

WOMEN'S MEDIA CENTER



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# MEDIA GUIDE

**to Covering  
Reproductive  
Issues**

# Media Guide to Covering Reproductive Issues

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*The Women's Media Center would like to thank the organizations that contributed substantially to the information within this guide: the Guttmacher Institute, the National Abortion Federation, the National Women's Law Center, and Health Care for America Now. We would also like to thank the many individuals who personally contributed. They include Anna Benyo, Gretchen Borchelt, Melissa Fowler, Mara Gandal-Powers, Kim Haddow, Sharon Levin, Elizabeth Nash, Vicki Saporta, and Judy Waxman.*

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## ABOUT THE WOMEN'S MEDIA CENTER

The Women's Media Center has the goal of making women visible and powerful in media. Media are the most powerful economic and cultural force in shaping attitudes and knowledge of facts and events. By deciding who gets to talk, what issues are reported, who writes, what is important and how it is framed, the media shapes our understanding of who we are and what we can be.

The Women's Media Center works to level the playing field for women and girls through our media monitoring, training, original content and activism. Currently, we are rarely using half of our talent in this country, and only hearing half the story. We live in a racially and ethnically diverse nation that is 51 percent female, but the news media remain limited.

Our Women's Media Center SheSource database of women experts is the go-to resource for journalists, bookers and producers seeking women experts to appear on TV and to quote in print and online media. When looking for an expert perspective or source on leading issues of the day, SheSource can connect journalists to leading experts from every field.

We also publish reports on the media, such as our annual Women's Media Center's *Status of Women in the U.S. Media* report, which includes the results of our own media monitoring and aggregate research carried out by other organizations that monitor women in the media.

We tell women's stories by creating content — publishing original Women's Media Center feature stories on our website, [www.womensmediacenter.com](http://www.womensmediacenter.com), and other channels including our radio show on CBS, *Women's Media Center Live with Robin Morgan* — and through special projects, such as Women's Media Center's Women Under Siege Project, which reports sexualized violence in conflict zones, to promote media parity for women's issues.

The Women's Media Center's *Media Guide to Covering Reproductive Issues* is a resource to use and share. If there are additional reproductive health or rights issues on which you need information, or additional sources and/or experts you need for your coverage, let us know.

Designed by Diahann Hill

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## Why you're likely to be reporting on reproductive freedom in 2013

America is observing the 40th anniversary of *Roe v. Wade*, the Supreme Court decision that recognized reproductive freedom — the right to decide whether and when to have a child — as a right included in the constitutional right to privacy.

While women have this right in principle and on paper, they may not be able to exercise it if they are poor, in the military or otherwise dependent on government health care, or if they are under 18 and live in one of the 38 states that require parental consent and/or permission from a judge. In addition, 87 percent of U.S. counties have no abortion services, so inability to travel also limits access.

Between 2010 and 2011, state legislators introduced 2,050 new reproductive health- and rights-related provisions, while 2012 ranked as the second highest for the number of reproductive health-restrictive bills. The Guttmacher Institute reports that there has always been a spike in state legislation following an election year. This is partially because there are four state legislatures that don't meet in even years and, according to Guttmacher, also possibly because legislators are less likely to oppose reproductive freedom when they are up for re-election.<sup>1</sup>

There is reason to believe that 2013 will again see an overwhelming number of states introducing or passing legislation that would restrict reproductive freedom.

The media have a very important role to play in keeping the public informed about crucial developments — both at the state and federal level — that would affect public health. Legislation or other official decrees that change how women can obtain or pay for health services deeply affect individuals and populations. Reporters and commentators have the power to tell this story, and thus the responsibility to make sure it is accurate.

The purpose of this media guide: To give reporters and media outlets factual, historic, legal, medical, polling and policy sources.

Covering reproductive issues can be difficult. Here's why:

- **Opinions versus facts:** Legislation affecting reproductive rights and health often reflects both medical science and, despite the separation of church and state, religious beliefs. Because the debate on these issues is often deeply felt — and may vary between and among religions, as well as between leaders of a religion and its members — reporters need to be precise. As has often been said, everyone is entitled to their own opinions, but not to their own facts. **Information in the guide is sourced, accurate and credible.**
- **Medical facts and nuance:** Since many of these issues involve medical science, the facts may be couched in language not readily understood by the public or by reporters. This guide provides medically accurate descriptions of some of the most common facets of reproductive issues.

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<sup>1</sup> Conversation with Elizabeth Nash, State Issues Manager for Guttmacher Institute, November 28, 2012.

- **False assertions and fact checking:** When a source asserts that women cannot be impregnated during a rape, or that women never die in childbirth — both of which were in the news last year — these are not statements of opinion; they are false assertions. Other false assertions include those that claim a proven link between abortion and breast cancer, or abortion and mental health issues. This guide provides factual sources.
- **False balance:** The tendency in journalism is to reduce controversial issues like reproductive rights to polarized opposites. Yet the choices humans make about sexual behavior, reproductive health, childbearing, and abortion are mostly done in shades of gray. Public opinion and the creation of public policy concerning reproductive health and rights are similarly complex and nuanced as a result. This guide provides the facts and information about the underlying arguments surrounding these complex issues.

Media coverage of reproductive issues is often broken down into a “culture war” bifurcation, and the factual impact of federal and state legislation on reproductive issues is treated as a distraction. But state and federal legislation on reproductive health has an impact on everyone by affecting everything from health care to the economy to the environment. Reproductive rights (whether supported or opposed) debates are about fundamental human and civil rights. Reproductive issues aren’t a “special interest;” they are broad-based issues that affect the whole population.

This **Women’s Media Center’s Media Guide to Covering Reproductive Issues** is one of a series of guides. The Women’s Media Center is a feminist organization that supports all people’s rights to make decisions affecting their own bodies, as does an extensive body of American law in support of personal liberty and freedom from government interference. And, as a media organization, we support accuracy and clarity in news coverage, especially on issues that have a disproportionate impact on the female half of the population.

## Words you need to know

There are many terms that reporters encounter in the course of their reporting on reproductive issues. Some are scientific or medical, and others are commonly known concepts that are used in particular ways within and about legislation involving abortion, birth control and sex education. This glossary covers some of the most common terms in both categories.

**Birth control:** The practice of preventing birth by various means, such as the use of contraceptives or sterilization surgery, or engaging in only sexual activity that would not result in fertilization.

**Clinic escort:** A volunteer who operates, typically with the permission of clinic staff, to help escort patients and others into a clinic when protesters are present outside the clinic entrance.

**Crisis pregnancy center (CPC):** Also called “pregnancy resource center” or “pregnancy help center.” Facilities that offer free ultrasounds or other pregnancy-related services with a goal of gaining access to “abortion-minded” women and persuading them to give birth. Most have no certified medical professionals on site, and therefore are not required to comply with Health Insurance Portability and Accountability (HIPAA) rules regarding protected health information. They have also come under heavy criticism for providing medically inaccurate information about abortion, with a 2006 Congressional study finding that 87% of surveyed CPCs provided such inaccurate information<sup>2</sup>. Many are located very near clinics that provide abortion care, or advertise in the phone book under headings such as “Abortion Services.” Several local and state legislatures—Baltimore<sup>3</sup>; Montgomery County, Maryland<sup>4</sup>; Austin<sup>5</sup>; New York<sup>6</sup>; and San Francisco<sup>7</sup>—have passed ordinances requiring CPCs post notices that they do not provide or refer for abortion or contraception, but to date, most ordinances have been struck down by the courts.

<sup>2</sup> U.S. House. Committee on Government Reform. *False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers*, July 2006. <http://democrats.oversight.house.gov/images/stories/documents/20060717101140-30092.pdf>, accessed January 18, 2013.

<sup>3</sup> Tom Schoenberg, “Christian Pregnancy Center Freed From Abortion Postings,” *BusinessWeek*, June 27, 2012, <http://www.businessweek.com/news/2012-06-27/christian-pregnancy-center-freed-from-abortion-postings>.

<sup>4</sup> Victor Zapana, “Montgomery Anti-Abortion Pregnancy Center Disclaimer Law Is Unconstitutional, Federal Court Rules,” *The Washington Post*, June 28, 2012, [http://www.washingtonpost.com/blogs/maryland-politics/post/montgomery-anti-abortion-pregnancy-center-disclaimer-law-is-unconstitutional-federal-court-rules/2012/06/28/gJQAcdq9V\\_blog.html](http://www.washingtonpost.com/blogs/maryland-politics/post/montgomery-anti-abortion-pregnancy-center-disclaimer-law-is-unconstitutional-federal-court-rules/2012/06/28/gJQAcdq9V_blog.html).

<sup>5</sup> Sarah Coppola, “City Repeals, Replaces Sign Ordinance for Pregnancy Centers,” *Austin American-Statesman*, January 26, 2012, <http://www.statesman.com/news/news/local/city-repeals-replaces-sign-ordinance-for-pregnancy/nRj22>.

<sup>6</sup> Elizabeth A. Harris, “City Council Favors Pregnancy Center Disclosures,” *The New York Times*, March 2, 2011, [http://www.nytimes.com/2011/03/03/nyregion/03pregnancy.html?\\_r=0](http://www.nytimes.com/2011/03/03/nyregion/03pregnancy.html?_r=0).

<sup>7</sup> Rachel Gordon, “S.F. Supes Target Antiabortion Pregnancy Centers,” *San Francisco Chronicle*, October 19, 2011, <http://www.sfgate.com/bayarea/article/S-F-supes-target-antiabortion-pregnancy-centers-2326595.php>.

**Sidewalk counselor:** A self-coined term for activists who wait on public property outside reproductive health clinics to persuade women entering for the presumed reason of having abortions not to do so. They are rarely licensed counselors. They typically engage in protest and demonstration activity simultaneous with their “counseling.”

**Targeted Regulation of Abortion Provider (TRAP) Laws:** Legislation that increases regulation on the operation of reproductive health clinics that provide abortion, with the intention to force clinics to close by imposing regulations too strict to satisfy or too costly to implement—despite, in most cases, a stated concern for women’s health and safety. Such regulations can set requirements such as the width of hallways or the size of janitor’s closets, impose hospital regulations on clinics rather than outpatient-surgery regulations, or create difficult credentialing requirements for doctors who wish to provide abortion care.

**Contraception/contraceptives:** The various methods that men and women can use to prevent pregnancy, including hormonal and surgical approaches. Some contraceptives also serve as prophylactics against disease. Both terms are often used interchangeably with the term “birth control.”

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## Types of contraceptives

**Oral contraceptives:** Colloquially called “the pill,” oral contraceptives come in dozens of brands. These can either be combinations of the hormones estrogen and progestin or a progestin-only pill (sometimes called the mini-pill). Either version must be prescribed by a doctor. With perfect use, the combined estrogen-progestin pill has a 0.3 percent failure rate.<sup>8</sup>

**Intrauterine device:** A small, T-shaped device made of flexible plastic that contains either copper or the hormone progestin that is inserted into the uterus. Often abbreviated as IUD, this method of contraception requires insertion by a physician.

**Copper IUD:** From the Mayo Clinic: “ParaGard is the only copper IUD available in the U.S. ParaGard prevents pregnancy for up to 10 years after insertion.”<sup>9</sup> ParaGard is “inserted into the uterus for long-term birth control (contraception). The T-shaped plastic frame is wrapped with copper wire coils that continuously release copper to bathe the lining of the uterus. ParaGard produces an inflammatory reaction in the uterus that is toxic to sperm. If fertilization occurs, ParaGard keeps the fertilized egg from implanting in the lining of the uterus.”<sup>10</sup> ParaGard has a perfect-use failure rate of 0.6 percent.<sup>11</sup>

**Hormonal IUD:** According to the Mayo Clinic, “Mirena is the only hormonal IUD that has Food and Drug Administration (FDA) approval. Mirena prevents pregnancy for up to five years after insertion.”<sup>12</sup> Mirena is “inserted into the uterus for long-

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<sup>8</sup> “Fact Sheet: Contraceptive Use in the United States,” Guttmacher Institute, [http://www.guttmacher.org/pubs/fb\\_contr\\_use.html](http://www.guttmacher.org/pubs/fb_contr_use.html), accessed December 15, 2012.

<sup>9</sup> Mayo Clinic staff, “ParaGard (Copper IUD),” Mayo Clinic, <http://www.mayoclinic.com/health/paragard/MY00997>, accessed December 15, 2012.

<sup>10</sup> *Ibid.*

<sup>11</sup> “Fact Sheet: Contraceptive Use in the United States,” Guttmacher Institute, [http://www.guttmacher.org/pubs/fb\\_contr\\_use.html](http://www.guttmacher.org/pubs/fb_contr_use.html), accessed December 15, 2012.

<sup>12</sup> Mayo Clinic staff, “Mirena (Hormonal IUD),” Mayo Clinic, <http://www.mayoclinic.com/health/mirena/MY00998>, accessed December 15, 2012.

term birth control (contraception). A T-shaped plastic frame that releases a type of progestin, Mirena thickens the cervical mucus to prevent sperm from reaching or fertilizing an egg. Mirena also thins the lining of the uterus and partially suppresses ovulation.” Mirena has a perfect-use failure rate of 0.2 percent.<sup>13</sup>

**Contraceptive implant:** From the Mayo Clinic: “Implanon is a birth control (contraceptive) implant for women. Implanon is a flexible plastic rod about the size of a matchstick that is placed under the skin of the upper arm. It releases a low, steady dose of a progestational hormone to thicken cervical mucus and thin the lining of the uterus (endometrium). Implanon typically suppresses ovulation as well.

A newer version of Implanon also is available. It’s called Nexplanon and it’s radio opaque. This means it can be seen on X-ray, which is useful for checking the location of the implant. Implanon and Nexplanon are the only contraceptive implants with Food and Drug Administration (FDA) approval available in the U.S.”<sup>14</sup> With perfect use, Implanon has a 0.05 percent failure rate.<sup>15</sup>

**Contraceptive patch:** From the Mayo Clinic: “Ortho Evra is the only contraceptive patch that’s approved by the Food and Drug Administration (FDA) in the U.S.”<sup>16</sup> The patch works similar to oral contraceptives by releasing the hormones estrogen and progestin, but through the skin. With perfect use, the patch has a 0.3 percent failure rate.<sup>17</sup>

**Depo-Provera:** Depo-Provera is a brand name for “a contraceptive injection for women that contains the hormone progestin.”<sup>18</sup> The hormone typically suppresses ovulation and also thickens cervical mucus to keep sperm from reaching the egg. To remain effective, the shot must be administered every three months.<sup>19</sup> With perfect use, Depo-Provera has a 0.2 percent failure rate.<sup>20</sup>

**Emergency contraception:** Sometimes referred to as “the morning-after pill,” emergency contraception is a medication used to prevent pregnancy after intercourse. It is most effective if taken up to five days after intercourse. There has been confusion over the different names used for “emergency contraception.” It is more accurate to refer to this type of medication as “emergency contraception” over the term “morning-after pill,” even though the term is sometimes used by reproductive rights advocates. Groups that oppose legal abortion have sometimes incorrectly referred to emergency contraception as the “abortion pill,” which accurately describes only

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<sup>13</sup> “Fact Sheet: Contraceptive Use in the United States,” Guttmacher Institute, [http://www.guttmacher.org/pubs/fb\\_contr\\_use.html](http://www.guttmacher.org/pubs/fb_contr_use.html), accessed December 15, 2012.

<sup>14</sup> Mayo Clinic Staff, “Implanon (contraceptive implant),” Mayo Clinic, <http://www.mayoclinic.com/health/implanon/MY01007>, accessed December 15, 2012.

<sup>15</sup> “Fact Sheet: Contraceptive Use in the United States,” Guttmacher Institute, [http://www.guttmacher.org/pubs/fb\\_contr\\_use.html](http://www.guttmacher.org/pubs/fb_contr_use.html), accessed December 15, 2012.

<sup>16</sup> Mayo Clinic Staff, “Ortho Evra (contraceptive patch),” Mayo Clinic, <http://www.mayoclinic.com/health/ortho-evra/MY01006>, accessed December 15, 2012.

<sup>17</sup> “Fact Sheet: Contraceptive Use in the United States,” Guttmacher Institute, [http://www.guttmacher.org/pubs/fb\\_contr\\_use.html](http://www.guttmacher.org/pubs/fb_contr_use.html), accessed December 15, 2012.

<sup>18</sup> Mayo Clinic Staff, “Depo-Provera (contraceptive injection),” Mayo Clinic, <http://www.mayoclinic.com/health/depo-provera/MY00995>, accessed December 15, 2012.

<sup>19</sup> Ibid.

<sup>20</sup> “Fact Sheet: Contraceptive Use in the United States,” Guttmacher Institute, [http://www.guttmacher.org/pubs/fb\\_contr\\_use.html](http://www.guttmacher.org/pubs/fb_contr_use.html), accessed December 15, 2012.

Mifeprex® (mifepristone), known in its early trials as RU-486, and which is dispensed by prescription only (and, in some states, taken only in the presence of a medical professional) for medical abortions. Taking emergency contraception will not end or harm an existing pregnancy. If a source refers to “abortion pills,” it is best to ask for clarification if they are referring to a medical abortion or, erroneously, to emergency contraception. See Chapter 8 for more information on inaccuracy of references to emergency contraception as an abortifacient.

According to the Emergency Contraception Website — which is “operated by the Office of Population Research at Princeton University and by the Association of Reproductive Health Professionals”<sup>21</sup> there are currently three types of emergency contraceptive pills available in the United States:

“The first type of emergency contraceptive pill contains a hormone called progestin. ... This pill is available for sale directly from the pharmacist without a prescription in the United States to women and men aged 17 or older (sold under the brand names Plan B One-Step, Next Choice One Dose, Next Choice and Levonorgestrel Tablets). Progestin-only pills can reduce [the] risk of getting pregnant by 88 percent. ...

The second type of emergency contraceptive pill contains ulipristal acetate, and is available by prescription only in the United States (sold as Ella) and Europe (sold as EllaOne). ... It can be taken up to five days after unprotected sex, and is believed to be more effective than levonorgestrel ECPs.

The third type of emergency contraceptive pill uses both the hormones progestin and estrogen. ... Many brands of the combined daily birth control pill can be used for emergency contraception in the United States. ... These pills cut your chances of getting pregnant by 75 percent ... and you are more likely to experience side effects like nausea and vomiting.”<sup>22</sup>

**Natural family planning:** A method of preventing pregnancy without use of contraceptives by refraining from insemination during the periods of the month when the woman is likely to be ovulating. People practicing natural family planning can use different methods to determine when a woman is ovulating. Such strategies have also been called the “rhythm” method or “fertility awareness” method.

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<sup>21</sup> “About Us,” The Emergency Contraception Website, <http://ec.princeton.edu/about-us.html>, accessed December 15, 2012.

<sup>22</sup> “Emergency Contraceptive Pills (‘Morning After Pills’),” The Emergency Contraception Website, last updated October 22, 2012, <http://ec.princeton.edu/info/ecp.html>, accessed December 15, 2012.

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## Types of abortions

**Medical abortion:** The term “medical abortion” is often used interchangeably with “medication abortion” to distinguish it from abortions that require a surgical procedure (see: “surgical abortion”).

### According to the Mayo Clinic

“Medical abortion is a procedure that uses various medications to end a pregnancy. A medical abortion is started either in a doctor’s office or at home with visits to your health care provider. Medical abortion doesn’t require anesthesia or surgery, but it can only be done early in pregnancy.

“Medical abortion can be conducted using the following medications:

- **Oral mifepristone and oral misoprostol.** This is the most common type of medical abortion, likely due to the ease of oral rather than vaginal dosing. These medications must be taken within seven weeks of the first day of your last period. Mifepristone (mif-uh-PRIS-tone) — also known as RU-486 — blocks the action of the hormone progesterone, causing the lining of the uterus to thin and preventing the embryo from staying implanted and growing. Misoprostol (my-so-PROS-tol) causes the uterus to contract and expel the embryo through the vagina.
- **Oral mifepristone and vaginal, buccal or sublingual misoprostol.** This type of medical abortion uses the same drugs as the previous method, but a slowly dissolving misoprostol tablet is placed in your vagina (vaginal route), or in your mouth between your teeth and cheek (buccal route) or under your tongue (sublingual route). The vaginal approach lessens side effects and may fail less often, but may increase your risk of infection. These medications must be taken within nine weeks of the first day of your last period.
- **Methotrexate injection and vaginal misoprostol.** This type of medical abortion must be done within seven weeks of the first day of your last period. Methotrexate (meth-o-TREK-sayt) is given as a shot by your health care provider, and the misoprostol is later used at home. You must visit your health care provider within a week of getting a methotrexate shot for an ultrasound to confirm if the abortion is complete. If the pregnancy continues, another dose of misoprostol will be given. It may take up to a month to complete the abortion.
- **Vaginal misoprostol alone.** This method may be used over a broader range of gestational ages, but requires scheduling multiple doses of the medication. Vaginal misoprostol alone can be effective in promoting the completion of a miscarriage — a spontaneous abortion in which the embryo has died. For uses other than this, vaginal misoprostol alone is less effective than other types of medical abortion.”<sup>23</sup>

(Note that some physicians may deviate slightly from the procedures described above for medical abortions, for example by offering mifepristone abortions for one more or fewer weeks of gestation than described above, in a practice known as “off-label” use. According to the Food and Drug Administration, “[b]ecause physicians exercise their judgment in prescribing what they feel is best for the patient, they may decide to use an “off-label” regimen, rather than the approved regimen.”)<sup>24</sup>

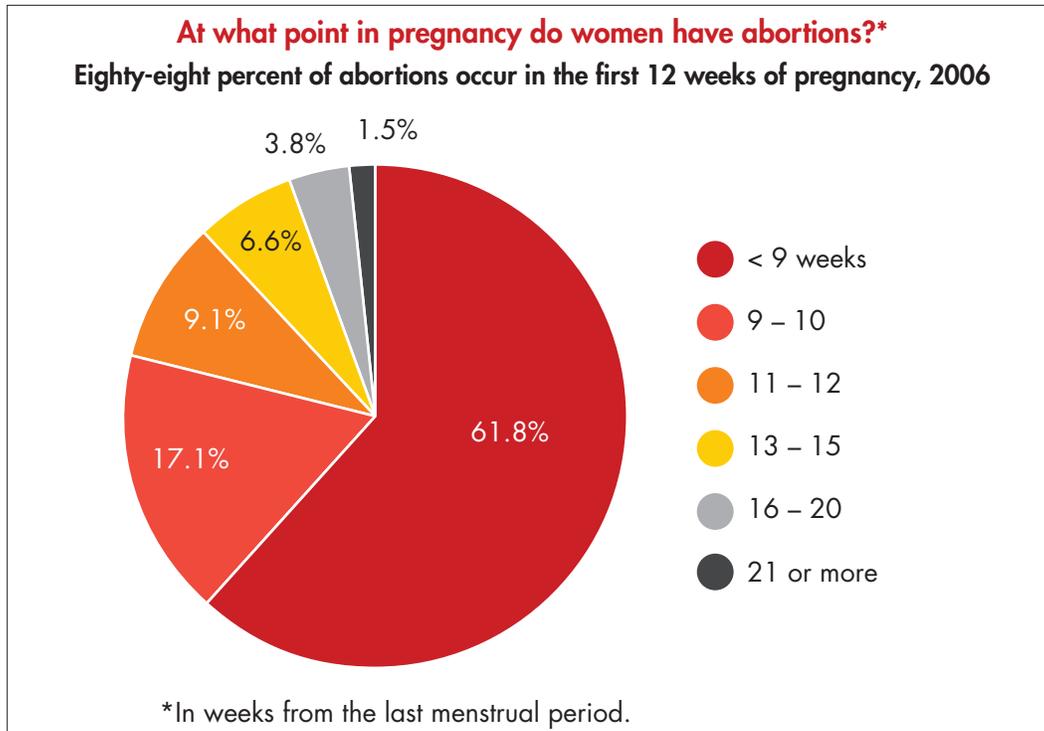
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<sup>23</sup> Mayo Clinic staff, “Medical Abortion,” Mayo Clinic, <http://www.mayoclinic.com/health/medical-abortion/MY00819/DSECTION=what-you-can-expect>, accessed December 15, 2012.

<sup>24</sup> Food and Drug Administration, “Mifepristone Questions and Answers, 4/17/2002,” Postmarket Drug Safety Information for Patients and Providers, April 17, 2002, <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111354.htm>, accessed January 19, 2013.

Medical abortion has gained increased prominence over the past several years. States have debated the use of telemedicine in providing this kind of procedure.

See Chapter 6, “State Legislation to Restrict Abortion and Access to Family Planning,” for more information on medical abortion and telemedicine, and on bills that limit this type of abortion method.



Source: Guttmacher Institute, Facts on induced abortion in the United States, In Brief, New York: Guttmacher Institute, 2011, [http://www.guttmacher.org/pubs/fb\\_induced\\_abortion.pdf](http://www.guttmacher.org/pubs/fb_induced_abortion.pdf), accessed December 15, 2012.

**Surgical abortion:** This is performed by a physician to remove the embryo or fetus and placenta. Surgical abortions are generally done when a pregnancy is six weeks or greater. Eighty-eight percent of abortions are performed in the first 12 weeks of pregnancy.<sup>25</sup>

**Partial-birth abortion:** This is not a medical term, but a phrase coined by abortion opponents, and it should not be used as it is highly biasing, by design. No medical procedure known as “partial-birth abortion” exists, and many of the state and federal bans on so-called “partial-birth abortions” are written in broad terms that encompass second trimester dilation and evacuation (D&E) procedures of any variant (as well as other abortion procedures). If it is necessary to use “partial birth” as part of the title of legislation, it should be preceded by “so-called.” (See Chapter 3 for a review of *Gonzales v. Carhart* (2007), the Supreme Court decision, which upheld the “Partial-Birth Abortion Ban of 2003.”) If used, reporters should make clear it is not a term adopted by medical professionals for an actual medical procedure but a politicized term with unclear meaning.

<sup>25</sup> “Facts on Induced Abortion in the United States,” Guttmacher Institute, August 2011, [http://www.guttmacher.org/pubs/fb\\_induced\\_abortion.html](http://www.guttmacher.org/pubs/fb_induced_abortion.html), accessed December 15, 2012.

**Telemedicine:** Telemedicine is the use of electronic communications to permit interactive communication between a patient in one location and a physician at another site. This method is considered particularly useful for people who live in more rural areas of the country and may not be able to easily access medical care. For women who live in communities that lack a full-time abortion provider, telemedicine has been used to consult with a physician in another location to obtain a medical abortion.

## Polling, language and public opinion on abortion and birth control

*This chapter examines current polling on abortion and the politics of language.*

There are three very legitimate conclusions that can be drawn about public opinion polling on abortion:

- Public opinion on the legalization of abortion actually hasn't changed much since *Roe v. Wade*.
- Pollsters can get different numbers about abortion by asking questions in different ways.
- People care a lot about why women have abortions — and some reasons are much more acceptable to the public than others.

As pollsters know, there are many ways to affect the findings of a poll. The sample size of respondents, the order in which questions are asked, how a question is worded and other factors can influence a poll's outcome. The variability of polling — and its influence on public policy — means that reporters need to be extra vigilant both when writing stories about polling and when quoting a source who cites a poll in support of her or his position.

The vagaries of language can also yield unintended consequences. For example, the public understanding of the terms “pro-choice” and “pro-life” may vary. That's why the question “Do you consider yourself ‘pro-choice/pro-life’?” is sometimes less than accurate without further probing to find out what those terms mean to the person being asked. Moreover, the labels can be even less clear when trying to identify an organization's or individual's stance on a wide variety of reproductive rights issues, from birth control to sex education.

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### Polling

In late May 2012, Gallup reported that America was now a “pro-life” nation with 50 percent of the people polled describing themselves as pro-life and a record low number of Americans — 41 percent — describing themselves as “pro-choice.”<sup>26</sup>

Despite the headline, it would be a mistake to conclude from this data that Americans have changed their beliefs about the legalization of abortion. The same poll also showed that 77 percent of Americans believed abortion should be legal under all (25 percent) or some (52 percent) circumstances. Only 21 percent of respondents aligned themselves with the view that abortion should be illegal in all circumstances.<sup>27</sup>

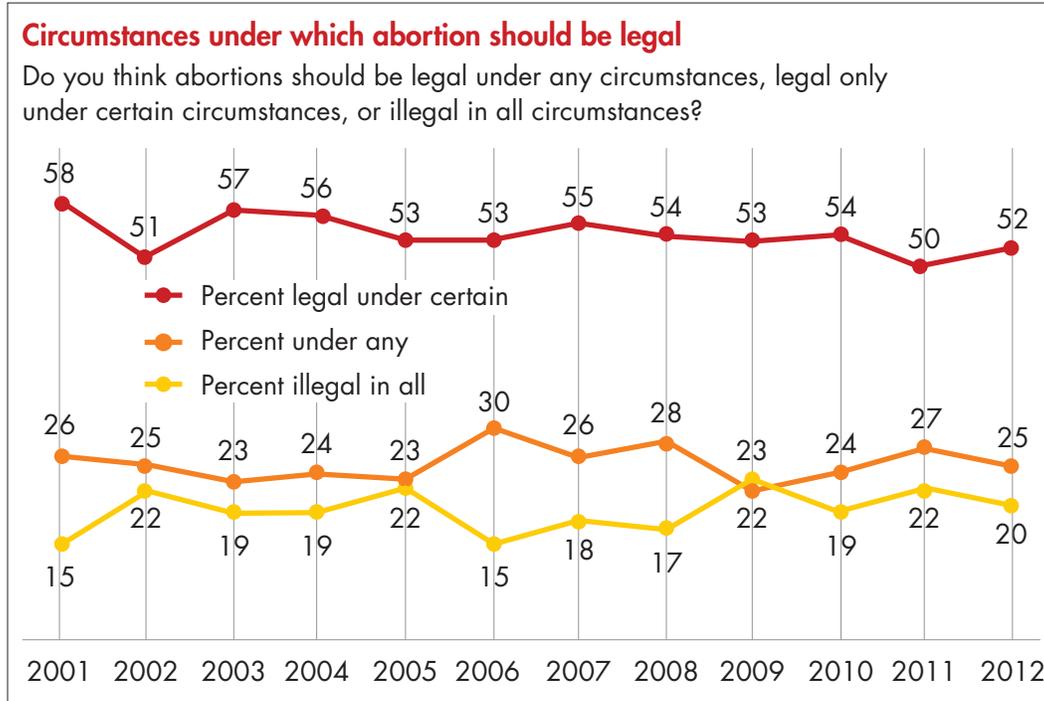
The findings of this poll are illustrative of how difficult it can be to design a research instrument that captures all the nuances and complexities of this issue: Are there people who label themselves “pro-life” in telephone polls but support legal abortion? How do respondents who believe abortion should be “legal under some circumstances” believe the law should be applied — after consulting with a doctor? Only in cases of rape or incest? Only before 24 weeks of gestation?

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<sup>26</sup> Lydia Saad, Gallup, “Pro-Choice Americans at Record-Low 41%,” May 23, 2012, <http://www.gallup.com/poll/154838/Pro-Choice-Americans-Record-Low.aspx>.

<sup>27</sup> Ibid.

## Opinion on abortion has held constant



Source: Gallup, "‘Pro-Choice’ Americans at Record-Low 41," May 23, 2012, <http://www.gallup.com/poll/154838/Pro-Choice-Americans-Record-Low.aspx>, accessed December 15, 2012.

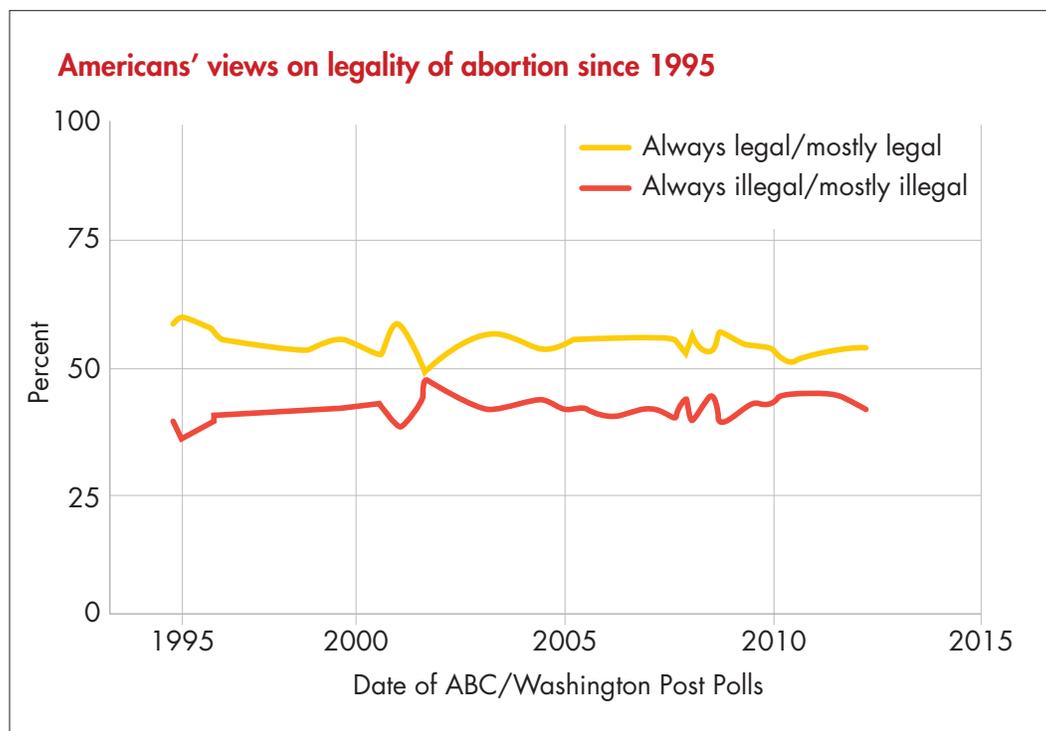
Americans have long been consistent in their support of *Roe v. Wade* and the legality of abortion. A February 2012 Quinnipiac poll which shows 64 percent of Americans agree with the high court’s decision in *Roe* also shows there have not been any dramatic changes in the level of support for the decision:<sup>28</sup>

### In general, do you agree or disagree with the 1973 *Roe v. Wade* Supreme Court decision that established a woman’s right to an abortion?

	% Agree	% Disagree	% Unsure
February 2012	64	31	5
March 2010	60	35	5
July 2009	63	33	5
August 2007	62	32	6
December 2005	63	32	5
July 2005	65	30	6
May 2005	63	33	5

<sup>28</sup> Quinnipiac University Poll. <http://www.pollingreport.com/abortion.htm>, accessed December 15, 2012.

Another way pollsters have framed the question is whether abortion should be legal. For example, ABC/Washington Post has run a poll since 1995 that has asked Americans whether they think abortion should be legal, mostly legal, mostly illegal or always illegal.<sup>29</sup>



Source: Harry J. Enten, "What the Polling on Abortion Actually Tells Us," *The Guardian*, May 25, 2012. <http://www.guardian.co.uk/commentisfree/cifamerica/2012/may/25/what-polling-abortion-actually-tells-us>

In March, ABC/Washington Post's poll found that 54 percent of Americans think abortion should be always or mostly legal; 43 percent believe it should be always or mostly illegal. This level of support has remained consistent for the past 17 years.<sup>30</sup>

Clearly, when the support for abortion question is framed as support for the *Roe v. Wade* decision or as whether or not it should be legal, there has been no shift in Americans' thinking.

Compare that to the wild swings in both Gallup<sup>31</sup> and Fox News/Opinion Dynamics<sup>32</sup> polls that ask whether Americans consider themselves "pro-life" or "pro-Choice."

<sup>29</sup> Harry J. Enten, "What the Polling on Abortion Actually Tells Us," *The Guardian*, May 25, 2012, <http://www.guardian.co.uk/commentisfree/cifamerica/2012/may/25/what-polling-abortion-actually-tells-us>.

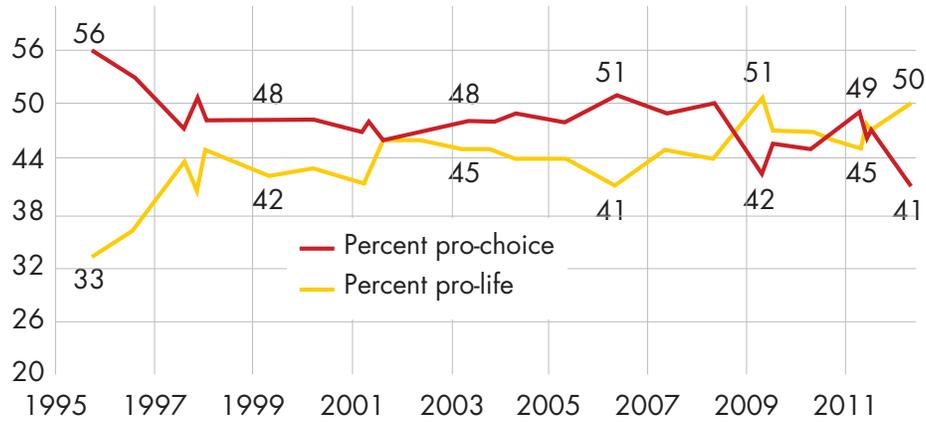
<sup>30</sup> *Ibid.*

<sup>31</sup> Lydia Saad, Gallup, "Pro-Choice" Americans at Record-Low 41%," May 23, 2012, <http://www.gallup.com/poll/154838/Pro-Choice-Americans-Record-Low.aspx>.

<sup>32</sup> Harry J. Enten, "What the Polling on Abortion Actually Tells Us," *The Guardian*, May 25, 2012, <http://www.guardian.co.uk/commentisfree/cifamerica/2012/may/25/what-polling-abortion-actually-tells-us>.

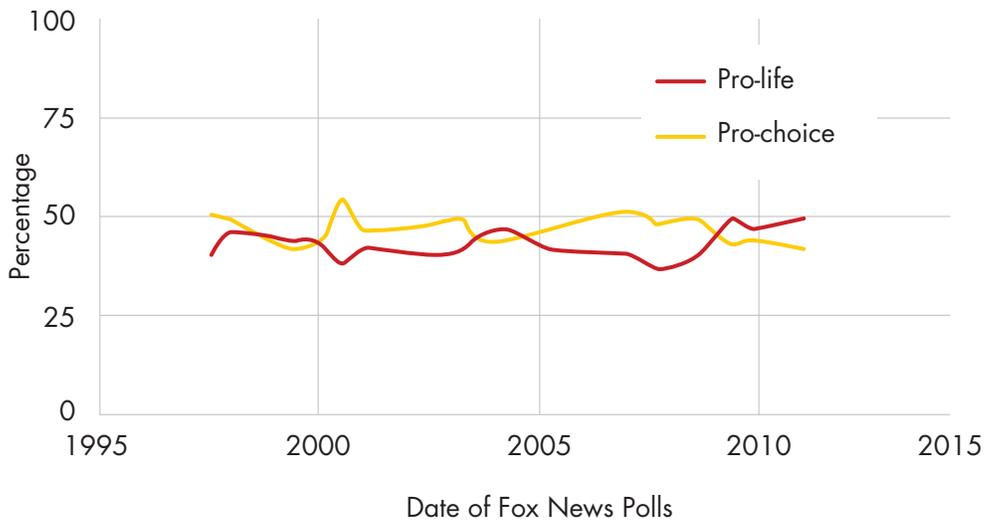
### U.S. adults' position on abortion

With respect to the abortion issue, would you consider yourself to be pro-choice or pro-life?



Gallup, "Pro-Choice' Americans at Record-Low 41," May 23, 2012, <http://www.gallup.com/poll/154838/Pro-Choice-Americans-Record-Low.aspx>, accessed December 15, 2012.

### Americans' pro-life vs. pro-choice position since 1997



Harry J. Enten, "What the Polling on Abortion Actually Tells Us," *The Guardian*, May 25, 2012. <http://www.guardian.co.uk/commentisfree/cifamerica/2012/may/25/what-polling-abortion-actually-tells-us>

### Why these questions lead to false poll readers

Using the labels "pro-life" and "pro-choice" can lead to false readings on where Americans actually stand on the topic of abortion. The labels do not capture the complexities and subtleties of people's attitudes. Chris Good, political reporter for ABC News, writes in *The Atlantic*:

"The abortion debate in America is about policy, not about those words — they do not encapsulate, for instance, whether a majority want abortion to be legal for pregnant women whose lives are threatened by the pregnancy in the third trimester.

Some people who call themselves 'pro-life' might say abortion should be legal in that case."<sup>33</sup>

A recent survey done by the Public Religion Research Institute brings the inability of the language to capture the complexity of American's attitudes into sharp focus.<sup>34</sup> The survey found that a large majority of black and Hispanic Americans identify as both "pro-life" and "pro-choice" when it comes to abortion. According to the poll, large majorities of African-Americans identify both as "pro-life" (71 percent) and "pro-choice" (75 percent), and so did Hispanic Americans with 77 percent identifying as "pro-life" and 72 percent calling themselves "pro-choice."

The survey also found that 52 percent of black Americans and 47 percent of Hispanic Americans embrace or reject both labels, compared with 37 percent of all Americans who embrace both labels or neither label.

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### **Identification with the labels 'pro-life' or 'pro-choice' shift with the political winds**

Even Gallup, in its analysis of its May 2012 poll, admitted:

"Abortion has been the focal point of some prominent news stories in the past year, including congressional efforts to eliminate federal funding for Planned Parenthood because of its abortion services, as well as to investigate Planned Parenthood's financial practices. There was also a widely reported controversy over the Susan G. Komen for the Cure cancer foundation's temporary decision to suspend grants to Planned Parenthood pending the outcome of that congressional investigation. And the ongoing conflict between the U.S. Roman Catholic Church and the Obama administration over mandated health insurance for contraception is partially related to abortion, in that the church contends that some forms of contraception can halt the development of a fertilized egg.

Whether any of these controversies is related to the shift in Americans' identification as pro-choice or pro-life is not clear. *However, it is notable that while Americans' labeling of their position has changed, their fundamental views on the issue have not [emphasis added].*"<sup>35</sup>

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<sup>33</sup> Chris Good, *The Atlantic*, May 15, 2009, "Are Americans Galluping Toward The Pro-Life Label?" <http://www.theatlantic.com/politics/archive/2009/05/are-americans-galluping-toward-the-pro-life-label/17619>.

<sup>34</sup> "Religion, Values, and Experiences: Black and Hispanic American Attitudes on Abortion and Reproductive Issues," Public Religion Research Institute, July 26, 2012, <http://publicreligion.org/research/2012/07/african-american-and-hispanic-reproductive-issues-survey>, accessed December 15, 2012.

<sup>35</sup> Lydia Saad, Gallup, "Pro-Choice" Americans at Record-Low 41%," May 23, 2012, <http://www.gallup.com/poll/154838/Pro-Choice-Americans-Record-Low.aspx>.

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## Beyond labels: The ‘why’ factor

Americans who do not neatly fit into pro-choice or pro-life categories do seem to care about *why* abortions occur, and this can change the polling numbers on the always/never legal scale.<sup>36</sup>

As polling expert Nate Silver notes:

“[Q]uestions about whether abortion should be legal in all/some/no circumstances may elicit different responses depending on exactly what those circumstances are perceived to be. The Republicans have, somewhat smartly, shifted the debate in recent years to so-called ‘partial-birth’ (late-term) abortions, which overwhelming majorities of Americans oppose. If Americans think of the ‘some’ category as being represented by partial birth abortions — as opposed to, say, abortions in the case of rape or incest — this may alter their responses to pollsters accordingly.”<sup>37</sup>

Conversely, some reasons for having an abortion can make the approval numbers go up. This set of data from the General Social Survey — one of the National Opinion Research Center (NORC) at the University of Chicago’s flagship surveys that has been conducted since 1972 — specify clearly the circumstances under which people favor or oppose the right to a legal abortion. The General Social Survey confronts respondents with a variety of circumstances and asks whether they support or oppose abortion under each circumstance:<sup>38</sup>

**Please tell me whether or not you think it should be possible for a pregnant woman to obtain a legal abortion:**

- If there is a strong chance of serious defect in the baby?
- If she is married and does not want any more children?
- If the woman’s own health is seriously endangered by the pregnancy?
- If the family has a very low income and cannot afford any more children?
- If she became pregnant as a result of rape?
- If she is not married and does not want to marry the man?
- If the woman wants it for any reason?

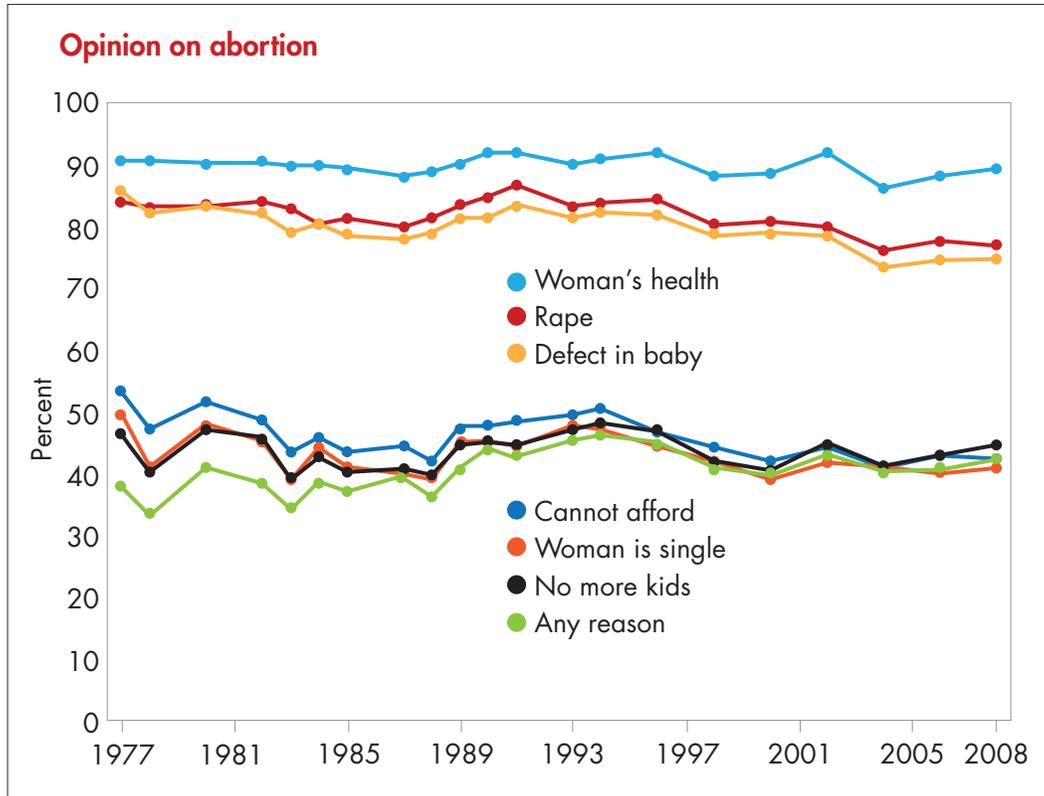
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<sup>36</sup> Quinnipiac University Poll. Feb. 14-20, 2012, <http://www.pollingreport.com/abortion.htm>, accessed December 15, 2012.

<sup>37</sup> Nate Silver, FiveThirtyEight.com, May 24, 2009, “CNN Poll: Record Support for Roe V. Wade?” <http://www.fivethirtyeight.com/2009/05/cnn-poll-record-support-for-roe-v-wade.html>.

<sup>38</sup> John Sides, “Has the Public Become More Opposed to Abortion?” The Monkey Cage, May 16, 2009, [http://themonkeycage.org/blog/2009/05/16/has\\_the\\_public\\_become\\_more\\_opp](http://themonkeycage.org/blog/2009/05/16/has_the_public_become_more_opp).

Here are the percentages from 1977-2008:



Source: John Sides, "Has the Public Become More Opposed to Abortion?" The Monkey Cage, May 16, 2009, [http://themonkeycage.org/blog/2009/05/16/has\\_the\\_public\\_become\\_more\\_opp](http://themonkeycage.org/blog/2009/05/16/has_the_public_become_more_opp).

Clearly, the conditional nature of opinion is evident. Motive, the "why" a woman has an abortion, can drive polling results — large majorities support the right to an abortion when it is the result of rape, when it endangers the woman's health (not just life) and when there is a strong chance of a serious fetal anomaly. Pluralities, *but not majorities*, support abortion under the other circumstances.<sup>39</sup>

### Pro-life, pro-choice, or something else: language and framing

*"A single word, slogan, or phrase can symbolize an entire movement and influence more people than thousands of background papers and appeals. Nowhere has this been truer than in the often-contentious debate about reproductive choice."<sup>40</sup>*

Activists and advocates on any issue have a broad array of terms to choose from in order to describe their own beliefs, the movements to which they belong, and the beliefs and movements opposing theirs. In sorting the competing words and ideas that seek to describe or to influence the movements for and against access too le-

<sup>39</sup> Ibid.

<sup>40</sup> The Religious Coalition for Reproductive Choice, Words of Choice: Countering Anti-Choice Rhetoric," [www.rccr.org/pdf/Words\\_of\\_Choice.pdf](http://www.rccr.org/pdf/Words_of_Choice.pdf), accessed December 15, 2012.

galized abortion and other reproductive healthcare in the United States, there are several distinct dimensions of language and framing that members of the media must be aware of when covering the issue.

The first critical dimension of activist language and framing is the question of whose interests are served by a given phrase. The terms “pro-life” and “pro-choice” were each first coined as terms of self-identification by activists, and so they have loaded connotations. Some media outlets recognize that use of these terms is imprecise, or, worse, conveys ideological bias, to varying degrees, even if unwittingly. Consider the varying degrees of spin and inflammatory connotation among the following sampling of some phrases used by activists involved in the abortion debate to describe both themselves and their opposition:

**Pro, describing themselves**

- “Pro-choice”
- “Pro-bodily-autonomy”

**Pro, described by anti**

- “Pro-abortion”
- “Anti-life”

**Anti, describing themselves**

- “Pro-life”
- “Right-to-life”

**Anti, described by pro**

- “Anti-choice”
- “Pro-forced-birth”

The Associated Press stylebook recommends news organizations use the following language: “Abortion: Use anti-abortion instead of pro-life and abortion rights instead of pro-abortion or pro-choice.”<sup>41</sup> Both *The New York Times* and *The Washington Post* advise staff to avoid the terms “pro-choice,” “pro-life,” and “right-to-life.” “The political and emotional heat surrounding abortion gives rise to a range of polemical language,” reads *The New York Times* stylebook. “For the sake of neutrality, avoid pro-life and pro-choice except in quotations from others.” The Times uses “abortion rights advocate” or “anti-abortion.”<sup>42</sup>

Recently, Planned Parenthood has completed a long-term research and messaging effort concluding that the labels “pro-choice” and “pro-life” don’t reflect the complexity of what most Americans actually think and feel about abortion. Their research shows that using these labels limits one’s audience, and prevents people from engaging in an authentic conversation. As a result, in 2012, the Planned Parenthood Action Fund in 2012 did not label candidates for office as pro- or anti-choice in their voter guides. While Planned Parenthood acknowledges that it can be challenging to do without these labels in concise writing, they recommend not using labels to categorize a person, and instead to describe his or her specific views.

There is a second aspect of activist language and framing that members of the media should take care to understand, and to reflect in their work. Entirely apart from the question of which are the most accurate or neutral terms that should be used from an array of more-or-less synonymous options, members of the media should be aware that there is not simply one movement which concerns itself with access to abortion, and there is not simply one movement which seeks to end abortion. There

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<sup>41</sup> Alicia C. Shepard, “In the Abortion Debate, Words Matter,” NPR Ombudsman, March 18, 2010, [http://www.npr.org/blogs/ombudsman/2010/03/in\\_the\\_abortion\\_debate\\_words\\_m\\_1.html](http://www.npr.org/blogs/ombudsman/2010/03/in_the_abortion_debate_words_m_1.html).

<sup>42</sup> Ibid.

are in both cases multiple movements, the goals and priorities of which may overlap to greater or lesser degrees, but there are some distinctions that mean that the names of these movements cannot be considered synonymous.

On the side that favors access to legal abortion, along with the self-described “pro-choice” movement, there are also activists who identify as members of the “reproductive justice” movement. This movement has its roots in marginalized or disadvantaged communities, particularly communities of color. Reproductive justices eschew “pro-choice” language, arguing that the “choices” available to marginalized persons are greatly constrained in comparison to those available to women of privilege, and that various systems of social inequity — from structural racism to parenting support to access to sex education to community environmental health — must be addressed in order to facilitate true “choice” for even the most vulnerable in our society.

Loretta Ross, co-founder and former National Coordinator of the reproductive justice organization SisterSong Women of Color Reproductive Health Collective, begins a summary of the defining principles of the reproductive justice movement this way:

“Reproductive Justice is the complete physical, mental, spiritual, political, social, and economic well-being of women and girls, based on the full achievement and protection of women’s human rights. This definition as outlined by Asian Communities for Reproductive Justice (ACRJ) offers a new perspective on reproductive issues advocacy, pointing out that for Indigenous women and women of color it is important to fight equally for (1) the right to have a child; (2) the right not to have a child; and (3) the right to parent the children we have, as well as to control our birthing options, such as midwifery. We also fight for the necessary enabling conditions to realize these rights. This is in contrast to the singular focus on abortion by the pro-choice movement that excludes other social justice movements.

“The Reproductive Justice framework analyzes how the ability of any woman to determine her own reproductive destiny is linked directly to the conditions in her community—and these conditions are not just a matter of individual choice and access. Reproductive Justice addresses the social reality of inequality, specifically, the inequality of opportunities that we have to control our reproductive destiny. Moving beyond a demand for privacy and respect for individual decision making to include the social supports necessary for our individual decisions to be optimally realized, this framework also includes obligations from our government for protecting women’s human rights...”<sup>43</sup>

If reproductive justice is a movement with a much broader array of core issues than the pro-abortion-rights movement, it has somewhat of an analogue on the anti-abortion side of the debate: the “consistent life ethic” movement, also known as the “seamless garment” movement. The consistent life ethic asserts that in order to be truly pro-life, one must also oppose capital punishment, euthanasia, some or even all war, and many forms of social injustice that perpetuate or normalize violence or healthcare disparities. Consistent-life.org, the online home for a coalition of consistent life ethic organizations, describes its mission and purpose this way:

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<sup>43</sup> “What Is Reproductive Justice?,” Pro-Choice Public Education Project, <http://www.protectchoice.org/section.php?id=28>, accessed January 19, 2013.

“We are committed to the protection of life, which is threatened in today’s world by war, abortion, poverty, racism, capital punishment and euthanasia. We believe that these issues are linked under a ‘consistent ethic of life’. We challenge those working on all or some of these issues to maintain a cooperative spirit of peace, reconciliation, and respect in protecting the unprotected.

“We serve the anti-violence community by connecting issues, building bridges, and strengthening the case against each kind of socially-approved killing by consistently opposing them all.”<sup>44</sup>

It may or may not be necessary for members of the media covering reproductive issues to master an intimate knowledge of the core issues of reproductive justice or of the consistent life ethic, but it is necessary that they recognize that some activist differences in language and framing represent little more than competing public relations campaigns for or against relatively synonymous concepts (“pro-life” vs “anti-choice,” for example), where other distinctions in activist self-identification denote very real distinctions in movement issues, priorities, and goals (“pro-life” vs “consistent life ethic”).

### Is anti-abortion an accurate label?

The most common language used by non-opinion media when reporting on abortion-related issues categorizes groups and advocates who oppose legal access to abortion as “anti-abortion.” Throughout this guide, when speaking solely about a group’s opposition to abortion, we have used the term. However, the media should be aware that the most active organizations who campaign for the overturn of *Roe v. Wade* (a list of such groups is provided in Chapter 9) have also stated or demonstrated resistance to access to contraception, which is displayed in vocal opposition to a variety of public policies such as access to emergency contraception or efforts to ensure the health insurance providers cover the costs of contraception. Unlike abortion, while there is little national momentum to make contraception “illegal,” there are political advocates who work to separate birth control from regular health care services and make it less affordable and accessible.

When describing issues that relate only to abortion, it may be accurate to categorize opposition as “anti-abortion,” but the media should not solely use that framing when describing reproductive issues aside from abortion.

In fact, in some stories, such as issues involving emergency contraception (see Chapter 1 for more detail), it may be highly biased to categorize opposition as “anti-abortion.” **Reporters should inform the public if an advocate or organization, in addition to opposing legal abortion, also opposes access to contraception.** Reporters should consider asking if organizations/advocates have a stance on *personal* use of contraceptives. A sample description could read: “[Source] opposes nearly all legal access to abortion and any efforts to expand public use of contraception.”

<sup>44</sup> “Consistent Life Home Page,” Consistent Life, <http://www.consistentlife.org>, accessed January 19, 2013.

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## Polling on birth control

Nearly every woman in America of reproductive age who is sexually active has, at some point, used a form of birth control<sup>45</sup> and by wide margins Americans believe in the use of birth control. For example, in Gallup's May 2012 survey of values and beliefs 89 percent of adults believed use of birth control is a "morally acceptable" behavior as did 82 percent of Catholics.<sup>46</sup> Likewise a February 2012 Quinnipiac University Poll found that 82 percent of respondents thought it was "not wrong" to use artificial birth control.<sup>47</sup> In both belief and deed, Americans support the use of birth control.<sup>48</sup>

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An October 2012 poll released by The National Campaign to Prevent Teen and Unplanned Pregnancy showed results that demonstrated similar overwhelming support for the accessibility and availability of birth control.

- Seven in 10 Americans (70%) believe that health insurance companies should be required to cover the full cost of birth control, just as they do for other preventive services.
  - The most effective methods of birth control can be expensive, especially for those who are uninsured or underinsured. For women who cannot afford it, 81% of the public overall and majorities of Democrats (91%), Independents (80%), and Republicans (66%) believe the government should continue to help these individuals get access to birth control.
  - Most Americans (79%) agree that during tough economic times, we should be doing all we can to help reduce unplanned pregnancy by increasing women's access to birth control.
  - Eight in 10 Americans (79%) agree that policymakers who oppose abortion should be strong supporters of birth control.
  - 95% of the general public, including large majorities of Democrats (97%), Independents (96%), and Republicans (92%), agree that for those trying not to get pregnant, using birth control is taking personal responsibility.
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<sup>45</sup> "Fact Sheet: Contraceptive Use in the United States," Guttmacher Institute, [http://www.guttmacher.org/pubs/fb\\_contr\\_use.html](http://www.guttmacher.org/pubs/fb_contr_use.html), accessed December 15, 2012.

<sup>46</sup> Frank Newport, "Americans, Including Catholics, Say Birth Control Is Morally OK," Gallup Politics, May 22, 2012, <http://www.gallup.com/poll/154799/americans-including-catholics-say-birth-control-morally.aspx>.

<sup>47</sup> "Abortion and Birth Control," PollingReport.com, Quinnipiac University Poll. Feb. 14-20, 2012, <http://www.pollingreport.com/abortion.htm>, accessed December 15, 2012.

<sup>48</sup> The National Campaign to Prevent Teen and Unplanned Pregnancy, *The Public Opinion on Contraception and Unplanned Pregnancy*, October 22, 2012, <http://www.thenationalcampaign.org/publicopinion/Briefly-Public-Opinion-on-Contraception-and-Unplanned-Pregnancy.pdf>

Although contraception and family planning are sometimes portrayed as controversial, the fact is they are widely supported by the American public. Confusion is sown when activists deliberately and falsely equate use of contraceptives as “abortion-causing” (See Chapter 1 and 8 for more on Emergency Contraception and this inaccuracy). Polling data also indicates that majority of Americans are clearly able to separate birth control from abortion in their minds, and understand that the purpose of contraception is to prevent unintended pregnancy and therefore reduce abortion. However a small group that opposes even contraception persistently conflates the two, using the terms interchangeably at times. It is extremely important that media reports take care to accurately report when access to contraception — not abortion, or in addition to abortion — is being attacked, so as to avoid adding to the confusion.

## The Supreme Court

This chapter provides an overview of some of the most crucial Supreme Court decisions that are integral to reproductive rights.

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### The Supreme Court

January 22, 2013, is the 40th anniversary of **Roe v. Wade**. It has been the law of the land for four decades and is supported by the majority of Americans. Almost half a century ago, in **Griswold v. Connecticut** (1965), the Supreme Court ruled that the Constitution contains a right to privacy.<sup>49</sup> Building upon prior precedents, including the right to educate one’s children as one chooses,<sup>50</sup> the Court identified a “zone of privacy created by several fundamental constitutional guarantees.”<sup>51</sup> Recognizing the importance of privacy to marriage, the Court in *Griswold* invalidated the state’s attempt to prohibit married couples from using contraceptives. This right to contraception was extended to unmarried couples by the Supreme Court in **Eisenstadt v. Baird** (1972).<sup>52</sup>

In the 1973 landmark case **Roe v. Wade**, the Court applied this core constitutional principle of privacy to women’s ability to terminate a pregnancy.<sup>53</sup> In *Roe*, the Court held that the constitutional right to privacy includes a woman’s right to decide whether to have an abortion. But the Court found that the right is not absolute, identifying government interests that can justify restrictions on the woman’s right.<sup>54</sup> However, the Court made clear that as a basic right to privacy in the Due Process Clause of the Fourteenth Amendment, the woman’s right is “fundamental,” meaning that government attempts to interfere with the right are subject to “strict scrutiny.” The Court also made clear that, when regulating abortion, there must be protections for a woman’s life and health. A case decided by the Court on the same day as *Roe*, **Doe v. Bolton** (1973), explained that “health” must be understood “in light of all factors — physical, emotional, psychological, familial, and the woman’s age — relevant to the well-being of the patient. All these factors may relate to health.”<sup>55</sup>

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<sup>49</sup> *Griswold v. Connecticut*, 381 U.S. 479 (1965).

<sup>50</sup> *Id.* at 513-14 (referencing *Pierce v. Society of Sisters*, 268 U.S. 510 (1925) and *Meyer v. Nebraska*, 262 U.S. 390 (1923)).

<sup>51</sup> *Id.* at 515.

<sup>52</sup> *Eisenstadt v. Baird*, 405 U.S. 438 (1972).

<sup>53</sup> 410 U.S. 113 (1973).

<sup>54</sup> Specifically, the Court identified protecting women’s health and protecting the potentiality of life as the two government interests that must be balanced against the woman’s interest.

<sup>55</sup> *Doe v. Bolton*, 410 U.S. 179, 192 (1973).

After *Roe*, the Court struck down most attempts to restrict the right to decide whether to have an abortion,<sup>56</sup> facilitating a woman’s ability to control her reproduction and therefore the course of her health — and, indeed, her life itself.

After sustained attacks on *Roe v. Wade*, in ***Planned Parenthood v. Casey*** (1992), the Court reaffirmed *Roe*’s essential holding and held that the Due Process Clause’s guarantee that no individual shall be deprived of “liberty” applies to this most personal decision.<sup>57</sup> Yet, the majority of the Court cut back on the strength of *Roe v. Wade*’s protection of the right to abortion by replacing “strict scrutiny” with a new, highly subjective “undue burden” test. The undue burden test says restrictions on abortion do not violate the Due Process Clause as long as they do not place an undue burden, or substantial obstacle, in the path of a woman who seeks to terminate her pregnancy. In *Casey*, the only restriction struck down by the Court was a spousal notification requirement. This led to states passing more restrictions on abortion and lower courts upholding them, including mandatory delays, biased counseling requirements, and restrictions on young women’s access to abortion.

In 2000, the Supreme Court applied the “undue burden” test in ***Stenberg v. Carhart***.<sup>58</sup> In a sharply divided 5-4 decision, the Court struck down a Nebraska criminal law that banned a medically approved abortion procedure because the law’s definition of the procedure was so loose that it covered even the most commonly used procedure for abortions as early as the 12th week of pregnancy. In addition, the law had no exception that would allow these abortion procedures to be used when necessary for the protection of the health of the woman, as explicitly required under *Roe* and *Casey*.

Most recently, the Court in ***Gonzales v. Carhart*** (2007) considered a federal abortion ban similar to the Nebraska ban struck down in *Stenberg v. Carhart*. Yet this time, the Court in a 5-4 decision upheld the ban, which contains no exception for the health of a woman.<sup>59</sup> Protecting women’s health when regulating access to abortion had been a core principle of *Roe v. Wade*.

The difference between 2000 — when *Stenberg v. Carhart* was decided — and 2007 — when *Gonzales v. Carhart* was decided — was a change in Supreme Court justices. Chief Justice Roberts and Justice Alito joined the Court, replacing

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<sup>56</sup> See, e.g., *Planned Parenthood of Central Missouri v. Danforth*, 428 U.S. 52 (1976) (invalidating a husband consent requirement, requirement that physicians preserve the life and health of the fetus at every stage of pregnancy, and a prohibition on a particular method of abortion); *City of Akron v. Akron Center for Reproductive Health*, 462 U.S. 416 (1983) (invalidating a requirement that physicians give women anti-abortion information, a 24-hour mandatory delay requirement, a requirement that all abortions after the first trimester be performed in a hospital, a parental consent requirement, and a requirement related to the disposal of fetal remains).

<sup>57</sup> *Planned Parenthood of Southeastern Pennsylvania v. Casey*, 505 U.S. 833, 846 (1992) (“Constitutional protection of the woman’s decision to terminate her pregnancy derives from the Due Process Clause of the Fourteenth Amendment. . . . The controlling word in the cases before us is ‘liberty’”).

<sup>58</sup> *Stenberg v. Carhart*, 530 U.S. 914 (2000).

<sup>59</sup> *Gonzales v. Carhart*, 550 U.S. 124 (2007).

Chief Justice Rehnquist and, more significantly, Justice O'Connor, who had been in the majority in the 2000 case.

Every year, states introduce legislation to limit a woman's ability to secure a safe and legal abortion. In 2011, for example, states enacted a record number of abortion restrictions: 92 provisions in 24 states.<sup>60</sup> Many of these restrictions do not challenge the right to abortion itself, but restrict access to abortion by making it more difficult or expensive to obtain. These include requirements that women undergo medically unnecessary, physically invasive ultrasounds before obtaining an abortion; requirements that a woman wait a specified amount of time before receiving an abortion; and prohibitions on purchasing a comprehensive health insurance plan that includes coverage of abortion.

Abortion opponents have also sought to challenge *Roe v. Wade* directly. These efforts include so-called "personhood" initiatives that would establish legal rights for fertilized eggs, thus not only banning all abortions but also certain forms of contraception and fertility treatments. Abortion opponents have made it clear that their goal is to find a case that will result in the Supreme Court overturning *Roe v. Wade*. If *Roe* is overturned, it would leave abortion decisions to the states; groups on both sides of this issue agree that at least 30 states are already poised to then make abortion illegal within a year.<sup>61</sup>

A rollback of the constitutional right to abortion not only negatively affects women and their families, but also the ability to make other important life decisions. For instance, the ability to decide when and whether to bear children will often crucially impact whether a woman is educated or not, healthy or not, employed outside the home or not, how long she will live — and vice versa. The right to privacy/liberty protected by the Due Process Clause, as recognized by *Griswold*, *Roe*, and *Casey*, has been the basis for the continued recognition of rights in other areas. These include the right to live with members of one's extended family,<sup>62</sup> the right to have consensual adult sexual relations,<sup>63</sup> and the right to refuse medical treatment.<sup>64</sup> As the Court said in *Lawrence v. Texas* (2003), "[O]ur laws and tradition afford constitutional protection to personal decisions relating to marriage, procreation, contraception, family relationships, child rearing, and education."<sup>65</sup>

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<sup>60</sup> "States Enact Record Number of Abortion Restrictions in 2011," Guttmacher Institute, January 5, 2012, <http://www.guttmacher.org/media/inthenews/2012/01/05/endofyear.html>.

<sup>61</sup> See, e.g., Editorial, "If *Roe v. Wade* Goes," *New York Times*, October 15, 2012, [http://www.nytimes.com/2012/10/16/opinion/if-roe-v-wade-goes.html?\\_r=0](http://www.nytimes.com/2012/10/16/opinion/if-roe-v-wade-goes.html?_r=0); Center for Reproductive Rights, "What if *Roe* Fell?," September 2004, [http://www.crlp.org/pdf/bo\\_whatifroefell.pdf](http://www.crlp.org/pdf/bo_whatifroefell.pdf); Associated Press, "Many States Would Ban Abortion, Report Finds," October 5, 2004 (saying Tony Perkins, President of the Family Research Council, a leading abortion opponent, agrees with CRR's figure), <http://www.msnbc.msn.com/id/6184949>.

<sup>62</sup> *Moore v. City of East Cleveland*, 431 U.S. 494 (1977).

<sup>63</sup> *Lawrence v. Texas*, 539 U.S. 558 (2003).

<sup>64</sup> *Cruzan v. Director, Missouri Dep't of Health*, 497 U.S. 261 (1990).

<sup>65</sup> *Lawrence v. Texas*, 539 U.S. 558, 574 (2003) (citing *Planned Parenthood v. Casey*).

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## What happens when a restriction on abortion is challenged in court?

A challenge to a state or federal law restricting abortion is usually brought in federal court based on the right to abortion in the U.S. Constitution. A court would then consider whether the restriction is an undue burden, and therefore violates the Due Process Clause. For example, South Dakota passed a law in 2011 requiring patients to wait at least 72 hours between an initial consultation and an abortion. This provision was challenged for infringing upon a woman's right to abortion as protected by the Fourteenth Amendment of the U.S. Constitution. The federal district court judge said the mandatory delay created a substantial obstacle to obtaining an abortion. The judge recognized that because of the lack of providers in South Dakota, a 72-hour delay in reality would mean a wait between seven and 30 days. The judge held, "That constitutes a substantial obstacle for those women who have chosen to undergo an abortion near the end of the first trimester because there are no second trimester abortions available in South Dakota."<sup>66</sup> The judge also considered that all women would be forced to make two trips, which could be prohibitively expensive for some women and particularly burdensome on women with abusive partners. The judge ruled that the plaintiffs proved the likelihood of an undue burden, and prevented the provision from going into effect.

Challenges to abortion restrictions could also be brought under other federal constitutional provisions. For example, a challenge to a 2011 Texas law requiring women to undergo mandatory ultrasounds before obtaining an abortion and requiring providers to show and describe the ultrasound images to the woman focused on the First Amendment right against compelled speech.<sup>67</sup>

A challenge to an abortion restriction could also be brought under a state constitution in state court, especially if a state constitution contains language more protective of abortion than the U.S. Constitution. For example, in Minnesota, the right to an abortion is afforded more protection under the Minnesota Constitution than under the U.S. Constitution. A law providing women eligible for the state medical assistance programs with funding only for medically necessary childbirth, but not abortion, was held to infringe upon a woman's decision to have an abortion, and in violation of the state constitution.<sup>68</sup>

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<sup>66</sup> *Planned Parenthood Minnesota, North Dakota, South Dakota v. Daugaard*, 799 F.Supp.2d 1048 (D.S.D. 2011).

<sup>67</sup> The district court judge issued a preliminary injunction. *Tex. Med. Providers Performing Abortion Servs. v. Lakey*, 806 F.Supp.2d 942 (W.D. Tex. 2011). But the Fifth Circuit Court of Appeals disagreed, vacated the preliminary injunction, and sent the case back to the district court. *Tex. Med. Providers Performing Abortion Servs. v. Lakey*, 667 F.3d 570 (5th Cir. 2012). On remand, the district court judge acknowledged that he was bound to defer to the Fifth Circuit's decision, but expressed his disagreement and belief that the law is an unconstitutional "attempt by the Texas Legislature to discourage women from exercising their constitutional rights." *Tex. Med. Providers Performing Abortion Servs. v. Lakey*, No. A-11-CA-486-SS, 2012 WL 373132, at \*5 (W.D.Tex. Feb. 6, 2012).

<sup>68</sup> *Women of the State of Minnesota/Doe v. Gomez*, 542 N.W.2d 17 (Minn. 1995).

## The Hyde Amendment and federal health care coverage of abortion

*This chapter provides an overview of the current existing bans on federal coverage of abortion, most commonly through what's known as the Hyde Amendment.*

The Hyde Amendment is the ban of federal coverage of abortion imposed on the Medicaid program. The effect of the Hyde Amendment and the other bans is that many women, who are disproportionately poor women of color, simply cannot afford, and thus cannot receive, abortion services. Despite this fact, in 1980 the Supreme Court ruled that the Hyde Amendment was constitutional. In *Harris v. McRae*, the Court decided that although women have a constitutional right to decide to have an abortion, and thus the government cannot create any obstacles to the exercise of that right, the government did not have an obligation to remove any obstacles.<sup>69</sup> Thus, if a woman could not afford to pay for an abortion and therefore could not have one, the government had no obligation to pay for it as a means of helping her to exercise her constitutional rights.

The ban was first added by Representative Henry Hyde (R-IL) in 1976.<sup>70</sup> Current legislative provisions prohibit federal coverage of abortion. Generally, Hyde makes an exception for cases where the pregnancy is the result of rape or incest, or if a woman's life is in danger from a "physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself."<sup>71</sup> However, in practice, such exceptions are often quite difficult or impossible to attain, resulting in what one study called "barriers for women seeking abortion,"<sup>72</sup> even in circumstances that should qualify for exception funding.

Although this policy is commonly referred to as the "Hyde Amendment," it is actually achieved through a series of bans on the funding of the various federal departments and agencies that provide health care coverage or health care services. Since then, similar bans have been applied to health coverage programs for disabled women, federal employees, military women (who receive coverage from the Department of Defense), women in the Peace Corps, women in federal prisons, Native American women and any women receiving their health care via the federal government.<sup>73</sup>

The current language of the Hyde Amendment has been in place since 1997.<sup>74</sup> As a provision attached to annual appropriations bills, the ban must be re-enacted each year. The language of the Hyde Amendment has changed over the decades. In the past, for example, the Hyde Amendment has included an exception for "limited physical health."<sup>75</sup>

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<sup>69</sup> *Harris*, *supra* note 2, at 317-318.

<sup>70</sup> *Harris v. McRae*, 448 U.S. 297, 302 (1980).

<sup>71</sup> Consolidated Appropriations Act, 2012, P.L. 112-74, Division F § 506, 125 Stat. 1111 (2011).

<sup>72</sup> Amanda Dennis and Kelly Blanchard, "Abortion Providers' Experiences with Medicaid Abortion Coverage Policies: A Qualitative Multistate Study," *Health Services Research* 48, no. 1 (2013): 236-52, <http://www.ncbi.nlm.nih.gov/pubmed/22742741>, accessed January 17, 2013.

<sup>73</sup> See, e.g., Consolidated Appropriations Act, 2012, *supra* note 1, at Division C § 613, 125 Stat. 925 - 926 (Federal Employees); 25 U.S.C. § 1676 (WEST) (re: Indian Health Service), 10 U.S.C. § 1093 (WEST) (Military health insurance).

<sup>74</sup> Heather D. Boonstra, "The Heart of the Matter: Public Funding of Abortion for Poor Women in the United States," *Guttmacher Policy Review* 10, no. 1 (2007): 12-16, <http://www.guttmacher.org/pubs/gpr/10/1/gpr100112.pdf>, accessed December 15, 2012.

<sup>75</sup> *Ibid.*

There are also some notable differences between the current bans in effect today. The current ban applies to military women and military dependents and only recently has been changed — through the Shaheen Amendment — to allow military health insurance to cover the cost of abortion procedures only if the pregnancy was a result of rape or incest.<sup>76</sup> The version of the ban that applies to Peace Corps volunteers includes neither a rape or incest exception nor an exception for life endangerment.<sup>77</sup> Although efforts have been made to add these exceptions, thus far they have been unsuccessful.

The Patient Protection and Affordable Care Act is subject to the Hyde Amendment via a provision that says it is subject to the same ban on federal health care coverage of abortion services as the Medicaid program.<sup>78</sup> It also includes the “Nelson Provision” (named after its original sponsor, Senator Ben Nelson of Nebraska) that created new federal restrictions on private insurance coverage of abortion.<sup>79</sup> In addition, in March 2010, as the Affordable Care Act was being passed, the president signed an executive order further clarifying that stance; the order was “intended to ensure the new health care law will maintain a ban on the use of federal money to pay for abortions, except in cases of rape or incest, or if the life of a woman is in danger.”<sup>80</sup>

Despite the addition of the Nelson Provision, along with the existing Hyde Amendment and the 2010 executive order, some politicians and activists have continued to claim that the Affordable Care Act allows for federal funding for abortion. Based on inaccurate arguments, they have introduced legislation that would go much further than simply making the Hyde Amendment permanent law.

One of these efforts, 2011’s H.R. 3, the so-called “No Taxpayer Funding for Abortion Act,” would have raised taxes on potentially millions of small businesses and people if they simply kept their current insurance plans. It also would have increased taxes on women who had abortions, and would have limited or shut down the private market for insurance coverage that included abortion. A second effort, 2011’s H.R. 358, introduced by Congressman Joe Pitts, would have allowed hospitals to deny women emergency life-saving abortions. Although the House passed both bills, the Senate did not consider either H.R. 3 or H.R. 358 so they did not become law.<sup>81</sup>

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<sup>76</sup> Allison Yarrow, “Shaheen Amendment Expands Female Service Members Access To Abortion,” *Daily Beast*, January 3, 2012, <http://www.thedailybeast.com/articles/2013/01/03/shaheen-amendment-expands-female-service-members-access-to-abortion.html>.

<sup>77</sup> Consolidated Appropriations Act, 2012, *supra* note 1, at Division I, Title III, 125 Stat. 1181-1182.

<sup>78</sup> Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, § 1303 (2010) (to be codified at 42 U.S.C. 18023).

<sup>79</sup> *Ibid.*

<sup>80</sup> Patricia Zengerle, “Obama Signs Order on Abortion and Healthcare,” Reuters, March 24, 2010, <http://www.reuters.com/article/2010/03/24/us-usa-healthcare-obama-idUSTRE62N61Y20100324>.

<sup>81</sup> See *Library of Congress: Thomas*, Bill Summary & Status, 112th Congress (2011-2012), H.R.3, Major Congressional Actions, <http://thomas.loc.gov/cgi-bin/bdquery/D?d112:1:./temp/~bdc97O:@@RI/home/LegislativeData.phpl>; Bill Summary & Status, 112th Congress (2011 - 2012), H.R.358, Major Congressional Actions, <http://thomas.loc.gov/cgi-bin/bdquery/D?d112:1:./temp/~bd11On:@@RI/home/LegislativeData.phpl>.

## The Affordable Care Act and women's health

*This is a basic primer on the women's health care provisions in the Affordable Care Act, including contraceptive coverage, abortion coverage and the Medicaid expansion. The implementation of the health care law, the Affordable Care Act (ACA), will culminate with the major insurance market reforms that begin on January 1, 2014. The gradual and complex implementation process will make this a story that reporters will be covering for years to come.*

On March 23, 2010, President Barack Obama signed into law the Patient Protection and Affordable Care Act, known as the Affordable Care Act (ACA). The ACA protects women from discriminatory health insurance practices, makes health coverage more affordable and easier to obtain and improves access to many of the health services women need. The ACA achieves these goals by expanding opportunities for health coverage and reforming the health insurance market. Beginning in 2014, approximately 17 million women will be eligible for health coverage either by purchasing private coverage through newly created health insurance exchanges or through a potential expansion of Medicaid.<sup>82</sup>

After the ACA was signed into law, multiple lawsuits challenged the constitutionality of the individual responsibility provision (individual mandate), which requires individuals (unless exempt) to obtain health insurance or pay a penalty, with subsidies available for millions of low- and moderate-income people. On June 28, 2012, the Supreme Court in a 5-4 decision upheld the Affordable Care Act, including the requirement that most Americans have health insurance or pay a tax penalty. The Court held that the individual responsibility provision represented a valid exercise of Congress's constitutional authority to tax. The Court also upheld the expansion of the Medicaid program as constitutional, but ruled that the federal government could not penalize states' failure to expand Medicaid coverage by withholding states' existing Medicaid funding. Under the Court's ruling, states will choose whether or not to cover the expansion population. Shortly after the Court's ruling, the Center for Medicare & Medicaid Services clarified that states may choose to enter the expansion at any time and still receive the enhanced matching rate, in accordance with the years established in the ACA. States that choose to take up the expansion are also able to exit the program at any time. As a result of the law being upheld, implementation of the Affordable Care Act continues at both the federal and state level. Because of reforms established in the ACA, health insurance will also cover more services that women need, including preventive services, maternity care and mental health treatment.

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### The Medicaid expansion

The current Medicaid program provides health insurance coverage to more than 60 million low-income and disabled Americans through a partnership between states and the federal government. Nearly 1 in 5 Americans obtain health care coverage through Medicaid. Currently, states cover low-income parents, children, seniors,

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<sup>82</sup> Fact Sheet, National Women's Law Center, March 2012, [http://www.nwlc.org/sites/default/files/pdfs/women\\_and\\_the\\_aca\\_updated\\_fact\\_sheet\\_2012.pdf](http://www.nwlc.org/sites/default/files/pdfs/women_and_the_aca_updated_fact_sheet_2012.pdf), accessed December 15, 2012.

pregnant women and individuals with disabilities, however, eligibility levels vary by group and by state. Under the ACA's expansion of Medicaid, all adults with incomes up to 138 percent of the federal poverty level will be eligible for health coverage.

The Medicaid expansion is a crucial component of the ACA's expansion of insurance coverage. Starting in 2014, 17 million uninsured Americans, including 7 million women, will be newly eligible for Medicaid coverage.<sup>83</sup> Within the Medicaid expansion, the federal government will assume 100 percent of the cost of covering people made newly eligible for Medicaid for the first three years (2014-2016). After 2016, states receive at least a 90 percent matching rate, and the matching rate remains at this level permanently. Studies indicate that the federal government will bear nearly 93 percent of the cost of the Medicaid expansion over the first 10 years. Furthermore, data indicate that expanding Medicaid will reduce costs that states now bear, such as uncompensated care costs and other state-funded services for the uninsured.<sup>84</sup>

### **Women's health provisions in the Affordable Care Act**

The ACA has several key provisions that advance women's health. Some of these are:

- Assistance through Medicaid or tax credits to obtain health insurance.
- A prohibition on charging women higher premiums than men for the same insurance policies in the individual and small group market.
- A requirement that new individual and small group market health insurance plans cover a list of "essential health benefits," including ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services (including women's preventive health services); and pediatric services, including oral and vision care.<sup>85</sup>
- Requirements for private plans to cover — with no deductibles, co-pays or other out-of-pocket costs — a range of women's preventive health services. Those services include birth control (all FDA-approved contraceptive methods); mammograms; screenings for cervical cancer, colon cancer, gestational diabetes, osteoporosis, sexually transmitted infections and HIV; breastfeeding counseling, support and supplies; and screenings and counseling related to interpersonal violence.<sup>86</sup>

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<sup>83</sup> "Who Benefits from the ACA Medicaid Expansion?" The Kaiser Commission on Medicaid and the Uninsured, June 20, 2012, [http://www.kff.org/medicaid/quicktake\\_aca\\_medicaid.cfm](http://www.kff.org/medicaid/quicktake_aca_medicaid.cfm), accessed December 15, 2012.

<sup>84</sup> January Angeles, "How Health Reform's Medicaid Expansion Will Impact State Budgets Federal Government Will Pick Up Nearly All Costs, Even as Expansion Provides Coverage to Millions of Low-Income Uninsured Americans," Center on Budget and Policy Priorities, July 25, 2012, <http://www.cbpp.org/cms/index.cfm?fa=view&id=3801>.

<sup>85</sup> "Essential Health Benefits," Healthcare.gov, <http://www.healthcare.gov/glossary/e/essential.html>, accessed December 15, 2012.

<sup>86</sup> "Preventive Services Covered Under the Affordable Care Act," HealthCare.gov, September 27, 2012, <http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html>, accessed December 15, 2012.

- A prohibition on excluding coverage for preexisting medical conditions, such as breast cancer, Caesarean sections and sexual assault.<sup>87</sup>
- The law's non-discrimination provision prohibits sex discrimination in the state health insurance exchanges; any health care entity receiving federal funds, including an insurance company; or any health care program administered by the federal government.<sup>88</sup>
- A requirement that insurance plans allow young adults to remain on their parents' policy until age 26. According to the Department of Health and Human Services, from September 2010 through December 2011, "the percentage of adults aged 19-25 covered by a private health insurance plan increased significantly, with approximately 2.5 million more young adults with insurance coverage compared to the number of young adults who would have been insured without the law."<sup>89</sup>
- A requirement that insurance plans "contract with essential community providers (ECPs), including women's health centers, HIV/AIDS clinics, community health centers, and public hospitals that serve medically under-served and low-income populations."<sup>90</sup>
- A requirement for private plans to allow patients to access obstetric and gynecologic care without preauthorization or referral.
- The ACA "provides the first national standard for nursing moms at work; employers will now have to offer hourly employees (employees covered by overtime laws) a clean, safe space — not a bathroom — in which to pump" breast milk (or express breast milk).<sup>91</sup>
- Funding — \$75 million per year for five years — for the Personal Responsibility Education Program (PREP), "a state grant program to fund comprehensive approaches to sex education. ... [T]he ACA also includes money for abstinence-only until marriage education."<sup>92</sup>

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<sup>87</sup> Jessica Arons, Lucy Panza, and Lindsay Rosenthal, "Young Women and Reproductive Health Care," Center for American Progress, July 30, 2012, <http://www.americanprogress.org/issues/women/news/2012/07/30/11863/young-women-and-reproductive-health-care>, accessed December 15, 2012.

<sup>88</sup> "Turning to Fairness: Insurance Discrimination Against Women Today and the Affordable Care Act," National Women's Law Center, March 16, 2012, [http://www.nwlc.org/sites/default/files/pdfs/nwlc\\_2012\\_turningtofairness\\_report.pdf](http://www.nwlc.org/sites/default/files/pdfs/nwlc_2012_turningtofairness_report.pdf), accessed December 15, 2012.

<sup>89</sup> "News Release: New data: Affordable Care Act helps 2.5 million additional young adults get health insurance," U.S. Department of Health and Human Services, December 14, 2011, <http://www.hhs.gov/news/press/2011pres/12/20111214d.html>.

<sup>90</sup> Ibid.

<sup>91</sup> Ibid.

<sup>92</sup> "Why the ACA Matters for Women: Summary of Key Provisions," National Partnership for Women & Families, July 2012, <http://www.nationalpartnership.org/site/DocServer/SUMMARY.pdf?docID=10001>, accessed December 15, 2012.

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## Contraceptive coverage requirement in the Affordable Care Act

As a provision of the ACA, all new insurance plans must cover women's preventive services, including all Food and Drug Administration (FDA)-approved contraceptive methods, without co-payments or deductibles.<sup>93</sup> Health plans that existed before the health care law are considered "grandfathered" and do not have to follow the preventive services cost-sharing rules, but plans will change over time. Eventually, all plans will cover contraception without a co-pay.

The requirement to provide contraceptive coverage includes an exemption for health plans sponsored by churches and other houses of worship.<sup>94</sup> The Department of Health and Human Services provided a one-year safe harbor from enforcement for certain religiously affiliated employers who do not meet the exemption but object to contraceptive coverage.

Following objections to the range of employers who qualify for the exemption, the Department of Health and Human Services proposed an "accommodation" for non-exempted "religious organizations." The Department laid out its proposal for the accommodation in an Advanced Notice of Proposed Rulemaking (ANPRM) in 2012. The ANPRM proposed that health insurance issuers offer group health insurance coverage without contraceptive coverage to organizations eligible for the accommodation, while simultaneously providing contraceptive coverage with no cost sharing directly to the participants and beneficiaries in those plans.<sup>95</sup> This proposal would allow organizations eligible for the accommodation to avoid providing contraceptive coverage directly and also ensure that all women are guaranteed coverage. In February 2013, as this Guide went to print, the Department released a notice of proposed rulemaking (NPRM) which provides further detail on how the accommodation will function. Comments on the NPRM are due April 8, 2013. The Department has stated that it will resolve this issue before Aug. 1, 2013, when the temporary safe harbor ends.

In early 2012, Sen. Roy Blunt (R) of Missouri sponsored an amendment that would have given virtually limitless and unprecedented license to any employer or insurance plan, religious or not, to exclude any health service, no matter how essential, in the health services they cover.<sup>96</sup> The Blunt Amendment, which was rejected by the Senate, allowed employers and insurance companies to refuse coverage of any health care service required under the ACA based on undefined "religious beliefs

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<sup>93</sup> "Women's Preventive Services: Required Health Plan Coverage Guidelines," U.S. Department of Health and Human Services Health Resources and Services Administration, <http://www.hrsa.gov/womensguidelines>, accessed December 15, 2012.

<sup>94</sup> *Ibid.* The NPRM on the accommodation, released Feb. 1, 2013 proposes to amend the definition of "religious employer" by "eliminating the first three prongs of the definition and clarifying the application of the fourth" regarding nonprofit organizations described in Sections 6033(a)(1) and 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code.

<sup>95</sup> *Ibid.*

<sup>96</sup> "The Blunt Amendment Takes Away Access to Critical Health Insurance Coverage for Millions of Americans," National Women's Law Center, March 13, 2012, <http://www.nwlc.org/resource/blunt-amendment-takes-away-access-critical-health-insurance-coverage-millions-americans>.

or moral convictions.”<sup>97</sup> This would have included the ability to refuse to provide coverage of contraceptives. While the amendment was defeated in the Senate, some state legislatures have worked on their own bills to reject contraceptive laws on religious grounds. For example, in Missouri, Gov. Jay Nixon (D) vetoed a bill that would have exempted employers from the contraceptive coverage requirement if such coverage violated the employer’s religious beliefs. While the state House and Senate voted to override the governor’s veto, the Greater Kansas City Coalition of Labor Union Women has filed a lawsuit seeking an injunction “to block enforcement of the measure, arguing the state cannot trump federal law.”<sup>98</sup>

Since November 2011, over 40 lawsuits have been filed challenging the birth control requirement. While the growing number of lawsuits has gained publicity, the suits are ultimately without legal merit. As of December 7, 2012, there have been seven dismissals, three injunctions and six appeals.

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### **Abortion coverage under the Affordable Care Act**

Abortion care is treated differently from other health care services under the ACA. The ACA requires segregation of funds for abortion coverage due to a provision often referred to as the “Nelson Amendment,” so called for its author, Sen. Ben Nelson. This provision requires health plans operating in the state-based insurance exchanges that offer abortion coverage to collect separate payments: one for coverage of abortion care in cases other than when the pregnancy is a result of rape or incest or endangers the life of the woman, and another for all other health care services. The ACA also “requires that at least one plan within the exchange not cover abortion, but has no requirement that a plan within the exchange offer abortion coverage.”<sup>99</sup>

The ACA also provides that states may enact laws requiring or banning abortion coverage. Eight states have laws in effect restricting insurance coverage of abortion in all private insurance plans written in the state, including those that will be offered through the health insurance exchanges (Idaho, Kansas, Kentucky, Missouri, Nebraska, North Dakota, Oklahoma, Utah).<sup>100</sup> Twenty states restrict abortion coverage in plans that will be offered through the insurance exchanges (Alabama, Arizona, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Utah, Virginia, Wisconsin).<sup>101</sup>

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<sup>97</sup> Ibid.

<sup>98</sup> Susan Redden, “New Contraceptive Coverage Law Creates Controversy in Missouri,” *The Joplin Globe*, September 22, 2012, <http://www.joplinglobe.com/topstories/x1241960687/New-contraceptive-coverage-law-creates-controversy-in-Missouri>.

<sup>99</sup> “Fact Sheet: Why the Affordable Care Act Matters for Women: Restrictions on Abortion Coverage,” The National Partnership for Women & Families, March 2012, [http://www.nationalpartnership.org/site/DocServer/ABORTION\\_RESTRICTIONS.pdf?docID=10011](http://www.nationalpartnership.org/site/DocServer/ABORTION_RESTRICTIONS.pdf?docID=10011), accessed December 15, 2012.

<sup>100</sup> “State Policies in Brief: Restricting Insurance Coverage of Abortion,” Guttmacher Institute, December 1, 2012, [http://www.guttmacher.org/statecenter/spibs/spib\\_RICA.pdf](http://www.guttmacher.org/statecenter/spibs/spib_RICA.pdf), accessed December 15, 2012.

<sup>101</sup> Ibid.

## State legislation to restrict abortion and access to family planning

*This chapter is designed to help reporters identify types of legislative bills being debated in the states. Much of the proposed state legislation that covers reproductive health issues is derived from model bills created by large national anti-reproductive rights groups. While there are different nuances, much of the recent proposed or passed state legislation introduced in the last two years is very similar across states.*

Since the 1973 Supreme Court ruling in *Roe v. Wade*, states have enacted a maze of abortion laws that regulate and limit whether, when and under what circumstances a woman can obtain an abortion. In 1992, the Supreme Court, in *Planned Parenthood v. Casey*, upheld women’s constitutional right to abortion services but opened the door to limiting access to those services.

According to the Guttmacher Institute, both 2011 and 2012 were record-breaking years in terms of the number of bills introduced and enacted in the states that limit and control access to abortion services as well as family planning.<sup>102</sup>

### Behind the explosion

Behind much of the proposed and passed state regulation that would limit or control access to abortion are two anti-abortion groups: Americans United for Life (AUL) and National Right to Life Committee (NRLC). Both organizations write and promote model legislation for both the federal and state legislative bodies.

There has been a recent spike in media stories about organizations’ use of model legislation since the Center for Media and Democracy and *The Nation* published a long report on “the entire catalog of model bills curated by the conservative group American Legislative Exchange Counsel (ALEC).”<sup>103</sup> The increased media attention on the work of ALEC demonstrated the ubiquitous nature of model legislation across states and how similar bills would be proposed or passed in many states in a relevantly short amount of time. On its website, Americans United for Life mentions that its vice president of government affairs attended ALEC’s annual meeting in 2010.<sup>104</sup>

The anti-abortion organization Susan B. Anthony List (SBA List), which states on its website that it “will emphasize the election, education, promotion, and mobilization of pro-life women,”<sup>105</sup> also promotes model legislation.

<sup>102</sup> “State Legislative Trends at Midyear 2012,” Guttmacher Institute, July 10, 2012, <http://www.guttmacher.org/media/inthenews/2012/07/10/index.html>, accessed December 15, 2012.

<sup>103</sup> Ryan Sibley, “Virginia Ultrasound Law Is the Image of a Few Others,” *Sunlight Foundation Reporting Group*, March 7, 2012, <http://reporting.sunlightfoundation.com/2012/virginia-ultrasound-law-image-few-others>, accessed December 15, 2012.

<sup>104</sup> “Working with State Legislators to Advance Life,” *Americans United for Life*, August 17, 2010, <http://www.aul.org/2010/08/working-with-state-legislators-to-advance-life>, accessed December 15, 2012.

<sup>105</sup> “SBA List Mission: Advancing, Mobilizing, and Representing Pro-Life Women,” Susan B. Anthony List, <http://www.sba-list.org/about-sba-list/our-mission>, accessed December 15, 2012.

For example, the Susan B. Anthony List helped develop the model legislation that became the “Whole Woman’s Health Funding Priority Act of Arizona,” which strips “abortion providers of state family planning funds” and prioritizes family planning funds “away from abortion-centered businesses like Planned Parenthood to entities that provide comprehensive health care.”<sup>106</sup> The Act was signed into law in May 2012.

But the organization with the largest footprint, whose model legislation is the most widely and publicly seen, is Americans United for Life. The Americans United for Life website describes their mission: “[T]o defend human life through vigorous legislative, judicial, and educational efforts, on both the state and national level.”<sup>107</sup> Each year, the group puts out a package of legislative blueprints, *Defending Life*, which Americans United for Life says “combines our model legislation, expert analysis, and 50 state report cards into a single nonpartisan guide for legislators, policy makers, the media, and interested Americans.”<sup>108</sup>

The majority of state legislative bills that modify access to abortion fall under several types, which this chapter will examine in more detail:

- Abortion Bans Based on Fetal Pain
- Mandatory Ultrasounds
- Sex- and Race-Selective Abortion Bans
- Personhood
- Telemedicine (Medical Abortion Restrictions)
- Mandatory Counseling and Waiting Periods
- Refusal Clauses
- Removing Planned Parenthood from Eligibility for Family Planning Funds
- Insurance and Affordable Care Act
- Targeted Regulation of Abortion Providers (TRAP) Laws
- Abortion Reporting Requirements
- “Justifiable Homicide” redefinition

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## Abortion bans based on fetal pain

The Supreme Court’s *Roe* decision established a trimester system in which fetal viability, the ability to survive outside the womb, was the point at which states could impose greater restrictions. *Roe* did not state a specific week in pregnancy by which this might occur, but it did indicate that viability occurred after the end of the second trimester, which is generally regarded as around 24 weeks. In 1992, the *Planned Parenthood v. Casey* decision dropped the trimester system as the determiner of fetal viability.

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<sup>106</sup> “Arizona Defunds Planned Parenthood,” Susan B. Anthony List, <http://www.sba-list.org/newsroom/press-releases/arizona-defunds-planned-parenthood>, accessed December 15, 2012.

<sup>107</sup> “About AUL” Americans United for Life, <http://www.aul.org/about-aul>, accessed December 15, 2012.

<sup>108</sup> “Defending Life,” Americans United for Life, <http://www.aul.org/defending-life>, accessed December 15, 2012.

The medical community has no established definitive point of viability in the gestational stages of pregnancy; instead, viability is expressed in increasing ratios of survival for pre-term delivery. A paper published in *The Journal of Law, Medicine & Ethics* in 2011 noted "... in the U.S. pediatrics community, there is generally consensus that neonates born below 23 weeks by [last menstrual period] should not be resuscitated given their poor chance of survival without significant disability."<sup>109</sup>

Prior to 2010, states that imposed bans on later-stage abortions followed the Supreme Court's viability reasoning when they imposed bans at either the 24th or 26th week. But Americans United for Life and the National Right to Life Committee have created and promoted model state legislation that would ban abortions at the 20th gestational week on the theory that is the point at which a developing fetus feels pain. Americans United for Life's "Women's Health Defense Act" proposes to "[p]rohibit abortions at or after 20 weeks gestation, in part, because of the pain felt by an unborn child."<sup>110</sup>

Likewise, the National Right to Life Committee developed "The Pain-Capable Unborn Child Protection Act." According to the organization's press release, the act "has served as a model for laws enacted so far in Nebraska, Kansas, Idaho, Alabama, and Oklahoma. ... In states that have passed the law, the legislatures declared that there is substantial scientific evidence that the unborn child is capable of experiencing great pain during abortion procedures by 20 weeks after fertilization, and on the basis of those findings, applied general bans on abortion from that point on ... except for rare cases in which acute physical disorders endanger the mother."<sup>111</sup>

According to the Guttmacher Institute, seven states [Alabama, Idaho, Indiana, Kansas, Louisiana, Nebraska, Oklahoma] "ban abortion at 20 weeks on the grounds that the fetus can feel pain at that point in gestation."<sup>112</sup> Guttmacher also reports that "11 states [Alaska, Arkansas, Georgia, Indiana, Louisiana, Minnesota, Missouri, Oklahoma, South Dakota, Texas, Utah] include information on the ability of a fetus to feel pain" in either written material or verbal counseling provided to women seeking abortions.<sup>113</sup>

No established medical association has supported the assertion that a fetus begins to feel pain at a specific point in gestation. A 2005 study published in the *Journal of the American Medical Association* reviewed reports and studies on the topic

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<sup>109</sup> I. Glenn Cohen & Sadath Sayeed, "Fetal Pain, Abortion, Viability and the Constitution," *The Journal of Law, Medicine & Ethics* 39 (2011); *Harvard Public Law Working Paper* (2011).

<sup>110</sup> Americans United for Life, "Women's Health Defense Act," in *Defending Life 2012*, p. 236, <http://www.aul.org/wp-content/uploads/2012/04/model-womens-health-defense-act.pdf>, accessed December 15, 2012.

<sup>111</sup> "National Right to Life Announces Priorities For 2012: Defeat Barack Obama and Protect Pain-Capable Unborn Children in the States and the District of Columbia," National Right to Life, January 23, 2012, [http://www.nrlc.org/press\\_releases\\_new/Release012312.html](http://www.nrlc.org/press_releases_new/Release012312.html).

<sup>112</sup> "State Policies in Brief: State Policies on Later Abortions," *Guttmacher Institute*, p. 1, December 1, 2012, [http://www.guttmacher.org/statecenter/spibs/spib\\_PLTA.pdf](http://www.guttmacher.org/statecenter/spibs/spib_PLTA.pdf), accessed December 15, 2012.

<sup>113</sup> "State Policies in Brief: Counseling and Waiting Periods for Abortion," *Guttmacher Institute*, p. 1, December 1, 2012, [http://www.guttmacher.org/statecenter/spibs/spib\\_MWPA.pdf](http://www.guttmacher.org/statecenter/spibs/spib_MWPA.pdf), accessed December 15, 2012.

and concluded that fetuses are unable to feel pain until approximately the seventh month of pregnancy.<sup>114</sup> In 2010, the U.K.'s Royal College of Obstetricians and Gynaecologists asserted that the "[I]nterpretation of existing data suggests that cortical processing and therefore fetal perception of pain cannot occur before 24 weeks of gestation."<sup>115</sup>

The paper also noted, "[T]here is increasing evidence that the fetus never experiences a state of true wakefulness in utero and is kept, by the presence of its chemical environment, in a continuous sleep-like unconsciousness or sedation. ... This observation highlights the important differences between fetal and neonatal life and the difficulties of extrapolating from observations made in newborn preterm infants to the fetus."<sup>116</sup>

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### **Mandatory ultrasounds**

Bills that mandate ultrasounds prior to abortions can vary greatly from state to state. Some require that a woman be given the opportunity to view the image, while others require that the physician describe and show the image to the patient. Finer points of debate in such bills sometimes focus on whether patients are allowed to look away from the ultrasound image, or whether they can choose to decline to hear a description of the ultrasound. In 2012, the type of ultrasound equipment that was required to fulfill the mandate also came under scrutiny as it was revealed that a Virginia bill requiring ultrasounds for all women seeking abortions would include use of an internal probe, known as a transvaginal ultrasound. The internal ultrasound probes were known to be a more invasive procedure than the external ultrasound equipment that is often used later in the pregnancy.<sup>117</sup>

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<sup>114</sup> The Associated Press, Study: Fetus Feels No Pain Until Third Trimester,<sup>2</sup> MSNBC, August 24, 2005, <http://www.msnbc.msn.com/id/9053416/#.Tr64tYDHDeg>.

<sup>115</sup> *Fetal Awareness: Review of Research and Recommendations for Practice, Report of a Working Party* (London: Royal College of Obstetricians and Gynaecologists, 2010), 19, <http://www.rcog.org.uk/files/rcog-corp/RCOGFetalAwarenessWPR0610.pdf>.

<sup>116</sup> *Ibid.*, viii.

<sup>117</sup> Erik Eckholm, Kim Severson, "Virginia Senate Passes Ultrasound Bill as Other States Take Notice," *The New York Times*, February 28, 2012, <http://www.nytimes.com/2012/02/29/us/virginia-senate-passes-revised-ultrasound-bill.html?pagewanted=all&r=0>.

## States with ultrasound requirements

- 12 states (Georgia, Indiana, Kansas, Michigan, Missouri, Nebraska, North Carolina, Oklahoma, South Carolina, Utah, Virginia, Wisconsin) require verbal counseling or written materials to include information on accessing ultrasound services.
- 21 states regulate the provision of ultrasound by abortion providers.
- 2 states (Louisiana, Texas) mandate that an abortion provider perform an ultrasound on each woman seeking an abortion and requires the provider to show and describe the image.
- 6 states (Alabama, Arizona, Florida, Kansas, Mississippi, Virginia) mandate that an abortion provider perform an ultrasound on each woman seeking an abortion, and require the provider to offer the woman the opportunity to view the image.
- 9 states (Arkansas, Georgia, Idaho, Michigan, Nebraska, Ohio, South Carolina, Utah, West Virginia) require that a woman be provided with the opportunity to view an ultrasound image if her provider performs the procedure as part of the preparation for an abortion.
- 5 states (Indiana, Missouri, North Dakota, South Dakota, Texas) require that a woman be provided with the opportunity to view an ultrasound image.

(From "State Policies in Brief: Requirements for Ultrasound," Guttmacher Institute, December 1, 2012, [http://www.guttmacher.org/statecenter/spibs/spib\\_RFU.pdf](http://www.guttmacher.org/statecenter/spibs/spib_RFU.pdf).)

Organizations that oppose reproductive rights have written model legislation addressing ultrasound laws. Americans United for Life's bill, "The Woman's Ultrasound Right to Know Act," would mandate an ultrasound prior to abortion: "Except in the case of a medical emergency, at least twenty-four (24) hours before the performance of an abortion, the physician who is to perform the abortion on the pregnant woman [*the referring physician*] or a qualified person assisting the physician shall perform fetal ultrasound imaging and auscultation of fetal heart tone services on the patient undergoing the abortion."<sup>118</sup>

Mandatory ultrasound requirements can add significantly to the cost of obtaining an abortion. Some states that require women have an ultrasound provide lists of clinics where women may have ultrasounds performed for free. In Texas and Virginia, these state-provided lists include crisis pregnancy centers, which are facilities run by groups that oppose abortion and seek to dissuade pregnant women from getting abortions.<sup>119 120</sup>

<sup>118</sup> Americans United for Life, "Woman's Ultrasound Right to Know Act," in *Defending Life 2012*, p. 275 <http://www.aul.org/wp-content/uploads/2012/04/model-womens-ultrasound-right-to-know.pdf>, accessed December 15, 2012.

<sup>119</sup> Sofia Resnick, "Crisis Pregnancy Centers Push Anti-Abortion Agenda Nationally," *The Colorado Independent*, February 23, 2012, <http://coloradoindependent.com/113772/crisis-pregnancy-centers-push-anti-abortion-agenda-nationally>.

<sup>120</sup> "Virginia Providers of Ultrasound Services at No Cost to the Client," *Virginia Department of Health*, <http://www.vdh.virginia.gov/ofhs/documents/2012/No%20Cost%20Ultrasound%20Listing.pdf>, accessed December 15, 2012.

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## Sex- and race-selective abortion bans

As documented by the Guttmacher Institute, over the past four years, reproductive rights opponents have proposed legislation to ban sex-selective abortion in 13 states, as well as at the federal level.<sup>121</sup> In 2011, Arizona became the first state in the country to pass legislation that bans abortions performed because of the fetus's gender or race.<sup>122</sup>

Supporters of gender- and race-selective bans have argued that such legislation is necessary to guard against those specific forms of discrimination. Yet the U.S. sex ratio — 1.05 males for every female — is within “biologically normal parameters.”<sup>123</sup>

Reproductive rights advocates charge that sex- and race-selective bans are further evidence of outside interference into personal health matters. As the National Partnership for Women and Families stated on their fact sheet about a proposed federal ban, the Prenatal Nondiscrimination Act, “it harms women’s health by further restricting access to comprehensive reproductive health care, scrutinizes the health care decisions made by women of color, exacerbates health disparities and penalizes health care providers who offer abortion care.”<sup>124</sup>

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## Personhood measures

Over the past four years, voters in two states, Colorado and Mississippi, have been asked to vote on “personhood” amendments. Such initiatives are led by Personhood USA, which states on its website that it “serves the pro-life community by assisting local groups to initiate citizen, legislative, and political action focusing on the ultimate goal of the pro-life movement: personhood rights for all innocent humans,” and intends “to build the support of at least two thirds of the states in an effort to reaffirm personhood within the U.S. Constitution.”<sup>125</sup>

While the specific language may vary from state to state, these proposals generally seek to redefine the state’s definition of the word “person,” to give fertilized eggs the same constitutional status as the woman who carries them. Such a measure would almost certainly ban abortion but could also have other effects, such as outlawing some forms of contraception and adversely affecting stem cell research. It would be

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<sup>121</sup> “Sex-Selective Abortion Bans — A Disingenuous New Strategy to Limit Women’s Access to Abortion,” *Guttmacher Institute*, May 30, 2012, <http://www.guttmacher.org/media/nr/2012/05/30/index.html>.

<sup>122</sup> David Schwartz, “Arizona Enacts Ban on Abortions Based on Gender, Race,” *Reuters*, March 30, 2011, <http://www.reuters.com/article/2011/03/30/us-arizona-abortion-idUSTRE72TOTH20110330>.

<sup>123</sup> Joerg Dreweke, “Sex-Selective Abortion Bans — A Disingenuous New Strategy to Limit Women’s Access to Abortion,” *Guttmacher Institute*, May 30, 2012, <http://www.guttmacher.org/media/nr/2012/05/30/index.html>, accessed December 15, 2012.

<sup>124</sup> “Fact Sheet: Reading Between the Lines: How H.R. 3541, the Prenatal Nondiscrimination Act, Discriminates Against Women of Color,” *The National Partnership for Women & Families*, April 2012, 1, [http://www.nationalpartnership.org/site/DocServer/PRENDA\\_fact\\_sheet.pdf?docID=10181](http://www.nationalpartnership.org/site/DocServer/PRENDA_fact_sheet.pdf?docID=10181), accessed December 15, 2012.

<sup>125</sup> “About Us,” *Personhood USA*, <http://www.personhoodusa.com/about?source=button>, accessed December 15, 2012.

highly likely that infertility treatments would also be adversely affected.<sup>126</sup> Additionally, such legislation could make pregnant women criminally liable for miscarriages if a prosecuting attorney wished to build a case around the idea that a woman's actions harmed her fetus. Supporters of such initiatives argue that that is unlikely, but since no amendment has yet been passed — much less allowed to stand — it is unclear exactly what the effect of such a law would be, and to what extent it could affect the way in which birth control, as well as medical research and treatments, are currently conducted and dispensed.

To date, personhood measures have only been voted on in two states, Colorado and Mississippi. Colorado voters defeated such measures twice, in 2008 and 2010; a 2012 attempt to once again put the issue before voters failed to gain sufficient support.<sup>127</sup> Mississippi voters defeated a proposed personhood amendment in 2011.<sup>128</sup>

The American Congress of Obstetricians and Gynecologists opposes personhood measures, stating that they “erode women’s basic rights to privacy and bodily integrity; deny women access to the full spectrum of preventive health care including contraception; and undermine the doctor-patient relationship. ... These ‘personhood’ measures must be defeated in the best interest of women’s health.”<sup>129</sup>

A number of other states have had personhood bills discussed in their legislatures,<sup>130</sup> but to date, none have qualified for state-wide ballots.

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## Telemedicine and restrictions on medical abortions

Telemedicine is the use of electronic communications to permit interactive communication between a patient in one location and a physician at another site. This method is considered particularly useful for people who live in more rural areas of the country and may not be able to easily access medical care. For women who live in communities that lack a full-time abortion provider, telemedicine has been used to consult with a physician in another location, and obtain a medical abortion (also known as a medication abortion).

For a telemedicine abortion procedure, the woman must go to a local clinic. There, she receives an ultrasound and information about medication abortion, and consults

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<sup>126</sup> “ACOG Statement on ‘Personhood’ Measures,” *American College of Obstetricians and Gynecologists*, February 10, 2012, [http://www.acog.org/About\\_ACOG/News\\_Room/News\\_Releases/2012/Personhood\\_Measures](http://www.acog.org/About_ACOG/News_Room/News_Releases/2012/Personhood_Measures).

<sup>127</sup> Laura Bassett, “Colorado Personhood Measure Falls Short of Ballot,” *The Huffington Post*, August 30, 2012, [http://www.huffingtonpost.com/2012/08/29/colorado-personhood-signatures\\_n\\_1840445.html](http://www.huffingtonpost.com/2012/08/29/colorado-personhood-signatures_n_1840445.html).

<sup>128</sup> Aaron Blake, “Anti-abortion ‘Personhood’ Amendment Fails in Mississippi,” *The Washington Post*, November 8, 2011, [http://www.washingtonpost.com/blogs/the-fix/post/anti-abortion-personhood-amendment-fails-in-mississippi/2011/11/08/gIQA5Rpd3M\\_blog.html](http://www.washingtonpost.com/blogs/the-fix/post/anti-abortion-personhood-amendment-fails-in-mississippi/2011/11/08/gIQA5Rpd3M_blog.html).

<sup>129</sup> “ACOG Statement on ‘Personhood’ Measures,” *American College of Obstetricians and Gynecologists*, February 10, 2012, [http://www.acog.org/About\\_ACOG/News\\_Room/News\\_Releases/2012/Personhood\\_Measures](http://www.acog.org/About_ACOG/News_Room/News_Releases/2012/Personhood_Measures).

<sup>130</sup> Erik Eckholm, “Push for ‘Personhood’ Amendment Represents New Tack in Abortion Fight,” *The New York Times*, October 25, 2011, [http://www.nytimes.com/2011/10/26/us/politics/personhood-amendments-would-ban-nearly-all-abortions.html?pagewanted=all&\\_r=2&](http://www.nytimes.com/2011/10/26/us/politics/personhood-amendments-would-ban-nearly-all-abortions.html?pagewanted=all&_r=2&).

with a doctor via videoconference. The physician generally reviews the woman's medical history and answers any questions before signing off on the procedure and allowing her to receive the necessary prescription medications that will terminate the pregnancy. The woman may take the first dose of medication at the clinic, or she may take both that dose and the subsequent medications at her home. The vast majority of physicians and clinics require that the woman return to the clinic within a certain time period to have a physical examination in which it can be confirmed that the pregnancy was fully terminated.

While a study published in the journal *Obstetrics and Gynecology* concluded that “[p]rovision of medical abortion through telemedicine is effective and acceptability is high among women who choose this model,”<sup>131</sup> reproductive rights opponents have questioned the safety of using telemedicine for medical abortions.<sup>132</sup> Arizona, Kansas, Nebraska, Oklahoma, South Dakota, Tennessee and Wisconsin have laws stating that the physician providing the abortion must be physically present during the procedure, a requirement that effectively bans the use of telemedicine for medication abortions.<sup>133</sup>

A number of states have also restricted the use of the medication abortion procedure itself. Many states mandate that only a physician is allowed to provide a medication abortion; this restriction is counter to the recommendation of the World Health Organization, that health care professionals such as physician assistants can safely provide the procedure.<sup>134</sup>

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### **Mandatory counseling and waiting periods**

Mandatory counseling laws require that women receive specific materials about the abortion procedure. Waiting period laws require women to wait a certain amount of time between their first appointment at an abortion clinic, which is generally when a woman will receive counseling about the procedure (and, in states with mandatory counseling laws, when she will receive the materials), and her second appointment, when the abortion is performed. Waiting periods are generally 24 hours, but laws passed in 2011 and 2012 have lengthened the amount of time a woman must wait between appointments.

In 2012, Utah became the first state to require that a woman seeking an abortion wait three days (72 hours) between obtaining counseling and having the procedure; a similar measure was enacted in South Dakota in 2011, but is still under

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<sup>131</sup> Daniel Grossman, Kate Grindlay, Todd Buchacker, Kathleen Lane, & Kelly Blanchard, “Abstract: Effectiveness and Acceptability of Medical Abortion Provided Through Telemedicine,” *Obstetrics & Gynecology*, 118 (2011): n.p, [http://journals.lww.com/greenjournal/Abstract/2011/08000/Effectiveness\\_and\\_Acceptability\\_of\\_Medical.14.aspx](http://journals.lww.com/greenjournal/Abstract/2011/08000/Effectiveness_and_Acceptability_of_Medical.14.aspx).

<sup>132</sup> Amy Norton, “Abortion Pill via Telemedicine Seen Safe, Effective,” *Reuters*, July 26, 2011, <http://www.reuters.com/article/2011/07/26/us-abortion-pill-idUSTRE76P78E20110726>.

<sup>133</sup> “State Policies in Brief: Medication Abortion,” Guttmacher Institute, December 1, 2012, p. 2, [http://www.guttmacher.org/statecenter/spibs/spib\\_MA.pdf](http://www.guttmacher.org/statecenter/spibs/spib_MA.pdf), accessed December 15, 2012.

<sup>134</sup> *Ibid.*, p. 1.

legal challenge.<sup>135</sup> Twenty-six other states have a waiting period, which is generally 24 hours between appointments [Alabama, Arizona, Arkansas, Georgia, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Texas, Utah, Virginia, West Virginia, Wisconsin].<sup>136</sup>

Waiting periods can create additional burdens for women, especially those who live in counties that lack an abortion provider. According to the Guttmacher Institute, “[e]ighty-seven percent of all U.S. counties lacked an abortion provider in 2008; 35 percent of women live in those counties.”<sup>137</sup> Women who do not have the resources to take extra time off work or pay for child care may also encounter additional burdens.

According to the Guttmacher Institute, 35 states require that women receive some form of counseling prior to obtaining an abortion; “26 of these states detail the information a woman must be given,” and nine “have abortion-specific requirements generally following the established principles of informed consent.”<sup>138</sup> While the traditional reason for mandatory counseling is to ensure that a woman is making an informed decision and has had the opportunity to have any questions about the procedure answered, a number of states require that women be given information that may not be scientifically accurate. For example, “11 states include information on the ability of a fetus to feel pain,” “five of the six states that include information on breast cancer inaccurately assert a link between abortion and an increased risk of breast cancer,” and five of the states that provide information concerning the risks of abortion give women “written materials” that “inaccurately portray this risk.”<sup>139</sup>

Legal challenges have been brought against various statements that states have included in their mandatory counseling materials. In July 2012, a federal appeals court upheld a portion of a 2005 South Dakota law that required physicians to warn women seeking abortion care that they faced an increased risk of suicide if they had the procedure.<sup>140</sup> While the opinion of the court’s dissenting side noted that “[t]he most reliable evidence in the record shows that abortion does not have a causal relationship to the risk of suicide and that South Dakota’s mandated advisory is not truthful, but actually misleading,” the majority opinion held that, “[o]n its face,

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<sup>135</sup> Dan Harrie, “Utah to Have Nation’s First 72-Hour Abortion Waiting Period,” *The Salt Lake Tribune*, May 7, 2012, <http://www.sltrib.com/sltrib/news/54051305-78/abortion-department-effect-eliason.html.csp>.

<sup>136</sup> “State Policies in Brief: Counseling and Waiting Periods for Abortion,” Guttmacher Institute, December 1, 2012, [http://www.guttmacher.org/statecenter/spibs/spib\\_MWPA.pdf](http://www.guttmacher.org/statecenter/spibs/spib_MWPA.pdf), accessed December 15, 2012.

<sup>137</sup> “Facts on Induced Abortion in the United States,” Guttmacher Institute, August 2011, [http://www.guttmacher.org/pubs/fb\\_induced\\_abortion.html](http://www.guttmacher.org/pubs/fb_induced_abortion.html), accessed December 15, 2012.

<sup>138</sup> *Ibid.*

<sup>139</sup> *Ibid.*

<sup>140</sup> Kristi Eaton, “Appeals Court Upholds SD Abortion Advisory,” *Minnesota Public Radio*, July 24, 2012, <http://minnesota.publicradio.org/display/web/2012/07/24/news/south-dakota-abortion-suicide-advisory-ruling>.



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## Refusal clauses

Provisions in state and federal laws known as “refusal clauses” or “conscience clauses” allow health care professionals and institutions to refuse to provide health care services to which they have a religious or moral objection, including services related to reproductive health.<sup>144</sup> The laws also protect health care professionals and institutions from legal, financial or professional consequences from refusing care.<sup>145</sup>

According to the Guttmacher Institute, “46 states allow some health care providers to refuse to provide abortion services,” “six states explicitly permit pharmacists to refuse to dispense contraceptives” and “18 states allow some health care providers to refuse to provide sterilization services,” among other laws that allow individual providers and institutions to refuse to provide certain reproductive health services.<sup>146</sup>

Some states have sought to expand their existing refusal clauses. In 2012, Kansas enacted legislation that expanded its clause to both allow an individual to “refuse to perform, make referrals for or participate in abortion services or services the individual ‘reasonably believes’ would end a pregnancy” and permit health care facilities to prohibit “‘the performance, referral for or participation in’ abortion services or services that the facility ‘reasonably believes’ would end a pregnancy.”<sup>147</sup> And in Missouri, the House sought to expand the state’s existing laws by adopting a bill that “would permit health care providers, including social workers and health care facility employees, to refuse to participate in, or provide counseling or referral for abortion, contraception and other specific health care services if the objection is based on religious, moral or ethical beliefs.”<sup>148</sup> (Refusals would not be allowed if the patient’s life was in danger.) Missouri’s House also “adopted a bill that would allow health care providers and institutions to refuse to perform, assist or provide referrals for services related to abortion, abortion-inducing drugs and contraception.”<sup>149</sup>

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<sup>144</sup> Jody Feder, “The History and Effect of Abortion Conscience Clause Laws,” *Congressional Research Services Report for Congress* (2005), 1, <http://www.law.umaryland.edu/marshall/crsreports/crsdocuments/RS2142801142005.pdf>.

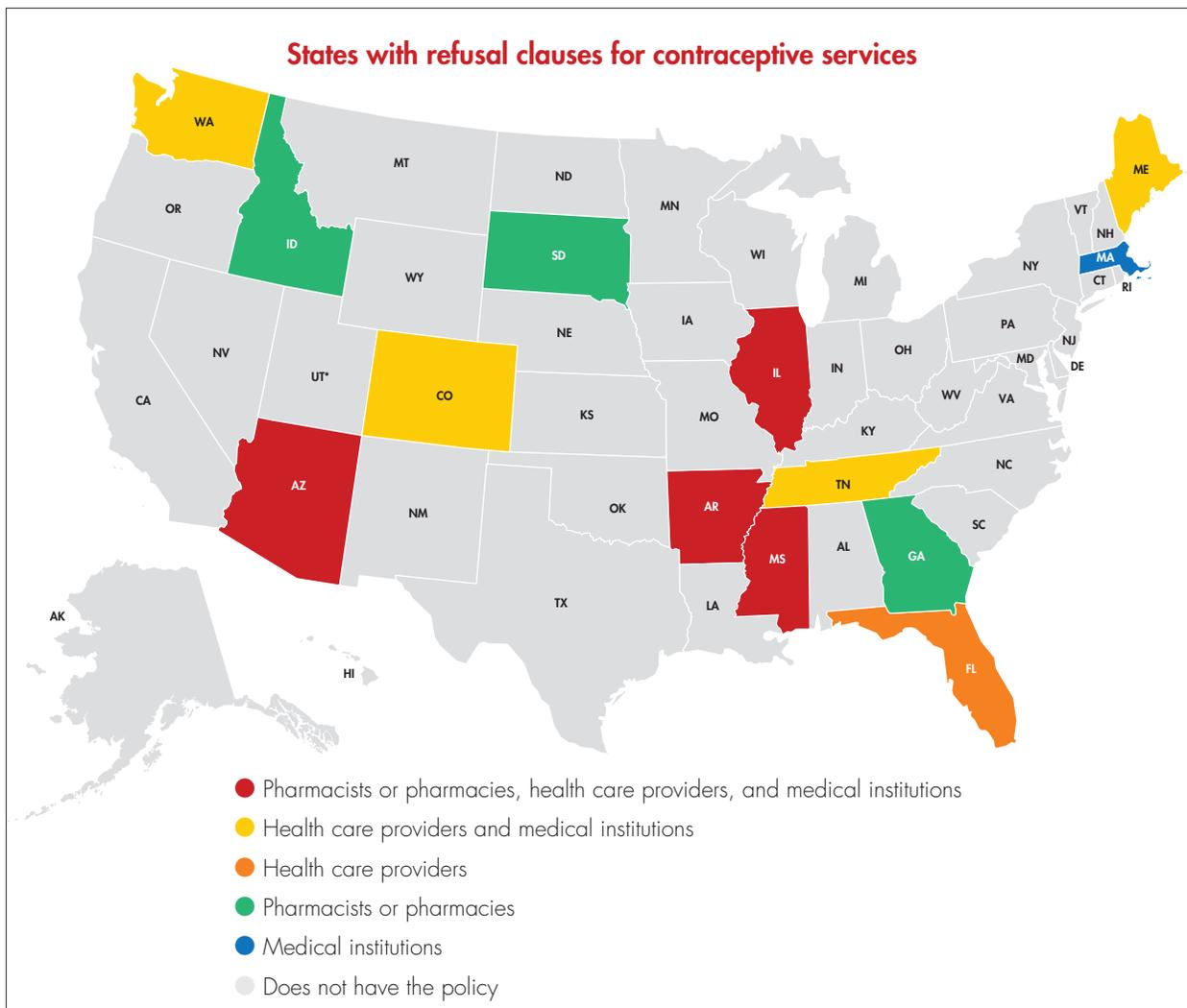
<sup>145</sup> “State Policies in Brief: Refusing to Provide Health Services,” Guttmacher Institute, December 1, 2012, [http://www.guttmacher.org/statecenter/spibs/spib\\_RPHS.pdf](http://www.guttmacher.org/statecenter/spibs/spib_RPHS.pdf), accessed December 15, 2012.

<sup>146</sup> *Ibid.*

<sup>147</sup> “Monthly State Update: Major Developments in 2012,” Guttmacher Institute, December 1, 2012, <http://www.guttmacher.org/statecenter/updates/index.html#abrefusal>, accessed December 15, 2012.

<sup>148</sup> *Ibid.*

<sup>149</sup> *Ibid.*



Source: Guttmacher Institute: *State Policies in Brief: Refusing to Provide Health Services*, January 1, 2013

## Removing Planned Parenthood from eligibility for family planning funds

Groups that oppose reproductive rights are also working to eliminate public funding for health care to organizations that also provide abortions, and prohibit public funding to groups that have any ties to organizations like Planned Parenthood.

Under existing laws, no federal funds can be used for abortion services except in cases of incest, rape or if the woman's life is in danger.<sup>150</sup> The money that Planned Parenthood receives from the federal government is directed toward providing preventative and basic health care services such as testing and treatment for sexually transmitted infections, gynecological exams, contraceptive methods, and breast cancer screenings. However, opponents of the organization have claimed that the money Planned Parenthood receives from the government allows it to direct other money toward abortion provision.

<sup>150</sup> Deirdre Walsh, "House Passes Bill on Abortion Funding," CNN, October 13, 2011, [http://articles.cnn.com/2011-10-13/politics/politics\\_health-bill-abortion\\_1\\_abortion-services-health-care-pitts-bill?\\_s=PM:POLITICS](http://articles.cnn.com/2011-10-13/politics/politics_health-bill-abortion_1_abortion-services-health-care-pitts-bill?_s=PM:POLITICS).

Several anti-choice organizations have focused in recent years on defunding Planned Parenthood. Americans United for Life included two pieces of model legislation that addressed this goal in the 2012 version of its research guide, *Defending Life*.<sup>151</sup> And on its website, the Susan B. Anthony List discusses the work that the organization and its “grassroots activists” have undertaken to defund Planned Parenthood, including legislation that the group has supported at both the state and federal level.<sup>152</sup>

According to the Guttmacher Institute, in 2011, “eight states moved to disqualify at least some family planning providers from receipt of state family planning funds.”<sup>153</sup> In 2012, 14 states introduced legislation that focused on “abortion-related restrictions on state and family planning funds,” but as of October 2012, only four states enacted such legislation: Arizona, Kansas, Michigan and North Carolina.<sup>154</sup> A provision in the Kansas bill, which “would limit allocation of Title X funds to state health agencies, private hospitals and federally qualified health centers,” has been blocked from enforcement by a District Court judge, who “found that there was a likelihood that the statute violates federal law by placing additional restrictions on the allocation of federal funds and discriminating against Planned Parenthood.”<sup>155</sup> The law will not be enforced until the court case is resolved.

Planned Parenthood has responded to specific efforts that states have made to restrict its funding. The organization has won injunctions in Indiana, Kansas, North Carolina, Tennessee and Texas, “arguing that it is being punished for providing constitutionally protected services and that women’s access to preventive health care is being blocked.”<sup>156</sup> And in July 2012, Planned Parenthood sued the state of Arizona in an attempt “to overturn a law that blocks funding for its health clinics because the organization also performs abortions.”<sup>157</sup>

Planned Parenthood has also sued Texas’ Health and Human Services Commission, after the agency moved to exclude Planned Parenthood clinics from the state’s Medicaid-funded Women’s Health Program.<sup>158</sup> Planned Parenthood had provided services for almost half of the 130,000 women that participated in the program.<sup>159</sup>

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<sup>151</sup> “Defending Life 2012: Contents,” Americans United for Life, <http://www.aul.org/defending-life-2012-contents>, accessed December 15, 2012.

<sup>152</sup> “State by State Scoreboard,” Susan B. Anthony List, <http://www.sba-list.org/PPScoreboard>, accessed December 15, 2012.

<sup>153</sup> “State Legislative Trends at Midyear,” Guttmacher Institute, July 10, 2012, <http://www.guttmacher.org/media/inthenews/2012/07/10/index.html>, accessed December 15, 2012.

<sup>154</sup> *Ibid.*

<sup>155</sup> *Ibid.*

<sup>156</sup> Corrie Maclaggan, “In New Abortion Battle, Planned Parenthood Sues Arizona,” Reuters, July 17, 2012, <http://in.reuters.com/article/2012/07/17/abortion-plannedparenthood-arizona-idINL2E8IH01E20120717>.

<sup>157</sup> *Ibid.*

<sup>158</sup> Rachel Weiner, “Planned Parenthood Fight Continues at State Level,” *The Washington Post*, May 7, 2012, [http://www.washingtonpost.com/blogs/the-fix/post/planned-parenthood-fight-continues-at-state-level/2012/05/07/gIQA043X8T\\_blog.html](http://www.washingtonpost.com/blogs/the-fix/post/planned-parenthood-fight-continues-at-state-level/2012/05/07/gIQA043X8T_blog.html).

<sup>159</sup> Joel Rosenblatt, “Planned Parenthood Texas Ruling Lifts State Funding Bar,” Bloomberg, April 30, 2012, <http://www.bloomberg.com/news/2012-04-30/planned-parenthood-groups-win-ruling-over-texas-health-programs.html>.

Several weeks after Planned Parenthood filed their suit in early April 2012, a district court judge granted a preliminary injunction that barred the state from excluding the affiliated clinics.<sup>160</sup> As of January 2013, the future status of Planned Parenthood's participation is unknown, pending ongoing legal action.

The Texas decision has also caused the federal government to withdraw its funding for the program on the grounds that the state can't prohibit "federally approved organizations such as Planned Parenthood from participating in programs underwritten by Medicaid."<sup>161</sup> While the state has challenged the government's decision, on January 1, 2013, it launched a new, wholly state-funded Texas Women's Health Program.

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## **Insurance restrictions and the Affordable Care Act**

The Affordable Care Act (ACA), which was signed into law by President Obama in 2010, will (among other things) establish state health care exchanges, which will allow individuals and small businesses to receive assistance in purchasing private insurance plans. Some states have taken steps to restrict abortion coverage that may be available in plans purchased through these exchanges; as of December 2012, a total of 20 states had passed legislation that restricted abortion coverage through state exchanges.<sup>162</sup> While 18 of those states do make allowances for coverage in specific instances for either life endangerment or rape (10 states: Alabama, Florida, Idaho, Indiana, Mississippi, Ohio, South Carolina, Utah, Virginia and Wisconsin have exception for both life endangerment and rape, while 8 states: Arizona, Kansas, Kentucky, Missouri, Nebraska, North Dakota, Oklahoma and South Dakota have exception for life endangerment. Definitions of a life-endangering pregnancy, however, can be different from state to state), both Louisiana and Tennessee restrict coverage regardless of the specific circumstances.<sup>163</sup>

The ACA also requires that insurance plans must cover women's preventative health services, such as prenatal care and mammograms, without requiring that women pay a deductible or co-pay.<sup>164</sup> While this coverage includes contraception, "[g]roup health plans sponsored by certain religious employers, and group health insurance coverage in connection with such plans, are exempt from the requirement to cover contraceptive services."<sup>165</sup> In addition, while most employers and insurers had to begin offering this coverage on August 1, 2012, certain church-affiliated institutions, such as "Catholic hospitals, colleges and charities," were granted a one-year waiver before they must begin offering this coverage.<sup>166</sup>

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<sup>160</sup> Ibid.

<sup>161</sup> Ibid.

<sup>162</sup> "State Policies in Brief: Restricting Insurance Coverage of Abortion," Guttmacher Institute, December 1, 2012, [https://www.guttmacher.org/statecenter/spibs/spib\\_RICA.pdf](https://www.guttmacher.org/statecenter/spibs/spib_RICA.pdf), accessed December 15, 2012.

<sup>163</sup> Ibid.

<sup>164</sup> "Women's Preventative Services: Required Health Plan Coverage Guidelines," U.S. Department of Health and Human Services Health Resources and Services Administration, <http://www.hrsa.gov/womensguidelines>, accessed December 15, 2012.

<sup>165</sup> Ibid.

<sup>166</sup> "Contraception and Insurance Coverage (Religious Exemption Debate)," *The New York Times*, Updated May 21, 2012, [http://topics.nytimes.com/top/news/health/diseases/conditionsandhealthtopics/health\\_insurance\\_and\\_managed\\_care/health\\_care\\_reform/contraception/index.html](http://topics.nytimes.com/top/news/health/diseases/conditionsandhealthtopics/health_insurance_and_managed_care/health_care_reform/contraception/index.html).

However, some states are taking steps to restrict contraception coverage. In May 2012, Arizona's Gov. Jan Brewer (R) signed into law a bill that allows "employers that formally identify themselves as religiously oriented organizations" to "drop contraception coverage for birth control purposes. ... The bill also affects coverage for abortion-inducing drugs." Such employers would, however, be required to provide coverage "for other medical reasons."<sup>167</sup>

Abortion coverage is also restricted under state or federal programs. Under the Hyde Amendment, federal funds may not be used for abortion care except in cases of incest, life endangerment or rape; while states must cover abortions that meet these exceptions, South Dakota only pays for abortions in cases of life endangerment.<sup>168</sup> Abortion coverage is also restricted for public employees, Peace Corps volunteers, enlisted military personnel and families and Native Americans.<sup>169</sup>

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### **Targeted Regulation of Abortion Providers Laws (TRAP Laws)**

For a number of years, abortion opponents have sought to impose specific regulations and laws on abortion clinics. While these laws, which are known as Targeted Regulation of Abortion Providers, or TRAP laws, can vary greatly from state to state, it is not uncommon for TRAP laws to place restrictions and requirements on abortion clinics that are not often seen in other free-standing medical facilities.

Supporters of such legislation generally point to concerns for the health and safety of women as a motivating force behind these laws. However, a number of TRAP laws address issues relating to building size and appearance, and meeting such requirements can impose a financial burden on clinics. Furthermore, these proposals are often championed by politicians with a record of being against legal access to abortion calling into question whether the true purpose of the legislation is to close most, or sometimes all, operating clinics within a state that perform abortions rather than make sure such abortions are performed safely.

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<sup>167</sup> Angie Holdsworth, "Brewer Signs Arizona Bill on Contraception Coverage," ABC15.com, May 11, 2012, [http://www.abc15.com/dpp/news/region\\_phoenix\\_metro/central\\_phoenix/brewer-signs-arizona-bill-on-contraception-coverage](http://www.abc15.com/dpp/news/region_phoenix_metro/central_phoenix/brewer-signs-arizona-bill-on-contraception-coverage).

<sup>168</sup> "State Policies in Brief: State Funding of Abortion Under Medicaid," Guttmacher Institute, December 1, 2012, [http://www.guttmacher.org/statecenter/spibs/spib\\_SFAM.pdf](http://www.guttmacher.org/statecenter/spibs/spib_SFAM.pdf), accessed December 15, 2012.

<sup>169</sup> Heather D. Boonstra, "The Heart of the Matter: Public Funding of Abortion for Poor Women in the United States," *Guttmacher Policy Review* 10, no. 1 (2007): 12-16, <http://www.guttmacher.org/pubs/gpr/10/1/gpr100112.pdf>, accessed December 15, 2012.

## Examples of TRAP Laws:

- **Mississippi:** In 2012, Mississippi proposed a new law that required physicians who performed abortions at the state's only clinic to have admitting privileges at hospitals located near the clinic. These privileges can be difficult to obtain, as *The New York Times* reported: "Hospitals often do not want to be affiliated with controversial procedures, like abortions, and also require doctors with privileges to admit a certain number of patients a year for surgery."<sup>170</sup> While enforcement of the law has been blocked pending the outcome of a legal challenge, Gov. Phil Bryant (R) has publicly stated that he would like Mississippi to "be 'abortion-free,'" and has said that if the bill causes the clinic to close, "'then so be it.'"<sup>171</sup> An earlier Mississippi law decreed that an abortion clinic "be located in an attractive setting," and the grounds must be free from grass that could harbor insects.<sup>172</sup>
- **Kansas:** A proposed licensing law that would, "among other things, set the size and temperature for procedure rooms,"<sup>173</sup> could cause two of the state's three abortion clinics to close if it is allowed to stand. A lawsuit challenging the legislation has kept the regulations from going into effect until the outcome of the case is decided.<sup>174</sup>
- **Virginia:** In early 2011, Virginia's General Assembly voted to regulate abortion clinics as hospitals, not doctor's offices. As a result, clinics would be required to meet specific building requirements, such as the width of hallways, and ensuring that all clinics have covered entryways.<sup>175</sup> The regulations included requiring "hands-free faucets on sinks" and had specific requirements for "the types of airflow and temperature for certain rooms, and a phone available for patients."<sup>176</sup> Reproductive rights advocates have expressed concern that implementing these requirements will prove too costly for many of the state's clinics, and could force them to close.<sup>177</sup>

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<sup>170</sup> Robbie Brown, "Mississippi's Lone Abortion Clinic, Given Temporary Reprieve, Fields Rush of Calls," *The New York Times*, July 2, 2012, <http://www.nytimes.com/2012/07/03/us/mississippis-lone-abortion-clinic-given-temporary-reprieve-fields-rush-of-calls.html>.

<sup>171</sup> Ibid.

<sup>172</sup> "Interview: Bonnie Scott Jones," Frontline/PBS, November 8, 2005, <http://www.pbs.org/wgbh/pages/frontline/clinic/interviews/scottjones.html>.

<sup>173</sup> Kathy Lohr, "Public Hearing Addresses Kansas Abortion Rules," National Public Radio, September 8, 2011, <http://www.npr.org/2011/09/08/140279178/public-hearing-brings-out-both-sides-to-kansas-abortion-debate>.

<sup>174</sup> Hurst Laviana, "Legal Obstacles Remain Before Abortion Clinic Could Open in Wichita," *The Wichita Eagle*, September 28, 2012, <http://www.kansascity.com/2012/09/29/3839724/legal-obstacles-remain-before.html>.

<sup>175</sup> Editorial, "Targeting Abortions," *The Washington Post*, September 4, 2011, [http://www.washingtonpost.com/opinions/targeting-abortion/2011/09/01/gIQAS7Fa2J\\_story.html?hpid=z3](http://www.washingtonpost.com/opinions/targeting-abortion/2011/09/01/gIQAS7Fa2J_story.html?hpid=z3).

<sup>176</sup> Anita Kumar, "Virginia abortion clinics left wondering if they must pay for new state requirements," *The Washington Post*, July 28, 2012, [http://www.washingtonpost.com/local/dc-politics/some-virginia-abortion-clinics-uncertain-about-status-of-tough-restrictions/2012/07/28/gJQAEBmbGX\\_story\\_1.html](http://www.washingtonpost.com/local/dc-politics/some-virginia-abortion-clinics-uncertain-about-status-of-tough-restrictions/2012/07/28/gJQAEBmbGX_story_1.html).

<sup>177</sup> Laura Vozzella, "Existing Va. abortion clinics lose exemption from strict building rules," *The Washington Post*, September 14, 2012, [http://www.washingtonpost.com/local/dc-politics/existing-va-abortion-clinics-now-wont-be-exempt-from-strict-building-rules/2012/09/14/e7420700-fe9c-11e1-8adc-499661afe377\\_story.html](http://www.washingtonpost.com/local/dc-politics/existing-va-abortion-clinics-now-wont-be-exempt-from-strict-building-rules/2012/09/14/e7420700-fe9c-11e1-8adc-499661afe377_story.html).

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## Abortion reporting requirements

Another type of legislation that has been introduced in the last few years is one that would have the state collect personal information on women who seek abortion. One example is the Oklahoma's Statistical Reporting of Abortion Law. This law "redefined various abortion terms, banned sex-selective abortion and created other new reporting requirements,"<sup>178</sup> and also called for "the creation of a Web site whereby any woman who had had an abortion would have been required to provide personal details pertaining to her choice, including her relationships, financial situation and motivation for seeking an abortion."<sup>179</sup> The law compels physicians to "file information on a woman's age, marital status, education level, number of previous pregnancies, cost and type of abortion, as well as the mother's relationship to the father, with the Oklahoma Department of Health."<sup>180</sup>

Although the information collected does not include the woman's name, opponents of the law claimed that it would be possible for women to be identified, saying that "the first eight questions alone could easily lead to the identification of a woman who lived in one of the state's many small communities."<sup>181</sup>

In February 2010, the Oklahoma County District Court struck down the law, ruling that the bill "addressed too many topics, and therefore violated the Oklahoma constitution's 'single-subject' rule."<sup>182</sup>

Three months later, however, Gov. Brad Henry vetoed a bill that "would require women to answer a detailed questionnaire before having an abortion, and to have their answers posted to a state web site." The governor "said the abortion legislation had previously been declared unconstitutional by the courts, had numerous flaws and would ultimately result in another expensive and possibly futile legal battle for the state."<sup>183</sup>

Gov. Henry's veto, however, was overruled by the legislature.<sup>184</sup>

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## Redefinitions of 'justifiable homicide'

Two states have proposed bills that would have changed their state criminal codes in ways that were viewed by some as a potential danger to abortion providers or those who work with them.

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<sup>178</sup> Susan Donaldson James, "Okla. Strikes Down Law That Would Have 'Undressed' Women," ABC News, February 19, 2010, <http://abcnews.go.com/Health/MindMoodNews/oklahoma-abortion-law-declared-unconstitutional-single-subject-rule/story?id=9891050#.UIGW1Wkzt8y>.

<sup>179</sup> Ibid.

<sup>180</sup> Ibid.

<sup>181</sup> Ibid.

<sup>182</sup> Ibid.

<sup>183</sup> "Governor Brad Henry Vetoes Abortion Questionnaire Bill," News9.com, posted May 22, 2010, updated July 19, 2010, <http://www.news9.com/story/12525570/governor-brad-henry-vetoes-abortion-questionnaire-bill?redirected=true>.

<sup>184</sup> Barbara Hoberock, "Override of Abortion Bill Veto Completed," *Tulsa World*, May 26, 2010, [http://www.tulsaworld.com/news/article.aspx?subjectid=16&articleid=20100526\\_16\\_A1\\_StateS394340&allcom=1](http://www.tulsaworld.com/news/article.aspx?subjectid=16&articleid=20100526_16_A1_StateS394340&allcom=1).

In early 2011, Phil Jensen (R), a member of South Dakota's House of Representatives, proposed a bill that "would make a homicide permissible if committed by a person 'while resisting an attempt to harm' that person's unborn child or the unborn child of that person's spouse, partner, parent, or child."<sup>185</sup> Critics raised concerns that the law "could intimidate or otherwise deter people from seeking — or performing — safe, legal abortions" by potentially providing, or being interpreted by the public as providing, a "justifiable homicide" defense to anyone who kills an abortion provider.<sup>186</sup>

Rep. Jensen stated that the bill had "nothing to do with abortion. ... It is a self-defense bill; that's purely and simply what it is."<sup>187</sup> He also stated that since "abortion is legal, the murder of an abortion doctor would plainly be against the law."<sup>188</sup>

Although the bill was approved by the South Dakota's House Judiciary Committee, any further action was halted "indefinitely ... after an uproar over whether the legislation would put abortion providers at greater risk. The House speaker, Val Rausch (R), said that the legislation had been shelved, pending a decision on whether to allow a vote, amend the language or drop it entirely. A spokesman for Gov. Dennis Daugaard (R) said, 'Clearly the bill as it's currently written is a very bad idea.'"<sup>189</sup>

In a similar vein to the proposed South Dakota bill, in early 2011, Mark Christensen (R), a Nebraska state senator, sponsored a bill that "would change state law to state that a person could use deadly force to protect an unborn child."<sup>190</sup> Both Christensen and supporters of the bill — which included Americans United for Life, a group that opposes legal abortion — "said the bill was just a natural progression from existing state laws that craft separate offenses for assaulting or murdering an unborn infant."<sup>191</sup> Critics of the bill, however, voiced concerns that "the bill goes much further than allowing a pregnant woman to defend herself and her unborn child, and could lead to violent, unintended consequences."<sup>192</sup>

Following a public hearing, the Judiciary Committee "took no action" on the proposed bill.<sup>193</sup>

While neither the South Dakota nor the Nebraska bill was passed into law, reproductive rights advocates expressed concern that the bills signaled a willingness by some elected officials to overlook the actual threats of violence directed at abortion providers, which exist to this day. For more about violence directed at clinics, abortion providers and their staff, see Chapter 7.

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<sup>185</sup> Brian Braiker, "South Dakota: A 'Justifiable Homicide' Bill. Does It Include Abortion Doctors?," ABC News, February 15, 2011, <http://abcnews.go.com/Politics/south-dakota-defending-justifiable-homicide-bill-include-abortion/story?id=12923085#.UIFk3Gkzt8w>.

<sup>186</sup> Ibid.

<sup>187</sup> Ibid.

<sup>188</sup> Ibid.

<sup>189</sup> A. G. Sulzberger, "South Dakota Shelves Bill Aimed at Defending Unborn," The New York Times, February 16, 2011, <http://www.nytimes.com/2011/02/17/us/17dakota.html>.

<sup>190</sup> Paul Hammel, "Self-Defense Bill Criticized," Omaha.com, February 24, 2011, <http://www.omaha.com/article/20110224/NEWS01/702249842>.

<sup>191</sup> Ibid.

<sup>192</sup> Ibid.

<sup>193</sup> Ibid.

## Violence directed at doctors, staff and clinics

*This chapter provides an overview of the violence directed against those involved with abortion provision, as well as a look at associated legislation and direct action. Forty years after Roe v. Wade decriminalized abortion, violence against abortion clinics, patients and providers continues. These tactics have included murders, bombings, shootings, kidnappings, arson, stabbings, acid attacks and anthrax threats, among others. Providers, clinic staff and their families, as well as patients, have been the subjects of harassment and threats.*

### Incidents of violence

The majority of abortion clinics in the United States maintain some level of security beyond routine methods for health clinics. This can vary greatly from clinic to clinic, but it is not uncommon for clinics to use security cameras, locked doors, and ID checks to ensure that the staff and building are protected. Other clinics may employ measures like metal detectors and security guards, or even more intense protective measures.

In 2012, incidents in three different states indicated that such security measures are still necessary. In January, a fire was set at American Family Planning in Pensacola, Florida — the clinic where Dr. John Britton and James Barrett were shot and killed in 1994.<sup>194</sup> A homeless man later pled guilty to setting the fire, which gutted the clinic; the man, Bobby Joe Rogers, was sentenced to “10 years in federal prison. ... Rogers had attended some of the near-daily protests that had previously taken place outside of the clinic and said he believed in the anti-abortion cause. He had no record of social or political activism before the firebombing.”<sup>195</sup>

Fires at abortion clinics were also reported in Georgia and Wisconsin in 2012. The Georgia fires, which occurred in two separate clinics in the same week, are, according to news reports, “being investigated as possible domestic terrorism and civil rights violations.”<sup>196</sup> And, as *The Atlanta Journal-Constitution* reported, there is concern that the clinics were targeted because physicians affiliated with them had spoken with state politicians about Act 631, a bill that bans abortions after the 20th week of pregnancy.<sup>197</sup> According to the paper, “The three physicians who were victims of burglaries and of Sunday’s fire in Lilburn do not perform abortions. However, they had all visited the Georgia Capitol this session to discuss the impact of the legislation on pregnant women and their unborn children, said Dr. David Byck, president of the Georgia Obstetrical and Gynecological Society. ‘We are con-

<sup>194</sup> Associated Press, “Man Arrested, Charged in Fla. Abortion Clinic Fire,” *USA Today*, January 5, 2012, <http://usatoday30.usatoday.com/news/nation/story/2012-01-05/abortion-fire-arrest/52398540/1>.

<sup>195</sup> “Man Gets 10 Years for Firebombing Abortion Clinic,” Associated Press, October 4, 2012, [http://www.google.com/hostednews/ap/article/AleqM5jvHLxHb55UzKXHhOZ8CsuX4J\\_yGA?docId=8243907bba674b6e983fb7eece05ca55](http://www.google.com/hostednews/ap/article/AleqM5jvHLxHb55UzKXHhOZ8CsuX4J_yGA?docId=8243907bba674b6e983fb7eece05ca55).

<sup>196</sup> Carl Willis, “New Clues in Abortion Clinic Fires,” WSBTV.com, June 10, 2012, <http://www.wsbtv.com/news/news/local/new-clues-abortion-clinic-fires/nPQMr>.

<sup>197</sup> Andria Simmons, “OB-GYNs Worried Burglaries, Fires are Retaliation,” *The Atlanta Journal-Constitution*, May 23, 2012, <http://www.ajc.com/news/news/local/ob-gyns-worried-burglaries-fires-are-retaliation/nQT4d>.

cerned that each of these physicians spoke with lawmakers during the session and that each then became targets of felony crimes,' Byck said in the statement."<sup>198</sup> The second arson was set during business hours on a Wednesday morning at a clinic that does provide abortion care.<sup>199</sup>

In Wisconsin in 2012, a man was arrested in connection with setting a fire at a Planned Parenthood clinic. During his first court appearance, Francis Grady said "he planned to plead guilty"; he also explained that he set the fire because "they're killing babies there."<sup>200</sup>

The National Abortion Federation (NAF) is the professional association of abortion providers in North America and they maintain statistics of incidents of violence and disruption against abortion providers in the United States and Canada.<sup>201</sup>

According to the National Abortion Federation, opponents of abortion have directed more than 6,400 reported acts of violence against abortion providers since 1977, including murders, bombings, arsons, death threats, kidnappings and assaults.<sup>202</sup> In addition, more than 175,000 reported acts of disruption, including bomb threats and harassing calls, have been documented.<sup>203</sup>

According to these statistics, 1994 was the peak year for violent actions, with four murders, 10 arsons and one bombing. Since 2010, vandalism, trespassing and burglary have been the three primary types of intimidation reported.<sup>204</sup>

In the 1970s, a total of 13 acts of violence against individuals involved in reproductive health care were reported: nine reports of arson, and four bombings.<sup>205</sup> During the 1980s, 18 bombings and 60 arsons were reported,<sup>206</sup> as well as one kidnapping.<sup>207</sup>

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<sup>198</sup> Ibid.

<sup>199</sup> Andria Simmons, "Women's clinics on heightened alert," *The Atlanta Journal-Constitution*, May 25, 2012, available at <http://www.ajc.com/news/womens-clinics-on-heightened-1446171.html>.

<sup>200</sup> Michael Winter, "In Court, Wis. Man Says He Set Fire at Abortion Clinic," *USA Today*, April 4, 2012, available at <http://content.usatoday.com/communities/ondeadline/post/2012/04/in-court-wis-man-says-he-set-fire-at-abortion-clinic/1#.UIV71Gkzt8x>.

<sup>201</sup> "NAF Violence and Disruption Statistics," National Abortion Federation, [http://www.prochoice.org/about\\_abortion/violence/documents/Stats\\_Table2011.pdf](http://www.prochoice.org/about_abortion/violence/documents/Stats_Table2011.pdf), accessed December 15, 2012.

<sup>202</sup> Ibid.

<sup>203</sup> Ibid.

<sup>204</sup> Ibid.

<sup>205</sup> "History of Violence: Arson and Bombings," National Abortion Federation, [http://www.prochoice.org/about\\_abortion/violence/arsons.asp](http://www.prochoice.org/about_abortion/violence/arsons.asp), accessed December 15, 2012.

<sup>206</sup> Ibid.

<sup>207</sup> "Abortion Opposition Stressed in Kidnapping Trial in Illinois," *The New York Times*, January 26, 1983, available at <http://www.nytimes.com/1983/01/26/us/abortion-opposition-stressed-in-kidnapping-trial-in-illinois.html>.

In the 1990s, 96 arsons and 14 bombings were reported.<sup>208</sup> In addition, 47 anthrax threat letters,<sup>209</sup> seven murders and one maiming were reported, as well as 16 instances of attempted murder.<sup>210</sup>

Between 2000 and 2009, 614 anthrax letters were reported.<sup>211</sup> In addition, one bombing and 14 arsons were reported,<sup>212</sup> as well as one fatal shooting<sup>213</sup>: the murder of Dr. George Tiller in his Kansas church, in 2009.

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## **Curbing clinic violence: the Freedom of Access to Clinic Entrances Act**

As levels of violence directed at doctors who provide abortion, their staff and clinics rose in the 1990s, Congress passed “new federal legislation to address the violence committed against reproductive health care facilities and providers and the denial of access to women seeking their services.”<sup>214</sup> The legislation was known as the Freedom of Access to Clinic Entrances Act, or the FACE Act. President Bill Clinton signed the act into law in 1994.<sup>215</sup>

The FACE Act established “federal criminal penalties and civil remedies for ‘certain violent, threatening, obstructive and destructive conduct that is intended to injure, intimidate or interfere with persons seeking to obtain or provide *reproductive health services*’”<sup>216</sup> (emphasis theirs). The Act also prohibited “the damage or destruction of property that belongs to a reproductive health care facility.”

Although the provisions of the FACE act appear straightforward, applying them isn’t. This is largely because of the interpretive nature of “freedom of speech.” In fact, early questions were raised about the constitutionality of the act because of concerns

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<sup>208</sup> “History of Violence: Arson and Bombings,” National Abortion Federation, [http://www.prochoice.org/about\\_abortion/violence/arsons.asp](http://www.prochoice.org/about_abortion/violence/arsons.asp), accessed December 15, 2012.

<sup>209</sup> “History of Violence: Anthrax Attacks,” National Abortion Federation, [http://www.prochoice.org/about\\_abortion/violence/anthrax.html](http://www.prochoice.org/about_abortion/violence/anthrax.html), accessed December 15, 2012.

<sup>210</sup> “NAF Violence and Disruption Statistics,” National Abortion Federation, [https://www.prochoice.org/about\\_abortion/violence/documents/Stats\\_Table2011.pdf](https://www.prochoice.org/about_abortion/violence/documents/Stats_Table2011.pdf), accessed December 15, 2012.

<sup>211</sup> Ibid.

<sup>212</sup> “History of Violence: Arson and Bombings,” National Abortion Federation, [http://www.prochoice.org/about\\_abortion/violence/arsons.asp](http://www.prochoice.org/about_abortion/violence/arsons.asp), accessed December 15, 2012.

<sup>213</sup> “History of Violence: Murders and Shootings,” National Abortion Federation, [http://www.prochoice.org/about\\_abortion/violence/murders.asp](http://www.prochoice.org/about_abortion/violence/murders.asp), accessed December 15, 2012.  
“NAF Violence and Disruption Statistics,” National Abortion Federation, accessed December 15, 2012.

<sup>214</sup> Jennifer Blasdell, JD and Kate Goss, “Freedom of Access to Clinic Entrances (FACE) Act,” National Abortion Federation, [http://www.prochoice.org/pubs\\_research/publications/downloads/about\\_abortion/face\\_act.pdf](http://www.prochoice.org/pubs_research/publications/downloads/about_abortion/face_act.pdf), accessed December 15, 2012.

<sup>215</sup> Ibid.

<sup>216</sup> Rebecca A. Hart and Dana Sussman, “About FACE: Using Legal Tools to Protect Abortion Providers, Clinics and Their Patients,” Center for Reproductive Rights, July 7, 2009, <http://reproductiverights.org/en/press-room/about-face-using-legal-tools-to-protect-abortion-providers-clinics-and-their-patients>, accessed December 15, 2012.

that the First Amendment rights of protesters were being violated by the restrictions placed on their activities outside abortion clinics.

FACE does not prohibit “peaceful protest, including singing hymns, praying, carrying signs, walking picket lines and distributing anti-abortion materials outside of clinics.”<sup>217</sup> Shouting is also permitted “as long as no threats are made,” and “noise levels” don’t “exceed those set by state or local law.”<sup>218</sup>

And while FACE “does not explicitly define areas that the protesters are prohibited from entering,” it “does provide for injunctive relief in the event of a FACE violation, which could limit the areas in which protest occurs.”<sup>219</sup>

As a result, specific laws regarding protesters and abortion clinics can vary greatly from state to state. According to the Guttmacher Institute, “15 states and the District of Columbia prohibit certain specified actions aimed at abortion providers” [California, Colorado, Kansas, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nevada, New York, North Carolina, Oregon, Washington, Wisconsin].<sup>220</sup> Those actions include prohibitions on “blocking the entrance to and egress from clinic facilities,” “threatening or intimidating staff who provide reproductive health services and/or patients entering the clinic,” “property damage to facilities providing reproductive health services,” “telephone harassment of staff who provide reproductive health services” and “other specified actions, such as creating excessive noise outside the clinic, possessing or having access to a weapon during a demonstration at a medical facility, trespassing, or releasing a substance that produces noxious odor on clinic premises.”<sup>221</sup>

Three states [Colorado, Massachusetts, Montana] have also created “bubble zones,” areas in which protesters are not allowed to cross. These zones generally encompass a distance “several feet around a person who is within a specific distance of a clinic; protesters are prohibited from crossing into that ‘bubble zone’ without the person’s consent.”<sup>222</sup> Two of the states with such designations “require a protected ‘bubble zone’ around a person within a specific distance of a clinic’s entrance or driveway,” and one state “prohibits protesters from coming within a specific distance of the clinic.”<sup>223</sup>

The Justice Department is responsible for enforcing the FACE Act. In general, more cases are filed during the administrations of presidents who support reproductive rights than during the administrations of those who are more neutral or actively state a desire for abortion to be outlawed. Between 1994 and 1998 — during President Clinton’s two terms in office — 46 criminal and civil cases were brought under the

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<sup>217</sup> National Abortion Federation, Freedom of Access to Clinic Entrances Act, [http://www.prochoice.org/pubs\\_research/publications/downloads/about\\_abortion/face\\_act.pdf](http://www.prochoice.org/pubs_research/publications/downloads/about_abortion/face_act.pdf).

<sup>218</sup> Ibid.

<sup>219</sup> Ibid.

<sup>220</sup> State Policies in Brief: Protecting Access to Clinics,” Guttmacher Institute, December 1, 2012, [http://www.guttmacher.org/statecenter/spibs/spib\\_PAC.pdf](http://www.guttmacher.org/statecenter/spibs/spib_PAC.pdf), accessed December 15, 2012.

<sup>221</sup> Ibid.

<sup>222</sup> Ibid.

<sup>223</sup> Ibid.

FACE Act.<sup>224</sup> In 15 of the criminal cases, “defendants pled guilty or were found guilty of FACE violations.”<sup>225</sup>

In contrast, under the presidency of George W. Bush, the Department of Justice “brought approximately two criminal prosecutions per year under FACE.”<sup>226</sup>

As of fall 2011, the Department of Justice “filed eight civil cases since the start of the Obama administration.”<sup>227</sup> According to the National Abortion Federation, the FACE Act has helped bring about an overall decrease in violent actions against clinics, physicians and staff. “In 1994, 52 percent of clinics reported experiencing severe violence. ... That number declined to 20 percent in 1999 and 2000. The general consensus is that the FACE Act is an important tool in responding to clinic violence and in deterring possible offenders.”<sup>228</sup>

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### Free speech or harassment?

Although the number of violent incidents at abortion clinics has decreased, protesters still employ tactics that could be seen as blurring the line between free speech and harassment.

After Dr. George Tiller was shot to death in 2009, Operation Rescue issued a press release that “denounce[d] vigilantism and the cowardly act that took place”<sup>229</sup>; however, according to an article from *The American Prospect*, on the side of the page on which the release appeared “was a small image featuring Dr. Tiller’s face, some very sinister-looking flames, and the words ‘America’s Doctor of Death,’ linking to a detailed dossier” of what Operation Rescue considered Dr. Tiller’s “offenses.”<sup>230</sup> Anti-abortion extremist Randall Terry held a press conference at the National Press Club immediately following Dr. Tiller’s murder where he said Dr. Tiller was a “mass murderer” who “reaped what he sowed.”<sup>231</sup>

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<sup>224</sup> Rebecca A. Hart and Dana Sussman, “About FACE: Using Legal Tools to Protect Abortion Providers, Clinics, and Their Patients,” Center for Reproductive Rights, July 7, 2009, <http://reproductiverights.org/en/press-room/about-face-using-legal-tools-to-protect-abortion-providers-clinics-and-their-patients>, accessed December 15, 2012.

<sup>225</sup> Ibid.

<sup>226</sup> Ibid.

<sup>227</sup> Carrie Johnson, “Justice Department Tougher on Abortion Protestors,” National Public Radio, September 1, 2011, <http://www.npr.org/2011/09/01/140094051/obama-takes-tougher-stance-on-abortion-protesters?ft=1&f=3>.

<sup>228</sup> Jennifer Blasdell, JD and Kate Goss, “Freedom of Access to Clinic Entrances (FACE) Act,” National Abortion Federation, available at [http://www.prochoice.org/pubs\\_research/publications/downloads/about\\_abortion/face\\_act.pdf](http://www.prochoice.org/pubs_research/publications/downloads/about_abortion/face_act.pdf), accessed December 15, 2012.

<sup>229</sup> “Operation Rescue Denounces The Killing of Abortionist Tiller,” Operation Rescue, May 31, 2009, <http://www.operationrescue.org/archives/operation-rescue-denounces-the-killing-of-abortionist-tiller>, accessed December 15, 2012.

<sup>230</sup> Ann Friedman, “Why Clinic Violence is Obama’s Problem,” *The American Prospect*, June 1, 2009, <http://prospect.org/article/why-clinic-violence-obamas-problem>.

<sup>231</sup> Sam Stein, “Randall Terry: Tiller ‘Reaped What he Sowed,’ I won’t Tone Down Rhetoric,” *Huffington Post*, June 1, 2009, [http://www.huffingtonpost.com/2009/06/01/randall-terry-reap\\_n\\_209862.html](http://www.huffingtonpost.com/2009/06/01/randall-terry-reap_n_209862.html).

In the 1990s, an organization called the American Coalition of Life Activists (ACLA) was accused of advocating violence by publishing on its “Nuremberg Files” website “wanted” posters of abortion providers, which it described as war criminals.<sup>232</sup> The site also featured a list of abortion providers and others in the reproductive justice movement. After three doctors on the list were killed, lines were drawn through their names.<sup>233</sup>

Stopping the ACLA’s violent threats proved to be difficult, because of the First Amendment issues involved; it took several years of back-and-forth legal appeals to even resolve the question of whether the ACLA should be obligated to financially compensate the people it had threatened.<sup>234</sup>

Anti-abortion extremist Neal Horsley continues to run the Nuremberg Files website today through his Christian Gallery News Service. However, following the legal challenges, the current version of the site lists deceased and murdered abortion providers without the lines drawn through their names.<sup>235</sup> This site is posted in connection with an “Abortion Cams” website that posts pictures of people entering and exiting clinics. The site also contains hundreds of photos of clinic staff and patients, as well as their vehicles.

More recently, in the summer of 2011, Flip Benham, the head of the anti-abortion group Operation Save America, was found guilty of misdemeanor stalking after he distributed “wanted”-style posters in the neighborhoods of several Charlotte, North Carolina, doctors who provide abortions. The posters contained the names and photos of the doctors. Benham was sentenced to 18 months of probation and ordered to stop any intimidating behaviors.<sup>236</sup> In August 2012, a North Carolina Court of Appeals ordered a new trial after ruling that the judge in Benham’s trial made a mistake in instructing jurors before they began deliberations.<sup>237</sup>

Like Benham, other abortion opponents also target physicians, clinic staff and even clinic landlords at their homes. After Dr. LeRoy Carhart began providing abortion care at Reproductive Health Services in Germantown, Maryland, in December 2010, the clinic’s landlord, Todd Stave, became the target of harassing phone calls and protests, one of which occurred at his daughter’s school.<sup>238</sup> Stave collected the

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<sup>232</sup> Eugene Volokh, “Menacing Speech, Today and During the Civil Rights Movement” UCLA School of Law, *Wall Street Journal*, April 3, 2001, <http://www2.law.ucla.edu/volokh/nurember.htm>, accessed December 15, 2012.

<sup>233</sup> Bob Egelko, “Judges Protect Abortion Web Site / ‘Nuremberg Files’ verdict reversed in S.F.,” *San Francisco Chronicle*, March 29, 2001, <http://www.sfgate.com/news/article/Judges-Protect-Abortion-Web-Site-Nuremberg-2937401.php#ixzz2BNJAh7qX>.

<sup>234</sup> See *Planned Parenthood of Columbia/Willamette, et al. v. American Coalition of Life Activists, et al.*, 422 F.3d 949 (9th Cir. 2005), <http://openjurist.org/422/f3d/949>.

<sup>235</sup> “Alleged Abortionists And Their Accomplices,” Christian News Gallery, <http://www.christiangallery.com/atrocity/aborts.html>, accessed December 15, 2012.

<sup>236</sup> Gary L. Wright, “Anti-abortion minister to get new trial on charges he stalked doctor,” *Charlotte Observer*, August 22, 2012, <http://www.charlotteobserver.com/2012/08/22/3469364/rev-benham-to-get-new-trial-on.html#storylink=cpy>.

<sup>237</sup> Ibid.

<sup>238</sup> Petula Dvorak, “A Clinic’s Landlord Turns the Tables on Anti-Abortion Protesters,” *Washington Post*, March 29, 2012, [http://www.washingtonpost.com/local/a-clinics-landlord-turns-the-tables-on-anti-abortion-protesters/2012/03/29/gIQAThgwiS\\_story.html](http://www.washingtonpost.com/local/a-clinics-landlord-turns-the-tables-on-anti-abortion-protesters/2012/03/29/gIQAThgwiS_story.html).

“names and phone numbers of people who made unwanted calls,” and asked his friends to call those people back and inform them that Stave and his family neither could nor wanted to terminate the clinic’s lease, and that “they supported women’s rights.”<sup>239</sup>

Many cities and towns have enacted residential picketing ordinances. The Supreme Court decision in *Frisby v. Schultz*<sup>240</sup> in 1988 created the standard for laws limiting picketing at people’s homes. The laws must be designed to protect homeowners’ privacy, keep streets clear and provide alternative methods of communication for the protesters, who still have the right to free speech. This means that often ordinances may stop protests focused on a single residence, but cannot prohibit residential picketing in general. Residential picketing ordinances that specifically target or exempt a certain point of view or do not define restricted activities may be struck down, while those that prohibit demonstration regardless of point of view and define the restricted activities are more likely to be upheld.<sup>241</sup>

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<sup>239</sup> Ibid.

<sup>240</sup> 487 U.S. 474 (1988).

<sup>241</sup> *Legal Remedies to Address Clinic Violence and Harassment: A Handbook for NAF Members*, National Abortion Federation, December 2010, [http://www.prochoice.org/pubs\\_research/publications/downloads/Legal\\_Remedies.pdf](http://www.prochoice.org/pubs_research/publications/downloads/Legal_Remedies.pdf), accessed December 15, 2012.

## Fact and fiction in reproductive issues

*This chapter is designed to sort fact from fiction and provide the best evidence to help members of the media who wish to make certain their stories do not unintentionally promote falsehoods, particularly those of a medical nature that are not in dispute by the majority of the medical community. Anti-abortion opponents have often cited studies that they say prove their arguments, but very often these studies have been shown to have flawed methodologies or poor citations, which is why they have not changed the medical community's stances on abortion. Still, there are a number of oft-repeated false assertions about abortion and birth control that are persistently stated by groups and activists that oppose legal abortion and, in some cases, certain forms of birth control. This information is sometimes asserted during the course of an interview or in materials or statements made to the public. Due to some of the public's confusion on these issues, and in some cases the deliberate attempts to confuse the public, it's important for news articles to state when a source's false assertions are contradicted by the medical community.*

**Fiction:** There is a causal link between abortion and breast cancer.

**Fact:** Numerous studies dispute this claim, as do organizations such as the National Cancer Institute. In 2003, the National Cancer Institute (NCI) convened a meeting of more than 100 of the world's leading breast cancer and pregnancy experts. Participants in this workshop reviewed existing studies — population-based, animal and clinical — on the relationship between breast cancer risk and pregnancy; they also looked at studies of spontaneous and induced abortions. The conclusion of this review was that “having an abortion or miscarriage does not increase a woman's subsequent risk of developing breast cancer.”<sup>242</sup>

Several years later, the NCI offered an updated opinion on the subject: “Considering the body of literature that has been published since 2003, when National Cancer Institute held this extensive workshop on early reproductive events and cancer, the evidence overall still does not support early termination of pregnancy as a cause of breast cancer.”<sup>243</sup>

The idea that there could be a link between abortion and breast cancer may have come about due to the fact that women undergo hormonal changes during pregnancy, and these “may influence a woman's chances of developing breast cancer later in life.”<sup>244</sup> In addition, research into the subject — which began in the 1950s — was inconclusive until the mid-1990s; a number of these studies used small sample sizes, tended to rely on women's self-reported histories concerning abortion and miscarriage and, in many studies, the data were collected after the women received a diagnosis of breast cancer. Later studies “examined large numbers of women,

<sup>242</sup> “Fact Sheet: Abortion, Miscarriage, and Breast Cancer Risk,” National Cancer Institute, reviewed January 12, 2010, <http://www.cancer.gov/cancertopics/factsheet/Risk/abortion-miscarriage>, accessed December 15, 2012.

<sup>243</sup> “Summary Report: Early Reproductive Events and Breast Cancer Workshop,” National Cancer Institute, posted March 4, 2003, updated January 12, 2010, <http://www.cancer.gov/cancertopics/causes/ere/workshop-report>, accessed December 15, 2012.

<sup>244</sup> “Abortion, Miscarriage, and Breast Cancer Risk,” National Cancer Institute, updated January 12, 2010, <http://www.cancer.gov/cancertopics/factsheet/Risk/abortion-miscarriage>, accessed December 15, 2012.

collected data before breast cancer was found, and gathered medical history information from medical records rather than simply from self-reports."<sup>245</sup> These studies "consistently showed no association between induced and spontaneous abortions and breast cancer risk."<sup>246</sup>

**Fiction: Abortions cause infertility.**

**Fact:** The Mayo Clinic does not consider abortion to be a cause of fertility issues,<sup>247</sup> and the Centers for Disease Control and Prevention does not list abortion either among the causes of infertility or as something that can increase the risk of infertility.<sup>248</sup> Similarly, the American College of Obstetricians and Gynecologists has stated that "Most experts agree that one abortion does not affect future pregnancies."<sup>249</sup>

In addition, according to a fact sheet produced by the Kaiser Family Foundation, "Research has shown that both medical and surgical abortions performed in the first trimester are not significantly associated with later infertility, ectopic pregnancy, spontaneous abortion, or preterm or low-birth-weight deliveries."<sup>250</sup>

**Fiction: Abortion increases risk of suicide/depression.**

**Fact:** No credible scientific research has been conducted that links abortion to increased risk of either suicide or depression. According to a study by the American Psychological Association (APA) Task Force on Mental Health and Abortion (TFMHA), "The best scientific evidence published indicates that among adult women who have an *unplanned pregnancy* the relative risk of mental health problems is no greater if they have a single elective first-trimester abortion than if they deliver that pregnancy"<sup>251</sup> (emphasis theirs).

An examination of research studies in this area by the APA indicated that many of the research reports used flawed methodologies and should not be the basis of policy making concerning abortion. According to the APA, "A critical evaluation of the published literature revealed that the majority of studies suffered from methodological problems, often severe in nature. ... Accordingly, the Task Force on Mental Health and Abortion emphasized the studies it judged to be most methodologically rigorous to arrive at its conclusions."<sup>252</sup>

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<sup>245</sup> Ibid.

<sup>246</sup> Ibid.

<sup>247</sup> "Abortion: Does it Affect Subsequent Pregnancies?" Mayo Clinic, August 6, 2011, <http://www.mayoclinic.com/health/abortion/AN00633>, accessed December 15, 2012.

<sup>248</sup> "Infertility FAQs," Centers for Disease Control and Prevention, updated April 19, 2012, <http://www.cdc.gov/reproductivehealth/infertility/>, accessed December 15, 2012.

<sup>249</sup> "Frequently Asked Questions: Induced Abortion," The American College of Obstetricians and Gynecologists, <http://www.acog.org/~media/For%20Patients/faq043.pdf?dmc=1&ts=20121022T0932501626>, accessed December 15, 2012.

<sup>250</sup> "Abortion in the U.S.: Utilization, Financing, and Access," The Henry J. Kaiser Family Foundation, June 2008, <http://www.kff.org/womenshealth/upload/3269-02.pdf>, accessed December 15, 2012.

<sup>251</sup> "Report of the APA Task Force on Mental Health and Abortion," American Psychological Association, <http://www.apa.org/pi/wpo/mental-health-abortion-report.pdf>, accessed December 15, 2012.

<sup>252</sup> "Mental Health and Abortion," American Psychological Association, <http://www.apa.org/pi/women/programs/abortion/index.aspx>, accessed December 15, 2012.

Researchers at the University of California, San Francisco, published a study in 2011 that examined “the risk of depression, suicidal ideation, and lower self-esteem following an abortion versus a delivery, with and without adjusting for important correlates.” The study concluded that “[p]olicies and practices implemented in response to the claim that abortion hurts women are not supported by our findings. Efforts to support women’s mental health should focus on known risk factors, such as gender-based violence and prior mental health problems, rather than abortion history.”<sup>253</sup>

Despite these and other findings, some in the judiciary branch have used questionable or outdated studies for their rulings rather than facts. In July 2012, a federal appeals court ruled that South Dakota could require doctors “to advise women seeking abortions that they face an increased risk of suicide after the procedure.”<sup>254</sup> The court cited several studies that purported to find an associative link between the act of having an abortion and the increased risk of depression. As the dissenting opinion explained, however, many of the cited studies have since been questioned or retracted, and “[t]he most reliable evidence in the record shows that abortion does not have a causal relationship to the risk of suicide.”<sup>255</sup> Despite the federal appeals court decision, the American Psychological Association, the world’s largest association of psychologists, does not agree with the assertion that abortion causes mental health issues for women.

**Fiction: Post-abortion syndrome is real.**

**Fact:** Research studies confirm that a so-called “post-abortion syndrome” does not exist. Anti-abortion advocate and therapist Vincent Rue is credited with coining the term “post-abortion syndrome” in testimony before Congress in 1981<sup>256</sup> to refer to a now-disputed theory that women experience an adverse physical and emotional response to abortion. This idea has also been promoted by David Reardon, the director of the anti-abortion Elliot Institute.<sup>257</sup> However, neither the American Psychological Association nor the American Psychiatric Association recognizes this as an official syndrome or diagnosis.<sup>258</sup>

In 1988, the American Psychological Association commissioned a study to review the then-current research around post-abortion psychological effects.<sup>259</sup> After a sur-

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<sup>253</sup> J.R. Steinberg, D. Becker, and J.T. Henderson, “Does the outcome of a first pregnancy predict depression, suicidal ideation, or lower self-esteem? Data from the National Comorbidity Survey,” *American Journal of Orthopsychiatry* 81, no. 2 (April 2011): 193-201, <http://www.ncbi.nlm.nih.gov/pubmed/21486261>.

<sup>254</sup> David Bailey, “Appeals court upholds South Dakota abortion law’s suicide advisory,” Reuters, July 24, 2012, <http://www.reuters.com/article/2012/07/24/us-usa-abortion-southdakota-idUSBRE86N1DM20120724>.

<sup>255</sup> Ibid.

<sup>256</sup> Vincent Rue, “Abortion and Family Relations,” testimony before the Subcommittee on the Constitution of the U.S. Senate Judiciary Committee, U.S. Senate, 97<sup>th</sup> Congress, Washington, D.C. (1981).

<sup>257</sup> “David C. Reardon, Biographical Sketch,” The Elliot Institute, November 23, 1999, <http://afterabortion.org/1999/david-c-reardon-biographical-sketch>, accessed December 15, 2012.

<sup>258</sup> Susan A. Cohen, “Abortion and Mental Health: Myths and Realities,” *Guttmacher Policy Review* 9, no. 3 (Summer 2006): 8-11, 16, <http://www.guttmacher.org/pubs/gpr/09/3/gpr090308.html>, accessed December 15, 2012.

<sup>259</sup> The Associated Press, “Study Finds Little Lasting Distress From Abortion,” *New York Times*, April 6, 1990, <http://www.nytimes.com/1990/04/06/us/study-finds-little-lasting-distress-from-abortion.html>.

vey of more than 200 studies, the panel of experts found that only a handful met what they considered reliable scientific standards. From those studies, researchers concluded that “the weight of the evidence from scientific studies indicates that legal abortion of an unwanted pregnancy in the first trimester does not pose a psychological hazard for most women.”<sup>260</sup> While some women did experience more serious distress, they were in the minority; one study found that for women who had first-trimester abortions, “76 percent of women reported feeling relief two weeks after an abortion, and only 17 percent reported feeling guilt.”<sup>261</sup>

In 2008, a review of “21 studies involving more than 150,000 women,”<sup>262</sup> researchers at Johns Hopkins University concluded, “[T]he highest-quality research available does not support the hypothesis that abortion leads to long-term mental health problems. Lingering post-abortion feelings of sadness, guilt, regret, and depression appear to occur in only a minority of women.”<sup>263</sup> Further, the authors wrote, “making policy recommendations such as the enforcement of so-called ‘informed consent’ laws (which often provide misinformation regarding mental health risks of abortion) is unwarranted based on the current state of the evidence.”<sup>264</sup>

**Fiction: A large percentage of women seeking abortions change their minds after seeing ultrasounds.**

**Fact:** This inaccurate assertion recently gained traction after Minnesota Congresswoman Michele Bachmann (R) introduced a bill in Congress that would require physicians to make the fetal heartbeat visible and audible to women who wanted abortions. Bachmann cited a study by Focus on the Family that showed that “78 percent of women who see and hear the fetal heartbeat choose life for their child among the reasons why she introduced the bill.”<sup>265</sup>

But Focus on the Family’s vice president of community outreach clarified after Bachmann’s statement: “We don’t have any ‘studies,’ and we don’t publish any percentages like that. ... We used to, but there were anomalies with the old data. We discovered them internally, corrected the problem and built a new system to prevent it from ever happening again.”<sup>266</sup>

While Focus on the Family does claim that “approximately 100,000 women who’ve seen their baby’s [sic] ultrasound have chosen life,”<sup>267</sup> such claims are unverified

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<sup>260</sup> Ibid.

<sup>261</sup> Ibid.

<sup>262</sup> “Countering Misinformation: Mental Health Issues and Abortion,” ANSIRH, <http://www.ansirh.org/research/late-abortion/mental-health-abortion.php>, accessed December 15, 2012.

<sup>263</sup> Charles E. Vignetta et al., “Abortion and long-term mental health outcomes: a systematic review of the evidence,” *Contraception* 78 (2008) 436-450, [http://www.jhsph.edu/sebin/o/a/Charles\\_2008\\_Contraception.pdf](http://www.jhsph.edu/sebin/o/a/Charles_2008_Contraception.pdf), accessed December 15, 2012.

<sup>264</sup> Ibid.

<sup>265</sup> “Focus on the Family Clarifies Option Ultrasound Numbers,” Focus on the Family, October 18, 2011, [http://www.focusonthefamily.com/about\\_us/news\\_room/news-releases/20111018-focus-on-the-family-clarifies-option-ultrasound-numbers.aspx](http://www.focusonthefamily.com/about_us/news_room/news-releases/20111018-focus-on-the-family-clarifies-option-ultrasound-numbers.aspx), accessed December 15, 2012.

<sup>266</sup> Ibid.

<sup>267</sup> Ibid.

by outside sources and there are no published articles in peer-reviewed literature demonstrating that ultrasound viewing persuades women seeking abortion in the United States to continue the pregnancy.

**Fiction:** Emergency contraception and the abortion pill are the same thing/Emergency contraception causes a miscarriage or abortion.

**Fact:** Emergency contraception and medical abortions are entirely different medications. Emergency contraception is a higher dose of the hormonal birth control pill, which prevents fertilization. While these pills were once referred to as “morning-after pills,” they are now usually referred to as “emergency contraception” since they are known to be effective when taken up to 120 hours, or five days, after sexual intercourse.<sup>268</sup>

The pills work by delaying ovulation before the eggs are fertilized. Additionally, “some pills also thicken cervical mucus so sperm have trouble swimming.”<sup>269</sup> Early understandings of emergency contraception suggested that the pills worked in part by preventing implantation of fertilized eggs in the womb.<sup>270</sup> However, researchers have not seen that effect in the most recent studies on emergency contraception. Additionally, taking emergency contraception will not terminate an existing pregnancy.<sup>271</sup>

Emergency contraception is sold under several brand names, including Plan B, Plan B One Step, Ella, and Next Choice. It is an entirely separate medication than that which is used for medical abortions, commonly referred to as an “abortion pill.”

Unlike emergency contraception, the medication for a medical abortion is not available without a doctor’s consultation, and in some states needs to be consumed in the presence of a doctor. (See Chapter 6 for the regulation of medical abortions via telemedicine.)

The controversy surrounding the purpose or function of emergency contraception is grounded in the varying discussions of when life begins. While activists and organizations that oppose abortion and birth control sometimes have religious or personal beliefs that life begins at fertilization, this is not a universally accepted view, in either law or medical practice. Even if an individual’s belief is that life begins at fertilization, emergency contraception should not violate that belief, since it works by preventing fertilization. Since emergency contraception does not interfere with the development of fertilized eggs, it cannot be labeled an abortifacient.

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<sup>268</sup> “Fact Sheet: Tool Kit for Teen Care, 2nd Edition,” The American College of Obstetricians and Gynecologists, <http://www.acog.org/~media/Departments/Adolescent%20Health%20Care/Teen%20Care%20Tool%20Kit/EmergContraception.pdf?dmc=1&ts=20120809T0945511217>, accessed December 15, 2012.

<sup>269</sup> Pam Belluck, “Abortion Qualms on Morning-After-Pill May Be Unfounded,” *The New York Times*, June 5, 2012, <http://www.nytimes.com/2012/06/06/health/research/morning-after-pills-dont-block-implantation-science-suggests.html?pagewanted=all>.

<sup>270</sup> Ibid.

<sup>271</sup> “Fact Sheet: Tool Kit for Teen Care, 2nd Edition,” The American College of Obstetricians and Gynecologists, <http://www.acog.org/~media/Departments/Adolescent%20Health%20Care/Teen%20Care%20Tool%20Kit/EmergContraception.pdf?dmc=1&ts=20120809T0945511217>, accessed December 15, 2012.

**Fiction: Planned Parenthood targets black neighborhoods.**

**Fact:** A 2011 Guttmacher Institute advisory has refuted this claim. According to the Institute, “[f]ewer than one in 10 abortion clinics are located in predominantly African-American neighborhoods, or those in which the majority of residents are black.”<sup>272</sup> Guttmacher came to this conclusion by “[u]sing the results of its most recent census of all known abortion providers in the United States” and examining “the racial and ethnic makeup of neighborhoods in which abortion clinics were located in 2008, the most recent year for which these data are available.”<sup>273</sup> This research found that, among those clinics, “63 percent were located in neighborhoods where one-half or more of the residents were non-Hispanic white; 12 percent were located in neighborhoods where one-half or more of the residents were Hispanic; [and] 9 percent were located in neighborhoods where one-half or more of the residents were black.”<sup>274</sup>

**Fiction: Abortion is never necessary to save a woman’s life.**

**Fact:** The assertion that abortion is never necessary to save a woman’s life gained traction in the fall of 2012, when Illinois Representative Joe Walsh (R) claimed, “There is no such exception as life of the mother and, as far as health of the mother, same thing, with advances in science and technology.”<sup>275</sup> Walsh later clarified his remark, saying that “[b]eyond ‘very rare circumstances,’ abortion is often unnecessary to save a woman’s life.”<sup>276</sup>

While it is true that science and technology have made great advances in recent decades, hundreds of women die every year in the United States from pregnancy- and birth-related causes. According to the Centers for Disease Control and Prevention, “there were 1,294 maternal deaths related to pregnancy in the U.S. in 2006 and 2007, the most recent data available. The rate of pregnancy-related deaths was 15.1 per 100,000 live births during 2006 and 2007.”<sup>277</sup> And in a strongly worded statement released in response to Walsh’s comment, the American College of Obstetricians and Gynecologists said that “Contrary to the inaccurate statements made ... by Rep. Joe Walsh (R-IL), abortions are necessary in a number of circumstances to save the life of a woman or to preserve her health. Unfortunately, pregnancy is not a risk-free life event, particularly for many women with chronic medical conditions. ... These inaccurate comments are yet another reason why the American College of Obstetricians and Gynecologists’ (The College) message to politicians is unequivocal: Get out of our exam rooms.”<sup>278</sup>

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<sup>272</sup> “Guttmacher Advisory: Claim that Most Abortion Clinics Are Located in Black Neighborhoods Is False,” Guttmacher Institute, January 2011, <http://www.guttmacher.org/media/evidencecheck/2011/01/19/Guttmacher-Advisory.pdf>, accessed December 15, 2012.

<sup>273</sup> Ibid.

<sup>274</sup> Ibid.

<sup>275</sup> Tammy Webber, “Walsh Under Fire Over Abortion Comments,” *San Francisco Chronicle*, October 19, 2012, <http://www.sfgate.com/default/article/Walsh-under-fire-over-abortion-comments-3964878.php>.

<sup>276</sup> Esmé E. Deprez and James Rowley, “House Republican Says Abortion Never Necessary to Save Lives,” *San Francisco Chronicle*, October 21, 2012, <http://www.sfgate.com/business/bloomberg/article/House-Republican-Says-Abortion-Never-Necessary-to-3966078.php>.

<sup>277</sup> Ibid.

<sup>278</sup> “Response to Politician’s Inaccurate Abortion Comments,” The American College of Obstetricians and Gynecologists, October 19, 2012, [http://www.acog.org/About\\_ACOG/News\\_Room/News\\_Releases/2012/Response\\_to\\_Politicians\\_Inaccurate\\_Abortion\\_Comments](http://www.acog.org/About_ACOG/News_Room/News_Releases/2012/Response_to_Politicians_Inaccurate_Abortion_Comments), accessed December 15, 2012.

## Directory of groups that oppose abortion and reproductive rights

*In this chapter, we have provided some basic information on some of the groups that are promoting an agenda to end the right and access to legal, safe abortion, as well as wider access to contraception and reproductive health care. All information comes from the organizations' websites and statements, unless otherwise noted. There are many organizations that advocate for the criminalization of abortion. Some groups, while they do not all express the same desires about the criminalization of birth control, frequently oppose policies supporting wider access to various forms of contraceptives.*

### **40 Days for Life**

**Website:** [www.40daysforlife.com](http://www.40daysforlife.com)

**Location:** Fredericksburg, Virginia

"40 Days for Life is a focused pro-life campaign with a vision to access God's power through prayer, fasting, and peaceful vigil to end abortion.

"The mission of the campaign is to bring together the body of Christ in a spirit of unity during a focused 40 day campaign of prayer, fasting, and peaceful activism, with the purpose of repentance, to seek God's favor to turn hearts and minds from a culture of death to a culture of life, thus bringing an end to abortion."

### **The Abortion Survivors Network**

**Website:** [www.theabortionsurvivors.com](http://www.theabortionsurvivors.com)

"The Abortion Survivor Network was created by saline infusion abortion survivor and international pro-life speaker and advocate Melissa Ohden, who recognized the need for both support for and among abortion survivors, and better information to be made available to the public about abortion survivors. Who better is there to educate the public about abortion survivors than survivors themselves? Who better is there to provide support to abortion survivors than survivors themselves?"

"The mission of the Abortion Survivor Network is two-fold: [t]o put a face to the statistics of abortion survivors, informing and educating the public about the prevalence of survivors and providing a perspective to abortion that is seldom heard: that of the child; [and to] give a voice to survivors in a society that often is unaware of their existence, or, if there is awareness of survivors, they are silenced due to the societal attitudes and beliefs about abortion, and to provide support to fellow survivors who may feel alone in their survival."

### **Alliance Defending Freedom (formerly Alliance Defense Fund)**

**Website:** [www.alliancedefendingfreedom.org](http://www.alliancedefendingfreedom.org)

**Location:** Scottsdale, Arizona

"Alliance Defending Freedom is a servant ministry building an alliance to keep the door open for the spread of the Gospel by transforming the legal system and advocating for religious liberty, the sanctity of life, and marriage and family."

### **American Center for Law and Justice (ACLJ)**

**Website:** [www.aclj.org](http://www.aclj.org)

**Location:** Washington, D.C.

“The American Center for Law and Justice (ACLJ) and its globally affiliated organizations are committed to ensuring the ongoing viability of freedom and liberty in the United States and around the world.

“The ACLJ and its worldwide affiliates engage in litigation, provide legal services, render advice to individuals and governmental agencies, as well as counsel clients on global freedom and liberty issues. They also support training law students from around the world in order to protect religious liberty and safeguard human rights and dignity.”

### **Americans United for Life (AUL)**

**Website:** [www.aul.org](http://www.aul.org)

**Location:** Washington, D.C.

“Our mission at Americans United for Life is to defend human life through vigorous legislative, judicial, and educational efforts, on both the state and national level.

“Founded in 1971 as the first national pro-life organization in the United States, Americans United for Life (AUL) is a nonprofit, public-interest law and policy organization whose vision is a nation in which everyone is welcomed in life and protected in law.”

### **Army of God**

**Website:** [www.armyofgod.com](http://www.armyofgod.com)

**Location:** Chesapeake, Virginia

There is no mission statement on the Army of God’s website; however, their website praises Scott Roeder, who murdered Dr. George Tiller, and Paul Jennings Hill, who murdered Dr. John Britton and James Barrett. The National Abortion Federation describes the group as “an underground network of domestic terrorists who believe that the use of violence is appropriate and acceptable as a means to end abortion.”

### **Catholic League for Religious and Civil Rights**

**Website:** [www.catholicleague.org](http://www.catholicleague.org)

**Location:** New York, New York

“The Catholic League is the nation’s largest Catholic civil rights organization. Founded in 1973 by the late Father Virgil C. Blum, S.J., the Catholic League defends the right of Catholics — lay and clergy alike — to participate in American public life without defamation or discrimination.

“Motivated by the letter and the spirit of the First Amendment, the Catholic League works to safeguard both the religious freedom rights and the free speech rights of Catholics whenever and wherever they are threatened.”

### **Center for Bio Ethical Reform (CBR)**

**Website:** [www.abortionno.org](http://www.abortionno.org)

**Locations:** Lake Forest, California; Columbus, Ohio; Kansas City, Missouri; Knoxville, Tennessee; Kingsville, Maryland; Richmond, Maine

"The Center for Bio-Ethical Reform (CBR) is working to establish prenatal justice and the right to life for the unborn, the disabled, the infirm, the aged and all vulnerable peoples through education and the development of cutting edge educational resources.

"CBR was founded in July of 1990 as a privately-funded, non-profit educational corporation."

### **Charlotte Lozier Institute**

**Website:** [www.lozierinstitute.org](http://www.lozierinstitute.org)

**Location:** Washington, D.C.

Formed in 2011, "the Charlotte Lozier Institute is the education and research arm of the Susan B. Anthony List."

### **Christian Defense Coalition**

**Website:** none (previously [www.christiandefensecoalition.com](http://www.christiandefensecoalition.com))

**Location:** Washington, D.C.

"The Christian Defense Coalition is a nationwide Christ-centered ministry based in Washington, D.C., that is committed to challenging the Christian community to live out their faith in the public square, by engaging culture through radical Biblical obedience and discipleship. As the Church seeks God in repentance, our goal is to see all public policies and institutions based on the principles of God's Word and the historic teachings of the Church."

### **Concerned Women for America (CWA)**

**Website:** [www.cwfa.org](http://www.cwfa.org)

**Location:** Washington, D.C.

"Concerned Women for America (CWA) is the nation's largest public policy women's organization with a rich 30-year history of helping our members across the country bring Biblical principles into all levels of public policy. There's a cultural battle raging across this country and CWA is on the frontline protecting those values through prayer and action.

"We focus on six core issues: the family, the sanctity of human life, religious liberty, education, pornography and national sovereignty.

"We are a non-partisan, non-sectarian organization with members affiliated with several political parties and/or religious denominations."

## **Elliot Institute**

**Website:** [www.afterabortion.org](http://www.afterabortion.org)

**Location:** Springfield, Illinois

"In 1988, Dr. David Reardon founded the Elliot Institute in order to conduct original research on the effects of abortion on women, men, families and society. His first study was funded by a few donations from friends and family, and in the early years he did everything himself on a volunteer basis, squeezed in between his 'regular' job and raising a family.

"From those very small beginnings, we have expanded to three permanent staff members and periodically have supplemented our staff with research assistants, interns and volunteers. We also work remotely with researchers from various parts of the United States and Canada to prepare, write and publish original research."

The Elliot Institute is "one of the leading organizations researching the impact of abortion. In addition, we serve as a major resource for organizations around the world who are concerned about protecting the rights of women and their unborn children. Our mission also includes educating others about abortion's injustice, trauma, and risk to all involved, and raising awareness of the urgent need for meaningful support and healing."

## **Faith2Action**

**Website:** [www.faith2action.org](http://www.faith2action.org)

**Location:** North Royalton, Ohio

The mission of Faith2Action is to turn "people of faith into people of action to win the cultural war together for life, liberty, and the family."

## **Family Research Council**

**Website:** [www.frc.org](http://www.frc.org)

**Location:** Washington, D.C.

"Since 1983, Family Research Council (FRC) has advanced faith, family and freedom in public policy and the culture from a Christian worldview. FRC's team of seasoned experts promotes these core values through policy research, public education on Capitol Hill and in the media, and grassroots mobilization. We review legislation, meet with policymakers, publish books and pamphlets, build coalitions, testify before Congress, and maintain a powerful presence online and in the print and broadcast media. "

## **Human Life Alliance (HLA)**

**Website:** [www.humanlife.org](http://www.humanlife.org)

**Location:** Minneapolis, Minnesota

"Human Life Alliance (HLA) is dedicated to creating a culture in which all human life, from the process of fertilization to natural death, is respected and cherished.

"HLA strives to educate all people on life issues with four specific goals in mind: [r]each students on every campus every year with our pro-life message; [s]upport all pro-life organizations in the country including every pregnancy resource center; [d]evelop a community outreach program to encourage church pro-life efforts; [and expand] our global outreach initiatives."

## **Human Life International (HLI)**

**Website:** [www.hli.org](http://www.hli.org)

**Locations:** Front Royal, Virginia; Miami, Florida; Rome, Italy

“Human Life International is a Catholic apostolate seeking to respond to our calling as followers of Jesus Christ by building a Culture of Life and of Love around the world through education, outreach, advocacy, and service.

“HLI believes the specific concerns and needs of local communities can be best identified by those who live there. Thus, our world headquarters, located in Front Royal, Virginia, is an educational apostolate devoted to empowering our international leaders and the people they serve.

“In fulfilling this mission we strive to train, organize and equip pro-life leaders around the world. While we are completely faithful to the Holy Father and the Magisterium, we are also ecumenical and work with people of all faiths to advance the cause of life.”

## **Liberty Counsel**

**Website:** [www.lc.org](http://www.lc.org)

**Locations:** Orlando, Florida; Virginia; Washington, D.C.

“Liberty Counsel™ is an international nonprofit litigation, education, and policy organization dedicated to advancing religious freedom, the sanctity of life, and the family since 1989, by providing pro bono assistance and representation on these and related topics.”

## **Life Legal Defense Foundation**

**Website:** [www.lldf.org](http://www.lldf.org)

**Location:** Napa, California

“To give innocent and helpless human beings of any age, particularly unborn children, a trained and committed defense against the threat of death, and to support their advocates in the nation’s courts. LLDF will accomplish its mission and purpose through the law and education.”

## **Live Action**

**Website:** [www.liveaction.org](http://www.liveaction.org)

**Location:** San Jose, California

Live Action is “a youth led movement dedicated to building a culture of life and ending abortion, the greatest human rights injustice of our time. We use new media to educate the public about the humanity of the unborn and investigative journalism to expose threats against the vulnerable and defenseless.

“Live Action was founded in 2003 as a pro-life club by then 15-year-old Lila Rose. In 2008 Live Action was legally formed as a non-partisan, non-profit organization.”

## **National Right to Life Committee (NRLC)**

**Website:** [www.nrlc.org](http://www.nrlc.org)

**Location:** Washington, D.C.

Originally a project of the U.S. National Conference of Catholic Bishops, “the National Right to Life Committee (NRLC), the federation of 50 state right-to-life affiliates and more than 3,000 local chapters, is the nation’s oldest and largest grassroots pro-life organization. Recognized as the flagship of the pro-life movement, NRLC works through legislation and education to protect innocent human life from abortion, infanticide, assisted suicide and euthanasia.”

## **National Right to Life Political Action Committee (NRL PAC)**

**Website:** [www.nrlpac.org](http://www.nrlpac.org)

**Location:** Washington, D.C.

“National Right to Life Political Action Committee (NRL PAC) is the largest and by far the most effective single-issue pro-life political action committee in the country.

“NRL PAC actively supports candidates for federal office who will work to further the goals of the pro-life movement. An important component of this assistance is educating candidates, the public, and the press so that myths about the abortion issue and the electoral process can be dispelled.”

## **Operation Rescue**

**Website:** [www.operationrescue.org](http://www.operationrescue.org)

**Location:** Wichita, Kansas

“Operation Rescue® is one of the leading pro-life Christian activist organizations in the nation. Operation Rescue® recently made headlines when it bought and closed an abortion clinic in Wichita, Kansas and has become perhaps the most visible voice of the pro-life activist movement in America. Its activities are on the cutting edge of the abortion issue, taking direct action to restore legal personhood to the pre-born and stop abortion in obedience to biblical mandates.”

## **Operation Save America**

**Website:** [www.operationsaveamerica.org](http://www.operationsaveamerica.org)

**Location:** Dallas, Texas

“Operation Save America unashamedly takes up the cause of preborn children in the name of Jesus Christ. We employ only biblical principles. The Bible is our foundation; the Cross of Christ is our strategy; the repentance of the Church of Jesus Christ is our ultimate goal. ... We believe that Jesus Christ is the only answer to the abortion holocaust.”

## **Personhood USA**

**Website:** [www.personhoodusa.com](http://www.personhoodusa.com)

**Location:** Arvada, Colorado

“Personhood USA serves the pro-life community by assisting local groups to initiate citizen, legislative, and political action focusing on the ultimate goal of the pro-life movement: personhood rights for all innocent humans.

“We intend to build the support of at least two thirds of the states in an effort to reaffirm personhood within the U.S. Constitution. ...

“Personhood USA is committed to: [p]rotecting every child by love and by law; [m]oving churches and the culture to make the dehumanization and murdering of preborn children unthinkable; [b]uild coalitions and organizations or local, state, national and international pro-life individuals and organizations that will work together on personhood legislation amendments; [and honor] the Lord Jesus Christ with our lives and actions.”

### **Priests for Life**

**Website:** [www.priestsforlife.org](http://www.priestsforlife.org)

**Location:** Staten Island, New York

"Priests for Life has come to signify two distinct but related movements within the wider pro-life movement.

"On one level ... Priests for Life refers to a very specific effort to galvanize the clergy to preach, teach, and mobilize their people more effectively in the effort to end abortion and euthanasia.

"On another level, Priests for Life represents a *family* of ministries that reach and enrich every aspect of the pro-life movement, for clergy and laity alike, in a wide variety of activities. This has come to pass precisely because *priests are not ordained for themselves, but for the people*. So in activating clergy, we are activating all the segments of the Church, the pro-life movement, and the wider society in the defense of life.

"We refer to this wider family of ministries as Gospel of Life Ministries, to indicate that what unites them all is the Gospel of Life, the good news that life is victorious over death!"

### **ProLife Across America**

**Website:** [www.prolifeacrossamerica.org](http://www.prolifeacrossamerica.org)

**Location:** Minneapolis, Minnesota

"Since 1989 PROLIFE Across AMERICA's Media Mission is to reach out through Billboard, TV, radio and newspaper ads to people who may not be reached in any other way. Our ads create an 'Atmosphere of Life' in a 'culture of death.'

"Totally educational, (non-profit and non-political), PROLIFE Across AMERICA is committed to bringing positive, persuasive messages offering information and alternatives — including adoption — and post abortion assistance to those in need. All ads feature our 800# Hotline for Help."

### **Pro-Life Action League**

**Website:** [www.prolifeaction.org](http://www.prolifeaction.org)

**Location:** Chicago, Illinois

"The Pro-Life Action League was founded by Joseph M. Scheidler in 1980 with the aim of saving unborn children through non-violent direct action.

"We are doing all we can to stop the killing and the exploitation. Some of our key activities are: abortion clinic presence; public protest; confronting the abortionists; promoting and defending activism; broadcasting the pro-life message; [and] youth outreach."

## Rachel's Vineyard

**Website:** [www.rachelsvineyard.org](http://www.rachelsvineyard.org)

**Location:** King of Prussia, Pennsylvania

"Theresa Karminski Burke, Ph. D., started one of the first therapeutic support groups for post-aborted women in 1986 after founding The Center for Post Abortion Healing.

"In 1994, *Rachel's Vineyard: A Psychological and Spiritual Journey for Post Abortion Healing* was first published. It was a unique support group model for counselors, offering a very concrete, emotional experience for women who were grieving the loss of their aborted children. In 1995, Theresa adapted and expanded the curriculum into a format for weekend retreats. Soon individuals seeking healing began to travel from other states to experience this very effective healing process.

"Without a budget, office or advertising, Rachel's Vineyard became a grassroots national outreach. By word of mouth only, the retreats began to spread across the country because of the retreat's dramatic effectiveness, from 18 retreats in 1999 and growing to 35 retreats in 2000. In 2003, Rachel's Vineyard became a ministry of Priests for Life and its board was structured accordingly.

"Currently, Rachel's Vineyard has grown to over 700 retreats annually, held in 47 states and 25 countries, with many new sites in development."

## The Radiance Foundation

**Website:** [www.theradiancefoundation.org](http://www.theradiancefoundation.org)

**Location:** Virginia Beach, Virginia

"The Radiance Foundation is an educational life-affirming organization. Through various forms of media, speaking engagements, multi-media presentations and community outreach efforts, we illuminate the intrinsic value each person possesses. We educate audiences about pressing societal issues and how they impact the understanding of God-given Purpose. We motivate people to positively affect their families, their schools and their communities. Our combination of powerfully designed media content, thorough research and personal experiences is unmatched and connects with people cross-culturally and cross-generationally."

## Silent No More Awareness Campaign

**Website:** [www.silentnomoreawareness.org](http://www.silentnomoreawareness.org)

"Silent No More Awareness is a Campaign whereby Christians make the public aware of the devastation abortion brings to women and men. The campaign seeks to expose and heal the secrecy and silence surrounding the emotional and physical pain of abortion.

"The Campaign is a project of Priests for Life and Anglicans for Life."

### **STOPP/American Life League (ALL)**

**Website:** [www.all.org](http://www.all.org)

**Location:** Stafford, Virginia

American Life League (ALL) “is the largest grassroots Catholic pro-life education organization in the United States. ALL is committed to the protection of all innocent human beings from the moment of creation to death. It is rooted in pro-life integrity that stands up for every innocent human being whose life is threatened by what Pope John Paul II called ‘the culture of death.’ That ranges from the single cell human embryo to the elderly, the infirm and others at risk of having their life terminated by acts of euthanasia. The pro-life position notes that neither abortion nor euthanasia can ever be medically necessary or morally permitted.”

### **Survivors of the Abortion Holocaust**

**Website:** [www.survivors.la](http://www.survivors.la)

**Location:** Riverside, California

“Founded by Jeff White and Cheryl Conrad, national leaders in the pro-life movement, the Survivors of the Abortion Holocaust have affected thousands of lives by equipping and activating the youth of America to speak out against abortion. Trained Survivors bring their honed debate skills and expert activism to events across the U.S. ”

### **Susan B. Anthony List (SBA List)**

**Website:** [www.sba-list.org](http://www.sba-list.org)

**Location:** Washington, D.C.

“The Susan B. Anthony List, and its connected Political Action Committee, the SBA List Candidate Fund, are dedicated to electing candidates and pursuing policies that will reduce and ultimately end abortion. To that end, the SBA List will emphasize the election, education, promotion, and mobilization of pro-life women.”

On their website, the SBA List discusses their six point mission: “Elect pro-life women or pro-life men who oppose pro-abortion women to Congress through our SBA List Candidate Fund; [e]ducate voters on critical pro-life issues and on upcoming legislation; [t]rain and equip pro-life activists nationwide to run successful political and grassroots campaigns; [p]romote positive responses in both traditional and new media to dispel the myths and distortions of the abortion lobby; [a]dvocate passage of pro-life legislation in Congress, directly with legislators and through mobilizing direct citizen lobbying; [c]onnect legislative and electoral consequences through our Votes Have Consequences Program.”

## **Randall Terry/The Society for Truth and Justice**

**Website:** [www.voiceofresistance.com](http://www.voiceofresistance.com); numerous others

**Location:** Romney, West Virginia

Note: Randall Terry was the founder of the clinic blockade and invasion group Operation Rescue in 1987. Following Operation Rescue's legal battles and internal power struggles of the 1990s, Terry has launched numerous initiatives under numerous names, including The Society for Truth and Justice, Operation Rescue Insurrecta Nex, Overturn Roe, Pro-Life Warrior, and Terry for President. The net effect is that the media largely settles for referring to him as "Operation Rescue founder Randall Terry." His bio on his 2012 Presidential campaign website states, "Mr. Terry Founded Operation Rescue, and led the largest civil disobedience movement in American history, with over 70,000 arrests in the 'rescue movement.' Mr. Terry has been arrested nearly 50 times, and has been incarcerated for over one year of his life."

## **Thomas More Society**

**Website:** [www.thomasmoresociety.org](http://www.thomasmoresociety.org)

**Location:** Chicago, Illinois

"The Thomas More Society is a not-for-profit, national public interest law firm that exists to restore respect in law for life, marriage, and religious liberty. Based in Chicago, the Thomas More Society defends and fosters support for these causes by providing high quality pro bono legal services from local trial courts all the way to the United States Supreme Court."

The Thomas More Society litigates cases, including "[p]rotecting the First Amendment rights of those who pray and counsel outside our nation's abortion facilities" and "[d]efending laws that protect human life from conception to natural death."

## **United States Conference of Catholic Bishops (USCCB)**

**Website:** [www.usccb.org](http://www.usccb.org)

**Locations:** Washington, D.C.; New York, New York; Miami, Florida

"The United States Conference of Catholic Bishops (USCCB) is an assembly of the hierarchy of the United States and the U.S. Virgin Islands who jointly exercise certain pastoral functions on behalf of the Christian faithful of the United States. The purpose of the Conference is to promote the greater good which the Church offers humankind, especially through forms and programs of the apostolate fittingly adapted to the circumstances of time and place. This purpose is drawn from the universal law of the Church and applies to the episcopal conferences which are established all over the world for the same purpose.

"The mission of the United States Conference of Catholic Bishops (see CIC, c. 447) is to support the ministry of bishops with an emphasis on evangelization, by which the bishops exercise in a communal and collegial manner certain pastoral functions entrusted to them by the Lord Jesus of sanctifying, teaching, and governing (see *Lumen gentium*, no. 21)."

## Directory of reproductive rights, health and justice groups

*In this chapter, we have provided some basic information on some of the reproductive rights groups working to protect the right and access to legal, safe abortion, contraception, birth control, and universally accessible quality reproductive health care. All information, unless otherwise noted, comes from the organization's website and statements.*

### Abortion Care Network (ACN)

**Website:** [www.abortioncarenetwork.org](http://www.abortioncarenetwork.org)

**Location:** Washington, D.C.

**Contact Information:** 202-419-1444

The Abortion Care Network is “committed to creating a community that supports the right of all people to experience respectful, dignified abortion care. The Abortion Care Network connects the abortion care community by creating educational and networking opportunities to increase respect for women and challenge stigma surrounding abortion. We are committed to supporting the work of independent abortion care providers while encouraging the training of the next generation.”

### Advancing New Standards in Reproductive Health (ANSRH)

**Website:** [www.ansirh.org](http://www.ansirh.org)

**Location:** Oakland, California

**Contact Information:** 415-502-1332

Advancing New Standards in Reproductive Health (ANSIRH) is “a collaborative research group and ‘think tank’ at the University of California, San Francisco; Our mission is to ensure that reproductive health care and policy are grounded in evidence through multi-disciplinary research, training and advocacy. ANSIRH’s multi-disciplinary team includes clinicians, researchers and scholars in the fields of demography, sociology, anthropology, nursing, psychology, public health, economics, medicine and law. We are examining the issues faced by advanced practice clinicians (nurse practitioners, nurse midwives, and physician assistants) who are providers of early aspiration abortion care; [d]ocumenting the health systems, policy, and training barriers that limit the provision of second-trimester abortion and the effects of those limits on clinical care; [m]easuring the effect of unintended pregnancy on women’s lives; and [c]ollecting and analyzing women’s and clinical provider’s perceptions of abortion care.”

### Advocates for Youth

**Website:** [www.advocatesforyouth.org](http://www.advocatesforyouth.org)

**Location:** Washington, D.C.

**Contact Information:** 202-419-3420

“Advocates for Youth is the only organization that works both in the United States and in developing countries with a sole focus on adolescent reproductive and sexual health; Advocates for Youth occupies a unique niche because it: [b]rings youth development strategies to the field of adolescent sexual health and sexual health strategies to the field of youth development; [i]ntegrates strategies related to STIs, HIV/AIDS, and teen pregnancy prevention, fields that often operate in isolation from one another; [u]ses its domestic and international work for learning about and disseminating lessons across borders; [p]rovides printed and electronic resources, technical assistance, and training to promote research-based best practices in the field of adolescent sexual health.”

### **American Civil Liberties Union's Reproductive Freedom Project (ACLU)**

**Website:** [www.aclu.org/reproductive-freedom](http://www.aclu.org/reproductive-freedom)

**Location:** New York, New York

**Contact Information:** 212-549-2500

"The ACLU works to secure a world that respects everyone's right to form intimate relationships and to decide whether and when to have children. With reproductive freedom comes opportunity: opportunity to build a secure, productive, and meaningful life. Through litigation, advocacy, and public education, we strive to ensure that the government respects and supports reproductive freedom. ... The ACLU is working to ensure that women in the U.S. have timely access to abortion care.

"The Project also works on a wide range of issues that have a direct impact on reproductive decisions including: access to safe and affordable contraception; supporting age appropriate sex ed programming and fighting pregnancy discrimination."

### **Association of Reproductive Health Professionals (ARHP)**

**Website:** [www.arhp.org](http://www.arhp.org)

**Locations:** Washington, D.C.; Oakland, California

**Contact Information:** 202-466-3825

The Association of Reproductive Health Professionals "is a multidisciplinary association of professionals who provide reproductive health services or education, conduct reproductive health research, or influence reproductive health policy.

"ARHP educates healthcare professionals, policy makers and the public. The organization fosters research and advocacy to improve reproductive health. ... ARHP's core competence is planning and executing high quality clinical education for health professionals and developing policy and advocacy activities in support of these efforts."

### **Backline**

**Website:** [www.yourbackline.org](http://www.yourbackline.org)

**Location:** Portland, Oregon

**Contact Information:** 503-287-4344

"Backline promotes unconditional and judgment-free support for decisions, feelings and experiences with pregnancy, parenting, adoption and abortion. Through a combination of direct services and social change strategies, Backline is building a world where all people can make the reproductive decisions that are best for their lives, without coercion or limitation, and where the dignity of all lived experiences is affirmed and honored."

### **California Latinas for Reproductive Justice (CLRJ)**

**Website:** [www.californialatinas.org](http://www.californialatinas.org)

**Location:** Los Angeles, California

**Contact Information:** 213-270-5258

"California Latinas for Reproductive Justice (CLRJ) is a statewide policy and advocacy organization whose mission is to advance California Latinas' reproductive health and rights within a social justice and human rights framework. CLRJ works to ensure that policy developments are reflective of the priority needs of Latinas, their families and their communities."

### **Catholics for Choice**

**Website:** [www.catholicsforchoice.org](http://www.catholicsforchoice.org)

**Location:** Washington, D.C.

**Contact Information:** 202-986-6093

“Catholics for Choice was founded in 1973 to serve as a voice for Catholics who believe that the Catholic tradition supports a woman’s moral and legal right to follow her conscience in matters of sexuality and reproductive health.

“Catholics for Choice seeks to shape and advance sexual and reproductive ethics that are based on justice, reflect a commitment to women’s well-being and respect and affirm the capacity of women and men to make moral decisions about their lives. CFC works in the United States and internationally to ensure that all people have access to safe and affordable reproductive healthcare services and to infuse our core values into public policy, community life and Catholic social thinking and teaching.”

### **Center for Reproductive Rights**

**Website:** [reproductiverights.org](http://reproductiverights.org)

**Locations:** New York, New York; Washington, D.C.

**Contact Information:** 917-637-3600 (NY); 202-628-0286 (DC)

“For 20 years, the Center for Reproductive Rights has used the law to advance reproductive freedom as a fundamental human right that all governments are legally obligated to protect, respect, and fulfill. ... We are the only global legal advocacy organization dedicated to reproductive rights, with expertise in both U.S. constitutional and international human rights law. Our groundbreaking cases before national courts, United Nations committees, and regional human rights bodies have expanded access to reproductive healthcare, including birth control, safe abortion, prenatal and obstetric care, and unbiased information. We influence the law outside the courtroom as well, documenting abuses, working with policymakers to promote progressive measures, and fostering legal scholarship and teaching on reproductive health and human rights.”

### **Choice USA**

**Website:** [www.choiceusa.org](http://www.choiceusa.org)

**Location:** Washington, D.C.

**Contact Information:** 888-784-4494; 202-965-7700

“As a national pro-choice organization, Choice USA gives emerging leaders the tools they need to organize, network, and exchange ideas to build a youth centered pro-choice agenda and mobilize communities for reproductive health freedom. ... Campus chapters are the heart of Choice USA’s work. All over the US, groups of dedicated students are working tirelessly for reproductive justice and we are honored they have chosen to do so with Choice USA. They tackle issues specific to their campus or community, speak out about state policy, and contribute to national campaigns. The diverse group of young people in our chapters work with Choice USA to create a youth-centered pro-choice agenda. Choice USA gives these emerging leaders the support and tools they need to help build the future of the reproductive justice movement.”

## **Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)**

**Website:** [www.colorlatina.org](http://www.colorlatina.org)

**Location:** Denver, Colorado

**Contact Information:** 303-393-0382

“Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR) provides a voice on reproductive rights and health perspective from within the Latino community for the Latino community and in the policy making process. We include reproductive justice in all of our conversations, and in our educational programming, public policy and advocacy, and community outreach work; COLOR’s vision is that Latinas and their families have the knowledge, freedom, and power to access a full range of opportunities for the health of their body, mind and spirit.”

## **Connect & Breathe**

**Website:** [www.connectandbreathe.org](http://www.connectandbreathe.org)

**Location:** Penfield, New York

**Contact Information:** 866-647-1764

Connect & Breathe is an “after-abortion nonjudgmental talkline.” They provide a “talk-line staffed by people trained to listen and help [...] by simply listening or providing [...] resources in [the] area — both religious and non-religious — who can also help [...] connect with your decision in a way that affirms you.”

## **EMILY’s List**

**Website:** [www.emilyslist.org](http://www.emilyslist.org)

**Location:** Washington, D.C.

**Contact Information:** 202-326-1400

The mission of EMILY’s List is to elect “pro-choice Democratic women to office. ... EMILY’s List looks for viable political opportunities and recruits strong pro-choice Democratic women candidates to run. We tell our community of members about these women, and ask them to give directly to the campaigns of candidates for House, Senate, and governor. We provide extensive training for candidates and staff so they can make the most of limited resources and win the toughest races. We conduct in-depth, ongoing research into the minds and moods of women voters, a critical bloc for Democrats whose votes are key to electing more women. Finally, our WOMEN VOTE! project reaches out to women voters in the days and weeks before Election Day with persuasive messages that motivate them to go to the polls and cast their ballots for progressive Democrats — because if there’s one thing we’ve learned, it’s When Women Vote, Women Win!

We are continually making investments to help women develop political skills and cultivate resources so that we can bring more women into politics and elected office. Only then can we build a lasting progressive majority dedicated to social justice, civil rights, diversity, economic reform, and compassion — and construct a society that values the contributions of all of its citizens.”

## **Exhale**

**Website:** exhaleprovoice.org

**Location:** Oakland, California

**Contact Information:** 510-446-7900

“Exhale creates a social climate where each person’s unique experience with abortion is supported, respected, and free from stigma. Exhale provides services, training, and education to empower individuals, families, and communities to achieve post-abortion health and wellbeing.”

## **Faith Aloud**

**Website:** www.faithaloud.org

**Location:** St. Louis, Missouri

**Contact Information:** 888-717-5010

“As people of religious faith and conviction Faith Aloud supports reproductive justice for every person. Because we have faith in women we support *all* pregnancy options. Faith Aloud was incorporated in 1982. We are people of diverse religious beliefs, denominations, and practices. Our mission is to eliminate the religious stigma of abortion.”

## **Feminist Majority**

**Website:** feministmajority.org

**Locations:** Washington, D.C.; Los Angeles, California

**Contact:** 703-522-2214 (DC); 310-556-2500 (CA)

Feminist Majority “engages in lobbying and other direct political action, pursuing equality between women and men through legislative avenues.”

## **Feminist Majority Foundation (FMF)**

**Website:** www.feminist.org

**Locations:** Washington, D.C.; Los Angeles, California

**Contact Information:** 703-522-2214 (DC); 310-556-2500 (CA)

“The Feminist Majority Foundation (FMF) was created to develop bold, new strategies and programs to advance women’s equality, non-violence, economic development, and, most importantly, empowerment of women and girls in all sectors of society. ... Along with reproductive rights and access to reproductive technology, the FMF’s programs have focused on the empowerment of women in law, business, medicine, academia, sports, and the Internet. ... FMF engages in research and public policy development, public education programs, grassroots organizing projects, leadership training and development programs, and participates in and organizes forums on issues of women’s equality and empowerment.”

### **Forward Together**

**Website:** [www.forwardtogether.org](http://www.forwardtogether.org)

**Location:** Oakland, California

**Contact Information:** 510-663-8300

“Forward Together leads grassroots actions and trains community leaders to transform policy and culture in ways that support individuals, families, and communities in reaching our full potential. In the world we envision, all people will have the economic, social, and political power and resources to make decisions about our gender, our bodies, and our sexuality. We are developing leaders with vision, building networks across communities, and implementing innovative campaigns to make our vision a reality.”

### **Guttmacher Institute**

**Website:** [www.guttmacher.org](http://www.guttmacher.org)

**Locations:** New York, New York; Washington, D.C.

**Contact Information:** 212-248-1111 (NY); 202-296-4012 (DC)

“The Guttmacher Institute advances sexual and reproductive health and rights through an interrelated program of research, policy analysis and public education designed to generate new ideas, encourage enlightened public debate and promote sound policy and program development. The Institute’s overarching goal is to ensure the highest standard of sexual and reproductive health for all people worldwide.”

### **Ibis Reproductive Health**

**Website:** [www.ibisreproductivehealth.org](http://www.ibisreproductivehealth.org)

**Locations:** Cambridge, Massachusetts; Oakland, California; Johannesburg, South Africa

**Contact Information:** 617-349-0040

“Ibis Reproductive Health aims to improve women’s reproductive autonomy, choices, and health worldwide; [w]e accomplish our mission by conducting original clinical and social science research, leveraging existing research, producing evidence-based information resources, and promoting policies and practices that support sexual and reproductive rights and health. We focus on improving access to safe, high-quality, affordable abortion, expanding access to and information about contraception, and strengthening links between HIV prevention, care, and treatment and comprehensive sexual and reproductive health care.”

### **Inspire: Abortion Support Group**

**Website:** [www.inspire.com/groups/abortion](http://www.inspire.com/groups/abortion)

**Location:** Princeton, New Jersey

**Contact Information:** 800-945-0381

"Inspire connects patients, families, friends and caregivers for support and inspiration; More than 80 national patient advocacy organizations partner with Inspire to create secure and moderated online support communities, organized by medical condition. Inspire communities are free for qualified 501(c)(3) organizations; Inspire was created with the belief that patients and caregivers need a safe and secure place to support and connect with one another.

"Inspire communities allow patients and caregivers to connect with others who share their health concerns by creating personal profiles, participating in discussions, and blogging. Extensive privacy features allow members to control exactly how their personal information is shared with others."

### **Ipas**

**Website:** [www.ipas.org](http://www.ipas.org)

**Location:** Chapel Hill, North Carolina

**Contact Information:** 919-967-7052

"Founded in 1973, Ipas is a global nongovernmental organization dedicated to ending preventable deaths and disabilities from unsafe abortion. Through local, national and global partnerships, Ipas works to ensure that women can obtain safe, respectful and comprehensive abortion care, including counseling and contraception to prevent future unintended pregnancies. [...]

"Ipas works with health-care systems and providers to increase their skills and capacity to deliver safe abortion services. We work with nations' ministries of health to interpret laws governing abortion in the broadest terms possible and to write standards and guidelines for abortion care accordingly to ensure access for as many women as possible. We educate health-care providers and administrators about the importance of providing safe abortion services as a matter of public health and human rights. And we work to bolster the number of available abortion providers by advocating for laws and policies that allow non-physician providers to perform abortion services and referrals; we also work to train these non-physician provider groups, such as certified nurse midwives and community health volunteers, and to support their work within the communities they serve."

### **Jahajee Sisters**

**Website:** [www.jahajeesisters.org](http://www.jahajeesisters.org)

**Location:** New York, New York

**Contact Information:** 347-644-9044

"Jahajee Sisters is a movement-building organization, led by Indo-Caribbean women, committed to creating a safe and equitable society. We foster solidarity and empowerment through dialogue, arts, leadership development and grassroots organizing; [H]onoring the notion of 'each one teach one,' we focus on leadership development, political education and introducing the principles of community organizing. We utilized the arts and activism as a catalyst for change by creating awareness of the issues that affect us as a community and inspiring direct action at the grassroots."

## Law Students for Reproductive Justice

**Website:** [lsrj.org](http://lsrj.org)

**Location:** Oakland, California

**Contact Information:** 510-622-8134

"Law Students for Reproductive Justice trains and mobilizes law students and new lawyers across the country to foster legal expertise and support for the realization of reproductive justice." The organization's goals are to "[a]dvance understanding of reproductive justice through active communities on law school campuses to foster diverse membership and encourage multi-issue activism; [i]ntegrate reproductive rights law and justice (RRLJ) into legal education to further scholarly discourse and to increase learning opportunities; [e]nhance law students' and new lawyers' roles in the reproductive health, rights and justice (RHRJ) movements through experiences and opportunities that develop their leadership, advocacy, and legal skills; [and build] a foundation of lasting support for reproductive justice within the legal community."

## Medical Students for Choice (MSFC)

**Website:** [www.ms4c.org](http://www.ms4c.org)

**Location:** Philadelphia, Pennsylvania

**Contact Information:** 215-625-0800

"Medical Students for Choice is dedicated to ensuring that women receive the full range of reproductive healthcare choices. MSFC recognizes that one of the greatest obstacles to safe and legal abortion is the absence of trained providers. As medical students and residents, we work to make reproductive health care, including abortion, a part of standard medical education and residency training.

"More specifically, these are our goals: to bolster MSFC's grassroots network of support and activism; and to reform medical school curricula and residency programs to include reproductive health and abortion care."

## NARAL Pro-Choice America

**Website:** [www.naral.org](http://www.naral.org)

**Location:** Washington, D.C.

**Contact Information:** 202-973-3000

NARAL is "made up of pro-choice women and men across the United States. Together, we protect a woman's right to choose." NARAL protects this right in several ways: "We lobby Congress to convince your elected representatives to support your right to choose. We organize women and men to make sure that lawmakers hear from the pro-choice people they represent. We connect what happens in Congress or in the states to how it affects your ability to make private decisions, like choosing legal abortion. We work with our state affiliates to advance ideas that are good for women's freedom. We fight back against the bad ideas that threaten our privacy. NARAL Pro-Choice America uses the political process to elect lawmakers who share our pro-choice values and defeat candidates who don't."

### **National Abortion Federation (NAF)**

**Website:** [www.prochoice.org](http://www.prochoice.org)

**Location:** Washington, D.C.

**Contact Information:** 202-667-5881

NAF's mission is "to ensure safe, legal, and accessible abortion care, which promotes health and justice for women. ... NAF sets the standard for quality abortion care through our evidence-based Clinical Policy Guidelines (CPGs), which were first issued in 1996 and are revised annually. NAF also provides our members with the education and professional support they need to provide the highest quality abortion care. ... NAF provides the medical, provider, and patient perspectives in debates about abortion policies at the federal, state, and provincial levels. NAF's public policy programs include litigating in the courts, submitting amicus briefs in cases affecting NAF members and their patients, and advocating for a fair and independent judiciary to make the decisions that will affect women for generations to come. ... NAF provides women with the resources they need to make informed decisions about their pregnancies. NAF also works to increase abortion access by training and integrating advanced practice clinicians (APCs) — nurse practitioners, physician assistants, and certified nurse-midwives — into abortion care."

### **National Advocates for Pregnant Women (NAPW)**

**Website:** [advocatesforpregnantwomen.org](http://advocatesforpregnantwomen.org)

**Location:** New York, New York

**Contact Information:** 212-255-9252

"National Advocates for Pregnant Women (NAPW) seeks to protect the rights and human dignity of all women, particularly pregnant and parenting women and those who are most vulnerable including low income women, women of color, and drug-using women. NAPW uses the lessons learned from the experiences of these women to find more effective ways of advancing reproductive and human rights for all women and families. Our work encompasses legal advocacy; local and national organizing; public policy development, and public education. NAPW is actively involved in ongoing court challenges to punitive reproductive health and drug policies and provides litigation support in cases across the country. NAPW engages in local and national organizing and public education efforts among the diverse communities that are stakeholders in these issues, including the women and families directly affected by punitive policies, as well as public health and policy leaders."

### **National Asian Pacific American Women's Forum (NAPAWF)**

**Website:** [napawf.org](http://napawf.org)

**Locations:** Brooklyn, New York; Washington, D.C.; Oakland, California

**Contact Information:** 202-470-3170

"NAPAWF is the only national, multi-issue Asian and Pacific Islander (API) women's organization in the country. NAPAWF's mission is to build a movement to advance social justice and human rights for API women and girls."

### **National Latina Institute for Reproductive Health (NLIRH)**

**Website:** [latinainstitute.org](http://latinainstitute.org)

**Locations:** New York, New York; Washington, D.C.

**Contact Information:** 212-422-2553 (NY); 202-621-1435 (DC)

The National Latina Institute for Reproductive Health's mission is "to ensure the fundamental human right to reproductive health and justice for Latinas, their families and their communities through public education, community mobilization and policy advocacy."

### **National Network of Abortion Funds**

**Website:** [www.fundabortionnow.org](http://www.fundabortionnow.org)

**Location:** Boston, Massachusetts

**Contact Information:** 617-267-7161

"The National Network of Abortion Funds works to make sure that all women and girls can get the abortions they seek ... At our core, the National Network of Abortion Funds is a dynamic network of grassroots abortion funds and thousands of activists who serve the women living in their communities, states, regions, and country ... In addition to continuing the daily work of raising money to help women pay for abortion care, abortion funds now frequently work to improve the laws in their states, elevate the voices of women who cannot afford to pay for an abortion, and challenge the stigma that surrounds abortion and abortion funding."

### **National Women's Health Network (NWHN)**

**Website:** [nwhn.org](http://nwhn.org)

**Location:** Washington, D.C.

**Contact Information:** 202-682-2640

"The National Women's Health Network was founded in 1975 to give women a greater voice within the healthcare system. NWHN is a membership-based organization supported by 8,000 individuals and organizations nationwide. We do not accept financial support from pharmaceutical companies, tobacco companies or medical device manufacturers. ... The National Women's Health Network improves the health of all women by developing and promoting a critical analysis of health issues in order to affect policy and support consumer decision-making. ... To accomplish these goals we shape policy and consumer health decisions and options by developing and promoting a critical analysis of health issues. NWHN monitors the actions of federal regulatory and funding agencies, industry and the health professions, identifies abuses and makes change by exposing the abuse and catalyzing grassroots action."

### **National Women’s Law Center**

**Website:** [www.nwlc.org](http://www.nwlc.org)

**Location:** Washington, D.C.

**Contact Information:** 202-588-5180

“Since 1972, the Center has expanded the possibilities for women and girls in this country. We have succeeded in getting new laws on the books and enforced; litigating ground-breaking cases all the way to the Supreme Court, and educating the public about ways to make laws and public policies work for women and their families. Today, an experienced staff of nearly 60 continues to advance the issues that cut to the core of women’s lives in education, employment, family and economic security, and health and reproductive rights — with special attention given to the needs of low-income women and their families.”

### **Native Youth Sexual Health Network (NYSHN)**

**Website:** [www.nativeyouthsexualhealth.com](http://www.nativeyouthsexualhealth.com)

**Location:** Toronto, Ontario

**Contact Information:**

“NYSHN works with Indigenous peoples across the United States and Canada to advocate for and build strong, comprehensive, and culturally safe sexuality and reproductive health, rights, and justice initiatives in their own communities. We are a peer-based network of individuals, families, communities, and Indigenous peoples at large. Advocacy and direct youth and community mobilization are central parts of our work. Media and other resource creation are ongoing. NYSHN also works with service providers, organizations, adults, Elders and allied communities.”

### **National Organization for Women (NOW)**

**Website:** [www.now.org](http://www.now.org)

**Location:** Washington, D.C.

**Contact Information:** 202-628-8669

“The National Organization for Women (NOW) is the largest organization of feminist activists in the United States. NOW has 500,000 contributing members and 550 chapters in all 50 states and the District of Columbia. Since its founding in 1966, NOW’s goal has been to take action to bring about equality for all women. NOW works to eliminate discrimination and harassment in the workplace, schools, the justice system, and all other sectors of society; secure abortion, birth control and reproductive rights for all women; end all forms of violence against women; eradicate racism, sexism and homophobia; and promote equality and justice in our society.”

### **Nursing Students for Choice (NSFC)**

**Website:** [www.nursingstudentsforchoice.org](http://www.nursingstudentsforchoice.org)

**Location:** St. Paul, Minnesota

**Contact Information:** 651-602-7658

"Nursing Students for Choice (NSFC) is a national grassroots organization dedicated to advancing and securing reproductive health and justice for all through advocacy, activism, provider education and training. ... NSFC's national goals are rooted in the belief that nursing students across the country can be inspired to join our cause with organizational support from current NSFC student leaders. Utilizing the skills of nurses and improving their educations will improve the total healthcare experience of patients nationwide."

### **On the Issues Magazine Online**

**Website:** [www.ontheissuesmagazine.com](http://www.ontheissuesmagazine.com)

**Location:** Long Island City, New York

"On The Issues Magazine Online is a successor to the print publication, *On The Issues Magazine*, a progressive, feminist quarterly print publication from 1983 to 1999, both published by Choices Women's Medical Center, Merle Hoffman, President and CEO."

### **Our Bodies Ourselves**

**Website:** [www.ourbodiesourselves.org](http://www.ourbodiesourselves.org)

**Location:** Cambridge, Massachusetts

"Our Bodies Ourselves (OBOS), also known as the Boston Women's Health Book Collective, is a global nonprofit, public interest organization based in Cambridge, Mass. OBOS promotes accurate, evidence-based information on girls' and women's reproductive health and sexuality, and addresses the social, economic and political conditions that affect health care access and quality of care.

"OBOS's landmark publication, 'Our Bodies, Ourselves,' first published in 1971, has been translated and adapted into 25 languages by women's groups around the world."

### **Physicians for Reproductive Choice and Health (PRCH)**

**Website:** [www.prch.org](http://www.prch.org)

**Locations:** Washington, D.C.; San Francisco, California; New York, New York

**Contact Information:** 202-293-3129 (DC), 415-990-6502 (CA);  
646-366-1890 (NY)

"Physicians for Reproductive Choice and Health unites the medical community and concerned supporters. Together, we work to improve access to comprehensive reproductive health care, including contraception and abortion, especially to meet the health care needs of economically disadvantaged patients. A large number of the physicians PRCH represents practice in the field of obstetrics and gynecology, but many are pediatricians, fertility doctors, family physicians, cardiologists, neurologists, radiologists, and others. They belong to medical associations but look to PRCH to voice their concerns about reproductive choice and health. PRCH, in turn, works with medical and women's health organizations that share an interest in expanding and improving the medical options and quality of services available to American women and their families. We aim to enhance and complement, not duplicate, services provided by these groups."

### **Planned Parenthood Action Fund**

**Website:** [www.plannedparenthoodaction.org](http://www.plannedparenthoodaction.org)

**Locations:** Washington, D.C.; New York, New York

**Contact Information:** 202-973-4800 (DC); 212-541-7800 (NY)

“The Planned Parenthood® Action Fund ... is a national not-for-profit organization with its main offices in New York City and Washington, D.C. The Action Fund is the nonpartisan advocacy and political arm of Planned Parenthood Federation of America. The Action Fund engages in educational and electoral activity, including legislative advocacy, voter education, and grassroots organizing to promote the Planned Parenthood mission.”

### **Planned Parenthood Federation of America**

**Website:** [www.plannedparenthood.org](http://www.plannedparenthood.org)

**Locations:** New York, New York; Washington, D.C.

**Contact Information:** 212-541-7800 (NY); 202-973-4800 (DC)

Planned Parenthood’s mission is “to provide comprehensive reproductive and complementary health care services in settings which preserve and protect the essential privacy and rights of each individual; to advocate public policies which guarantee these rights and ensure access to such services; to provide educational programs which enhance understanding of individual and societal implications of human sexuality; and to promote research and the advancement of technology in reproductive health care and encourage understanding of their inherent bioethical, behavioral, and social implications.”

### **Provide!**

**Website:** [www.provideaccess.org](http://www.provideaccess.org)

**Location:** Cambridge, Massachusetts

**Contact Information:** 617-661-1161

Formerly the Abortion Access Project, “Provide is committed to access to safe abortion for all women in the U.S. We believe that by being clearly focused on abortion within the context of our broader values we will make a significant contribution to women’s health and autonomy. To this end, Provide: [l]ooks for gaps in abortion access that no one else is addressing and seeks to create and support innovative responses to these gaps; [s]eeks to catalyze changes within health care and reproductive health activism that increase the participation of a wide range of health care providers in providing and connecting women to safe abortion care; and [w]orks with local partners to achieve locally-driven, locally-relevant goals and connects this work to national organizations also interested in expanding access.”

## Religious Coalition for Reproductive Choice

**Website:** [www.rcrc.org](http://www.rcrc.org)

**Location:** Washington, D.C.

**Contact Information:** 202-628-7700

"The Religious Coalition for Reproductive Choice (RCRC) is the national community of religious and spiritual people, denominations, and organizations from all faith traditions dedicated to achieving reproductive justice. For people of faith, reproductive justice is a moral imperative, grounded in centuries of sacred texts.

"Through education, mobilization and advocacy, we are leading the religious movement to advance the health and well-being of women and families.

"RCRC mobilizes the moral force of thousands of clergy, religious leaders, and other people of faith. Together, we work for ethical and responsible policies, laws and resources that make reproductive health care and rights accessible to all. Our religious traditions call us to this sacred work.

"As people of faith, we are committed to ensuring that all people and communities can express the blessings of sexuality with health and wholeness."

## The Religious Institute

**Website:** [www.religioustheology.org](http://www.religioustheology.org)

**Location:** Westport, Connecticut

**Contact Information:** 203-222-0055

"The Religious Institute is a multifaith organization dedicated to advocating for sexual health, education, and justice in faith communities and society. This mission involves: [d]eveloping and supporting a network of clergy, religious educators, theologians, ethicists and other religious leaders committed to sexual justice; [d]eveloping and supporting the Faithful Voices Network, a multifaith network of people of faith who share a commitment to comprehensive sexuality education, sexual health and reproductive justice, and full inclusion of women and LGBT persons in congregational life and society; [b]uilding the capacity of religious institutions and clergy to provide sexuality education within the context of their faith traditions; [h]elping congregations, seminaries, and denominations to become sexually healthy faith communities; [and educating] the public and policymakers about a progressive religious vision of sexual morality, justice, and healing."

## Reproductive Health Technologies Project (RHTP)

**Website:** [www.rhtp.org](http://www.rhtp.org)

**Location:** Washington, D.C.

**Contact Information:** 202-530-4401

"The mission of the Reproductive Health Technologies Project is to advance the ability of every woman of any age to achieve full reproductive freedom with access to the safest, most effective, appropriate and acceptable technologies for ensuring her own health and controlling her fertility. To fulfill this mission, we seek to build consensus in support of an education, research and advocacy agenda for reproductive health and reproductive freedom. We seek consensus through a process of dialogue among diverse communities about technological developments and their global implications. ... Taking on issues where science, politics, and industry converge — and often clash — RHTP has established itself as a powerful vehicle for public education, advocacy, and policy development around existing and emerging reproductive health technologies."

## **Republican Majority for Choice**

**Website:** [www.gopchoice.org](http://www.gopchoice.org)

**Locations:** Washington, D.C.; Garden City Park, New York

**Contact Information:** 202-629-1300 (DC); 516-316-6982 (NY)

"The Republican Majority for Choice is a nationwide organization of mainstream Republicans who believe in the Party's founding principles of limited government, fiscal restraint and individual liberty. We endorse the 'big tent' philosophy of inclusion and tolerance regarding social issues.

"We support the protection of reproductive rights, including the full range of reproductive options. We believe that personal and medical decisions are best made by individuals, families and their doctors; not the government. We are deeply concerned with direction of our Party and enthusiasm for social agendas, which are both intrusive and alienating. Our Party is naively discounting its mainstream members for those who represent the extreme-right. These obstinate tactics will only lead to the erosion of the Republican Party and the real Party principles.

"Republican Majority for Choice works with moderate and conservative members of Congress to promote measures that all Republicans can support, such as positive family planning initiatives, education and prevention, each of which support sound fiscal policy. Limited government, individual freedom and fiscal restraint are universal principles, which extend to all aspects of policy. These platform tenets were never intended to apply selectively, and efforts to legislate private behavior are the antithesis of Republican values."

## **RH Reality Check**

**Website:** [www.rhrealitycheck.org](http://www.rhrealitycheck.org)

"RH Reality Check is an online community and publication serving individuals and organizations committed to advancing sexual and reproductive health and rights. ... RH Reality Check exists as a resource for evidence-based information, provocative commentary, and interactive dialogue."

## **Scarleteen**

**Website:** [www.scarleteen.com](http://www.scarleteen.com)

**Location:** Seattle, Washington

"Scarleteen is an independent, grassroots sexuality education and support organization and website" that provides, per their slogan, "sex ed for the real world."

"Scarleteen contains over 200 comprehensive sexuality, health and relationship articles, guides and factsheets, over 1,000 in-depth advice answers, extensive external resource lists for each topical section of the site and a collective blog. Our content is written by adult and teen/young adult educators and writers."

## **SIECUS (Sexuality Information and Education Council of the United States)**

**Website:** [www.siecus.org](http://www.siecus.org)

**Locations:** New York, New York; Washington, D.C.

**Contact:** 212-819-9770 (NY); 202-265-2405 (DC)

SIECUS “provide[s] education and information about sexuality and sexual and reproductive health. We help schools and communities develop comprehensive sexuality education curricula, train teachers to provide high quality sexuality education in the classroom, and help parents talk to their kids about sex; educate policymakers and their staff about issues related to sexuality and train advocates on the local, state, and national levels to build support for comprehensive sexuality education and access to reproductive health information and services; produce countless resources for a wide variety of audiences — from policymakers to parents, healthcare providers to teens — to ensure that everyone has access to accurate, complete, and up-to-date information about sexuality.”

## **SisterLove, Inc.**

**Website:** [www.sisterlove.org](http://www.sisterlove.org)

**Locations:** Atlanta, Georgia; Witbank, South Africa

**Contact Information:** 404-505-7777

“SisterLove, Inc., founded in July of 1989, can trace its beginnings to a volunteer group of women interested in educating Atlanta, and especially communities of women, about AIDS prevention, self-help and safer sex techniques; SisterLove is on a mission to eradicate the adverse impact of HIV/AIDS and other reproductive health challenges upon women and their families through education, prevention, support and human rights advocacy in the United States and around the world.”

## **SisterSong Women of Color Reproductive Justice Collective**

**Website:** [www.sistersong.net](http://www.sistersong.net)

**Location:** Atlanta, Georgia

**Contact Information:** 404-756-2680

SisterSong’s mission is “to amplify and strengthen the collective voices of Indigenous women and women of color to ensure reproductive justice through securing human rights. SisterSong is comprised of 80 local, regional and national grassroots organizations in the United States representing five primary ethnic populations/indigenous nations in the United States: Native American/Indigenous, Black/African American, Latina/Puerto Rican, Arab American/Middle Eastern, and Asian/Pacific Islander, as well as white allies and men. The Collective was formed in 1997 to fulfill a need for a national movement by women of color to organize our voices to represent ourselves and our communities. SisterSong educates women of color on reproductive and sexual health and rights, and works towards the access of health services, information and resources that are culturally and linguistically appropriate through the integration of the disciplines of community organizing, self-help and human rights education.”

### **Trust Black Women Partnership**

**Website:** [www.trustblackwomen.org](http://www.trustblackwomen.org)

**Location:** Atlanta, Georgia

**Contact Information:** 404-756-2680

In response to a campaign started in 2010 that erected 65 billboards in Georgia that said “Black Children are an Endangered Species,” “SisterSong organized women from many different organizations, regions and religious backgrounds came together to form the Trust Black Women Partnership (TBW) ... TBW seeks to increase respect, maintain dignity, and support Black women and girls with implementing reproductive health decisions that are personal, appropriate, accessible, and affordable.”

### **Trust Women PAC**

**Website:** [www.trustwomenpac.org](http://www.trustwomenpac.org)

**Location:** Wichita, Kansas

**Contact Information:** 316-425-3215

Trust Women aims to “expand abortion care and maternal health care to tens of thousands of women by opening more clinics. In every state where we open a clinic, we will create model policy agendas to expand access to care. We will build deep community support for these services and the policy makers who stand up for them. Trust Women will: open clinics that provide abortion and maternal health care [and] full spectrum reproductive health care; build community investment in those clinics; [and] create model state public policies to expand abortion care and improve maternal health.”

### **Women’s Health and Justice Initiative (WHJI)**

**Website:** [www.whji.org](http://www.whji.org)

**Location:** New Orleans, Louisiana

**Contact Information:** 504-524-8626

Women’s Health and Justice Initiative is “a radical feminist of color organization dedicated to improving the social and economic health of women of color and our communities, by challenging the use of punitive social policies, practices, and behaviors that restrict, criminalize, exploit, and police the bodies and lives of low-income and working class women of color.”

## **Women's Media Center**

**Website:** [www.womensmediacenter.com](http://www.womensmediacenter.com)

**Locations:** New York, New York; Washington, D.C.

**Contact Information:** 212-563-0680 (NY); 202-587-1625 (DC)

The Women's Media Center works to make women and girls visible and powerful in media. Founded in 2005 by Jane Fonda, Robin Morgan, and Gloria Steinem, the Women's Media Center works to positively impact the visibility of women in the media, amplify women's voices on key issues in the national dialogue, fight sexism and bias against women in the media, and increase professional opportunities for women across all forms of media. Through training, advocacy, media monitoring, promotion of experts, and the development of original content, The Women's Media Center's goal is to level the playing field so that media more accurately represent the perspectives, positions, and priorities of women.

On reproductive issues, The Women's Media Center works to get the facts out, correct biased framing by the media, monitor coverage of reproductive issues, and identify and train diverse, trustworthy, expert spokeswomen who are resources to the media for coverage of reproductive rights, health, and justice issues.

## **YTH Youth + Tech + Health**

**Website:** [yth.org](http://yth.org)

**Location:** Oakland, California

**Contact Information:** 510-835-9400

"YTH was founded in 2001 with a clear mission: To advance youth health and wellness through technology... Formerly known as ISIS, we've become the partner of choice for institutions looking for what works in the field of sexual and reproductive health for youth and young adults... Our team's experience spans 40 years in public health, research, capacity building and health education. We have a proven track record in using social and mobile technology to educate and engage young people in HIV prevention, STI prevention, and the prevention of dating violence and unplanned pregnancies."



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