

by Suzanne Crowell

Think *Roe* permanently guarantees access to abortion? Think again. The war over women's bodies is being fought on 50 new battlefields: in state capitals around the country. Birth control, accurate medical information, and progressive values are all under attack. The best defense? A strong offense. Local action can help ensure that reproductive health is protected for all women.

Nothing dramatizes the stakes for women's access to reproductive health care at the state level like this year's struggle in South Dakota. There the state legislature defied *Roe v. Wade*, the Supreme Court's affirmation of every woman's constitutional right to abortion, and 33 years of judicial precedent by implementing a ban on all abortions except those required to save a woman's life. Pro-choice forces countered with a referendum to overturn the ban, hoping that a victory at the polls would deter future legislative challenges to *Roe*.

The strategy paid off when voters overturned the law by a wide margin. South Dakota serves as a stark reminder that, while the Supreme Court ultimately makes abortion law, state legislatures can and have set the agenda for battle both in the courts and on the streets. Pro-choice forces will have to engage in both arenas to prevail.

Abortion Law

The list of state abortion laws is long and 99 percent restrictive. Forty-six states allow health-care providers to refuse to perform abortions; 43 states allow institutions to opt out entirely; 32 bar the use of state funds for abortion, except when a woman's life is in danger or in cases of rape or incest; 12 have "partial-birth"

abortion bans, two-thirds of which seem to violate clear Supreme Court precedent. And mandatory pre-abortion counseling and parental involvement laws are widespread.

These anti-choice laws — and many others — operate against a backdrop of shrinking numbers of abortion providers and growing swaths of the country where no access exists at all. Nationwide, 88 percent of all counties have no identifiable abortion provider, according to the National Abortion Federation. Outside metropolitan areas, that figure is 97 percent — requiring long, often expensive trips.

Sex Education

For some years now, the right wing has also targeted sex education, with a healthy assist from the federal government. Abstinence-only education is big bucks, garnering more than \$1 billion in federal taxpayer dollars since 1998, according to the Sexuality Information and Education Council of the US. Typically, these curricula are fraught with basic scientific errors, falsehoods, misleading claims about contraceptives and abortion, religious beliefs presented as facts, and gender stereotypes.

When states have attempted to use federal abstinence-only education money to present a more balanced perspective, their

Is your state protecting women's access to reproductive health care? Are you?



federal funding has been threatened. Some states — like Maine, California, and Pennsylvania — have rejected these dollars altogether to avoid restrictions that would compromise their comprehensive programs. Others find that federal funding requirements buttress their own political agendas. In New Jersey, for example, more than a third of federal sex ed dollars goes to so-called crisis pregnancy centers, which misinform and intimidate women to prevent them from accessing abortion care, and more than 60 percent goes to anti-choice groups.

Local activism is the best antidote to the abstinence-only movement. In 2004, for example, Georgia Parents for Responsible Health Education convinced the DeKalb County school board to abandon a program called "Choosing the Best." This fear-based curriculum promoted abstinence and received more than \$4 million in federal funds.

Birth Control

Access to birth control is also a key arena for state action. In 12 states, pharmacists are legally allowed to refuse to dispense doctor-prescribed birth control and often humiliate women with lectures on sexual ethics and erroneous claims that the pills cause abortions, according to Planned Parenthood.

The opposition of the Catholic Church to birth control has a significant impact on its distribution. Half of the 20 largest nonprofit hospital systems in this country are run by the Catholic Church. In some states, 30 to 40 percent of those seeking emergency care visit Catholic hospitals. It is no wonder then, that emergency rooms often fail to dispense Emergency Contraception (EC) to rape victims.

The good news here is that pro-choice forces in the states are fighting back — and winning. For example, the ideologically driven delay by the Food and Drug Administration in approving over-the-counter sale of EC prompted eight states to empower pharmacists to dispense the drug without waiting for federal action. In 2005 alone, more than 60 bills on EC were introduced at the state level, mostly aimed at expanding access.

State Funding

For poor and working-class women in particular, reproductive health care often gets tangled in the purse strings of state and local governments. In 2004, 17.4 million women who were poor or younger than 20 were in need of publicly funded contraceptive services and supplies — a million more than there were in 2000. Only one in six of these women got such state assistance.

Funding also has a strong impact on who gets abortions. Since 1977, the infamous Hyde Amendment has made using federal Medicaid funds for abortions illegal except in cases of rape or incest or to save a woman's life. Only 17 states provide poor women with funding for all or most medically necessary abortions. For poor women across the country, raising money for the procedure is often a significant obstacle, causing delays, complications, or a complete impasse to getting abortions at all.

While the national picture is grim, in recent years 24 states have gotten permission from the federal government to expand Medicaid coverage of family planning services, some liberalizing income restrictions, others extending Medicaid coverage for contraceptive needs. Iowa, for example, launched a five-year pilot program designed to reduce unplanned pregnancies. It expects to serve more than 166,630 women in need of publicly supported contraceptive services.

High Stakes

There is no question that the battle to win access to women's reproductive health care is ongoing. Every year, nearly every state legislature debates a bill that seeks to limit such access. On the local level, school boards and welfare agencies consider and adopt policies sponsored by the extreme right that imperil related issues such as accurate information, resources, and care. And the struggle begins anew each day — the right-wing agenda extends to the teaching of science, books in libraries, stem-cell research, foreign aid, and even fundamental questions of religious liberty. Your own state, county, or town might already be a battleground. You can join this fight to defend your values, not only in Washington, but in your own backyard. >