More Than A Choice

A Progressive Vision for Reproductive Health & Rights

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The Women's Health Leadership Network

The Women's Health Leadership Network is a diverse and dynamic group of seventeen women from around the country who represent a new generation of leaders in the reproductive health, rights, and justice movements. Founded in May 2005 by the Center for American Progress, the Network is part of the Center's efforts to cultivate emerging progressive voices and visions. The Center relies on the Network members to inform the work of our Women's Health and Rights Program and to reach additional audiences and constituencies.

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A Progressive Vision for Reproductive Health and Rights

Introduction

The core values that ground a progressive understanding of reproductive health and rights in the United States are easily stated but necessarily complex. At the Center for American Progress, we embrace equally the rights to have or not have children, with a partner of one's choosing, in a time and manner that honors one's conscience and life circumstances. So many factors shape such weighty decisions that it may be difficult to tackle them all simultaneously, but, at a minimum, it is critical that the reproductive health and rights policies supported by progressives address the reality of people's lives and the context in which such decisions are made.

The decision to have a child, for instance, is connected to plans for education and career, as well as family. A healthy pregnancy requires quality medical care, a safe environment, and emotional well-being. Parents must be able to provide love, attention, and stability to their children, facilitated and supported by decent housing, schools, employment, child care, health care, and other societal structures that strengthen family life. In order to prevent or plan for parenthood, people need reliable education about sexuality and access to safe and affordable contraception and abortion care.

Simply put, reproductive rights are about more than just abortion. Unfortunately, the current public discourse around reproductive rights in the United States centers almost exclusively on abortion, with the occasional nod to contraception and sexuality education. Although essential to any reproductive health policy agenda, those issues are merely part of a larger fabric necessary to ensure that people have the ability to create healthy families. The myopic focus on abortion has led to polarized and stagnant fights that depict progressive values in a highly distorted light and cause most Americans to disengage from the debate. Even worse, as the hostility to reproductive rights increases, women's

access to reproductive health care suffers. Because the decision to become a parent has the potential to affect every aspect of a person's life, it is too important to allow that decision to fall prey to an entrenched and unchanging political dispute.

It is therefore imperative that progressives successfully expand the definition of reproductive rights and place abortion within its appropriate context as one of many important reproductive rights issues. A more inclusive understanding of reproductive rights will make it easier for progressives to discuss topics surrounding family formation in ways that reflect people's real life experiences, articulate the proper government role in respecting and protecting these rights, work more effectively in coalition with other progressive movements, and move from a defensive to a proactive position on this controversial but fundamentally important subject.

The Center for American Progress proposes a comprehensive agenda for reproductive health and rights that begins with a commitment to four basic cornerstones:

- the ability to become a parent and to parent with dignity
- the ability to determine whether or when to have children
- the ability to have a healthy pregnancy
- the ability to have healthy and safe families and relationships.

These cornerstones reflect moral and civic values that are part of our national heritage and embody our country's promise of freedom, opportunity, equality, justice, and human dignity for all – values intuitively shared by all Americans.

In the following pages, we aim to articulate a full range of policies necessary to ensure

A Note on Language

The language used to describe the work surrounding reproductive rights and the groups that occupy this field change over time, with each appellation reflecting the politics and perspectives of the individuals or groups using the terms. "Pro-choice" and "pro-life" are certainly the phrases most commonly used to describe the sides that fight over abortion, but the terms are at once very charged and, for some, less meaningful due to their endless manipulation.

"Pro-choice" generally signifies a political position that supports legal abortion in most or all circumstances, under the reasoning that abortion is a private, personal decision that should not be controlled by the government. "Pro-life," or "right-to-life," usually implies a political position that abortion should be illegal in all or most circumstances due to a belief that human life begins at conception and embryos and fetuses have a right to life that should be protected by law.

Some people, however, identify themselves as "pro-life" because they think abortion is morally wrong but not necessarily because they want abortion to be illegal, while others avoid using the term "pro-choice" because they think it means that they favor abortion over pregnancy. Other terms in use include "pro-abortion" and "anti-abortion" or "anti-choice," "pro-abortion rights" and "anti-abortion rights," "pro-rights" and "anti-rights," and "abortion proponents" and "abortion opponents."

Because abortion is not the only issue under debate between these two sides, broader terms are now more commonly employed. Conservative organizations often talk about defending a "culture of life," a concept that today represents not only opposition to abortion but also can include opposition to contraception, embryonic stem cell research, assisted reproduction, assisted suicide, and comprehensive sexuality education.

reproductive freedom and health care, delineate the core progressive values that compel support for such policies, and discuss the benefits of our proposed agenda, not only to reproductive rights supporters and progressives, but to all who live in America.

In so doing, we hope to reflect the diversity of people's experiences, acknowledge the multiplicity and expertise of organizations that work to achieve reproductive freedom and justice, and rebut the false presumption that progressives care more about preventing than facilitating parenthood.

We also set forth the essential role of government to respect, protect, and expand individual autonomy, moral agency, and the rights of conscience and to guarantee the enabling conditions necessary to make complex personal decisions about sexuality, reproduction, and family.

The Four Cornerstones

The ability to become a parent and to parent with dignity
The ability to determine whether or when to have children
The ability to have a healthy pregnancy
The ability to have healthy and safe families and relationships

It is time to reclaim the reasons for progressives' historic support of reproductive rights. First, we hold sacred the dignity and inalienable rights of all human beings, including their reproductive and sexual rights. Second, we know that efforts to restrict reproductive, sexual, and parenting freedoms are tied to, and often vehicles for, other forms of discrimination that we oppose. Finally, we understand that possession of reproductive and sexual rights deeply affects a person's ability to exercise all other human rights.

Progressive organizations often describe their work as fighting for "reproductive rights," "reproductive freedom," "reproductive justice," "sexual rights," "reproductive health," or "women's health." These terms carry some distinctions. For instance, the "rights" or "freedom" approach tends to focus more on the legal support for autonomous decisions regarding abortion, contraception, and sexuality, and the information obtained through sexuality education that is needed to make such decisions. "Women's rights" broadens the legal agenda further to include equality in government, employment, education, and athletics.

"Reproductive justice" organizations place at the center of their analysis groups who face the greatest amount of oppression. They emphasize the social, economic, and political conditions necessary for women to make reproductive decisions, often drawing connections between reproductive rights, human rights, and social justice. "Sexual rights" indicates support for the right to sexual self-determination, which includes decisional autonomy with regard to sex and reproduction; the right to sexual health and well-being; equal rights for all people, regardless of sexual orientation or gender identity; equality between men and women; and freedom from sexual violence. "Reproductive health" or "women's health" groups stress access to affordable, competent, and appropriate health care for women.[1]

In this paper, we try to be as careful and as intentional as possible with our use of language. As a default, we use the term "reproductive rights," or we use that term in combination with the phrases "reproductive health and rights," "reproductive health," or "reproductive health rights" because our agenda asserts the necessity of pairing legal rights with access to health care.

The Four Cornerstones of A Progressive Reproductive Health and Rights Agenda

A progressive agenda for reproductive health and rights must include several intersecting, overlapping, and mutually reinforcing elements that will lead to a society in which government policies support, enable, and protect (rather than interfere with) people's personal decisions regarding sex and family formation.

Because a truly comprehensive agenda is potentially limitless in its scope, we have grouped examples of policies that further such an agenda into four overarching categories: *first, the ability*[2] *to become a parent and to parent with dignity*;[3] *second, the ability to determine whether or when to have children*; *third, the ability to have a healthy pregnancy*; and *fourth, the ability to have healthy and safe families and relationships*. We believe any efforts to achieve reproductive health and rights for all people must be built upon an equal commitment to each of these four cornerstones.[4]

The ability to become a parent and to parent with dignity

The ability to become a parent and to parent with dignity requires economic support for families; fair and reasonable adoption and foster care policies; opposition to coercive population control policies; rehabilitative substance abuse policies; supports for parenting teens; protection from environmental toxins; and safe, equitable, and accessible assisted reproductive technologies.

There are many ways in which the government already plays a role in supporting families, such as child tax credits, mandated unpaid family and medical leave, and public schools, to name just a few. Much more can be done, however, to build on existing programs and improve the lives of all families. Fair economic policies, such as a

Population Control Past & Present

Examples of practices that have threatened the integrity of families and undermined women's ability to mother or become pregnant are sadly quite numerous. Among the more recent instances are aggressive marketing of long-acting contraceptives to women of color, women receiving welfare, and disabled women; imprisoning rather than treating drug-addicted women for "prenatal crimes," seizing custody of their babies at birth, and placing their children in foster care; and imposing birth control requirements as a condition of probation or to avoid jail time.

Other examples include: terminating parental rights or denying adoption rights to lesbians and gay men; using family caps to penalize women on welfare for having additional children; sterilizing vast numbers of women of color and disabled women without their knowledge or consent; and testing the birth control pill on Puerto Rican women without genuine informed consent.

In the more distant past, raping and impregnating slave women to increase the pool of slave labor, separating slave families, shipping Native American children to white boarding schools, intentionally infecting Native American women with smallpox, and restricting immigration for Asian women while admitting Asian men were methods the dominant American culture used to maintain control over people of color.

living wage, equal pay, paid sick and family leave (including maternity/paternity leave), education and training opportunities, and affordable child care and health care would provide parents with the resources and time they need to clothe, feed, shelter, educate, and care for their children.

Current adoption and foster care policies often make it difficult for many people who want to become parents to do so, leaving large numbers of children without stable, loving homes.[5] Numerous barriers to adoption exist in the United States that keep children waiting in foster care and orphanages.[6]

Reforms to our adoption and foster care systems should include the following: government subsidies that make the adoption process more affordable; opportunities for lesbians and gay men to foster and adopt children; resources for parents who foster and adopt children with special needs; a reduction of wait time for adoptions that maintains adequate protections for birth parents; and careful consideration of the advantages and drawbacks of interracial, interfaith, and transnational placements.

At the same time, we must examine and address the factors that put families in crisis and funnel them into the child welfare system. We should seek to ensure that families have every opportunity to stay intact and guard against our adoption system being influenced by racist and/or classist assumptions.[7]

Stereotypes about race, ethnicity, nationality, class, disability, and sexual orientation have been used throughout history – and are still used today – to deny many people the right to be a parent.[8] We must oppose all coerced population control policies, including forced sterilization, abortion, or contraception, and ensure that reproductive options are provided on a voluntary and consensual basis. We also should work to break down linguistic and cultural barriers to quality care and reverse the tide of anti-immigration policies that restrict access to health care and lead to bias in the delivery of health care services.

Substance abuse policies in this country are still largely skewed toward punishment over treatment and create significant impediments to mothering. Most women in prison are there for non-violent, drug-related offenses, and the majority of women with substance abuse problems have been subjected to sexual and physical abuse.[9] Pregnant women in prison rarely receive the prenatal care they need and sometimes are forced to give birth while shackled to a hospital bed.[10]

For women battling drug addiction, often their children are placed in foster care and their parental rights are terminated well before they can obtain treatment.[11] We need to develop and fund programs for these women that focus on rehabilitation and treatment rather than punishment, enroll pregnant women and mothers, seek to keep families intact during treatment, and do not cause participants to lose welfare benefits.[12] Furthermore, pregnant women who are addicted to drugs should be given realistic treatment options rather than prosecuted under child abuse laws.

Although measures should be taken to encourage teens to delay sex, pregnancy, marriage, and parenting until they are physically and emotionally ready, teens who do become parents need emotional, financial, and educational support so that they can become good parents while continuing to develop their own potential. Such support could include the following: on-site child care at schools; parenting classes, mentoring, and coaching for young men and women; positive incentives for teen parents to complete their education; and the passage and enforcement of laws prohibiting schools from discriminating against pregnant and parenting teens.[13]

While it is known that a number of factors can contribute to infertility, including genetics, lifestyle, age, disease, stress, and

Assisted Reproductive Technologies: *Reasons for Restraint*

Just as birth control has been used to implement negative eugenics, assisted reproductive technologies (ART) are susceptible to manipulation in the pursuit of positive eugenics.[20] This has been foreshadowed in the debate over "designer babies" and the ability of potential parents to choose sperm or eggs based on the height, education, and hair, eye, and skin color of the donor.[21] Parents also face increasing pressure to screen for and select against genetic conditions.[22]

We should consider who will benefit from these technologies, who may be harmed in their development and use, and the reasons people seek to use ART. We also should be mindful of the resources we commit to such specialized medicine as long as many living in the United States still do not have access to basic health care.[23]

nutrition,[14] evidence is mounting that environmental chemicals also are compromising human fertility.[15] Given that environmental causes of infertility should be largely preventable, the medical and scientific community, industry, and government should work together to learn more about the links between the environment and fertility and the ways to reduce such risks.

Assisted reproductive technologies (ART)[16] are being developed and used at a rapid pace. We should welcome breakthroughs that improve our ability to treat medical or social infertility, but at the same time we must be careful to ensure that new technologies are not used to exacerbate current societal inequalities.[17] We should demand that all ART be safe and equitably accessible. There should be genuine informed consent for egg donors, sperm donors, surrogates, and people considering fertility treatments such as in vitro fertilization (IVF).[18] Health and ethics guidelines must be established for egg harvesting processes and the number of fertilized eggs to be inserted during IVF, along with clear regulations for pre-implantation genetic diagnosis (PGD)[19] and other methods used in assisted reproduction.

In addition, we need consistent policies for fetal anomaly and genetic screening, expanded training for genetic counselors, and increased access to genetic counseling. We also should seek to extend insurance coverage for ART in an equitable manner and to develop ART in a context in which we continue to push for basic affordable health care for all.

The ability to determine whether or when to have children

The ability to determine whether or when to have children requires safe, accessible,

A woman cannot maintain a healthy pregnancy and have a healthy baby without health care for herself before, during, and after pregnancy.

and affordable reproductive health care; informed consent for reproductive health care decisions; medically accurate and age-appropriate sexuality education; a positive view of human sexuality that includes methods other than threats, misinformation, and punishment to encourage teens to make safe and healthy decisions regarding sex; and reduced sexual violence.

The right not to become a parent or to control the timing and spacing of childbearing is meaningless if the methods to prevent parenthood are not available or attainable. On average, a woman will spend approximately five years attempting to get pregnant and being pregnant and around thirty years trying to avoid pregnancy.[24] Consequently, most women need tools throughout their lives to control their fertility.

Safe, accessible, and affordable reproductive health care can be achieved in a variety of ways. They include: government funding and insurance coverage for regular and emergency contraception, abortion, and sterilization; over the counter availability of emergency contraception;[25] and assurances that all prescriptions will be filled without discrimination or delay at every pharmacy. [26]

In addition, we should invest in the development of new contraceptive technologies that will provide more contraceptive options for men[27] and a broader range of contraceptive options for women. Abortion should be taught as a regular component of all medical school programs, with opt-out rather than opt-in provisions.[28] Finally, we should integrate reproductive health care into all primary care.

We must also strive to ensure that when a woman takes steps to prevent or terminate a pregnancy, she does so voluntarily and with complete and accurate information about the medical care involved. Accordingly, there should be genuine informed consent for all reproductive health care decisions, including information about the benefits and risks of different types of contraception; non-coercive and unbiased counseling about abortion, contraception, and sterilization;[29] and unbiased, multilingual and culturally competent services.[30]

Likewise, adults and adolescents need age-appropriate, medically accurate, unbiased, and culturally competent sexuality education so that they can protect themselves against disease and unintended pregnancy if they are sexually active.[31] Such education should include guidance on practicing abstinence; accurate information about the success and failure rates and potential side effects of different contraceptive drugs

and devices; and methods for preventing sexually transmitted infections (STIs) and HIV transmission. Equally important is the promotion of shared decision-making in relationships regarding contraceptive use, a positive view of human sexuality, and counseling based on public health and scientific fact rather than gender stereotypes, threats of potential harms, and narrow ideology.[32]

Although teens should be encouraged to delay sex until they are emotionally and physically ready for the responsibilities and risks associated with sex, they also should be taught a positive view of human sexuality rather than to fear it. When virginity is promoted as the only acceptable sexual status for unmarried people, adolescents are more likely to misreport their sexual activity and engage in riskier sexual behavior.[33]

We should give teens the tools and incentives they need to make safe and healthy decisions regarding sex.[34] Possible tools and incentives include job and education opportunities that provide positive reasons to delay sex and parenting, policies that foster open communication with parents or other trusted adults about sex, access to safe and affordable contraception and abortion care that encourages parental involvement but does not jeopardize teen health and safety by requiring it, and promotion of shared decisionmaking in relationships about sexual activity and contraceptive use.

Those who are victims of rape, incest, and other forms of sexual abuse clearly face challenges in preventing unintended pregnancy. It is estimated that there is a five percent pregnancy rate for one-time, unprotected sexual intercourse, but that rate increases for multiple acts of victimization.[35] Moreover, sexual abuse and risk for adolescent pregnancy are highly correlated.[36]

Women who seek medical care after rape should be provided with information and access to emergency contraception. Victims of incest and nonfamilial sexual abuse need counseling to deal with the consequences of abuse that can lead to sexually risky behavior. And more education and programs are required to address the root causes of and cultural attitudes toward violence against women.

The ability to have a healthy pregnancy

The ability to have a healthy pregnancy requires affordable access to health care; informed consent for medical care; information on how to maintain a healthy pregnancy; unbiased, multilingual, and culturally competent medical care; and fair and safe employment practices.

A woman cannot maintain a healthy pregnancy and have a healthy baby without health care for herself before, during, and after pregnancy. The strongest predictor for a healthy pregnancy is the health of the woman *before* she becomes pregnant.[37] Health care for everyone, regardless of income, is necessary to ensure adequate coverage for women and their families. Such health care should include comprehensive prenatal care and reasonable recovery time in the hospital post-delivery. Moreover, it should be remembered that access to safe and affordable contraception and abortion care help women to space their pregnancies safely and protect their fertility, thereby preserving their ability to have healthy pregnancies.

As with preventing or terminating a pregnancy, women who elect to continue a pregnancy must be fully informed about all medical treatment during the course of their pregnancy and delivery so that they are able to give voluntary consent.[38] Expectant parents also should be offered resources that will assist them in maintaining a healthy pregnancy, including information about the

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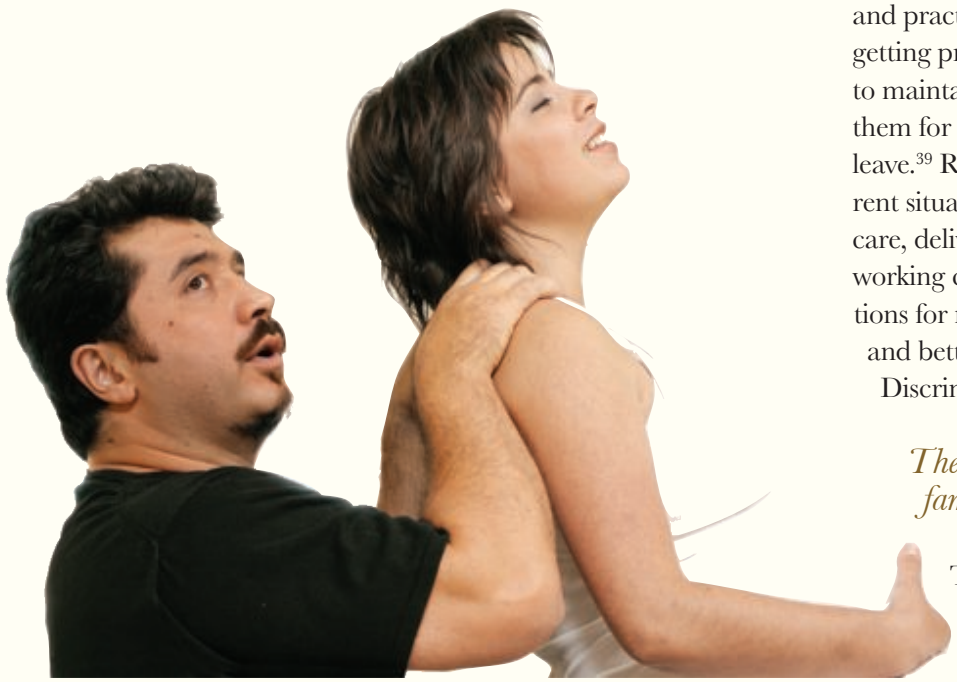

length, phases, and development of pregnancy; facts about proper exercise, nutrition, and medication during pregnancy; and options regarding medical and surgical procedures during pregnancy and delivery.

When possible, choices about medical care providers, such as midwives versus obstetricians, also should be made available. Furthermore, because linguistic and cultural differences between medical providers and patients often lead to assumptions, confusion, misinformation, and inadequate or inappropriate care, we should seek to ensure that options and information are communicated in an unbiased, multilingual, and culturally competent fashion.

Although it is illegal to discriminate against pregnant women in employment, there are a number of employment conditions, policies, and practices that discourage women from getting pregnant, interfere with their ability to maintain a healthy pregnancy, or penalize them for being pregnant or taking maternity leave.[39] Reforms that would improve the current situation include paid leave for prenatal care, delivery, and care of a newborn; safer working conditions; reasonable accommodations for needs that arise during pregnancy; and better enforcement of the Pregnancy Discrimination Act.

The ability to have healthy and safe families and relationships

The ability to have healthy and safe families and relationships requires medically accurate sexuality education for adolescents and adults; prevention of HIV/AIDS and other sexually transmitted infections (STIs); marriage equality; recognition of multiple family types; freedom from violence, abuse, and crime; and environmentally sound communities.

Medically accurate, unbiased, and culturally competent sexuality education is necessary not only to prevent unintended pregnancy and disease, but also to safeguard public health, promote a positive view of human sexuality, and develop healthy relationships. For instance, couples who are able to control their fertility and plan the spacing and timing of their children experience reduced stress on their relationships and increased stability.[40]

Much more must be done to prevent HIV/AIDS and other STIs. We must commit to

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greater condom availability and affordability, promote the use of female condoms, and develop other methods women can use to prevent HIV transmission, such as increased funding for the development of and access to contraceptive and non-contraceptive microbicides.[41]

People also need comprehensive information about how STIs are transmitted, their symptoms, and known treatments, as well as quick and affordable HIV and STI screening, diagnosis, and treatment, including regular Pap smears. Finally, we must do more to develop and provide access to vaccines for viruses such as Hepatitis B, HIV, and the Human Papillomavirus (HPV).[42]

Marriage is an important and honored institution in our society and should be available to all who desire its benefits and responsibilities. As discussed above, much more can be done to alleviate the societal and economic pressures on married couples and parents and to make it easier for families to stay together.

We also should work to establish the legal right for gay, lesbian, bisexual, and transgender people to marry, as well as to be parents. Marriage is a fundamental right[43] and should not be denied to anyone based on his or her sex, sexuality, or gender identity.[44] As long as so many benefits in our society are linked to the institution of marriage,[45] to deny access to marriage is to deny basic equality to those deemed ineligible to marry.

Similarly, the nuclear family[46] is an important institution within our society, though it is more often an image of the ideal rather than a reflection of the reality these days. Having peaked in 1960 at 45% of the U.S. population, the number of Americans now living in a nuclear family accounts for less than one-quarter of the population and is exceeded by the number of Americans living alone.[47] We should do more to support traditional families by eliminating the marriage penalty in the Earned Income Tax Credit and making the Child Tax Credit fully refundable. But we must also continue to adjust our laws to recognize multiple types of families – single parents, step families, foster and adoptive families, same-sex couples, parents who utilize surrogates or egg or sperm donors,[48] and intergenerational caretakers – and give those families the best chance to raise their children in a safe and loving environment.

For families to be healthy and thrive, they surely must be free from violence, abuse, and crime. Measures to protect family members from intimate violence in particular include easily obtained and enforced restraining orders, as well as training for law enforcement to respond to domestic violence calls and enforce restraining orders. Other necessary assistance includes education, shelter, and support for women and children who leave their homes because of abuse; prosecution of and treatment for perpetrators of domestic violence, sexual assault, and incest; and counseling for families where incest or violence has occurred. Educating men on ways to express themselves with women without resorting to violence, and educating parents on ways to discipline their children without violence, is also critical.

Nor can we raise healthy families in an unhealthy environment. Toxins in the water women drink, the food they eat, and the air they breathe can weaken their fertility, affect the safety of their breast milk, and cause birth defects.[49] Mercury, polychlorinated biphenyls (PCBs), and lead can damage neural development and have other adverse health effects on children.[50] Evidence indicates that childhood asthma is worse in urban areas due to air pollution and the increased presence of other environmental triggers.[51] Environmental factors also have contributed to the rise in female and male infertility.[52] Those who live in the poorest neighborhoods often suffer the worst consequences. We must invest in research that will give us a better understanding of the environmental threats to our health and act to reduce those threats in order to create safer communities.

A Progressive View of the Role of Govenment in En

The age-old fight over government involvement in private medical and sexual decisions is often presented as an all-or-nothing proposition – either government should always be involved or government should never be involved. The relationship between the government and individuals, however, is more complex than such extreme positions would indicate.

Rejecting traditional left-right stereotypes, progressives believe a practical partnership between the public and private sectors is the most reasonable approach to resolving the challenges we face. Neither private institutions nor government alone can meet all of society's needs or solve all our problems. Thus, the debate over small versus large government misses the point; effective government is what we seek. Sometimes, in order to be effective, the government must affirmatively act; other times, the government must stand aside and let others – individuals or private institutions – take the lead.[53]

When it comes to reproductive rights, ensuring the dignity and rights of each person will, at times, require government action and at other times restraint. Most Americans agree that the government should not be able to interfere with the doctor-patient relationship or tell people how many children they can have, but many people do not think about when the government should affirmatively act to facilitate reproductive decision making. As longtime activist Marlene Gerber Fried notes, "In general, the liberal conception of rights demands that the government dismantle obstacles to exercising rights but does not call for the government to take affirmative action to create the enabling conditions required for rights to be exercised – or, as some would say, for rights to be meaningful."[54]

The progressive view of rights, however, requires a combination of the removal of regulatory obstacles and the provision of concrete support as well as protection from interference by other individuals or institutions.

The clearest example of the need for government involvement arises when rights exist without the resources to exercise them, thereby affording rights only in theory. In order to move from theory to reality, often the government must act to ensure that people have the ability to exercise the rights that the government has a duty to protect. More than simply removing government-imposed barriers is required.

For instance, the government may accord the right

Progressive Values and Principles for Reproductive Health and Rights

As progressives, we believe in the equality, dignity, and inherent worth of every person. We are committed to opportunity for all, compassion for those who face hardship, and justice for the oppressed. We respect moral autonomy and freedom of conscience. We strive to balance individual freedoms with the common good. We advocate for shared responsibility; safe, healthy, and diverse communities; fair compensation for hard work; and a decent standard of living. We think an open and effective government has an essential role to play in partnering with other societal institutions to promote and ensure these values.[58]

When applied to efforts to achieve reproductive health and rights, our progressive values translate into the following specific principles:

nsuring Reproductive Freedom

to contraception, but without providing information about its use, safety, and efficacy, and without ensuring that all legal contraception is safe, affordable, and readily available, many people are left without access to contraception or the ability to use it effectively. Thus, while the government should not interfere with a person's decision whether to use contraception, it should seek to make it accessible should a person decide to use it.

The government also must act affirmatively to keep us safe and healthy. Although individuals have responsibility for taking preventative steps to maintain their health, and businesses have an obligation not to pollute or endanger their employees or neighbors, government agencies such as the Food and Drug Administration, the Environmental Protection Agency, and the Occupational Safety and Health Administration play a critical role in monitoring and enforcing health and safety standards.[55] Whether regulating the pharmacy, the environment, or the workplace, the government can take steps to lessen the exposure of women and families to harmful toxins.

Finally, the government also should act to protect people's rights from interference by others. A successful example of such intervention was the passage of the Freedom of Access to Clinic Entrances Act,[56] which dramatically reduced violence against abortion clinics while preserving a venue for abortion protestors to exercise their rights to freedom of speech and assembly. A more recent need for government action has arisen in the debate over pharmacists who refuse to dispense oral contraceptives. Since access to medically necessary services should not depend on where a person lives or shops, the government should ensure that patients can receive treatment (including prescriptions) without delay, while enabling the individual conscience of health care workers to be respected when it does not interfere with the needs of the patient.

Given the fundamental nature of reproductive decisions, the government has a solemn duty to guarantee the freedoms on which they depend.[57] It is not sufficient simply to acknowledge particular rights. Not only must the government refrain from burdening fundamental freedoms, it also has an obligation to protect and defend those freedoms. Our society must move beyond mere respect for personal reproductive decisions to actually providing people with the tools reasonably necessary to make those decisions and enabling them to act on those decisions.

- *Support for the moral agency of women*
- *Recognition of the right of all people to make reproductive and sexual decisions in a neutrally supportive environment*
- *Respect for pregnancy and mothering by all women, regardless of race, ethnicity, age, disability, sexuality, or income*
- *A belief that all children deserve to be wanted, nurtured, and loved*
- *Reliance on scientific and evidence-based research to inform public policy decisions*
- *Dedication to gender equity in all areas, including government, education, employment, athletics, sexual relationships, and the family*
- *Freedom of gender expression*

These principles can provide a framework for a progressive commitment to reproductive health and rights, inform the reasons for adopting this agenda, and guide decisions about which particular policies to pursue.

Support for the moral agency of women

The current discourse around reproductive rights reflects a profound failure in our society to respect women as morally competent decision makers. The consequences of such views can be extreme. In some instances, doctors and hospitals have forced women to have Caesarian sections against their will,[59] poor women have been blamed for having children out of wedlock,[60] and columnists have "admire[d] the logic" of spousal notification requirements[61] or even gone so far as to argue that men should be able to require women to bear their children.[62] Examples of politicians substituting their judgment for women seeking abortions are too numerous to catalogue.

Our society must acknowledge that women and men are equally capable of making well-reasoned, thoughtful, and heartfelt decisions, especially on matters of deep personal significance. Women should be regarded as competent to make decisions about childbearing themselves, seeking guidance from loved ones and trusted advisors when they deem it appropriate.

Women who decide to have children must be afforded the dignity of being able to care for them. The opportunity to be a parent should not be conditioned upon income, age, or physical ability. Society has an important role to play in every child's health, safety, education, and overall well-being. We need to accept that collective responsibility rather than stigmatize women for having children under the "wrong" circumstances.

Likewise, a woman's decision to have an abortion should be respected rather than castigated. A number of rational, ethical, and moral reasons justify the decision to have an abortion. There is no need for the government to second-guess the process by which women come to conclusions about childbearing. The government can provide resources that make such decisions easier and more fully informed, but it should not impose one-size-fits-all requirements on reproductive health care.

Each person must be permitted the freedom to wrestle with such complex decisions, and society must allow for that struggle rather than forbid it and pretend it does not exist. Full and equal citizenship demands respect for the ability of both women and men to make their own decisions about moral issues that deeply affect their lives.

Recognition of the right of all people to make reproductive and sexual decisions in a neutrally supportive environment

The government has both negative and positive duties with regard to people's personal reproductive and sexual decisions. Americans are quite familiar with arguments about the government's negative obligation

to respect people's privacy and not interfere with personal decisions, and they generally accept that proposition. The government, however, also has an affirmative responsibility to ensure to the greatest extent possible that people are not forced to make decisions about having children under duress.

Duress can include economic circumstances so dire that a person cannot exercise rights without foregoing basic necessities.[63] The government should ensure that women have the means to carry out their decisions about whether to have or not have children so that government policies do not unduly influence their conclusions.

Thus, a woman who decides to have a baby should have access to affordable health care for herself and her child. A woman who does not want to be pregnant should have access to safe and affordable contraception and abortion care. The government, whether through burdensome regulation or through inaction in the face of need, should not compel a woman to have either an abortion or a child against her will.

Respect for pregnancy and mothering by all women, regardless of race, ethnicity, age, disability, sexuality, or income

Unfortunately, American history includes a long chapter of population control policies spurred by eugenics and justified by myths, stereotypes, and judgments about certain groups of women. These policies often have developed from the dangerous theory that social problems can be solved by deterring reproduction of the socially disadvantaged.[64] Whether characterizing marginalized women as hypersexual, morally lax, lazy, or simply unfit, invidious assumptions and incentives have influenced a long line of oppressive practices, some of which continue to this day.[65] Moreover, single mothers, especially teen mothers, often have been blamed for furthering the cycle of poverty, even though the data show the reverse – that poverty is a significant predictor of unwed motherhood, not the other way around.[66]

Policies that punish or denigrate women for having children have no place in a healthy and compassionate society. Women who face obstacles in parenting are not helped by stereotypes that prejudge their ability to raise their children or by counterproductive penalties. Instead, they need opportunities that many in our society take for granted – the chance to provide their children with shelter, food, education, health care, and stability.

A belief that all children deserve to be wanted, nurtured, and loved

The right to be a parent is an important one, but it is not absolute. The interests and well-being of the child must prevail in cases of neglect or abuse. Although the government often will intervene to remove a child from an unsafe home, the current foster care system does little to ensure a child's security or stability once removed from a dangerous family situation.[67]

There also is much more that the government could do to prevent families from reaching a crisis point in the first place.[68] Ensuring that families have adequate housing, nutrition, child care, schooling, job training

Progressive Principles

Moral agency of women
Neutral decisionmaking environment
Respect for pregnancy and mothering by all women
Wanted, nurtured, and loved children
Evidence-based health policy
Gender equity
Freedom of gender expression

The political dialogue about reprod ble narrowing: a diminished focus f only abortion, followed by the eros women to only those with t

and work, parenting skills, and substance abuse and mental health counseling would strengthen families and help them stay intact and healthy. In addition, providing parents with the tools they need to plan the spacing of their children would contribute greatly to their capacity to care for them.

Reliance on scientific and evidence-based research to inform public policy decisions

In many policy areas, radical social conservatives are increasingly questioning sound scientific evidence, theories, research, and techniques in order to promote their ideological agenda. Their attacks include denigrating condoms, blocking increased access to emergency contraception, falsely linking the risk of breast cancer to abortion, and censoring information about sexuality and contraception.

This disturbing trend has dire consequences, both in our country and around the world, putting people at risk for higher rates of unintended pregnancy and abortion, STIs, and HIV/AIDS.[69] Progressives must continue to insist that the public's health not be compromised by unfounded pseudo-scientific claims and that ideologues not be allowed to impose their agenda on a diverse population that does not subscribe to their narrow beliefs.

At the same time, financial pressures and interests can undermine scientific integrity as much as ideological ones. Weak oversight of the pharmaceutical and health care industries has led to unnecessary illness and death.[70] We must be certain that biomedical companies are adequately regulated and monitored to guarantee that their products and services are safe and that public health is always given priority over economic profit. The government has an obligation to ensure that its policies regarding access to medical products and information about their safe use are based on proven scientific facts, not unsupported ideologically-driven beliefs or unchecked commercial interests.

Dedication to gender equity in all areas, including government, education, employment, athletics, sexual relationships, and the family

Although women achieved major gains in the past century, sexism still impedes women from developing their full potential and participating completely in society. Discriminatory circumstances – unequal pay, time out of the workforce to raise children, insufficient family-friendly policies for both men and women, and low-wage jobs that lack sick leave, health care, and retirement benefits – threaten women's and families' economic security and long-term stability.[71] Among young women in particular, multiple inequities contribute to many serious problems, including teen pregnancy.[72] Misinformation about sex and contraception, a lack

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from all reproductive health care to
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the resources to obtain one.

of educational and economic prospects, low self-esteem, stereotypes about gender roles, unequal status in relationships with men, sexual abuse, incest, and intimate violence all play a role in limiting their opportunities.[73]

Gender equity improves women's lives and offers benefits for business and society as well.[74] In order to ensure greater parity with men, government should adopt more women-friendly policies[75] and do a better job of enforcing those that already exist. Given that women's presence in elected office is strongly correlated with better policies for women,[76] society also should implement systems that will lead to greater representation of women in government.

Freedom of gender expression

Traditional gender norms frequently are used to discriminate and reinforce rigid and antiquated ideas about the roles of men and women. Whether relied on to justify the exclusion of women from certain types of education and jobs,[77] deny gays and lesbians the right to marry,[78] characterize abortion as unnatural and in opposition to maternal instincts,[79] or penalize transgendered people for living in ways that may be unconventional but are more consistent with their sexual identity,[80] gender norms limit the scope of personal freedom and form the basis of many harmful stereotypes.

Government should be part of the effort to end discrimination, not used as a tool to encourage it. Public education would increase understanding of gender nonconformity and the ways gender stereotypes circumscribe people's lives, while more comprehensive antidiscrimination laws would help safeguard free expression and equality.

The Benefits of A Comprehensive Reproductive Health and Rights Agenda

The progressive movement, writ large, already is working to achieve many of the policies laid out above. Numerous obstacles, however, obscure this work and prevent the public from recognizing the breadth of issues involved in the debate over reproductive health rights. Indeed, progressives who are committed to such rights currently find themselves facing strong and hostile opposition from social conservatives, a narrowed abortion agenda that is isolated from other progressive issues, a conflicted, uncomfort-

The Current Political Debate

Throughout American history, there have been those who fought to expand women's rights and autonomy and those who have fought just as hard to constrain them. Issues from midwifery to divorce and child custody reform, from suffrage to legal and economic independence have all been part of an expansive view of women's freedom.

Feminists have pursued a broad agenda that seeks full equality and citizenship for women in the workplace, in education, in society, and in the home. Yet, despite an extensive agenda, abortion has become the dominant issue linked with feminism.

The primary reason for this focus, in our view, comes from the unrelenting attack on abortion launched by conservatives the moment the Supreme Court decided *Roe v. Wade*.[81] That decision, which required states to legalize abortion, sparked fierce opposition from social conservatives and has proven to be an effective rallying point for their base. Through the courts, the legislatures, and the political process, as well as at clinics and rallies, they have mounted a comprehensive campaign to make abortion unpopular, inaccessible, and, ultimately, illegal.[82]

Faced with a barrage of attacks, many reproductive rights advocates have found themselves working predominately on protecting the right to abortion, despite a desire to address other issues as well. Yet every time they have planned to expand their agenda, threats to abortion access have arisen and drawn them back into the fight. Such threats have included a bevy of restrictive federal and state laws, conservative appointments to the Supreme Court, and court cases that have raised the strong possibility that *Roe* would be overturned or substantially curtailed.[83]

In retrospect, those fears were well-founded. Abortion rights have been eroded to the point where women in some communities now have virtually no access.[84] Most of the restrictions on abortion have significantly limited its availability for poor women, young women, and women in rural areas.[85] Most recently, South Dakota enacted a law banning abortion in all cases except when the woman's life is in danger, with the intent of bringing a direct challenge to *Roe*; and Louisiana passed a "trigger law" that would immediately ban abortion should *Roe* be overturned.[86]

Despite the best efforts of many activists, the political dialogue about reproductive rights has experienced a double narrowing: a diminished focus from all reproductive health care to only abortion, followed by the erosion of the right to abortion for all women to only those with the resources to obtain one.

Nevertheless, many organizations that support abortion rights have continued to work on a number of issues that are equally central to women's equality and health – equal pay, medical and family leave, domestic violence, sexual assault, affordable health care for all, HIV/AIDS and STI prevention, and many more. Unfortunately, such issues rarely get the same amount of attention from the press, the politicians, and the electorate that abortion regularly garners. When such issues do get attention, they often are not connected to battles over abortion or reproductive rights.

The focus on abortion has especially overshadowed the work of many women of color organizations, which have historically tied abortion and contraception rights to the right to become pregnant, the right to be a parent, the right to health care, housing, and a safe environment, and other aspects of social and economic justice.[87] For instance, for many Native American women, the environment cannot be de-coupled from their health because they conceptualize a woman's body as "the first environment."[88] For Latinas and Asian Americans, efforts to limit their reproduction have been directly tied to immigration restrictions.[89] And the work of most African American women in reproductive health and rights stems directly from a history of fighting slavery, racism, and poverty.[90]

As a result, many women of color organizations simultaneously fight against restrictions on reproductive and other human rights that impede the access to and quality of reproductive health services in ways that many people

do not usually consider. For instance, most low-income immigrants who are in the United States legally must wait five years before they are eligible to receive Medicaid coverage, which affects their access to prenatal care, among other services.[91]

Despite the constant attention that the abortion fight receives, public opinion about abortion has remained surprisingly consistent over the years. Most Americans are uncomfortable with abortion; they believe abortion should be legal, but with restrictions, and strong majorities favor finding "a middle ground."[92] In contrast, the public is overwhelmingly in favor of contraception and comprehensive sexuality education.[93]

Nevertheless, social conservatives have capitalized on their success with limiting abortion access to push through curbs on popular reproductive health issues. For instance, Congress has committed over $1.1 billion in federal and state money to abstinence-only education programs since 1996,[94] the Food and Drug Administration delayed granting non-prescription access to emergency contraception for three years,[95] and state legislatures are increasingly taking steps to allow pharmacists and pharmacies to refuse to fill prescriptions for emergency contraception and other oral contraceptives. Ironically, such efforts are likely to increase rather than reduce unintended pregnancy and abortion.[96]

Perhaps the greatest success, however, of those who oppose reproductive rights has been their campaign to assign personhood to the fetus so that legal rights will attach before birth. Touting medical advances that have decreased the age of fetal viability, enlarging sonograms to show the fetus's features, ushering in laws that treat fetuses as persons independent of their mothers, hypothesizing about the pain a fetus might feel during an abortion, and falsely describing a second trimester abortion procedure as occurring "mere inches" away from birth, abortion opponents have effectively placed the humanity of the fetus front and center in the abortion debate.

Initially, the pro-choice community's response to this campaign was to avoid discussing the status of the fetus for fear that any concession would lead to a further erosion of abortion rights. More recently, however, that strategy has been questioned and has led to a thoughtful debate over the value of fetal life and the ways supporters of legal abortion can show respect for fetal life while protecting women's rights and health.[97]

Since the 2004 election, the conventional wisdom has been that moral values were the top priority for voters but that the only moral issues voters considered in that election were abortion and gay marriage.[98] Although that premise has been challenged and largely debunked,[99] it intensified a debate about the political benefits and costs of such issues.

With respect to abortion, that debate has resulted in two trends among moderate and progressive politicians. First, some prominent politicians have advocated that progressives welcome "pro-life"[100] constituents into a "big tent" by recruiting "pro-life" candidates for contested seats, [101] notwithstanding the fact that progressive politics has always included people who do not support abortion rights. Second, many politicians have avoided discussing their views on abortion or have supported a number of abortion restrictions despite being identified as pro-choice.[102]

Consequently, what was once seen as a winning issue for progressives in the 1980s and 1990s is now viewed as a liability that draws attention away from more poplular winnable causes. As columnist Rebecca Traister recently noted, "Women's rights advocates have effectively been cast as the nagging fishwives, holding up party progress with their insistence on making reproductive rights the single issue on which to base support."[103]

Articulating a clear and comprehensive vision for reproductive freedom and how it fits into a broader progressive agenda can help to overcome these challenges and create a climate that is more favorable to and supportive of reproductive rights.

able, and disengaged public, and self-doubt among their allies.

An integrated, comprehensive progressive agenda for reproductive health and rights offers at least four advantages in breaking the stranglehold the abortion debate has on our country and moving beyond the current climate in order to achieve our goals. Specifically, it enables us to place abortion within its proper context, establish a more balanced government role, allow advocates to pursue multiple strategies, and be proactive in championing the cause of reproductive freedom.

Abortion in Context

First and foremost, a broadly defined reproductive rights agenda allows progressives to link the right to have a child with the right not to have a child, place the myriad other reproductive rights on equal footing with abortion, and put abortion in a broader sociopolitical context. As such, it has the potential to connect with the public in ways that an abortion-heavy agenda does not and to move people to understand the need to protect reproductive rights. Finally, it combines a reflection of the public's experience with decisions about childbearing with the moral clarity of plainly-stated progressive values.

For too long, abortion has been treated by too many as an isolated issue. This phenomenon has resulted in large part from a consistent conservative strategy to separate the act of abortion from the social and economic context in which it occurs. Similarly, conservatives have predominately asserted the interests of the fetus, while showing far less concern for the health and welfare of the pregnant woman.[104] By doing so, they have been able to argue that abortion is an immoral, unjustified, unnecessary, and selfish decision. When progressives allow conservatives to define the debate over reproductive rights as only about abortion and only about the fetus, conservatives win. It is up to progressives to paint a more accurate and comprehensive picture.

The decision of whether or when to become a parent plays a central role in most people's lives, and such a weighty decision is never made in a vacuum. Circumstances including education, career, health, financial status, and family all shape whether it makes sense for a person to have a child at a particular point in her or his life. Yet today's narrow debate over abortion has artificially divided women who have abortions from women who have children. Although they "are often perceived as two distinct groups, in reality, they are the same women at different points in their lives."[105]

Women frequently consider an abortion within the context of their idea of what it means to be a good mother, currently and in the future.[106] A woman who wants an abortion one year may want a child the next year. Indeed, sixty percent of women who have an abortion are already a parent and more than half of women having an abortion intend to have children or more children in the future.[107]

Women also know that being able to space their childbearing and childrearing is essential to their ability to raise a healthy family while reaching their full educational, economic, and social potential.[108] Thus, most women naturally link the right to have a child with the right not to have a child, and it is critical for progressives to make that connection as well.

A More Balanced Government Role

Because so many factors influence a person's ability to have and raise a child, poli-

Indeed, sixty percent of women who have an abortion are already a parent and more than half of women having an abortion intend to have children or more children in the future.

cies adopted by the government can have an enormous impact on the childbearing decisions people make. Current laws especially limit poor and low-income women's options for having or not having children.

For instance, because the federal government currently funds prenatal care but does not fund abortion, many poor women carry pregnancies to term that they otherwise might have ended had they been able to do so.[109] Yet low-income women are still at least four times as likely as the most affluent women to have an abortion because of higher rates of unintended pregnancy, due to obstacles to contraceptive use, and concerns about their ability to care for a child.[110] These problems are compounded by limited access to health care generally and faulty abstinence-only education that ignores the reasons why and circumstances under which people have sex.

The government has both affirmative and negative obligations to offer policies that, to the greatest extent possible, support an individual's decision to have or not have a child, free from coercion. Those options are two sides of the same coin; to allow only one is to deny the other. Both choices must be given equal support. That is the truly "pro-choice" agenda – one that enables either decision to be made. Linking these rights provides a more compelling justification for fair and equitable regulations related to reproduction and parenting.

Multiple Strategies

An expanded framework for a progressive reproductive health and rights agenda also offers flexibility in promoting these policies and working with allied social justice movements. As long as women have struggled for the freedom to make deeply personal and complex decisions about sex and childbearing, there have been different opinions about what that freedom looks like and how it can best be achieved. Because women are products of their race, class, ethnicity, national origin, sexual orientation, religion, age, physical ability, and gender identity, women's experience with reproduction has not been, and cannot be, monolithic. These different experiences have resulted in distinctive ideologies and diverse approaches to achieving reproductive health rights.

For instance, the construction of abortion as a "choice," though popular with mainstream supporters, often has not resonated with women of color, poor women, immigrant women, women with disabilities, and young women. Historically, they have rarely had the freedom to experience decisions about fertility and reproduction as a choice.[111] As a result, they have sought to combine their support for voluntary birth control and abortion with opposition to eugenic methods such as forced sterilization and other forms of population control.[112] While defending the right to abortion, women of color often have made other issues a higher priority because those issues were more pressing to their communities or because their experience with abortion has been more complicated. For these reasons, though poor women, young women, and women of color certainly bear the brunt of restrictive abortion policies in this country and have disproportionately high abortion rates, the struggle for safe, legal, and accessible abortion has been only one part of a larger struggle for many women in communities that face multiple oppressions. Indeed, as noted above, community activism by women of color around reproductive health often has connected them with or evolved from other social justice movements.

A comprehensive reproductive health and rights agenda is large enough to accommodate a variety of strategies and does not require adherence to a particular orthodoxy. An integrated agenda allows us to explore different approaches toward a common goal and to learn from our varied experiences.

In the past, the diverse experiences of women have led various organizations to advocate for different, and sometimes conflicting, positions. A broader agenda provides us with the space we need to evaluate the full impact of the policies we support and to try to reconcile any conflicts. Using different language to communicate with different communities and forging multi-issue coalitions are some of the creative – and common sense – strategies we should embrace.

Through their organizing and activism, women of color have made mainstream reproductive rights organizations more aware of and sensitive to issues surrounding contraceptive technologies, infant mortality, drug use during pregnancy, infertility, HIV/AIDS, and reproductive tract infections.[113] Their work reminds progressives that rights achieved for only the most privileged will not benefit many and may actually harm some, but rights achieved for the least privileged will benefit us all. Continued independent community organizing, coupled with multi-racial coalition work, will do much to inform, expand, and revitalize the reproductive rights movement.

Proactive Advocacy

Fianlly, an expanded debate about reproductive health and rights in America could greatly broaden the constituency in support of those rights and allow progressives to be proactive and on the offensive instead of constantly playing defense.

Rather than shrinking from the abortion debate, as appears to be the current prevailing strategy, progressives and moderates should expand the debate to include the full range of issues implicated by a complete reproductive health agenda. Abortion debated in isolation puts progressives on the defensive, makes us seem anti-child and anti-family, and ignores equally important reproductive health care issues that are critical to people's daily lives. Thus, a move away from abortion as the *only* reproductive right – though not a move away from abortion as an essential right – is warranted.

Staying silent or moving to the right on abortion will not help progressives and moderates diffuse the issue enough to focus on other policy priorities. Reaching out to those who identify themselves as pro-life but are sympathetic to other progressive positions is fine when consistent with progressive values.

For instance, we can agree that reducing the need for abortion is a good thing even if we may disagree on the reasons why. We can support Medicaid coverage of prenatal care or the relaxation of welfare caps in order to enable poor women to have and raise children they want but cannot afford. And we should be able to acknowledge that a fetus has value without conceding that it has rights that trump a woman's rights.

But we cannot continue to accept unreasonable and harmful restrictions on access to reproductive health care – such as laws that allow pharmacists to refuse to fill prescriptions for emergency contraception without recourse for the patient and bans on abortion procedures, especially those that contain no health exceptions. Adopting conservative positions or rhetoric will simply reinforce conservative ideas. Only by articulating our values and tying them to policies that reflect those values will we be able to show leadership in an area plagued by complexity and move the debate in a direction that supports women's dignity and freedom.

Reproductive rights are naturally tied to other core progressive struggles such as environmental, labor, and immigrant rights. Divorcing ourselves from the fight for reproductive rights would be tantamount to abandoning all the values – equality, justice, freedom, dignity – in which we firmly believe. Likewise, promoting reproductive rights without addressing abortion, though tempting for some, would be a mistake akin to fighting for abortion in isolation.

These issues are intertwined, and one single strand cannot be pulled out without unraveling the rest. To be sure, organizations or politicians can mobilize around a specific topic, but the agenda they support ought to be comprehensive. Though a balance must be sought among various reproductive, sexual, and health rights, a truly authentic progressive agenda includes them all.

Conservatives have been very creative in tackling the thorny issues related to reproduction and sexuality. Progressives must begin to think as expansively so that we can set the agenda and respond to their attacks in a much more robust and cohesive way. Adopting conservative rhetoric has, at times, produced short-term gains, but it has done little to move the country to embrace

more progressive views about women and their ability to make autonomous and morally competent reproductive health care decisions. If we are to accomplish any genuine movement in this area, we must be able to articulate an agenda that relies on and promotes our own progressive values.

For better or worse, the debate over abortion has indelibly shaped American society. But in our cultural obsession with abortion, what do we overlook? Progressives have a unique opportunity to redefine the very terms of the debate by reestablishing the context in which decisions about pregnancy and parenting are made, working in alliance with other progressive movements, promoting the role of government both to respect and defend our rights, and connecting our support for reproductive rights with broader progressive values. Questions about reproduction and sexuality affect every human being. No progressive agenda would be complete without them.

Endnotes

1 For more information about reproductive justice and the distinction its proponents draw with the reproductive rights and reproductive health movements, see Asian Communities for Reproductive Justice, A New Vision for Reproductive Justice (2005), *available at* http://www.apirh.org/download/ACRJ_A_New_Vision.pdf (last viewed July 6, 2006).

2 We use the word "ability" rather than "rights" because many people currently have rights in theory that they are unable to exercise in practice due to obstacles such as a lack of resources or interference by other individuals. Therefore, our use of the term "ability" presupposes but implies more than rights.

3 Malika Saada Saar of the Rebecca Project for Human Rights deserves credit for bringing to our attention the phrase "parenting with dignity." To us, this phrase means not only that parents should have the opportunity to raise their children in line with the dictates of their conscience, but that they are entitled to respect for the role they play in society and for the enormous responsibilities they have undertaken as parents. It also means that society has an obligation to ensure that parents have the tools they need to satisfy those responsibilities, to protect the integrity of their family, and to raise their children under circumstances that accord with basic human rights.

4 Though wide-ranging, the policies proposed in this section are meant to be illustrative and are not intended to be all-inclusive. At the same time, we recognize that no single organization could or should address so many issues simultaneously. Rather, we hope only to demonstrate how they relate to one another and fit into a larger, holistic agenda. Indeed, many of the policy prescriptions could be categorized under multiple cornerstones, but for the sake of brevity we have tried to limit duplication as much as possible.

5 As of March 2003, 126,000 out of 542,000 foster care children were awaiting adoption. Child Welfare League of America, Adoption Fact Sheet, *available at* http://www.cwla.org/programs/adoption/adoptionfactsheet.htm (last viewed July 6, 2006).

6 The Urban Institute Child Welfare Research Program, Foster Care Adoption in the United States: A State by State Analysis of Barriers and Promising Approaches, at 7-8 (Nov. 17, 2004), *available at* http://www.urban.org/UploadedPDF/411108_FosterCareAdoption.pdf (last viewed July 6, 2006).

7 *See, e.g.*, Dorothy Roberts, *Racial Harm: Dorothy Roberts Explains How Racism Works in the Child Welfare System*, Colorlines Magazine: Race, Action, Culture, Fall 2002, *available at* http://www.findarticles.com/p/articles/mi_m0KAY/is_3_5/ai_90794902 (last viewed July 6, 2006).

8 *See generally* Jael Silliman et al., Undivided Rights: Women of Color Organize for Reproductive Justice (South End Press 2004); Dorothy Roberts, Killing the Black Body (Vintage Books 1997).

9 The Rebecca Project for Human Rights, Issue: Family Treatment, *available at* http://www.rebeccaproject.org/issues.php (last viewed July 6, 2006).

10 Adam Liptak, *Prisons Often Shackle Pregnant Inmates in Labor*, New York Times, Mar. 2, 2006, *available at* http://www.nytimes.com/2006/03/02/national/02shackles.html?ex=1150862400&en=bfecfec155720e85&ei=5070 (last viewed July 6, 2006).

11 The Rebecca Project, Family Treatment.

12 Family treatment programs have a 73% effectiveness rate for parents achieving sustained sobriety, with 43% immediately transitioning from welfare support. The Rebecca Project for Human Rights, Issue: Treatment as Work, *available at* http://www.rebeccaproject.org/issue_work.php (last viewed July 6, 2006). In addition to the human benefits, drug treatment programs appear to offer significant fiscal benefits as well. A recent evaluation of a California program that diverts drug offenders from prison to treatment found benefit-to-cost ratios of 4 to 1 for those who completed treatment and an overall cost savings of $173.3 million. Douglas Longshore et al., Evaluation of the Substance Abuse and Crime Prevention Act: Cost Analysis Report (first and second years), at 3, 4 (Apr. 5, 2006), *available at* http://www.adp.cahwnet.gov/pdf/SACPA_COSTANALYSIS_FINAL_04_05_06.pdf (last viewed July 6, 2006).

13 *See, e.g.*, S.A. Stephens et al., Center for Assessment and Policy Development, Improving Outcomes for Teen Parents and Their Young Children by Strengthening School-Based Programs: Challenges, Solutions and Policy Implications (Apr. 1999), *available at* http://www.capd.org/home/publications/PDF/policy.pdf (last viewed July 6, 2006).

14 Jon Luoma, Challenged Conceptions: Environmental Chemicals and Infertility, at 1 (Oct. 2005), *available at* http://www.rhtp.org/fertility/vallombrosa/documents/Challenged_Conceptions.pdf (last viewed July 6, 2006).

15 *Id.*; John Peterson Myers et al., *Environmental Toxins and Fertility*, Family Building, at 12, 2004, *available at* http://www.healthandenvironment.org/wg_fertility_news/?startnum=21 (last viewed July 6, 2006).

16 ART involve all medical and laboratory techniques used to address infertility and help people have children. For a complete list and definitions of available ART, see http://www.dnapolicy.org/science.assist.php (last viewed July 6, 2006).

17 For instance, there is reason to believe that technologies such as sonograms, pre-implantation genetic diagnosis, and sperm sorting are already being used for sex selection in the U.S. and internationally. Marcy Darnovsky, *High-Tech Sex Selection: A New Chapter in the Debate*, 17:1 GeneWatch (Jan. 2004), *available at* http://www.genetics-and-society.org/resources/cgs/200401_genewatch_darnovsky.html (last viewed July 6, 2006).

18 IVF involves the fertilization of an egg by sperm in a laboratory dish.

19 PGD involves screening embryos (fertilized eggs) for specific characteristics – primarily for risk of certain genetic diseases – before implanting one or more in a woman's uterus.

20 Roberts, Killing the Black Body, at 81.

21 *See, e.g.*, Jennifer Egan, *Wanted: A Few Good Sperm*, New York Times Magazine, Mar. 19, 2006, *available at* http://www.nytimes.com/2006/03/19/magazine/319dad.html?ex=1300424400&en=d0ee77de0912b2e6&ei=5088&partner=rssnyt&emc=rss (last viewed July 6, 2006).

22 Some have argued the very existence of prenatal tests for fetal abnormalities presupposes that parents will decide against giving birth to a disabled child. Rayna Rapp & Faye Ginsburg, *Standing at the Crossroads of Genetic Testing: New Eugenics, Disability Consciousness, and Women's Work*, 15:1 GeneWatch (Jan. 2002), *available at* http://www.gene-watch.org/genewatch/articles/15-1crossroads.html (last viewed July 6, 2006).

23 The number of Americans without health care insurance reached 45.8 million in 2004. Center on Budget and Policy Priorities, The Number of Uninsured Americans Continued to Rise in 2004 (Aug. 30, 2005), *available at* http://www.cbpp.org/8-30-05health.htm (last viewed July 6, 2006).

24 Heather D. Boonstra et al., *Abortion in Women's Lives*, Guttmacher Institute, at 6 (2006), *available at* http://www.guttmacher.org/pubs/2006/05/04/AiWL.pdf (last viewed July 9, 2006).

25 After three years of delay, the Food and Drug Administration (FDA) finally granted nonprescription access to the emergency contraceptive drug known as Plan B - but only to women 18 and older. *See, e.g.*, Marc Kaufman & Rob Stein, *FDA Allows OTC Sales of Plan B*, The Washington Post, Aug. 24, 2006, *available at* http://www.washingtonpost.com/wp-srv/content/article/2006/08/24/fda920.html (last viewed Aug. 29, 2006).

26 Although the conscience and beliefs of health service providers should be respected whenever possible, we believe the health needs of the patient must be society's primary concern.

27 Seventy percent of men are willing to use reliable contraceptives, yet only thirty percent of contraception in the United States is male-based, including condoms, withdrawal, abstinence, and vasectomy. National Institute of Child Health and Human Development, From Cells to Selves: Reproductive Health for the 21st Century, at 9 (2001), *available at* http://www.nichd.nih.gov/strategicplan/cells/Reproductive_Health.pdf (last viewed July 6, 2006).

28 Seventy-two percent of OB/GYN residency programs do not train all residents in abortion procedures. The Abortion Access Project, Fact Sheet: The Shortage of Abortion Providers, *available at* http://www.abortionaccess.org/viewpages.php?id=176 (last viewed July 6, 2006).

29 Twenty-eight states currently have enforceable laws that require abortion counseling that includes biased, inaccurate, or misleading information, such as the suggestion that abortion can cause breast cancer. NARAL Pro-Choice America, *Nationwide Trends: Biased Counseling and Mandatory Delay and Maps* and *Charts: Biased Counseling and Mandatory Delay*, Who Decides? The Status of Women's Reproductive Rights in the United States, *available at* http://www.prochoiceamerica.org/choice-action-center/in_your_state/who-decides/nationwide-trends/biased_counseling.html and http://www.prochoiceamerica.org/choice-action-center/in_your_state/who-decides/maps-and-charts/map.jsp?mapID=14 (last viewed July 6, 2006).

30 Language barriers, cultural beliefs, stereotypes, and discrimination can prevent women from receiving essential screening and information for a range of reproductive and sexual health care needs. *See, e.g.*, Courtney Chappell, National Asian Pacific American Women's Forum, Reclaiming Choice, Broadening the Movement: Sexual and Reproductive Justice and Asian Pacific American Women, A National Agenda for Action, at 11-13 (2005).

31 *See, e.g.*, American Academy of Pediatrics, Committee on Psychosocial Aspects of Child and Family Health and Committee on Adolescence, *Sexuality Education for Children and Adolescents*, 102:2 Pediatrics, at 498 (Aug. 2001; reaffirmed May 1, 2005), *available at* http://aappolicy.aappublications.org/cgi/reprint/pediatrics;108/2/498.pdf (last viewed July 6, 2006); The California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act, Cal. Educ. Code §§ 51930-51939 (2006). *See also* Stephanie Simon, *The Birth Control Divide: Poor and Uneducated Women Have Higher Rates of Unplanned Pregnancy. But Why?*, The Los Angeles Times, June 26, 2006, *available at* http://www.latimes.com/features/health/la-he-birthcontrol26jun26,0,7564609.story?coll=la-home-health (last viewed July 6, 2006) (explaining that poor and uneducated adult women lack complete information about birth control and how to use it effectively, thereby leading to much higher rates of unintended pregnancy and abortion than their more affluent peers).

32 Current abstinence-only programs often rely on medically inaccurate and biased information, gender

stereotypes, and fear and shame. SIECUS, Fact Sheet: In Their Own Words: What Abstinence-Only-Until-Marriage Programs Say, updated Aug. 2005, *available at* http://www.siecus.org/policy/in_their_own_words.pdf (last viewed July 6, 2006).

33 Sandra G. Boodman, *Virginity Pledges Can't Be Taken on Faith*, The Washington Post, May 16, 2006, at HE04, *available at* http://www.washingtonpost.com/wp-dyn/content/article/2006/05/15/AR2006051500842.html (last viewed Aug. 16, 2006).

34 Programs that were found to delay successfully the timing of first sex provided basic information about risks associated with teen sexual activity and methods to avoid pregnancy or STIs, addressed social pressures toward having sex, provided activities to practice communication and refusal skills, and were tailored to participants' age-level, culture, and level of sexual experience, among other factors. Jennifer Manlove et al., The National Campaign to Prevent Teen Pregnancy, Not Yet: Programs to Delay First Sex among Teens, at 8 (Sept. 2004), *available at* http://www.teenpregnancy.org/works/pdf/NotYet.pdf. (last viewed July 6, 2006); *see also* Isabel V. Sawhill, The Brookings Institution, Welfare Reform & Beyond Brief #8: What Can Be Done to Reduce Teen Pregnancy and Out-of-Wedlock Births? (Oct. 2001), *available at* http://www.brookings.edu/es/research/projects/wrb/publications/pb/pb08.htm (last viewed July 6, 2006).

35 Rape, Abuse & Incest National Network, Pregnancies Resulting from Rape (2006), *available at* http://www.rainn.org/statistics/pregnancies.html (last viewed July 6, 2006).

36 Elizabeth M. Saewyc et al., *Teenage Pregnancy and Associated Risk Behaviors among Sexually Abused Adolescents*, 36:3 Perspectives on Sexual and Reproductive Health (May/June 2004), *available at* http://www.guttmacher.org/pubs/journals/3609804.html (last viewed July 6, 2006).

37 Wendy Chavkin, *Prenatal Care and Women's Health*, JAMWA, at 143 (Sept./Oct. 1995), *available at* http://jamwa.amwa-doc.org/index.cfm?objectid=3362D576-D567-0B25-526C6A6653EE023B (last viewed July 28, 2006); Rita Rubin, *'Preconception': Plan for a Good Pregnancy*, USA Today, May 8, 2006, *available at* http://www.usatoday.com/news/health/2006-05-08-preconception-care_x.htm (last viewed July 6, 2006); Kay Johnson et al., *Recommendations to Improve Preconception Health and Health Care – United States,* 55(RR06) MMWR, at 1-23 (Apr. 21, 2006), *available at* http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm (last viewed July 6, 2006).

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39 See National Partnership for Women & Families, The Pregnancy Discrimination Act 25 Years Later: Pregnancy Discrimination Persists, *available at* http://www.nationalpartnership.org/portals/p3/library/WorkplaceDiscrimination/Pregnancy25thAnnivFacts.pdf (last viewed July 6, 2006).

40 Cynthia Dailard, *Reproductive Health Advocates and Marriage Promotion: Asserting a Stake in the Debate,* 8:1 The Guttmacher Report on Public Policy, at 2-3 (Feb. 2005), *available at* http://www.guttmacher.org/pubs/tgr/08/1/gr080101.pdf (last viewed Aug. 8, 2006).

41 "The word *'microbicides'* refers to a range of different products that share one common characteristic: the ability to prevent the sexual transmission of HIV and other sexually transmitted diseases (STDs) when applied topically. A microbicide could be produced in many forms, including gels, creams, suppositories, films, or as a sponge or ring that releases the active ingredient over time." Global Campaign for Microbicides, About Microbicides, *available at* http://www.global-campaign.org/about_microbicides.htm (last viewed July 6, 2006).

42 Two vaccines have been developed that prevent persistent infection by the HPV strains that cause 70% of cervical cancer cases. One of those vaccines recently received FDA approval. Gardiner Harris, *U.S. Approves Use of Vaccine for Cervical Cancer,* New York Times, June 9, 2006, *available at* http://www.nytimes.com/2006/06/09/health/09vaccine.html?ei=5070&en=737d865b8682d122&ex=1151553600&pagewanted=all# (last viewed July 6, 2006).

43 "The freedom to marry has long been recognized as one of the vital personal rights essential to the orderly pursuit of happiness by free men." *Loving v. Virginia,* 388 U.S. 1, 12 (1967).

44 *See, e.g.*, Center for American Progress, American Progress Statement on Marriage (Feb. 25, 2004), *available at* http://www.americanprogress.org/site/pp.asp?c=biJRJ8OVF&b=34899 (last viewed July 6, 2006).

45 The institution of marriage confers 1,138 federal benefits and responsibilities, as well as those offered by the states, such as hospital visitation rights, the ability to make proxy medical decisions, employment benefits, inheritance, property rights, social security and pension benefits, and joint tax status. Marriage Equality USA, Get the Facts on Marriage, *available at* http://www.marriageequality.org/main_facts.php?page=why_marriage_matters (last viewed July 6, 2006).

46 By "nuclear family," we mean married heterosexual parents living with biological children.

47 Amy Benfer, *The Nuclear Family Takes a Hit,* Salon.com, June 7, 2001, *available at* http://archive.salon.com/mwt/feature/2001/06/07/family_values/index.html (last viewed July 6, 2006).

48 Assisted reproduction methods such as surrogacy have divided the biological and social functions of

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49 *See, e.g.*, Greenpeace, Health and Environmental Effects of POPs [Persistent Organic Pollutants], *available at* http://www.greenpeace.org.nz/toxics-map/healthPOP.htm (last viewed July 7, 2006).

50 U.S. Environmental Protection Agency, America's Children and the Environment: Measures of Contaminants, Body Burdens, and Illnesses, at 82 (Second Edition, Feb. 2003), *available at* http://www.epa.gov/envirohealth/children/ace_2003.pdf (last viewed July 7, 2006).

51 Kimi Eisele, *With Every Breath You Take*, OnEarth (Winter 2003), *available at* http://www.nrdc.org/onearth/03win/asthma1.asp (last viewed July 7, 2006).

52 Niels E. Skakkebæk et al., *Is Human Fecundity Declining?*, 29 International Journal of Andrology, at 2-11 (July 3, 2005), *available at* http://www.healthandenvironment.org/wg_fertility_news/331 (last viewed July 7, 2006); Luoma, Challenged Conceptions, at 2-3.

53 *See, e.g.*, John Halpin, Center for American Progress, Progressivism in 2004: Transcending the Liberal-Conservative Divide (Jan. 5, 2004), *available at* http://www.americanprogress.org/site/pp.asp?c=biJRJ8OVF&b=18188 (last viewed July 7, 2006).

54 Marlene Gerber Fried, *The Economics of Abortion Access in the US*, Conscience, at 10, 15 (Winter 2005-2006), *available at* http://www.cath4choice.org/conscience/current/ConscienceMagazine-TheEconomicsofAbortionAccessintheUS.asp (last viewed July 7, 2006).

55 *See, e.g.*, 29 U.S.C.S. §§ 654, 655 & 666 (statutes imposing a duty on employers to furnish employees with a workplace free from recognized hazards likely to cause death or serious physical harm and providing OSHA with enforcement mechanisms).

56 18 U.S.C. § 248.

57 "We are dealing here with [a matter that] involves one of the basic civil rights of man. Marriage and procreation are fundamental to the very existence and survival of the race." *Skinner v. Oklahoma*, 316 U.S. 535, 541 (1942) (The *Skinner* case involved the forced sterilization of prisoners).

58 *See, e.g.*, Halpin, Progressivism in 2004.

59 Lynn M. Paltrow, *The Abortion Diversion*, The Boston Globe, Feb. 20, 2005, at D11.

60 Angela Bonavoglia, *Hurricane Pundits Blow Hot Air on Single Mothers*, Women's eNews, Sept. 14, 2005, *available at* http://www.womensenews.org/article.cfm/dyn/aid/2449/context/archive (last viewed July 7, 2006).

61 John Tierney, *Men's Abortion Rights*, New York Times, Jan. 10, 2006, at A25.

62 Dalton Conley, *A Man's Right to Choose*, New York Times, Dec. 1, 2005, at A33.

63 For instance, low-income women in need of abortion often must forego food, rent, or utilities in order to pay for the service. National Network or Abortion Funds, Abortion Funding: A Matter of Justice, at 2 (2005), *available at* http://www.nnaf.org/NNAF_Policy_Report.pdf (last viewed July 7, 2006).

64 Roberts, Killing the Black Body, at 81.

65 *See generally id.*; Silliman, Undivided Rights.

66 *See, e.g.*, Kristin Luker, *Dubious Conceptions: The Controversy over Teen Pregnancy*, American Prospect, Mar. 21, 1991, *available at* http://www.prospect.org/web/page.ww?section=root&name=ViewPrint&articleId=5295 (last viewed July 7, 2006).

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more effective government intervention.

71 For instance, unpaid childrearing not only affects current income but also future social security benefits. Jessica Silver-Greenberg, *The* Real *Number on Social Security*, Ms. Magazine, Summer 2005, *available at* http://www.msmagazine.com/summer2005/socialsecurity.asp (last viewed July 7, 2006).

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73 *See, e.g.*, Young Women's Health Conference, Factsheet on Young Women's Health, *available at* http://www.ywhconline.org/factsheet.html (last viewed July 7, 2006); Anne Dunn, Young Women at Risk Violence Intervention Program, Los Angeles Commission on the Status of Women, *Who Will Save Our Daughters?*, *available at* http://www.lacity.org/csw/html/cswpgC4a.htm (last viewed July 7, 2006).

74 *A Guide to Womenomics*, The Economist, Apr. 15, 2006, at 73, 74.

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76 *Id.* at 4.

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83 *See, e.g.*, Fried, *Abortion in the United States*, at 219; William Saletan, Bearing Right: How Conservatives Won the Abortion War, at 37-38, 42, 63, 69 (University of California Press 2003).

84 Eighty-seven percent of U.S. counties have no abortion provider. That number rises to 97% in rural counties. The Abortion Access Project, The Shortage of Abortion Providers; S.K. Henshaw, *Abortion Incidence and Services in the United States in 2000*, 35:1 Perspectives on Sexual and Reproductive Health, at 6, 10-11 (Jan/Feb 2003), *available at* http://www.guttmacher.org/pubs/journals/3500603.pdf (last viewed Aug. 7, 2006).

85 *See, e.g.*, Walter Dellinger, *Should We Compromise on Abortion?*, American Prospect, June 23, 1990, *available at* http://www.prospect.org/web/page.ww?section=root&name=ViewPrint&articleId=5334 (last viewed July

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87 *See generally* Silliman, Undivided Rights.

88 *Id.* at 123. "The term 'first environment' was coined by Katsi Cook because a woman's body is the first environment that a fetus encounters." *Id.* at 139 n.1. A practical application of this perspective can be found in the work of the Mother's Milk Project, which conducted community-based research and analyzed the local food chain in order to determine what contaminants were present in women's bodies, especially their milk, and advise women on ways to reduce the risk of passing toxins on to their children. *Id.* at 132-33.

89 *Id.* at 287.

90 *Id.* at 51.

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95 *See, e.g.*, Kaufman & Stein, *FDA Allows OTC Sales of Plan B.*

96 In 2005, "15 states considered 19 measures to permit pharmacists and/or pharmacies to refuse to fill women's prescriptions for contraception or emergency contraception." NARAL Pro-Choice America, Who Decides?: The Status of Women's Reproductive Rights in the United States, *available at* http://www.prochoiceamerica.org/choice-action-center/in_your_state/who-decides/nationwide-trends/refusal-to-provide-medical.html (last viewed July 9, 2006). Four states currently permit pharmacists to refuse to dispense emergency contraception and other oral contraceptives. Guttmacher Institute, State Policies in Brief: Emergency Contraception, Apr. 1, 2006, *available at* http://www.guttmacher.org/statecenter/spibs/spib_EC.pdf (last viewed July 9, 2006).

97 *See generally* Frances Kissling, *Is There Life after Roe? How To Think about the Fetus*, Conscience, at 10 (Winter 2004/2005), *available at* http://www.catholicsforchoice.org/conscience/archives/c2004win_lifeafterroe.asp.

98 *See, e.g.*, Stephen Prothero, *Democrats: Get Religion!*, The Boston Globe, Nov. 10, 2004, at A19.

99 *See, e.g.*, John Podesta and John Halpin, *'Silent Majority' Has Changed Focus*, The Myrtle Beach Sun-News, Nov. 13, 2004, at 9; Eric Alterman, Center for American Progress, Think Again: Conservative Media, Liberal Nation (July 7, 2005), *available at* http://www.americanprogress.org/site/pp.asp?c=biJRJ8OVF&b=873695 (last viewed July 10, 2006).

100 Quotation marks are used here because the voters and candidates have been referred to as "pro-life," but it is not entirely clear what is meant by that term in this context. For instance, some people call themselves "pro-life" because they would not choose to have an abortion or would counsel against abortion if

faced with the decision, not because they seek to criminalize abortion. These same people may also be sympathetic to a number of other progressive causes, such as protecting the environment or supporting affordable health care for all. Therefore, being "pro-life" is not necessarily incompatible with being progressive, and we do not mean to suggest that it is.

101 *See, e.g.*, Debra Rosenberg, *Roe's Army Reloads*, Newsweek, Aug. 8, 2005, *available at* http://www.msnbc.msn.com/id/8770089/site/newsweek/ (last viewed July 9, 2006); Dan Balz, *Roberts Ad Highlights Volatility of Abortion Issue*, Washington Post, Aug. 14, 1005, at A04, *available at* http://www.washingtonpost.com/wp-dyn/content/article/2005/08/13/AR2005081300964.html (last viewed July 9, 2006); Sean Higgins, *Democrats without Choice*, The American Spectator, July 20, 2005, *available at* http://www.spectator.org/dsp_article.asp?art_id=8463 (last viewed Aug. 7, 2006).

102 For instance, many "pro-choice" leaders have voted in favor of restrictions on public funding for abortion, teenage access to abortion, and second-trimester abortions. *See, e.g.*, Saletan, Bearing Right, at 155, 237.

103 *See* Rebecca Traister, *What the Hell Happened*, Salon.com, Jan. 31. 2006, *available at* http://www.salon.com/mwt/feature/2006/01/31/alito_confirmation/index_np.html (last viewed July 10, 2006).

104 To the extent conservatives have justified policies as protecting women, they have done so primarily in order to take advantage of the *Roe* framework which allows regulation of abortion after the first trimester in order to safeguard a woman's health. *See e.g.*, Wilder, *Law, Violence, and Morality*, at 80.

105 Boonstra, *Abortion in Women's Lives*, at 9.

106 *See, e.g.*, The Pro-Choice Public Education Project, She Speaks: African American and Latino Young Women on Reproductive Health and Rights, at 20 (2004).

107 Boonstra, *Abortion in Women's Lives*, at 9.

108 *See* Guttmacher Institute, Issues in Brief: Women and Societies Benefit When Childbearing is Planned (August 2002), *available at* http://www.guttmacher.org/pubs/ib_3-02.html#top (last viewed July 9, 2006).

109 "As many as one in three low-income women who would have an abortion if the procedure were covered by Medicaid are instead compelled to carry the pregnancy to term." National Network of Abortion Funds, Abortion Funding, at 2. "[B]etween 18 and 35 percent of Medicaid-eligible women who would have had abortions carry their pregnancies to term." Fried, *The Economics of Abortion Access*, at 12.

110 Rachel K. Jones et al., *Patterns in the Socioeconomic Characteristics of Women Obtaining Abortions in 2000-2001*, 34:5 Perspectives on Sexual and Reproductive Health, at 226, 231 (Sept./Oct. 2002), *available at* http://www.guttmacher.org/pubs/journals/3422602.pdf (last viewed July 9, 2006); Boonstra, *Abortion in Women's Lives*, at 20.

111 Silliman, Undivided Rights, at 5-6.

112 *Id.* at 7.

113 *Id.* at 303.

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