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United States

Reproductive Rights Today

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IT'S CLEAR THAT women can make intelligent decisions for their lives when they are supported in their goals and encouraged to consider their full range of options. This begins with reproductive freedom, but needs to include access to education and health care, the right to a decent and meaningful job, the right to have a family and to raise children in a safe environment. It includes quality day care for parents who need it, as most do. No matter how many obstacles the radical right attempts to put in front of women, women have an objective need to circumvent them.

[<https://npa31.org/IMG/jpg/pro-choiceUS.jpg>]

In 2006 opponents of reproductive rights moved on several different fronts:

– In March the South Dakota legislature passed a law, subsequently signed by Governor Mike Rounds, banning abortions in the state. In defiance of the 1973 Roe v. Wade decision, the law included no provision to protect the health of a pregnant woman. It stated that life begins at conception and called for possible felony charges against anyone performing an abortion.

– Last summer the Jackson Women's Health Organization, Mississippi's lone remaining abortion clinic, faced two waves of anti-abortion protests.

– By a lopsided 65 to 34 vote, the Senate passed a bill to make it a federal crime for any adult to take a pregnant minor across state lines for an abortion without her parents' consent. The House of Representatives passed an even stricter version last year, so if the two houses can agree on a compromise bill, President Bush stated he would gladly sign it.

– On August 1, the Food and Drug Administration (FDA) announced its plans to make the morning-after pill known as Plan B available over the counter for women 18 and older. This is the first time the FDA ever proposed a separate age status for a non-prescription drug. Plan B, which contains concentrated amounts of the hormone progestin, is the most common form of emergency contraception.

Available in some European countries for more than 20 years, Plan B can prevent a pregnancy within 72 hours of intercourse, but is most effective within the first 24. As an over-the-counter drug with an age restriction, chances are that it will only be available where pharmacists are present.

– On November 8 the U.S. Supreme Court heard oral arguments in *Gonzales v. Carhart* and *Gonzales v. Planned Parenthood*. Both cases address the federal anti-abortion legislation signed into law by George W. Bush in 2003. The law outlaws a procedure used in abortions beyond the first trimester, where the woman's health is at serious risk or the fetus has been diagnosed with serious anomalies. Although all three federal district courts that have considered the law have ruled it unconstitutional, the Supreme Court agreed to consider it.

Fighting Back

In each case supporters of reproductive freedom have organized to oppose these actions.

– Immediately after passage of the South Dakota ban on abortion, 38,000 people signed a petition to place the issue on the November ballot. Voters then rejected the ban 55% to 45%. Planned Parenthood, which is the lone abortion

provider in the state, reached out to supporters of women's rights nationally, urging women to hold fundraisers, and, through their website and email put supporters in touch with each other. I attended a potluck fundraiser one sunny Sunday afternoon in the Detroit area. Ten of us raised over \$600; nationally thousands of dollars were raised and set.

– The Jackson clinic gathered a network of supporters to defend the right of women to seek abortions. The Mississippi Reproductive Freedom Coalition kicked off their reproductive freedom summer with a rally of 300. After finding a suspicious package, the police asked them to disperse, but they left with style - turning into a protest march around the nearby governor's mansion.

– Letters to the editor in hundreds of newspapers across the country have debated the issue of criminalizing adults who aid pregnant minors, with the vast majority pointing to the reality that most teenagers do tell at least their mothers. The handful of those who don't have good reason not to tell- they may have seen what their parents did to an older sister and want to shield themselves from abuse.

– A proposal for parental consent legislation was defeated in California by a 54% to 46% margin, despite heavy voter outreach by the Catholic Church. Cardinal Robert Mahony taped a sermon urging parishioners in the Los Angeles archdiocese to turn out a yes vote. Oregon voters also defeated a similar proposal while an incumbent attorney general, demanding access to patient records from abortion clinics, lost a re-election bid in Kansas.

– The federal law outlawing one abortion procedure is based on incorrect and unscientific findings, does not use medical terms and is so imprecise it could amount to a ban on 10% of all U.S. abortion procedures. It allows no exceptions, maintaining that the procedure is never medically necessary. Physicians, including the American College of Obstetricians and Gynecologists disagree. Women who have undergone such procedures also disagree, and have movingly testified in Congress and through the media about the situation which led to their needed D&X.

– Medical professionals and networks of reproductive rights supporters have opposed the FDA's age restriction on Plan B.

Sex Miseducation

Years ago the right wing decided the best way to attack sex education was to demand that such programs teach abstinence as the only effective birth control method. They insist that condoms lead to venereal disease while abortion raises one's risk of breast cancer and infertility.

Despite the lack of any evidence for such claims, several states have legislated these sex “education” programs. For many young women, especially in conservative states like Mississippi, there are few alternative sources for birth control information.

Although U.S. educational policy is decentralized, the priority set by federal funds has a big impact on local school boards. Although in 1999 fully 65% of all school districts mandated sex education programs that combined discussion of abstinence with safe sex practices, today one-third of all students receive abstinence-only programs.

What changed? In 1996, Congress passed Title V of the Social Security Act. This act mandated that order in to receive federal funds, sex education programs had to present abstinence as the only “effective” method against pregnancy or disease.

Combined with the Bush administration's encouraging faith-based organizations to take over sex education programs, studies reveal that the programs present “false, misleading or inaccurate information” about condoms, or

contain claims such as “sex outside of marriage increases risk of mental illness, depression and suicide.”

In 2006 Washington earmarked \$206 million to promote abstinence-only education. Not only are these programs out of step with the evidence about how to teach sex education, but they are out of step with reality. U.S. teenagers are more likely to become pregnant than their European peers, and more likely to be infected by HIV and gonorrhea. The rates of pregnancy and sexually transmitted diseases are particular threats for African American, Latina and poor women, all of whom have less access to health care.

Restrictions on Abortion

Since the 1973 *Roe v. Wade* decision legalizing abortion, the right wing has sought to prevent hospitals from performing the procedure, restricted clinics with a range of regulations and harassed medical personal both at the clinics and at their homes.

On the federal level, the government excludes abortion from medical coverage for women in the military, denies the procedure to most women receiving public assistance and, both at home and abroad, has defunded family planning programs that provide abortion services.

Given that abortions are not available in over 90% of all the counties throughout the United States (and never have been), women in rural areas are forced to travel several hours to a clinic. While 35% of women between 15-45 obtain an abortion at some point in their reproductive life, one third live in the counties where there are no clinics.

Lack of access means a woman is unable to obtain the abortion as early as she would like in her pregnancy cycle. It can even mean a more expensive second-semester abortion, raising the possibilities of medical complications.

In 1992 the Supreme Court placed significant restrictions on abortion rights. In *Planned Parenthood of Southeast Pennsylvania v. Casey* the court ruled that states had the right to pass laws that don't recreate an “undue burden.” Supporters of women's rights and their opponents both saw the case as a setback - the right wing was hoping for overturning legal abortion, while most supporters of women's reproductive freedom realized the battle over which restrictions would be considered “undue” had just begun.

Anti-abortion restrictions are not only imposed on U.S. women. For at least half of the period since the *Roe v. Wade* decision, Presidents Ronald Reagan, George H.W. Bush and George W. Bush have imposed a “global gag rule” on all U.S. government family planning assistance (1984-1993 and from 2001 until today). Foreign nongovernmental agencies receiving U.S. funds must not provide information about abortion to pregnant women, provide legal abortions or advocate in support of legal abortion.

While the policy is promoted as being anti-abortion, it prevents organizations receiving U.S. funding from providing contraceptive information to places where abortions are performed. Congress could override administration policy, but never has.

Within the last year approximately 500 anti-abortion bills were introduced in state legislatures and a couple dozen were signed into law. More have been introduced this year. All this harassing legislation has an impact on clinics; there are now approximately 10% fewer clinics than a decade ago.

Today 32 states and the District of Columbia prohibit the use of state funds except when federal funds are available; 46 allow individual health care providers to refuse to participate in an abortion, and 43 allow institutions to refuse to perform abortions. Twenty-two states require parental consent for a teenager seeking an abortion. Only two states

require the signature of both parents; most provide for an additional mechanism whereby the teenager can seek a bypass.

Eleven states require parental notification; seven others have passed legislation but it is permanently enjoined. (In 2000, 95,000 women 18 or younger had an abortion.)

Twenty-eight states mandate a woman must be given "counseling" before an abortion that includes: the supposed link between abortion and breast cancer (three states), the ability of a fetus to feel pain (four states), long-term mental health consequences for a woman (three states) or the availability of services and funding should the woman decide to carry the pregnancy to term (26 states).

Twenty-four states require a one-day waiting period. This is a particular problem for women traveling any distance - recent statistics indicate that 25% of the women obtaining abortions travel more than 50 miles; 8% travel more than 100 miles.

In 2003 Congress passed, and President Bush signed, a law that outlawed abortion providers from using one abortion procedure: dilation and evacuation. In most D&Es, the fetus is dismembered or comes apart while on the uterus. But one form occurs when the fetus is extracted intact from the womb. Because the head is too large to come out of the uterus, the physician then compresses it, killing the fetus.

Known as an intact D&E, or a D&X, many physicians see the procedure as less traumatic for the woman than dismantling the fetus within the uterus. At this stage the fetus is not viable, and in any case a deformed fetus, lacking most of its brain or spinal cord, couldn't survive.

By labeling this procedure as a "partial-birth abortion," anti-abortion activists make the point that such a procedure is a slippery slope to infanticide. They see banning D&X procedures, just like imposing parental consent laws, as hot-button issues that can win public support for ending abortions through extending more and more restrictions.

In South Dakota, immediately after voters turned back the anti-abortion law, State Representative Roger Hunt (R) stated that it was too early to predict the next steps abortion opponents might take. "We're going to take it one day at a time," and then announced that the state's health department was going to consider regulations on abortion clinics. (The state's only clinic is operated by Planned Parenthood in Sioux Falls.)

Leslee Unruh, campaign manager for the Vote Yes for Life on Six, felt that they had succeeded in altering the anti-abortion's rhetoric by emphasizing that "abortion hurts women." She felt that "They are never going to win, and we're never going to quit," stating that similar anti-abortion campaigns would take place in West Virginia and Texas.

Clinic Blockades

These institutional strategies accompany the right wing's in-your-face actions at clinics. Twenty years ago they were able to mobilize week-long protests of several thousand; supporters of women's rights organized counter pickets.

The radical right didn't just picket. They attempted to "save" women from abortions, stalked medical personnel, traced the license plates of any cars going to the clinic, and put out wanted posters.

In the end Congress was forced to enact legislation protecting the clinics, but not before the murders of three doctors performing abortions - Drs. John Britton (Florida), Barnett Slepian (Buffalo, NY) and David Gunn (Pensacola, FL), and Gunn's escort, James Barrett.

This summer both Operation Save America (descendent of Operation Rescue) and Oh Saratoga picketed the Jackson Women's Health Organization, which stayed open throughout. They attempted to disrupt services at two local churches, destroyed and burned pages of the Qu'ran as well as a gay pride flag at a local church.

The protesters, ranging from 25-100, brought their signature blown-up fetus photos. Operation Save America protesters also targeted the neighborhood of the clinic's gynecologist, Dr. Joseph Booker. They went door to door, telling his neighbors that Booker was "a baby killer." Throughout the protests Dr. Booker, a 62-year old African American, had a police escort. But like other abortion providers, he took it all in stride.

Restricting the Emergency Pill

The right wing has made emergency contraception, like abortion, a battleground. The right opposes it because it represents a "slippery slope." Some even claim it works the same way an abortion does and therefore is "taking a life."

In December 2003 the FDA's advisory panel voted 28-0 that Plan B was "safe for use in a nonprescription setting," voting 23 to 4 in favor of granting it over-the-counter status. But following the 2003 vote, Dr. W. David Hager, a Christian conservative and Bush appointee to the panel, stated his fear that if Plan B were freely available, it would increase sexual promiscuity among teenagers.

In May 2004 the FDA denied the drug manufacturer's application, citing some of Hager's reasoning. Two months later the manufacturer reapplied for permission to sell it to women ages 16 and up. When, in August 2005, the FDA announced it would delay making a decision, Dr. Susan F. Wood, director of the Office of Women's Health at the FDA, resigned in protest.

In response to this foot dragging, the Morning-After Pill Conspiracy, a grassroots coalition of feminist groups, has been engaged in civil disobedience. Over 4,000 women have signed a pledge to distribute the pills to those who need them, period.

Annie Tummino, lead plaintiff in a suit filed against the FDA stated, "If you're old enough to get pregnant, you're old enough to decide that you don't want to be pregnant."

Following the FDA's decision to allow Plan B to be sold without a prescription to women 18 and old, the National Organization for Women is launching an Emergency Contraception Campaign to make sure that the decision is fully implemented on the one hand and to push to eliminate the age requirement on the other. (See "Access: Reclaiming Our Options One Pharmacy at a Time," by Pat Reuss and Jan Erickson, National NOW Times, Fall 2006)

The Morning-After-Pill Conspiracy has also pledged to campaign for unrestricted access. They have organized speak outs and civil disobedience actions, including a protest on the steps of the FDA building in Rockville, Maryland.

The Radical Right Agenda

According to a 2006 study by the Guttmacher Institute, there are 6.4 million pregnancies a year in the United States, 3.1 million of which are unintended and 1.3 million that end in abortion.

In the seven years since the last such study, the overall unintended-pregnancy rate (about half of all pregnancies) has remained unchanged - but women below the poverty level were four times as likely to have an unplanned pregnancy and five times as likely to have an unplanned birth. The ultraright, however, has a one-size-fits-all solution: poor women who aren't married should be encouraged to get married!

While most of the right-wing's rhetoric against women's bodies revolves around restricting access to abortion and attacking lesbians and others regarded by the right as sexually deviant, their agenda is much larger. They seek to reestablish the "traditional family" as they imagine it so that "values" and "stability" will cover over the social and economic problems that confront Americans today. That ideology just isn't in synch with reality.

Just before Thanksgiving, President Bush appointed anti-birth control activist Dr. Eric Keroack to oversee the nation's family planning program. Keroack served as medical director to a number of "crisis pregnancy centers," facilities that give misleading information to pregnant women. The appointment of Dr. Keroack symbolizes the radical right's agenda for women.

Sources:

Guttmacher Institute (www.guttmacher.org), Morning-After-Pill Conspiracy (www.mapconspiracy.org), National Organization for Women (www.now.org), Planned Parenthood (www.plannedparenthood.org), "Reversing Courts: The Impact of 'Faith-Based' Sexual Health and Family Planning Policies At Home and Abroad," AnneMarie Murdock (www.contemporaryfamilies.org), SisterSong Women of Color Reproductive Health Care Collective (www.sistersong.net/reproductive_justice.html).

This article first appeared in [Against the Current](#).