liberia Institute of Statistics and Geo-Information Services, *Liberia Demographic and Health Survey 2007* (Monrovia: Liberia Institute of Statistics and Geo-Information Services., 2008).

⁶Centers for Disease Control and Prevention, "2014 Ebola Outbreak in West Africa."

⁷Norimitsu Onishi, "As Ebola Grips Liberia's Capital, a Quarantine Sows Social Chaos," *New York Times*, August 28, 2014, sec. Africa, <http://www.nytimes.com/2014/08/29/world/africa/in-liberias-capital-an-ebola-outbreak-like-no-other.html?_r=0>.

⁸Caelainn Hogan, "Ebola Striking Women More Frequently than Men," *Washington Post*, August 14, 2014, <http://www.washingtonpost.com/national/health-science/2014/08/14/3e08d0c8-2312-11e4-8593-da634b334390_story.html>

Even in some U.S. settings, the basic health and human rights of women and children are threatened by inadequate living conditions. Many people in Detroit, Michigan, for instance, lack access to basic resources like safe water.¹⁰ Since 2013, Detroit Water and Sewage Department (DWSD) officials have shut off water to over 50,000 residential households in the city due to failure to pay water bills.¹¹ Over 36,000 residents still do not have access to safe water. Though certainly not as severe as the Monrovia context, in some ways the living conditions in Detroit more closely approximate those of the developing world than economically stable U.S. cities. In a recent article published by *The Lancet*, authors Meyers and Hunt poignantly reflected, “Access to clean, affordable water is an issue that joins the challenges of providing a sanitary infrastructure for poor, rich, and the middle class in Detroit, Delhi, Lagos, and Johannesburg alike.”¹²

In the following commentary, we explore parallels between two timely and compelling water, human rights, and reproductive justice crises: systematic water shutoffs in Detroit and diminished access to water and sanitation services during Monrovia’s Ebola outbreak. Rooted in the theories of postcolonial feminism¹³ and intersectionality,¹⁴ we employ an encompassing strategy¹⁵ to illuminate global patterns in economics, social conditions, and ideologies as they affect water infrastructure, human rights, and women’s health in predictable although unique ways in local contexts. Postcolonial feminist theory centers the perspectives of racially and economically marginalized women who have historically been excluded from feminist discourse, while also applying a gendered lens to traditionally male-centric postcolonial theory. Similarly, intersectionality acknowledges and investigates how various social identities are “mutually constituted and interconnected.”¹⁶ Considering Detroit and Monrovia specifically, we are able to investigate and explain how transnational processes of race, class, and gender are translated into environmental and reproductive injustices.

DISCUSSION

Historic and sociopolitical contexts

Current discourses around the water crisis in Detroit and the Ebola outbreak in Monrovia are often isolated outside the historic and sociopolitical contexts from which they spring.

⁹Association of Reproductive Health Professionals, *Public Statement by the Association of Reproductive Health Professionals on the Ebola Crisis*, Public Statement (Washington, DC: Association of Reproductive Health Professionals, December 17, 2014), <<http://www.arhp.org/policy-and-advocacy/arhp-testimony/statement-on-the-ebola-crisis>>

¹⁰Bill Mitchell, “In Detroit, Water Crisis Symbolizes Decline, and Hope,” *National Geographic*, August 22, 2014, <<http://news.nationalgeographic.com/news/special-features/2014/08/140822-detroit-michigan-water-shutoffs-great-lakes/>>; T. J. Sugrue, *The Origins of the Urban Crisis: Race and Inequality in Postwar Detroit* (Princeton University Press, 2005); Cortney Bouse and Elizabeth Mosley, “‘Water, Water Everywhere’: Racial Inequality and Reproductive Justice in Detroit,” *Reproductive Health Reality Check*, July 22, 2014, <<http://rhrealitycheck.org/article/2014/07/22/water-water-everywhere-racial-inequality-reproductive-justice-detroit/>>

¹¹Detroit People’s Water Board Coalition, “Press Statement on Need for Citizen’s Community Representative to Great Lakes Regional Water Authority (GLWA) from Detroit,” *People’s Water Board*, November 21, 2014, <<http://www.peopleswaterboard.org>>

¹²Todd Meyers and Nancy R. Hunt, “The Other Global South,” *Lancet* 384 (2014): 1922.

¹³Reina Lewis and Sara Mills, “Introduction,” in *Feminist Postcolonial Theory: A Reader* (New York: Routledge, 2003), 1–24; A. Davis, “Racism, Birth Control, and Reproductive Rights,” in *Feminist Postcolonial Theory—A Reader* (2003), 353–67.

¹⁴Amy J. Schulz and Leith Mullings, *Gender, Race, Class, and Health: Intersectional Approaches* (San Francisco, CA: Jossey-Bass, 2006).

¹⁵Charles Tilly, *Big Structures, Large Processes, Huge Comparisons* (Russell Sage Foundation, 1984); K. Ward, “Towards a Relational Comparative Approach to the Study of Cities,” *Progress in Human Geography* 34 (August 1, 2010): 471–87, DOI: 10.1177/0309132509350239.

¹⁶Schulz and Mullings, *Gender, Race, Class, and Health: Intersectional Approaches*, 3.

Following the Atlantic slave trade of the 1700 and 1800s, European and U.S. colonization of West Africa was characterized by depletion of natural resources, exploitation and subjugation of local communities, and underinvestment in social infrastructure.¹⁷ In the aftermath of these historical events, many areas have struggled with economic and political instability, which perpetuate an inability to provide citizens with access to safe water and health care. Modern efforts have failed to redress the situation by equalizing the global imbalance of power between colonized and colonizers. Instead, blame is typically aimed at so-called corrupt African politicians,¹⁸ and governments are forced to adopt structural adjustments (such as privatization of health care and education) in exchange for international loans that continue to benefit Western interests.¹⁹

Liberia, in particular, has been deeply affected by these transnational processes of colonization and underdevelopment. By the time Ebola arrived in Monrovia, the country had experienced two deadly civil wars. A significant portion of the city's 1.1 million residents now lives in low-income or informal settlements hastily erected to accommodate massive migration from rural areas.²⁰ Water and sanitation systems are incredibly deficient compared to other sub-Saharan urban centers, and infectious diseases including cholera and typhoid remain endemic. Given this context, it is understandable that Ebola would quickly reach and spread throughout the capital. Discourse surrounding the Ebola outbreak and subsequent quarantine, however, has failed to acknowledge the historical and sociopolitical forces that left residents so vulnerable.

Recent media coverage of Detroit's water shut-offs has similarly lacked reflection on the root causes of this U.S. public health debacle. Like in West Africa, city officials have taken the blame for Detroit's mounting financial crisis, and Detroit residents are labeled as "delinquent customers" who simply "opt not to" pay their water bills.²¹ Some scholars, however, have classified the city's public health situation as a long-term structural process in which unsupportive socioeconomic policies and norms intersect with vulnerable populations to inflict lasting health inequalities.²² This is the Motor City that boasted a racially diverse population of over 1.8 million in 1950. Michigan's auto industry has been in severe decline since then, however, following globalization of auto manufacturing and markets. Nearly 350,000 jobs were lost from Detroit alone. This economic shift toward deindustrialization was quickly succeeded by white flight from Detroit's urban center, as was typical throughout the U.S. Rust Belt. As both population and employment in the greater metro area

¹⁷Howard Stein, *Economic Development and the Anatomy of Crisis in Africa: From Colonialism through Structural Adjustment* (Copenhagen: Centre of African Studies, University of Copenhagen, 2001); Walter Rodney, *How Europe Underdeveloped Africa* (London, UK: Bogle L'ouverture, 1972).

¹⁸Emmanuel Weedee-Conway, "Corruption Remains Liberia's Biggest Problem—US Envoy Asserts," *Heritage*, March 6, 2015, sec. Governance, <<http://www.heritageliberia.net/heritageneews/index.php/2014-07-17-10-02-56/governance/item/1000-corruption-remains-liberia-s-biggest-problem-us-envoy-asserts>>

¹⁹Howard Stein, *Beyond the World Bank Agenda: An Institutional Approach to Development* (University of Chicago Press, 2008); George Klay Kieh, *The First Liberian Civil War: The Crises of Underdevelopment*, vol. 17 (Peter Lang, 2008).

²⁰allAfrica, "Liberia: Poor Sanitation Overwhelms Monrovia," *allAfrica*, April 22, 2014, <<http://allafrica.com/stories/201404221828.html>>

²¹Mitchell, "In Detroit, Water Crisis Symbolizes Decline, and Hope"; Sugrue, *The Origins of the Urban Crisis: Race and Inequality in Postwar Detroit*.

²²Paul J. Draus, "Substance Abuse and Slow Motion Disasters: The Case of Detroit," *Sociological Quarterly* 50 (2009): 360–82; Amy J. Schulz et al., "Racial and Spatial Relations as Fundamental Determinants of Health in Detroit," *Milbank Quarterly* 80 (2002): 677–707; Sugrue, *The Origins of the Urban Crisis: Race and Inequality in Postwar Detroit*; Data Driven Detroit, *State of the Detroit Child* (Detroit, Michigan: Data Driven Detroit, 2012), <http://www.datadrivendetroit.org/publications/D3_2012_SDCReport.pdf>

were rapidly suburbanized, black residents were increasingly isolated in racially segregated communities separated from traditional economic opportunities.

In recent years, Detroit's population has dwindled to 700,000, 82% of residents are black, and in 2013 it became the largest U.S. city to declare bankruptcy.²³ Over 40% of Detroit residents now live below the poverty line, approximately half are unemployed, and water prices (along with general costs of living) have soared above the national average. Furthermore, many Detroit neighborhoods have suffered from the withdrawal of vital public services. The list of cut-backs is extensive and includes emergency medics, fire fighters, schools, public transit, and streetlights.²⁴ Water shut-offs are simply the most recent violation residents have faced.

Water access and reproductive justice

Given Detroit's socioeconomic climate, it is perhaps unsurprising that approximately half of DWSD customers owe outstanding balances on their water bills.¹¹ DWSD officials, however, have continued to target low-income families instead of more financially capable corporate account holders, whose outstanding debts swamp those of individual households.²⁵ As water shutoffs among low-income residents escalated last summer, the United Nations (UN) declared the city's actions as a violation of the human right to water. Nevertheless, U.S. judges have declared that access to water for Detroit residents is not an enforceable right. Similarly, when Monrovia residents in West Point were first put under strict Ebola quarantine in 2014, there were swift outcries against human rights violations as the prices of basic goods doubled.²⁶

Detroit's water shut-offs and responses to the Ebola outbreak in Monrovia not only violate the human right to adequate standards of living but also the human right to reproductive freedom. Traditional approaches to reproductive rights have focused on access to modern contraceptives and safe abortion.²⁷ More recently, postcolonial feminism and intersectional perspectives have posited that gender, race, and socioeconomic status are highly intertwined and each, therefore, can only be defined in the context of the others.²⁸ For example, the reproductive justice framework (rooted in broader postcolonial feminist theory) has emphasized that the primary and enduring reproductive struggle for economically and racially marginalized women is oppressive racial and socioeconomic conditions that are unsuitable to motherhood.²⁹ Using this framework, we can explore how the water shut-offs in Detroit parallel the reproductive injustices sustained by low-income and racially marginalized women and their families globally.

²³Data Driven Detroit, *State of the Detroit Child*; Matt Helms, Nancy Kaffer, and Stephen Henderson, "Detroit Files for Bankruptcy, Setting off Battles with Creditors, Pensions, Unions," *Detroit Free Press*, July 19, 2013, <<http://archive.freep.com/article/20130718/NEWS01/307180107/Detroit-bankruptcy-filing-Kevyn-Orr-emergency-manager>>

²⁴Sugrue, *The Origins of the Urban Crisis: Race and Inequality in Postwar Detroit*; Schulz et al., "Racial and Spatial Relations as Fundamental Determinants of Health in Detroit"; Draus, "Substance Abuse and Slow Motion Disasters: The Case of Detroit."

²⁵John Nichols, "Against Austerity In Detroit: 'Water Is a Human Right,'" *Nation*, July 11, 2014, <<http://www.thenation.com/blog/180625/against-austerity-detroit-water-human-right#>>

²⁶Human Rights Watch, *West Africa: Respect Rights in Ebola Response* (Nairobi, Kenya: Human Rights Watch, September 15, 2014), <<http://www.hrw.org/news/2014/09/15/west-africa-respect-rights-ebola-response>>

²⁷Davis, "Racism, Birth Control, and Reproductive Rights."

²⁸Schulz and Mullings, *Gender, Race, Class, and Health: Intersectional Approaches*.

²⁹Davis, "Racism, Birth Control, and Reproductive Rights."

First, reproductive health indicators currently situate Detroit as an outlier among most cities from developed nations. As Meyers and Hunt highlighted, to call the situation in Detroit “a public health emergency is not hyperbole.”³⁰ Poverty and social inequality have contributed to an infant mortality rate of 15 per 1,000 live births—three times the national average of the United States and closer on par with Latin American nations than similarly developed contexts in Western Europe. Additionally, there are 131 maternal deaths per 100,000 live births in Detroit—over three times the U.S. national average of 28 and nearly equal to rates observed in South Africa and Namibia.³¹ In Liberia, infant mortality rates (71 per 1,000 live births) and maternal mortality ratios (994 per 100,000 live births) remain some of the world’s highest, although the situation in Monrovia is less dire than in rural areas due to better accessibility of emergency medical care.³² Throughout the country, however, recent improvements are being eroded as infant and maternal mortality rates have increased dramatically following the Ebola outbreak.³³

Secondly, the chronic environmental and social stressors encountered by Detroit and Monrovia residents, such as diminished access to water, will continue to carry significant and direct consequences for both maternal and child health in the years to come. For example, diarrheal diseases (typically from lack of access to safe drinking water and adequate sanitation) are responsible for a significant portion of under-five child deaths worldwide.³⁴ In Liberia alone, diarrheal disease accounts for 15% of all under-five child deaths.³⁵ Interventions providing safe water are estimated to reduce child mortality by up to 65%.³⁶

Additionally, researchers in the United States have documented how socioeconomic adversity and racial marginalization carry indirect yet long-term reproductive health consequences through cumulative biological and psychological wear and tear over a woman’s life course. Stress responses to racism and unsupportive environments contribute to inflammation and immune dysfunction, which can lead to a host of adverse health outcomes including mortality, cardiovascular and other chronic disease, and perinatal complications (e.g., low birth weight, preterm birth, and infant mortality).³⁷ Regardless of socioeconomic status, black women in the United States have significantly poorer perinatal outcomes than

³⁰Meyers and Hunt, “The Other Global South,” 1921.

³¹Matthew Davis, *Testimony to the Michigan House Committee on Health: Maternal Mortality in Michigan* (State of Michigan Department of Community Health, September 24, 2014), <<http://house.michigan.gov/sessiondocs/2013-2014/testimony/Committee230-9-23-2014-5.pdf>>

³²Liberia Institute of Statistics and Geo-Information Services, *Liberia Demographic and Health Survey 2007*.

³³Irin, “Ebola Effect Reverses Gains in Maternal, Child Mortality,” *Irin Humanitarian News and Analysis*, October 8, 2014, <<http://www.irinnews.org/report/100698/ebola-effect-reverses-gains-in-maternal-child-mortality>> United Nations Population Fund, *Liberia’s Ebola Outbreak Leaves Pregnant Women Stranded* (Monrovia, Liberia: United Nations Population Fund, August 26, 2014), <<http://www.unfpa.org/news/liberias-ebola-outbreak-leaves-pregnant-women-stranded>>; Association of Reproductive Health Professionals, *Public Statement by the Association of Reproductive Health Professionals on the Ebola Crisis*.

³⁴World Health Organization, “Water and Sanitation,” 2014, <<http://www.who.int/ceh/risks/cehwater2/en/>>

³⁵United States Agency for International Development, *Liberia Water and Sanitation Profile*, Water and Sanitation Profile (Liberia: USAID, March 2010), <<http://www.washplus.org/sites/default/files/liberia2010.pdf>>

³⁶World Health Organization, “Water and Sanitation.”

³⁷C. Love et al., “Exploring Weathering: Effects of Lifelong Economic Environment and Maternal Age on Low Birth Weight, Small for Gestational Age, and Preterm Birth in African-American and White Women,” *American Journal of Epidemiology* 172 (June 24, 2010): 127–34, doi:10.1093/aje/kwq109; Bruce S. McEwen and Peter J. Gianaros, “Central Role of the Brain in Stress and Adaptation: Links to Socioeconomic Status, Health, and Disease: Central Links between Stress and SES,” *Annals of the New York Academy of Sciences* 1186 (February 2010): 190–222, doi:10.1111/j.1749-6632.2009.05331.x.

white women, but this racial disparity increases with time lived in the United States and with greater residential segregation like that found in Detroit.

The rhetoric surrounding Detroit's water shut-offs and the Ebola epidemic has paralleled the pervasive and lifelong assaults against reproductive freedom endured by marginalized women.³⁸ Vehement reactions from conservative politicians and media outlets to the Ebola epidemic have mirrored harmful African stereotypes. One Fox News reporter stated, "We can't rely on [West African] people for human intelligence...in these countries they do not believe in medical care...someone could get off a flight and seek treatment from a witch doctor."³⁹ Similarly, reporters, analysts, and the public continue to shame low-income Detroit residents by questioning why they spend their money on non-essential items instead of water.⁴⁰ Likewise, low-income women are consistently blamed for their so-called irresponsible reproductive choices.⁴¹ The poor living conditions in Detroit, however, do not afford true reproductive autonomy, and many women are unable to achieve their reproductive goals (e.g., preventing unintended pregnancy or raising healthy children). Furthermore, women who are low-income or black or Latina are often painted as lazy, greedy, and neglectful of their children. Many are accused of being "crack mothers" and "welfare queens."⁴² Like the high-income, delinquent water account holders in Detroit, however, such dehumanizing judgments are never made of large businesses that receive tax breaks, subsidies, and other forms of "corporate welfare."⁴³

Finally, women of color in both Detroit and Monrovia, who are disproportionately low-income⁴⁴ are often caught in treacherous double binds that severely restrict their abilities to meet the basic needs of their children, such as access to safe water.⁴⁵ On the one hand, they are socialized and expected to perform the important but unpaid labor of keeping children and home. Yet these women are constantly ridiculed as unfit mothers, and those who work in the home are often criticized for not working. In the U.S. labor market, however, women continue to be segregated into lower-paying feminine occupations (such as childcare, teaching, and nursing) and, on average, only make 80% of the salary of men in comparable jobs.⁴⁶ For a U.S. woman working full-time at a minimum-wage job, childcare for two children under age five costs more than her entire pre-tax income in 26 U.S. states and the

³⁸Bouse and Mosley, "'Water, Water Everywhere': Racial Inequality and Reproductive Justice in Detroit."

³⁹Joanna Rothkopf, "Andrea Tantaros: Africans Infected with Ebola Might 'Seek Treatment from a Witch Doctor,'" *Salon*, October 2, 2014, <http://www.salon.com/2014/10/02/andrea_tantaros_africans_infected_with_ebola_might_seek_treatment_from_a_witch_doctor/>.

⁴⁰Nolan Finley, "There Is No Right to Free Water," *Detroit News*, July 17, 2014, <<http://www.detroitnews.com/article/20140717/OPINION01/307170005/0/OPINION01/There-no-right-free-water>>

⁴¹K. Edin and M. J. Kefalas, *Promises I Can Keep: Why Poor Women Put Motherhood Before Marriage* (Berkeley, CA: University of California Press, 2005); Dorothy Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Random House LLC, 1997).

⁴²Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*.

⁴³Bill Quigley, "Ten Examples of Welfare for the Rich and Corporations," *HuffingtonPost*, January 2014, sec. The Blog, <http://www.huffingtonpost.com/bill-quigley/ten-examples-of-welfare-for-the-rich-and-corporations_b_4589188.html>

⁴⁴David R. Williams et al., "Race, Socioeconomic Status, and Health: Complexities, Ongoing Challenges, and Research Opportunities: Race, SES, and Health," *Annals of the New York Academy of Sciences* 1186 (February 2010): 69–101, doi:10.1111/j.1749-6632.2009.05339.x; Liberia Institute of Statistics and Geo-Information Services, *Liberia Demographic and Health Survey 2007*.

⁴⁵Edin and Kefalas, *Promises I Can Keep: Why Poor Women Put Motherhood Before Marriage*; Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*.

⁴⁶Ariane Hegewisch, Hannah Liepman, and Heidi Hartmann, *Separate and Not Equal? Gender Segregation in the Labor Market and the Gender Wage Gap*, Briefing Paper (Institute for Women's Policy Research, September 2010), <<http://tools4valuechains.org/sites/default/files/documents/Hegewisch%20et%20al%202010.pdf>>.

District of Columbia.⁴⁷ This situation is exacerbated for women of color, who experience significant racial discrimination in access to both education and employment. Ongoing cuts to social programs like Medicaid and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) mean women are increasingly denied resources necessary for their families' survival.⁴⁸

In Liberia women experience even larger gender inequities in education and employment, while simultaneously being confronted with drastically insufficient structural support. In Monrovia, women complete a median 5.9 years of education compared to 8.8 years for men, and 6.7% of women are employed in professional, technical, or managerial occupations as compared to 15.6% of men.⁴⁹ Moreover, postcolonial Liberia has received significant financial assistance from the International Monetary Fund and the World Bank. Strict conditions for these loans have included severe budget cuts to healthcare, education, and public infrastructures like water and sanitation, which some have argued are fundamental causes of the recent Ebola epidemic.⁵⁰

Together, the lack of fair compensation for women's work, diminished access to formal education and employment in cities like Detroit and Monrovia, and decreased social services makes it impossible for low-income mothers to keep up with the rising costs of living. Scholars have highlighted this feminization of poverty in which women's employment opportunities and income are disproportionately affected by cuts to social services and benefits. Kehler⁵¹ illuminates a striking parallel between the living conditions of women in rural South Africa and those living in inner city Detroit, who have both experienced disconnection of water services due to inability to pay increasing service fees. One South African woman explained, "Everything begins and ends with water, there is no dignity without it."

CONCLUSIONS

Access to water, a requisite of adequate standards of living, has been identified as a basic human right worldwide. Here, we position lack of water access as a reproductive justice issue, both in the United States and Liberia. Like Meyers and Hunt, we believe Detroit's poor health outcomes and extreme income inequality are comparable to that of the "global South."⁵² An important distinction to make, however, is that Detroit is located in the United States, which touts the largest economy in the world (a \$16,800 billion gross domestic product in 2013).⁵³ Nevertheless, as Meyers and Hunt noted, "Detroiters may understand their predicaments as stemming from an American history of racism, riots, white flight,

⁴⁷Kathryn Baer, *How Unaffordable Is Child Care for Low-Income Parents?*, Poverty and Policy (Washington DC, 2012), <<http://povertyandpolicy.wordpress.com/2012/05/29/how-unaffordable-is-child-care-for-low-income-parents/>>

⁴⁸M. Abramovitz, "The Feminization of Austerity," *New Labor Forum* 21 (2012): 30–39.

⁴⁹Liberia Institute of Statistics and Geo-Information Services, *Liberia Demographic and Health Survey 2007*.

⁵⁰Waisa Nkwanga, "The Ebola Crisis in West Africa and the Enduring Legacy of the Structural Adjustment Policies," *Africa at the London School of Economics and Political Science*, January 26, 2015, <<http://blogs.lse.ac.uk/africaatlse/2015/01/26/the-ebola-crisis-in-west-africa-and-the-enduring-legacy-of-the-structural-adjustment-policies/>>; Sarah Lazare, "'Assassination' of Public Health Systems Driving Ebola Crisis, Experts Warn," *Common Dreams*, October 16, 2014, <<http://www.commondreams.org/news/2014/10/16/assassination-public-health-systems-driving-ebola-crisis-experts-warn>>

⁵¹Johanna Kehler, "Women and Poverty: The South African Experience," *Journal of International Women's Studies* 3 (2013): 41–53.

⁵²Meyers and Hunt, "The Other Global South," 1921.

⁵³World Bank, "2013 GDP per Capita."

post-industrial ruin, and neoliberal-engineered bankruptcy, but also as very much a part of a *global* history about race, denigration, poverty, humiliation, and insult.”⁵⁴

We argue that discussions about and responses to water, human rights, and reproductive justice crises, such as the recent water shut-offs in Detroit and the Ebola outbreak in Monrovia, are typically isolated outside relevant historical and sociopolitical contexts. By failing to acknowledge (and address) the legacies of colonialism, deindustrialization, and traditional gender roles, or the impact of ongoing racial, economic, and gendered oppression, short-term solutions such as the privatization of Detroit water services, isolated surges of international aid to West Africa, and blanket quarantines⁵⁵ will be ineffective and inequitable. Furthermore, such responses risk perpetuating the same systems of social stigma,⁵⁶ individualism, and neoliberal capitalist policies⁵⁷ that underlie reproductive and environmental injustice.

Alternatively, strategies to remedy the public health challenges ahead must originate within those communities most affected, whether that be low-income families in Detroit or Monrovia, and address the fundamental causes of poor health including poverty, racism, and sexism. Many have argued that improved investment in basic social infrastructures, including health care, education, and housing with adequate water and sanitation services, are most likely to produce sustainable improvements to reproductive health outcomes and health inequalities globally.⁵⁸ In addition to the need for immediate provision of reproductive health services in Ebola-affected regions, ARHP has explicitly called for the “investment of resources and capital to develop robust health care response systems in West Africa to prevent and mitigate future medical crises.”⁵⁹ Such macro efforts will require patience and a significant paradigm shift but are more likely to result in sustainable and equitable improvements at the individual, social, and structural levels.

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⁵⁴Meyers and Hunt, “The Other Global South,” 1922.

⁵⁵Association of Reproductive Health Professionals, *Public Statement by the Association of Reproductive Health Professionals on the Ebola Crisis*.

⁵⁶Ibid.

⁵⁷Stein, *Economic Development and the Anatomy of Crisis in Africa*; Abramovitz, “The Feminization of Austerity.”

⁵⁸Amartya Sen, *Freedom as Development*, 2nd ed. (New York, NY: Oxford University Press, 2001).

⁵⁹Association of Reproductive Health Professionals, *Public Statement by the Association of Reproductive Health Professionals on the Ebola Crisis*, 2.

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