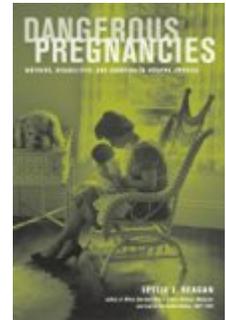


Leslie J. Reagan. *Dangerous Pregnancies: Mothers, Disabilities, and Abortion in Modern America.* Berkeley: University of California Press, 2010. xv + 372 pp. \$27.50, cloth, ISBN 978-0-520-25903-4.



Reviewed by Heather Munro Prescott

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Commissioned by Iain C. Hutchison (University of Glasgow)

This book continues the compelling story of the history of abortion in the United States that Reagan began in her award-winning book, *When Abortion Was a Crime* (1998). The title *Dangerous Pregnancies* refers not to pregnancies that were dangerous to the lives or health of mothers, but to the “dangers” to home, family, and society posed by the birth of “defective” babies. Focusing on the responses to the German measles epidemic in the United States during the early 1960s, Reagan shows how fears of disability helped lend legitimacy to the abortion rights movement.

Reagan goes beyond her earlier work by linking the history of reproductive rights to two other fields of scholarship: the history of epidemics and infectious disease; and the history of representations of people with disabilities. She shows that in marked contrast to earlier epidemics, the German measles outbreak did not single out nonwhite or other stigmatized groups as sources of infection. Nevertheless, race was at the center of media representations of the disease. Responses to the epidemic highlighted how the birth of a disabled

child wrecked havoc on the status of white, middle-class, heterosexual, nuclear families. The epidemic came closely after alarming reports about severe birth defects in infants born to women who had taken the sleeping pill thalidomide while pregnant. Although the U.S. Food and Drug Administration had not approved the drug, some American women were able to obtain the drug from overseas. The story of Sherri Finkbine’s efforts to obtain an abortion after she discovered she had taken thalidomide while pregnant with her fifth child, helped transform attitudes towards abortion in the United States. During the pronatalist 1940s and 1950s, media coverage emphasized the deviant nature of abortion and of the women who sought these procedures. Finkbine’s story, along with that of other white, middle-class mothers who had contracted German measles while pregnant, transformed the image of abortion “from a shameful, thoughtless, and sick action to an ethical and responsible one” that protected families from the “burden” of raising a severely disabled child (p. 104).

Despite these changing attitudes towards abortion, significant barriers remained even for those who sought to terminate “dangerous pregnancies.” Reagan contrasts the cases of Barbara Stewart and Sandra Gleitman, who with their husbands filed “wrongful birth” cases against the hospitals that refused to provide abortions after the women had been exposed to German measles while pregnant. Both cases showed that hospital abortion committees were fickle and arbitrary. For the Stewarts, an African American couple, race posed an additional hurdle. While they had private health insurance, racial discrimination denied them access to physicians who had connections to hospital abortion review committees. By demonstrating the central role that race played in these deliberations, Reagan answers Chris Bell’s suggestion that disability studies scholars need to pay more attention to the experiences of “people of color.”

Reagan is less successful in showing how the German measles epidemic contributed to the emerging disability rights movement. She describes the work of “rubella parents”—most of whom were white and middle class—who fought for and won the right to public education for children with physical, sensory, and intellectual impairments. These parents were successful largely because rubella and its effects were not confined to the poor or to “people of color,” and because their arguments focused on the core middle-class value of access to education. Reagan also periodically mentions persons with congenital rubella syndrome and other disabilities, including those who objected to the “humane” and “merciful” reforms that made it easier for women to abort fetuses with birth defects. Reagan claims that even the suits filed by the Stewarts and Gleitmans reflected an aspect of this rights movement, since their aim was to get resources for their children. Yet Reagan underestimates the countervailing power of terms like “therapeutic abortion” and “wrongful birth” to reinforce prevailing beliefs that disability is a fate worse than death. Rubella

immunization campaigns weakened the disability rights perspective even further. They used sentimental images of “pathetic” rubella children and played into popular notions of disability as a “tragedy” that could be prevented through universal vaccination against German measles.

Reagan shows how the rhetoric about “dangerous pregnancies” backfired during the 1980s and 1990s. Opponents of vaccination have seized on these same fears by alleging that vaccines cause autism, and that by refusing to vaccinate their children, they are saving themselves from the “heartbreak” of raising a disabled child. The discovery of fetal alcohol syndrome and other defects caused by environmental factors “erased” the history of women fighting for accurate information about potential threats to their babies and the right to abort “defective babies.” Public health campaigns by the March of Dimes and other organizations recast pregnant women themselves as risks to the unborn. Reagan rightly concludes that German measles acted as a “crucible for change” by prompting dialogue about reproductive rights, civil rights, and disability rights, but this change was incomplete. Abortion rights are increasingly under assault, and stigmatizing language about disability and misconceptions about persons with disabilities remain with us today.

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