

INTRODUCTION: ESTABLISHING ZIKA'S ROLE IN REPRODUCTIVE HEALTH POLITICS—A GALLERY

The Zika virus has caught the attention of US Americans over the past two years, even though its presence in the United States is isolated to a very few cases, usually found in people who had recently travelled to other areas. I was living in the Dominican Republic when Zika became the obsession in the United States. Being on the outside, in a nation where you aren't even allowed to miss school if you get Zika, this got me thinking about how diseases are politically framed to achieve an end goal, depending on the stakeholders. Zika is unique in that it predominantly affects unborn fetuses, where a pregnant mother with Zika passes it onto the developing child in utero. Zika can also be transmitted sexually, found in semen for up to 92 days after infection. This, by definition, makes Zika a reproductive health issue more so than a universal public health issue because of the locus of disease symptoms and media attention: the fetus and pregnant mother. Because of this, I wanted to explore the potential for the "Zika epidemic" as a women's reproductive health issue as a platform for delivering political messages, constructing policy, and implementing social beliefs around reproduction, Latina mothers, vaccinations, and beyond.

This project is a collection of theorized public health campaign posters that link Zika to women's reproductive health. Each poster or set of posters is accompanied by a statement which uses the rhetoric and framing of other women's reproductive health political messages and movements to legitimize the potential for such ridiculous or scandalous claims. The following questions guided my investigation and creation of this collection. Questions to consider as you browse:

SPECIFIC RESEARCH QUESTION: What is the potential for recent ZIKA outbreaks to shape political rhetoric and action surrounding reproduction, both negatively and positively, in the US and abroad?

SUB-QUESTIONS: How can evidence of ZIKA be used as a tool for manipulating birth outcomes, policing female bodies, and establishing new regulations? How can abortion be inserted into the equation?

ZIKA AND ABORTION

**It's time to
reopen the
Abortion debate.**

Reproductive health care is often lacking in Latin America and the Caribbean



The facts speak for themselves: women and their families are not just at risk for Zika-related conditions--they are vulnerable to dangerous policies that block abortion and other forms of reproductive care. International leaders are taking a stand: join the conversation:

www.latinahealthcareglobal.org/UN

**Zika is just
another excuse
For Abortion.**



Studies have shown that Zika was not found in the DNA of many microcephalic babies. Meanwhile, microcephaly became a problem after a new vaccine was distributed around Brazil. Coincidence? We think not. Real lives are being taken in the name of fake Zika. #StopAbortion
www.ZikaConspiracy.org

The hottest topic on the table is always abortion, and international attention on Zika has reopened the conversation for considering abortion in some of the world's most strict nations. The abortion debate, no matter the country, is rife with inaccuracies and logical fallacies which elicit fear and doubt on the science and statistics surrounding abortion as a women's right.

Left: A pro-abortion poster, utilizing statistics about maternal mortality and unequal access to preventative health care in the nations most affected by Zika. Various political leaders, International organizations, and advocacy groups are utilizing the fervor and worry of the Zika outbreak to further justify the need for advanced and equal maternal and reproductive health care, including abortion access.

Right: An anti-abortion poster utilizing uncited and anecdotal "evidence" to delegitimize conversations that consider opening up abortion bans for mothers and fetuses negatively impacted by Zika. Claiming a conspiracy in a time of political turmoil, especially in other nations, is extremely powerful due to widespread distrust.

THE FUTURE VACCINE

"IT'S NOT THE MOSQUITOS. THE MOSQUITOS HAVE ALWAYS BEEN HERE AND WE'VE NEVER HAD THIS PROBLEM."



ZIKA

THE TRUTH
BEHIND THE
FAKE VACCINE

What we do know:

- Cases of microcephaly have increased since the Ministry of Health began the campaign
- Cases are centralized where the chemical larvicide has been administered by the Ministry of Health
- We have reason to not trust the Brazil's government

@ZikaVaccineHoax - www.truthaboutzikavax.org

The Basics on the Zika vaccine

US Department of Health



- Tested and proven as safe
- Effective to protect from Zika virus and its affiliated side effects
- Available across the nation
- Recommended for everyone, especially before travel to Zika-infected countries
- Safe for everyone including children & pregnant women

Get yours today!
www.USDoH.gov/zikavaccine

This set plays on the concept of the vaccine politics, if and when a vaccine for Zika is developed. Because of its impact on developing fetuses, the Zika vaccine would most likely be targeted for women of child-bearing age. I compare this potential public health campaign to that of Gardasil, the shot that prevents 90% of cancer-causing HPV strains. In its debut, the FDA recommended it only for girls, generating huge debate because it connects little girls to sexual-activity, a huge cultural taboo. Although Gardasil is now recommended for children of all genders, inoculation rates are still extremely low, illustrating a public health campaign failure.

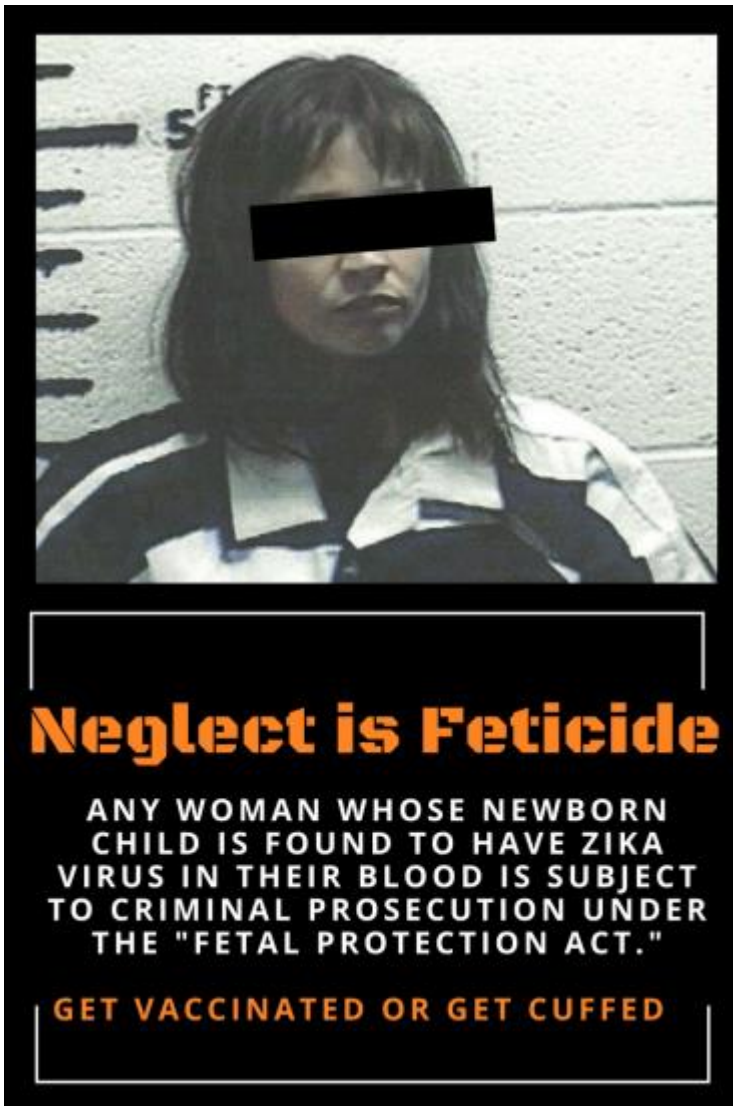
On top of that, anti-vaccination campaigners have stirred up an air of distrust and skepticism regarding the safety of vaccinations, especially when mandated and distributed by governments. The general public's low medical literacy and understanding of vaccinations in conjunction with poor explanations by professionals has created the necessity for the public to debate among themselves whether or not vaccines are safe.

Zika has the potential to follow suit with both the HPV vaccine in terms of gender politics and the subsequent backlash to new vaccinations. To minimize skepticism, facts about vaccines should be delivered in a way that matches the medical literacy of its target population.

Left: anti-vaccination poster calling the vaccination "fake" and citing an unpopular study to justify. Also appeals to Brazil's general distrust of the government to flag the purpose of distributing the vaccine.

Right: an ideal poster similar to those distributed by the US public health bodies, assuring safety and outlining for whom it is recommended. It doesn't give any information on the contents, science, or possible side effects.

WANTED: CRIMINALIZING THE ZIKA-INFECTED MOTHER



This poster addresses the violence within the penal system that criminalizes women, not men, for negative health and safety outcomes for fetuses and children due to their lack of access to adequate health care, reproductive education, and financial independence or especially in the cases when the woman and/or children are trapped in violence households and are survivors of violence.

Certain states in the US have implemented new “feticide laws,” which in theory give extra protections to a fetus but in actuality only target and criminalize carrying mothers for “crimes” such as: a natural miscarriage (as in the case of *Purvi Patel v. State of Indiana* in 2013, overturned due to unconstitutionality two years later), drug addiction (Tennessee’s mandate to arrest new mothers who test positive for illicit substances, also overturned), living in abuse (Tondalo Hall was denied clemency after getting 30 years in prison for “allowing child abuse” because her boyfriend severely abused her and their children. The boyfriend served two years.), or for mental health reasons, such as a lost pregnancy due to an attempted suicide (*Bei Bei Shuai v. Indiana*, murder charges dropped.)

All the examples just referenced are women of color. As Zika is a disease affiliated with Latin America and Africa, increased policing of Latina bodies in the United States is a real possibility, including arbitrary maternal and fetal blood monitoring for Zika antibodies as they sometimes do for drugs. The rhetoric displayed here could go as far as to say that a woman who acquired Zika while pregnant was “neglecting” her child and subsequently imprison her for abuse. This goes without saying that in all cases where a mother is being judged on her worthiness due to lifestyle and health, fathers are rarely or ever screened and scrutinized the way mothers are.

THE TRAVEL BAN -- XENOPHOBIA



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement

EMBARAZADA? ES DE UN PAIS PROHIBIDO? NO SE PUEDE ENTRAR A LOS EE.UU.

Según la directiva no. 18NMM.001, todas mujeres embarazadas que vienen de los países indicados por el VIRUS ZIKA no son permitidas a visitar a los EE.UU por cuestiones de la seguridad de la salud pública. Si sospechamos que es embarazada, el TSA tiene el derecho mandar a una prueba de embarazo.

SUS OPCIONES:

- Contactar a su propia embajada en el país de origen
- Esperar hasta que se ha dado la luz o termina el embarazo
- Producir documentos que muestra que la mujer ni feto tiene el ZIKA (autorizado por el gobierno estadounidense)
- Prestar atención al desarrollo del tema para ver si los términos se cambian en el futuro.
- Para más información: www.zikatravelban.gov/latinamerica



WARNING

TSA prohibits the entry of any ZIKA positive travellers

U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement

Please provide your medical waivers at check in if you are from the "list" of restricted nations.

-WWW.USZIKABAN.GOV-

These posters are obviously related to the Trump administration's effort to place any sort of ban on targeted ethnic and religious groups in the Middle East from entry into the United States. Even with continual rejections of his efforts by other government officials, the symbolic message his efforts transcend cannot be erased. This is similar to the anti-Latin@ and xenophobic rhetoric that has established hateful racism to Latin@ bodies in the U.S., no matter nationality. This racism oftentimes comes in terms of "anchor babies," stating that Latina mothers have children in the United States purely to make it easier to establish residency with a citizen child. In light of the geographic-racial correlation between Zika and anti-Latin@ sentiments in the United States, I could see Latina reproductive health becoming a battle ground for conservative politics to justify anti-Latino sentiments, establish a "travel ban" through the lens of a "health threat," and further stigmatize the Latina mother by associating her pregnancies with a threat to society, assumed deformities and burden, and illegality.

Left: a poster in Spanish, distributed by the Dept. of Homeland Security, outright bans women entering the United States from the list of Zika-infected countries. It includes impractical "suggestions" for overcoming this barrier, such as waiting or using government authority to allow your entry.

Right: a poster in English, distributed by the ICE and TSA, suggesting that all Zika-positive travelers, regardless of gender, are not allowed entry. Because it is well known that Zika typically has no symptoms, this arbitrary vetting of "suspects" would inevitably manifest as yet another racist institution justified by law (examples: "stop and frisk," or any POC at the airport).

THE IMAGE OF THE SUFFERING CHILD – IMPACT OF THE GLOBAL GAG RULE



DON'T LET POLITICS HURT ANOTHER SUFFERING CHILD

The global gag rule and the Helms Amendment have left hundreds of thousands of children at risk and without care by prohibiting vital US relief funds to our Zika and AIDS campaigns. We need your help.

To donate, please visit
www.globalvirusrelief.org/gagruleops

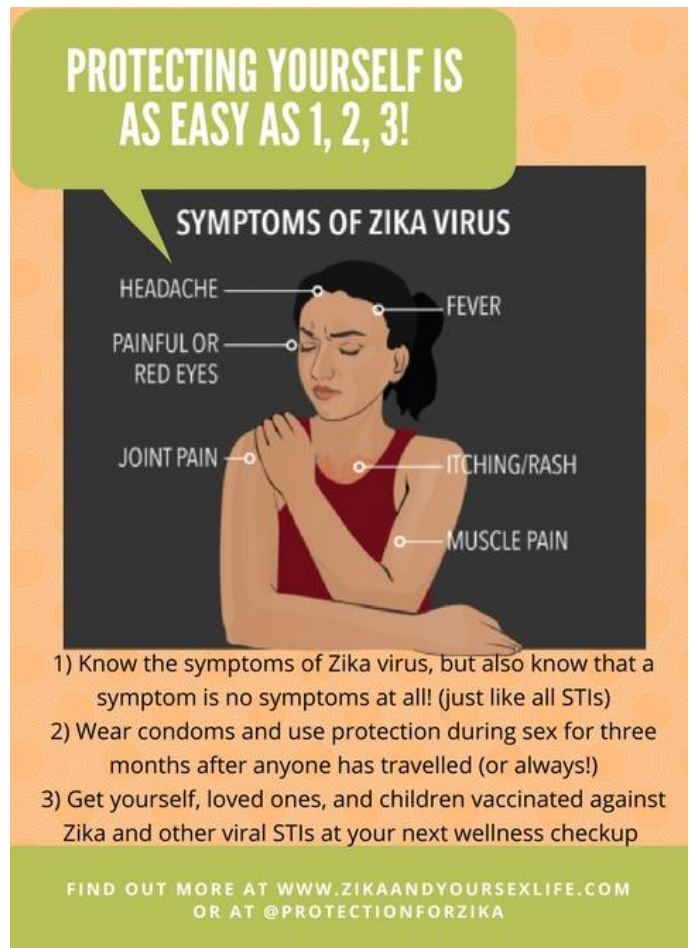
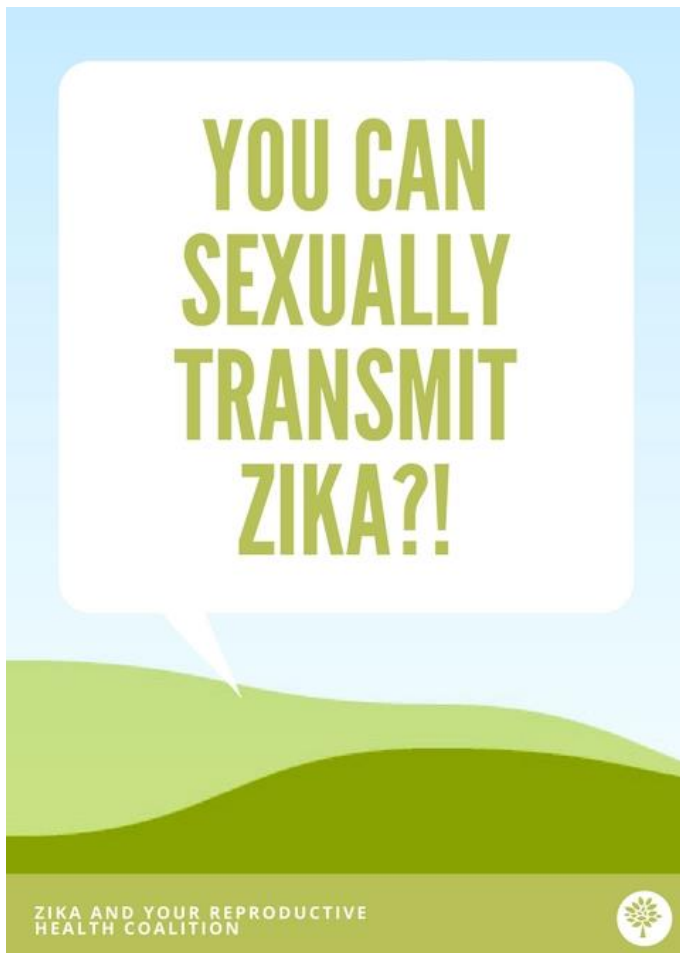
This poster is based off of the popular image of the suffering child, the literal “poster child,” of HIV/AIDS campaigns. International organizations that seek funding use emaciated, sick, and sad children to evoke empathy and action in Western Nations.

This image of a crying, Hispanic child with microcephaly is a powerful face of the Zika epidemic that could evoke similar calls to effort.

However, the question of funding research, medication, and prevention of such diseases that relate to reproductive health care have been complicated by the Trump administration. “Don’t let politics hurt another child” makes reference to the reenactment of the Helms Amendment and Mexico City Policy that denies funding by the US government to any organization that even makes mention of abortion in their operation guidelines. These policies greatly impact the reproductive health outcomes of entire regions whose services are halted every 4-8 years. These services include vaccinations, nutrition resources, contraception, life-saving anti-viral medications, abortion, and beyond.

Undoubtedly, the Helms Amendment and Global Gag Rule have only created worse health outcomes in the most vulnerable areas of the world, causing undue suffering to women, children, and families since their institution.

ALIGNING MESSAGES WITH OTHER HEALTH CAMPAIGNS



Both: This last set of posters shows neutral messages about Zika's transmission through sex, outlining the importance of screening one's sexual health through testing and use of barrier methods in alignment with the principles of the general sexual health and safety public health campaigns.

This collection has gone through a lot of scenarios, both extreme and neutral. In the question of how the Zika outbreak may impact the rhetoric around reproductive health, most practically, I see Zika Virus's fervor dying down and by delivering general safety messages regarding its transmission and prevention.

These messages can reinforce other public health campaigns and bring them to the population in a new light. For example, the best way to protect oneself from the effects of Zika are to take preventative measures to avoid mosquitos such as dumping standing bodies of water outside your home, sleeping in screened or netted areas, using bugspray. These methods have already been suggested and implemented in malaria and other mosquito-born disease campaigns, so the reminder is good. However, unlike malaria, Zika is unique in its transmission through sexual contact. This means the Zika campaign's emphasis on using barrier methods during sex between married *and* unmarried couples can have positive impacts on the knowledge, use, adherence, and availability of condoms in underdeveloped areas, as well as normalizing the conversation of reproductive health variables covered over this collection.