

accessVoices

THE QUARTERLY NEWSLETTER OF ACCESS/WOMEN'S HEALTH RIGHTS COALITION

Summer 2007



(Left to right) Board Member Jerrie Meadows, Intern Sophia Song, Hotline Manager Lupe Rodriguez, Intern Silvia Estrada Murillo, and Executive Director Destiny Lopez at a rally in San Francisco protesting the federal abortion ban.

Supreme Court Upholds Federal Abortion Ban

On April 18, 2007, the Supreme Court dealt a devastating blow to women's reproductive rights. In their 5-4 decision, the court upheld the federal abortion ban in the cases of *Gonzales v. Planned Parenthood* and *Gonzales v. Carhart*.

The Supreme Court decision upholds the federal abortion ban passed by Congress in 2003. The ban criminalizes abortions in the second trimester of pregnancy, as early as 13 weeks, that doctors say are safe and the best way to protect women's health.

Although the Supreme Court's decision suggests that the ban is narrowly targeted to prohibit one method, it provides little guidance about what actions might expose doctors to criminal and civil liability under the ban. For doctors, the consequences of violating the ban are severe, including up to two years in prison, a fine, and the potential of a civil suit from either the husband or the parent of the pregnant woman.

Normally we expect decisions about clinical intervention to be made by the provider and patient based on weighing the risks and benefits of a procedure. But as a result of this ban, a doctor is forced to choose a less safe method that carries a higher risk of bleeding, infections, and permanent injury – simply because of the threat of legal prosecution.

Chipping Away at a Woman's Right to Choose

While the Supreme Court decision does not overturn *Roe v. Wade*, it undermines one of its core principals—that the women's health must remain paramount. In the three decades

Abortion Ban, continued on page 4

Universal Health Care is a Women's Issue

Although both men and women struggle with high healthcare costs and a lack of insurance, women—whether insured or uninsured—face particular difficulties in accessing and paying for healthcare. Women are more likely to depend on their spouses for insurance, are more likely to work part-time, and on average earn lower incomes than men. Because of regular reproductive health checkups and their greater use of prescription medication, women also use more healthcare services than men over their lifetimes. Women have a harder time affording these services, paying higher out of pocket costs in proportion to income than men and often avoiding needed healthcare because of its cost.

In California the situation is particularly dire, with one-fifth of our state's population uninsured, far more than in any other state. ACCESS, as a member of the Women's Working Group on Universal Healthcare, has joined the fight for affordable healthcare for California women by advocating for an overhaul of the state's healthcare system. California joins a handful of states putting forward proposals for universal healthcare, with two bills currently in the state legislature offering different visions of statewide healthcare reform.

Senator Sheila Kuehl's (D-Santa Monica) bill, SB 840, which passed the Assembly Health Committee in July, and is now in the Assembly, *Universal Healthcare, continued on page 4*

mission

ACCESS exists to make reproductive health and choice a concrete reality—not just a theoretical right—for all women. Our programs promote real reproductive options and access to quality health care for low-income women, women of color, immigrants and women in rural or isolated areas. No other California organization provides the same range of support to women who are considering or seeking abortion care.

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ACCESS Voices Editor

Allison Veen

real voices, real choices

LIFE ON THE HOTLINE

All names and other identifying information have been changed to protect our callers' confidentiality.

Angela

Angela was 17 years old and about 5 weeks pregnant. She called to ask for information about how to pay for an abortion, but said she had not made up her mind about whether to have it. She called around to different clinics to find out the cost for the procedure, but she could not find any price range she could afford. She said she had heard about “some Medi-Cal program,” she might be able to use, but was afraid to apply because she did not want her mom to find out she was thinking about getting an abortion, especially since she thought she may be covered under her mother’s insurance.

Our hotline manager, Lupe Rodriguez, explained what Medi-Cal covers and how to sign up for it. Lupe told Angela that because she was 17 years old, she would be eligible for minor consent services through emergency Medi-Cal. She explained that minor consent services protect the confidentiality of women like her who are still dependent on their parents for income or insurance. She told her where and how to apply, and assured her that once she got emergency Medi-Cal, it would pay for either prenatal care or an abortion, depending upon the choice that she made. Angela said she would apply for emergency Medi-Cal right away. Lupe offered her referrals to providers and information about all of her options, but Angela said she wanted to complete her Medi-Cal application first and then decide what to do about her pregnancy.

Sarah

Sarah called because she could not find a provider who would take her insurance. She was 7 weeks pregnant and had a PPO insurance plan. She had already called her insurance provider and verified that it covers abortion and received a list of “in-network” providers. But when she called each of the providers, they all said they did not do the procedure. She then called all of the providers in her county phone book and none of them contracted with her insurance plan. A local Planned Parenthood suggested that she pay for the procedure

Real Voices, Real Choices, continued on page 4

reproductive justice update

NEWS YOU CAN USE

Brazil to Subsidize Birth Control Pills

Brazilian president Luiz Inacio Lula da Silva recently announced a new program to reduce unintended pregnancies by subsidizing birth control pills. Each government subsidized package of birth control pills, containing enough pills to last a month, will cost 0.40 Brazilian reais (US \$0.20). They now retail for 50 reais (US \$25.60).

The program aims to help reduce the 800,000 illegal abortions Brazilian women have each year. Abortion is illegal in most situations in Brazil, and about 4,000 women die each year from illegal abortions, making it the fourth leading cause

of maternal death. Despite this fact, the majority of Brazilians continue to oppose legalizing abortion. President da Silva said he personally opposes abortion but favors a national debate on the issue.

House Approves Contraceptive Donations to International Groups Barred From Funding Due to Abortion Policies

The House narrowly approved legislation that would allow the Federal government to give contraceptives, but not money, to international groups barred from receiving U.S. aid because of their abortion policies.

The so-called “Mexico City Policy” bars U.S. funding from going to international groups that promote or offer abortions as a method of family planning. The policy was originally implemented by President Reagan in 1984, removed by President Clinton, and reinstated by President Bush during the first days of his presidency.

Democrats argue that the legislation approved by the House leaves the “Mexico City Policy” intact. If the legislation passes the Senate, it will likely be vetoed by President Bush, who said he would not “allow taxpayer dollars to be used for the destruction of human life.”

get active with access



Intern Zai Divecha at a rally calling for increased reimbursement rates for family planning providers

CALENDAR OF EVENTS

The Assault on Women's Health & Safety:

The Impact of the Federal Abortion Ban

Wednesday, August 15, 7:00–8:30 p.m.

Women's Building, San Francisco, 3543 18th St. #8

Join local and statewide women's health advocates at a community forum to discuss the Supreme Court's decision to uphold the Federal Abortion Ban.

Learn how the ruling impacts the health, safety and privacy of women in California, and nationwide.

Advocacy Task Force

1st Thursday of each month, 7:00–8:30 p.m.

Location alternates

Come find out what's happening with legislation

and policies in Sacramento and get active to make reproductive rights a reality for women in California! To R.S.V.P., email destiny@whrc-access.org.

Monthly Volunteer Night

2nd Thursday of each month, 7:00–8:30 p.m.

ACCESS office

We will have specific projects for each volunteer night, including stuffing newsletter mailings, calling donors or volunteers, or working on special events. An ACCESS orientation, food and drinks will be provided. To R.S.V.P., email volunteering@whrc-access.org.

Join The ACCESS Board of Directors!

ACCESS is looking for committed volunteers to join our Board of Directors. The Board oversees ACCESS's work and operations, ensuring our mission and program goals are met and the organization remains legally and financially secure. We strive to represent the diversity of the communities we serve through our Board of Directors and are particularly interested in people with fundraising or accounting/finance backgrounds, or previous non-profit board experience. For more information, email Destiny at destiny@whrc-access.org.

access out and about

Rallies, health fairs, marches, conferences, community forums—you name it and ACCESS has been there! We want pictures of you out in the community spreading the word about ACCESS and fighting for reproductive justice for California women. To buy ACCESS gear, go to www.cafepress.com/choosetoshop. Please send pictures to destiny@whrc-access.org.

Clockwise from top right: (1) Hotline Manager Lupe Rodriguez speaking at a legislative briefing sponsored by California Latinas for Reproductive Justice; (2) our youngest activist Zach Schwerin with his mother Ellen Schwerin, former ACCESS Board Member; (3) Destiny speaks to supporters at our Celebrate April with ACCESS house party; (4) a Chico community member signs up to get active with ACCESS.



up front and then ask her insurance to reimburse her, but when she looked into this she found out that her insurance would not pay for “out-of-network care” if it was less than \$2,000. Essentially, if she had her abortion with a provider outside of her network and it cost her less than \$2,000—which was likely—then her insurance would not reimburse her.

Our hotline manager encouraged Sarah to call her insurance provider and tell them that the referrals they gave her do not provide abortions, and to demand that they help her find a provider that contracted with her insurance. She then gave her referrals to some private providers that Sarah had not tried yet and the inside line to Choice Medical Group in Concord, hoping that they might find a way to accept the Sarah’s insurance. Lupe encouraged Sarah to keep in touch and call if she had any other problems or questions.

Dara

Dara called to ask where she could get emergency contraception (EC). Dara had Medi-Cal and Lupe explained that she could get EC without a prescription at any pharmacy that carries it, and that she can pay for it with Medi-Cal. Dara thought you had to go to a clinic to get EC and was surprised she could get it at the pharmacy. Lupe gave Dara the California EC hotline number so she could get accurate information about locations that carry EC. Dara thanked Lupe for the information and said she felt a lot better knowing she could just go to a pharmacy to get EC and that she did not have to go through the hassle or possible embarrassment of getting a prescription. Lupe encouraged her to call us back if the pharmacy denied her the medication.

Universal Healthcare, continued from page 1

would create a “single-payer” system. This government-administered system would replace private health insurers and provide a uniform, comprehensive set of benefits. A Health Insurance Commissioner would set rates for health care services, prescription drugs, and medical supplies. The plan would be financed by new payroll taxes and additional income tax on those earning more than \$200,000. Aided by recent political and media attention, public support for a “single-payer” system has grown in California. A poll released in June by the Public Policy Institute of California indicates that 66% of California voters would now support a national health insurance system, even if it meant higher taxes.

A competing proposal introduced by Speaker of the Assembly Fabian Núñez (D-Los Angeles) and Senate President pro tem Don Perata (D-Oakland) was approved by a Senate committee in July and now heads to the Assembly for approval. Their healthcare reform proposal, AB 8, mandates that all working Californians earning above 300% of the Federal Poverty Line maintain health insurance. The bill requires employers to pay a 7.5% payroll tax to buy insurance for their workers, while employees would be required to pay 4.5% of their income toward coverage. The proposal also expands eligibility for public health insurance programs for children and parents.

Abortion Ban, continued from page 1

since *Roe v. Wade*, the Court has always demanded that abortion restrictions include protections for women’s health. Yet the Court upheld the federal ban despite the fact that it does not contain a health exception—an exception that leading medical organizations, including the American College of Obstetricians and Gynecologists (which represents more than 90% of all ob-gyn specialists in the U.S.) testified is critical to protecting women’s health and safety. In the Court’s majority opinion, Justice Kennedy wrote that “the government has a legitimate and substantial interest in preserving and promoting fetal life,” adding that the ban is in fact good for women, protecting them against terminating their pregnancies by a method they might not fully understand in advance and could regret later. Kennedy added that the government cannot forbid abortion outright but “may use its voice and its regulatory authority” to deter women from ending pregnancies.

In her dissent, Justice Ruth Bader Ginsburg strongly criticized the majority for placing women’s health at risk. She calls the decision “alarming” and argued that the “Court offers flimsy and transparent justifications for upholding [the ban].” With this decision, she writes, “the Court deprives women of the right to make an autonomous choice, even at the expense of their safety.”

The Court’s decision also serves as an open invitation to states to pass new and far-reaching restrictions on abortion regardless of their impact on women’s health. As Justice Ginsburg writes in her dissent, “the Act, and the Court’s defense of it, cannot be understood as anything other than an effort to chip away at a right declared again and again by the Court – and with increasing comprehension of its centrality to women’s lives.”

Anti-abortion activists celebrated the ban as a long fought victory and a step towards further abortion restrictions. “It is just a matter of time before the infamous *Roe v. Wade*...will also be struck down by the court,” said Roberta Combs, president of the Christian Coalition of America. The new make-up of the Court clearly shaped the decision. Nancy Northup, president of the Center for Reproductive Rights, lamented that “It took just a year for this new court to over turn three decades of established constitutional law.”

Following the decision, national reproductive health advocates immediately joined forces and called upon Congress to pass the *Freedom of Choice Act*, a measure aimed at restoring a woman’s ability to make personal medical decisions free from government interference. Likewise, state advocates are working to shore up state level protections and to fight new anti-abortion measures.

Join ACCESS in San Francisco on August 15 for a community forum on the ban. See the Calendar of Events for details.