

POLITICAL RESEARCH ASSOCIATES

Challenging the Right,
Advancing Social Justice



DEFENDING REPRODUCTIVE JUSTICE

An Activist Resource Kit

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POLITICAL RESEARCH ASSOCIATES

Political Research Associates (PRA) is a social justice think tank devoted to supporting movements that are building a more just and inclusive democratic society. We expose movements, institutions, and ideologies that undermine human rights.

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DEFENDING REPRODUCTIVE JUSTICE

An Activist Resource Kit

Roe 40th Anniversary Edition

Political Research Associates

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2013 Update Editor: Alex DiBranco

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INTRODUCTION TO THE 2013 EDITION

IN JANUARY 2013, TIME MAGAZINE'S COVER STATED: "40 YEARS AGO, abortion rights activists won an epic victory with *Roe v. Wade*: they've been losing ever since." While a majority of the public surveyed supports continued legal abortion, results similar to those at the 30th and 20th anniversaries of *Roe*'s legalization of abortion, legislative and other barriers—particularly in Red states—have expanded significantly. This means that post-*Roe*, pregnant woman and transgender individuals can still be forced to turn to unsafe, illegal procedures.

In recognition of the 40th anniversary of *Roe* and the continuing struggles for reproductive justice, Political Research Associates (PRA) has decided to issue this updated edition of our activist resource kit (ARK), formulated with the support of key reproductive justice allies.

In 2000, PRA first published *Defending Reproductive Rights*, an activist resource kit on the anti-abortion movement, by collecting the Right's own words to demystify the motives and worldviews of those who campaign against social justice. We knew that an analysis of anti-abortion arguments would help activists plan more effective campaigns. But we did not know how popular such a collection would be. We have distributed thousands of our kits to activists across the country and abroad with an extra effort to reach young organizers, partially in response to the Right's organizing efforts with that age group.

Our second edition came out in 2009, on the heels of the murder of late-term abortion provider Dr. George Tiller, under the revised title *Defending Reproductive Justice*.

The 1977 Hyde Amendment blocking federal funding for abortion (except in cases of rape, incest, or life endangerment) was a debilitating blow to the prochoice movement, which proved ineffective in articulating a response and allowed the Right to further limit access through state-level measures. Hyde turn *Roe*'s "right" to abortion into a privilege. The new generation of prochoice leaders, especially women of color, designed the reproductive justice framework to highlight the intersection of reproductive justice with racial, economic, LGBTQ, prison, sex worker, and youth justice and uplift faith voices to counter the Christian Right's "moral" frames.

In the years leading up to the 40th anniversary of *Roe*, we've seen the continuation of those long-term right-wing strategies to undermine abortion access outlined in the first two editions of the ARK: violence and intimidation; hundreds of new antichoice state laws and key federal infringements, such as the "partial birth abortion" ban; false science used to portray abortion as dangerous, co-opting a women's health position; and graphic language comparing abortion to murder and holocaust. The Issues and Views section in this kit, updated for the first time since 2000, covers all of these issues and new developments (such as the "Black genocide" argument).

While our original kit focused on attacks on abortion as the main target of right-wing organizing and base mobilization, it is by no means the only reproductive issue the Right targets. New **Issues and Views** sections include the "right to conscience" in contraception provision, attacks on sexuality education, welfare family caps, and sterilization.

The words of PRA Founder Jean V. Hardisty from our original kit continue to resonate today:

It is clear to us that the Right is singularly focused on women who seek to control their own bodies. Women who seek abortions, poor women who have children outside of marriage, Native American women living on reservations, Puerto Rican women living in rural areas, lesbians, women caught in the judicial system, all these women must be assured of a voice and the means to defend their rights and advance their interests. We hope this Activist Resource Kit on Reproductive Rights is helpful to all those involved in the struggle to preserve and advance reproductive rights and freedom.

INTRODUCTION TO THE 2000 EDITION

SINCE 1981 POLITICAL RESEARCH ASSOCIATES HAS SERVED AS A RESOURCE for activists and organizers opposing right-wing initiatives or defending those under attack from the Right. PRA has always been committed to the preservation of reproductive rights and access to reproductive health care for all women. We have seen the resurgent Right place a “prolife” platform at the center of its campaign for “family values.” For that reason, we have kept a close eye on the ever-changing attack on reproductive rights, monitoring that attack even when it was not mounted by groups associated with the Right.

The anti-abortion movement and associated right-wing anti-women campaigns have become more militant and more violent as the movement has been unable to overturn *Roe v. Wade*, the landmark 1973 Supreme Court decision establishing a women’s right to abortion. During the 1980s and 1990s, and into the 2000s, it has become common for women seeking abortions to be verbally and physical harassed. Clinic bombings have steadily increased, and tragically, abortion providers and clinic workers have been murdered in increasing numbers “to protect the life of the unborn.”

In this Activist Resource Kit on Reproductive Rights we provide activists a thorough review of the Right’s role in the anti-abortion movement. The kit also unmasks the Right’s involvement in a much broader attack on women’s reproductive rights—including the role of right-wing organizations in promoting the sterilization of poor women and in chipping away the right of young women to make their own reproductive rights decisions.

As we go to press, the right to abortion in the U.S. hangs by a thread. In the 2000 Supreme Court decision *Stenberg v. Carhart*, an attempt to create a category of “partial-birth” abortion that would criminalize not just late-term abortions but nearly all abortions, failed by only one vote. Reproductive rights activists fear that, without support from a majority of Supreme Court Justices, the flurry of antichoice legislation generated by state legislatures will become law and women will be forced once again to seek illegal abortions. Justice Antonin Scalia has stated his belief that *Roe v. Wade* should be overturned. Justice Clarence Thomas would, no doubt, agree.

Political Research Associates exists to serve individuals and groups that are under attack from the political Right. It is clear to us that the Right is singularly focused on women who seek to control their own bodies. Women who seek abortions, poor women who have children outside of marriage, Native American women living on reservations, Puerto Rican women living in rural areas, lesbians, women caught in the judicial system, all these women must be assured of a voice and the means to defend their rights and advance their interests. We hope this Activist Resource Kit on Reproductive Rights is helpful to all those involved in the struggle to preserve and advance reproductive rights and freedom. The time for activism is now; the role of activism is nothing less than preserving women’s basic human rights.

Jean Hardisty
Founder and President Emerita
Political Research Associates
Somerville, Massachusetts

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A very big thank you to Jean Hardisty and Pam Chamberlain for their astute vision and leadership in creating a hard-hitting research tool for activists about the antichoice movement.

This kit, now in its third edition, is truly the result of a team effort led by Alex DiBranco, Maria Planansky, and Malika Redmond, who coordinated the update process and contributed significant research and analysis to the publication. Thanks also to PRA staff Theo Anderson, Kapyra Kaoma, Kassi Palys, Tarso Luís Ramos, and Abby Scher.

Many thanks to our PRA interns for their rich, detailed research for this ARK: Miranda Balkin, Matt Chandler, Kate Christman, Zoe Crowley, Andrew Dykens, Jessica Hitch, Daphne Kolios, Michael Juhasz, Anna Mester, Andrew Padgett, Kumar Ramanathan, Aaron Rothbaum, Alicia Steinmetz, and Bruce Wang.

As soon as we decided to update the ARK for the 40th anniversary year of *Roe v. Wade*, we knew we needed to enlist leaders representing a cross-section of the reproductive justice movement for support. Our advisors generously shared their wisdom and quickly turned around invaluable feedback on the research making this a strong addition to the reputable work produced by PRA. Deepest gratitude to our advisory board: Sabrina Andrus, JD, Executive Director of Law Students for Reproductive Justice; Katrina Maczen-Cantrell, Associate Executive Director, Women's Health Specialists, The Feminist Women's Health Centers of California; Dr. Aline Gubrium, Assistant Professor, School of Public Health and Health Sciences, University of Massachusetts Amherst; Rev. Rob Keithan of the Religious Coalition for Reproductive Choice; La'Tasha D. Mayes of New Voices Pittsburgh: Women of Color for Reproductive Justice; Mari Schimmer of Choice USA; Mia Kim Sullivan of Civil Liberties and Public Policy Program Hampshire College (CLPP); and Aimee Thorne-Thomsen of Advocates for Youth. Thanks also for information provided by the National Center for Lesbian Rights, Native American Community Board, and for the generous financial support and review of global barriers from Ipas.

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Finally, we are deeply appreciative of the donors who support our work. Without them, none of this would be possible. Many individuals and groups provide unrestricted support to PRA, gifts that maintain our financial health and make it possible to pursue our research interests. Through the years and for every update of this ARK we gratefully relied on the investment of key foundations: Ford Foundation, Education Foundation of America, Ms. Foundation for Women, the Stephen A. and Diana L. Goldberg Foundation, and an anonymous donor. Thanks also to the contributors to our Indiegogo fundraising campaign who supported the dissemination of the 2013 ARK.

REPRODUCTIVE JUSTICE AT ROE'S 40TH ANNIVERSARY

BY MALIKA REDMOND

WHILE THE RIGHT SUFFERED MAJOR political losses on the federal level during the 2012 election cycle, on the state level they continue to make significant gains. Mississippi faces the imminent threatened closure of its last abortion clinic, while North Dakota beat out Arkansas' 12-week abortion ban for the record by passing a 6-week ban.

In this overview, we explore three significant current trends in antichoice organizing against abortion and contraception: framing opposition to abortion as a “racial justice” issue; attacks on longstanding rape exemptions; and the expansion of the “religious liberty” campaign. In addition to this focus, the Right's attack on reproductive freedom includes reproductive abuses, denial of access to reproductive technologies, barriers to education, and other infringements—particularly targeting low-income, of color, LGBTQ, youth, prison, and sex worker communities.

A new generation of antichoice leaders embraces the web and social media to expand antichoice reach, especially among youth. They resort to racialized arguments, accusing reproductive rights organizations like Planned Parenthood of targeting communities of color. But they advance the ideology of the predominantly white Christian Right and are anchored by the established antichoice movement, which provides them with a national platform and, in some instances, the resources to launch initiatives.

Two of these key new leaders, Lila Rose and Ryan Bomberger, spoke at the 2012 Values Voters Summit, a major annual Christian Right political gathering. Rose, who founded the antichoice group Live Action at 15 and is now 24, used the accidental death of a young woman post-abortion to attack abortion as dangerous. Rose made a splash in the antichoice movement and the media with undercover video sting operations designed to expose Planned Parenthood participating in unethical or illegal activity. Long-time antichoice activist Rev. Patrick Mahoney describes Rose's appeal: “There is this stereotype of who we pro-life leaders are, and for the most part it would be white middle-aged religious men trying to impose their will on women... So now with Lila, you bring this young, fresh college student that completely blows any stereotypes away.”

And, as a shrinking white voter base pressures the right-wing to attract people of color, African American Ryan Bomberger, co-founder and Chief Creative Officer of the Radiance Foundation, presented from the main stage to the almost entirely white audience and ran a breakout session later.

FROM BLACK GENOCIDE TO RACE AND SEX SELECTION BILLS

The evolution of the “abortion as Holocaust” frame into “abortion as Black genocide” has gained steam in the past few years. The “Too Many Aborted” billboard campaign, launched in 2010 by the Radiance Foundation, juxtaposed images of African-American babies with statements like, “Black Children Are an Endangered Species.” The campaign points to high rates of abortion in Black communities as evidence of a eugenics campaign by the “abortion industry,” ignoring disproportionately high rates of unplanned pregnancy in the same communities. The campaign borrows ideas introduced by the Black Nationalist movement, and billboards with the phrase “Black and Beautiful” were prominent in Oakland, California, the birthplace of the Black Panther Party, which used the subversive phrase “Black is beautiful” as resistance to White supremacist ideology.

According to its website, the billboard campaign was endorsed by national African-American antichoice leaders—including Dr. Alveda King, niece of Dr. Martin Luther King, Jr. and Director of African-American Outreach at Priests for Life, and Catherine Davis of Georgia Right to Life, the establishment group that bankrolled the project.

Other antichoice tactics under the guise of “racial justice” include the introduction of race and sex selection bills, which criminalizes seeking or providing abortions on the basis of sex or race. Sex and gender discrimination bills, such as the Prenatal Non Discrimination Act (PRENDA), first introduced to Congress in 2008, are specifically used to target Asian and Asian-American communities, drawing on opposition to China's “one-child policy.” The bills are intended to create an overall fear of criminal proceedings that deters providers from performing abortions for communities of color.

Lynn Paltrow of the National Advocates for Pregnant Women referred to right-wing attacks on women of color as “The New Jane Crow,” looking at the rising trend of incarceration of pregnant women (disproportionately of color) under legis-

lation concerning “feticide” or using the Right’s concept of “fetal personhood” to interpret unrelated laws. Proposed and enacted state laws can threaten decades of incarceration for pregnant individuals who seek illegal abortions, have accidental miscarriages, or are suspected of drug use. In 2011, a woman named Bei Bei Shuai attempted suicide, lived, yet gave birth prematurely to a baby that failed to survive. Arrested and charged with murder, she spent a year in county jail without bail and without a hearing. Now released, thanks to ongoing efforts by reproductive justice defenders, Shuai faces a criminal trial.

RAPE SURVIVORS AND FETAL PERSONHOOD

Even when the Hyde Amendment passed, it included exemptions for rape, incest, and danger to the health of the pregnant woman (even if in practice these exceptions are difficult to use). But in the last few years, disturbing new developments in right-wing organizing threaten long-standing rape survivor protections.

Throughout the 2012 election, a number of Republican politicians made comments about how pregnancy does not result from “legitimate rape,” how pregnancy that comes from rape is a “gift from God,” or other characterizations of “emergency rape,” “honest rape,” or “forcible rape.” These remarks mainly came from candidates for state legislature, where the Right wields considerable power. Most lost their races after their controversial remarks. However, many cosponsors of an unsuccessful Congressional bill introduced in 2011 to restrict rape exceptions to only “forcible rape”—a term intended to convey that not all rape is really rape—kept their seats, including failed Republican vice presidential candidate Rep. Paul Ryan (WI).

One of the most infamous remarks came from then-Representative and Senate candidate Todd Akin: “If it’s a legitimate rape, the female body has ways to try to shut that whole thing [pregnancy] down.” Speaking as the child of a rape survivor who put him up for adoption, Ryan Bomberger defended Akin for his scientifically unsound claim, writing, “As Someone Born After Rape, I Say Todd Akin Shouldn’t Step Aside.” Bomberger is at the forefront of a new advertising campaign that forms an alliance between the United States’ largest adoption agency, crisis pregnancy centers, and antichoice groups.

In 2013, Personhood USA, the main promoter

of “fetal personhood” legislation, launched a campaign targeting rape exemptions, headed by Rebecca Kiessling, who also says she is the child of a rape survivor. As attacking rape exemptions is unpopular with a strong majority of the population, the tactic may stem from the antichoice understanding that the exceptions undermine claims of “fetal personhood” and “abortion as murder.” The Right has passed versions of fetal personhood legislation—such as fetal pain laws limiting the time frame for abortions and the Unborn Victims of Violence Act, which names the fetus as a victim in the commission of a violent crime—but has thus far failed to establish the fetus as a person from the point of conception, banning all abortions, in any state. (Thanks to legislation recently passed in North Dakota, however, voters will consider a “fetal personhood” amendment on the next state ballot to constitutionally ban abortion from the point of conception.)

Spotlighting the children of rape survivors has tactical similarities to the growing “abortion survivors” movement, also used to bolster claims to “fetal personhood,” target late-term abortions in particular, and play on emotions with graphic imagery. Melissa Ohden, founder of the Abortion Survivors Network, provides a forum for people who claim they survived an attempted or complete abortion to share their stories. Ohden tours telling her own story about being found after an abortion procedure that failed to kill her, calling for protection for people like her.

RELIGIOUS LIBERTY: FROM CONSCIENCE CLAUSES TO THE AFFORDABLE CARE ACT

Almost as soon as the U.S. Supreme Court made women’s access to abortion a constitutional right in *Roe v. Wade*, the Senate passed the first “conscience clause” allowing private (largely Roman Catholic) hospitals receiving federal funds to refuse to provide abortion or sterilization on “the basis of religious beliefs or moral convictions.” Over the years, antichoice forces have won more “conscience clauses,” allowing health care professionals to refuse care based on their religious or other beliefs (extending even to pharmacists dispensing contraception), and decreased reproductive health care access through mergers between secular and Catholic hospitals. Today, at *Roe*’s 40th anniversary, the Right is battling in the courts against the implementation of the 2011 Patient Protection and Affordable Care Act (ACA), arguing that the law violates the religious liberty of companies that do not want to abide by its

contraceptive coverage requirement.

During the health reform debate, Christian Right groups like Focus on the Family and Family Research Council launched an opposition, arguing that big government was clamping down on individual freedom to choose healthcare insurance or providers. The U.S. Council of Catholic Bishops (USCCB) politicized its commitment to “healthcare for all” by throwing its weight behind the anti-abortion and anti-contraception position. Even antichoice Democrats held their votes on ACA hostage. In an effort to secure votes, President Obama issued an executive order that reinforced and expanded the legal reach of the Hyde Amendment, outlining new protections for health care facilities and providers unwilling to provide, pay for, provide coverage of, or refer people to abortion care.

Across the country, particularly in the South, Republican governors have joined in denouncing the law, claiming they will not accept the Medicaid expansion. Seventeen states have created barriers to abortion access in state exchange programs—the largest expansion of abortion funding restrictions since Hyde was first implemented.

Not satisfied with this result, a coalition largely made up of Roman Catholic elites—including USCCB and The Becket Fund, a legal organization—and right-wing evangelicals continues to push for even broader religious exemptions. There are dozens of pending cases of companies and nonprofits claiming that requiring employee health insurance plans to cover contraception is a violation of their religious liberty. This campaign is detailed in the 2013 PRA report, *Redefining Religious Liberty*, along with a major case involving the massive 500-store chain Hobby Lobby, which claims that the requirement violates the founder’s Christian beliefs. Concessions by Health and Human Services are being considered to allow more entities to fall under the exempt “conscience” categories.

Although most reproductive justice advocates agree that the landmark act provides unprecedented gains for women’s health by ending discrimination based on pre-existing conditions, expanding Medicaid eligibility, and requiring contraceptive coverage, the Right’s substantial post-Roe victories restricting abortion remain effectively intact. If reproductive healthcare is compromised for low-income women, often women of color, by encroaching funding restrictions, we cannot begin to claim

we have achieved comprehensive healthcare coverage. Faith voices who support reproductive justice are a vital part of the movement to push back against the right-wing manipulation of “religious liberty” so that universal healthcare can truly be a right for all, not a privilege for some.

CONCLUSION

Abortion and contraception are major targets in the Right’s assault on reproductive rights, but they are not the only ones. The reproductive justice framework calls for an understanding of the intersectionality of a broad range of reproductive rights and other issues of social justice.

Detained immigrants and prison populations in a majority of states can be shackled during pregnancy and childbirth, a practice the American Medical Association calls “Medically hazardous” and “barbaric.” Many prison inmates, given unsound advice and a lack of treatment for their reproductive health, end up getting medically unnecessary hysterectomies, a form of coerced sterilization.

Transgender individuals face additional difficulty accessing their reproductive health needs, due to fear of seeking treatment, lack of understanding by providers, and outright refusals to provide medical care. Sex workers face a choice between protecting themselves against unwanted pregnancy and STIs and avoiding prosecution, under law enforcement policies that use condoms as evidence of intent to commit prostitution.

The influence of the Christian Right on sexuality education means that even youth who don’t receive abstinence-only education—with its false information on contraception, harmful gender stereotypes (including victim-blaming), and homophobic content—still receive an inadequate standard of “comprehensive” sexuality education in most cases.

While these issues have not gained the same prominence as abortion and, to an increasing extent, contraception, it is vital to be aware of the breadth of the Right’s influence in order to mount an effective, holistic opposition.

Malika Redmond was the Lead Gender Justice Researcher at Political Research Associates. She is now the Executive Director of Spark for Reproductive Justice Now!

POLISHED LENSES AND FOCUSED TARGETS: DEFENDING REPRODUCTIVE JUSTICE

ADAPTED FROM THE 2009 EDITION

BY PAM CHAMBERLAIN

WHETHER AROUND HEALTH REFORM OR sexuality education, antichoice campaigns draw deeply on supporters' beliefs and fears, including the sense that modern values are usurping "traditional," Christian ones and a drumbeat of anxiety about women's power. The antiabortion Right's favorite tactic is the patient erection of barrier after barrier in locality after locality against women's access to reproductive services. This approach evolved over time following a 20-year failure to overturn the 1973 Supreme Court decision *Roe v. Wade* that decriminalized abortion. Opposing abortion continues to be a favorite activity of the Right, in part because it carries such salient symbolic power.

But abortion is by no means the only reproductive issue that the Right targets. They oppose using tax dollars for a wide range of additional services, from contraception and sexuality education to tolerance for diverse family structures and parenting styles. Challenges to patriarchal values invoke fear, not just about women's issues but also around any threat to the political or economic status quo. And opposition to public funding of such services, which appeals to "small government" supporters, affects poor women and women of color the most, exacerbating race and class inequities. In fact, arguing for small government can often be a veil hiding oppressive attitudes.

REFRAMING THE DEBATE: CONSERVATIVE ACTIVISM 2000-2009

While abortion remains legal, the Right's incremental strategy means abortion services are increasingly difficult to obtain. Both inside the United States and internationally, incremental obstacles to abortion access function like glass shards on a road, making it harder for women to reach their reproductive goals. Some of these obstacles are obvious: state laws that require waiting periods or counseling sessions that include ultrasound images, "education" about the alleged harm of abortion, or parental notification require-

ments for minors.

Some are less in the public eye, like the administrative trivia heaped on abortion clinics through so-called "TRAP" laws, Targeted Regulations for Abortion Providers. Designed to harass clinics and their employees, these mostly local policies add unnecessary hurdles to abortion access. An example is the South Dakota informed consent law, one of several dozen similar state laws that require abortion providers to inform women that abortion takes the life of a human being and carries with it health risks. Another is designed to regulate the width of hallways in clinic buildings.

More directly, multiple state and federal laws passed since 2000 limit access to abortion. For instance, as of the summer of 2009, all but ten states have passed laws requiring some form of parental notification before a minor's abortion. Another popular tactic: state and federal "conscience clause" regulations allowing medical personnel to opt out of providing reproductive services. At the federal level, the Supreme Court in 2007 upheld the Partial-Birth Abortion Ban Act of 2003. In 2004, after five years of lobbying, Congress passed the Unborn Victims of Violence Act establishing that a fetus can be a victim of violent crime.

On the other hand, opponents failed to block the Food and Drug Administration (FDA) from approving Plan B, popularly known as the morning after pill, which can prevent pregnancy if taken within 120 hours of having unprotected sex. In April 2009, bowing to a court order, the FDA made it available without restriction to 17 year olds. After twelve years of successful delay, conservative activists were ultimately unable to stop the Clinton Administration from approving "RU 486," now referred to by its brand name Mifeprex, a medication used to induce abortion in the first two months of pregnancy. In combination with Misoprostol, a companion drug, it is now a widely used alternative to surgical abortions.

Within days of taking office in 2009, President Obama also lifted the "global gag rule" preventing U.S. foreign aid funds from going to organizations that support or provide abortion. Despite that setback, antichoice forces continue their two-decades long campaign to end abortion globally. The Helms Amendment, in effect since 1973, still prohibits U.S. funds from being used to support abortions through foreign aid. Starting in the 1990s, the U.S. Christian Right has invested resources at the United Nations to bring an anti-abortion position to non-governmental organizations (NGOs),

official U.S. government delegations, and sympathetic governments in this important international diplomatic venue. The Right has defined the “right to life” as a human right, bringing a new, “friendlier” frame to the international reproductive rights debate. At the same time they have cultivated a growing distrust of the U.N. among prolife activists. Despite strong advocacy from progressive NGOs, they continue trying to assert a prolife, pro-abstinence position on funding and policy development at the international level.

POLISHED LENSES: VIEWING ABORTION IN DIFFERENT LIGHTS

Despite the range of attacks on multiple reproductive issues, opposition to abortion remains a lynchpin of conservative organizing. Whittling away at abortion rights from multiple angles provides continuous opportunities for movement supporters to stay active: there is always another campaign that needs their help. To maintain high public interest and mobilization, antichoice forces deploy carefully crafted claims asserting both moral superiority and an obligation to act. Their main arguments can be summarized by the following three phrases: 1) The Culture of Life Must Resist the Culture of Death, 2) Women Must be Protected from Harm, and 3) The Fetus is a Person.

“THE CULTURE OF LIFE REQUIRES US TO OPPOSE ABORTION”

Drawing on Roman Catholicism’s idea of the culture of life, conservative strategists have managed to unite campaigns against abortion, contraception, euthanasia, and embryonic stem cell research by characterizing them as part of a “Culture of Death.” Their own position, then, is portrayed as a “Culture of Life.” For them, the so-called Culture of Death could include any barrier or chemical contraceptive device, and it is embodied in incidents like the 2005 Terri Schiavo case, in which the husband and parents of a severely injured woman fought over her end of life rights for seven years. Even a secular worldview analyzing events not as acts of God but as the interplay of human relationships is seen as cheapening the sacred idea of life and must be challenged as part of the culture of death. This frame is effective in its simplicity, using an absolute polarization of positions that says, “Either you are for life, or against it.” Devout Christians who accept the frame of a Culture of Life feel a moral imperative to act against abortion and other actions that run

contrary to their beliefs.

This stark moralism nurtures a return to the shame about having an abortion, an emotion stirred by its past illegality and the opposition of conservative religious groups. In recent years both conservative Roman Catholic and Protestant anti-abortion activists have sought to restigmatize the procedure. The shaming of women has become so commonplace that public figures including such stalwart prochoice politicians as Hillary Clinton have described abortion as a “tragic choice.” In a challenge to this stigmatization, Reverend Katherine H. Ragsdale, Dean of the Episcopal Divinity School, presents an alternative view when she calls abortion a “blessing.”

One arena where antiabortion activists have found growing success is in popularizing—as a matter of conscience—the right of pharmacists, nurses, doctors and others to refuse to dispense care related to abortion and birth control. In the 1980s and ’90s activists organized “prolife” physicians to state publicly that they would refuse to perform or assist in abortions. Activists successfully limited the number of medical students who were trained in basic abortion techniques. They organized pharmacists to refuse to dispense the morning after pill as violating their moral objection to abortion. And they have lobbied for “conscience clauses” to be enacted as state laws, protecting health care providers and even facility employees who refuse to treat or dispense despite their duty to do so. As of the summer of 2009, 46 states allow some health care providers to refuse to provide abortion services, and 13 states have some form of refusal clause around providing contraceptive services.

Fathers of “unborn children” are another growing constituency. An early tactic to challenge Roe, organizing fathers has again become popular. Influenced by the fathers’ rights movement, which lobbies for divorce and custody laws that favor men, groups of anti-abortion fathers now identify as a class of individuals whose rights have been violated by women they say did not involve them in the decision to have an abortion. Antichoice groups like the National Right to Life Committee have begun to assert that men are victims of abortion, claiming another class of people injured by the procedure.

“WOMEN MUST BE PROTECTED FROM HARM”

Despite the reality that an abortion is safer than childbirth, anti-abortion organizers increasingly characterize the procedure as harmful to women. Various spokespeople claim that they are sym-

pathetic to a woman who faces an unintended pregnancy and are only concerned for her health and wellbeing. Upon scrutiny, it becomes clear that concerns about the alleged physical and mental health risks of abortion are most insistently expressed by those with personal moral objections to the procedure. Nevertheless, the faulty notions that abortion necessarily causes depression, complications in later pregnancies, and that it increases the risk for breast cancer and even suicide are dangerous and misleading narratives that have been asserted often enough to have the ring of common sense to them.

This “woman-centered” posture has attracted those who are sympathetic to a pro-woman argument, including prolife feminists who feel women deserve better treatment. Such reasoning is similar to arguments that seek to protect youth from unintended pregnancies, disease, and even death by discouraging premarital sexual activity. In both cases the underlying motivations for such apparent compassion are the same: social control of sexuality that threatens the status quo and the cultivation of a mass political movement to support such conservative ideas.

A more recent trend in this “woman-centered” agenda is to assert that since abortions are harmful to women, they must be made rare. The phrase “abortion reduction” resonates for groups representing a spectrum of political beliefs about abortion, including key figures in the Obama administration. This debate, however, was initiated and driven by conservative strategists from groups such as Third Way who have called for ways to seek “common ground” with prochoice advocates. Despite an appearance of compromise, the consistent long-term goal of the anti-abortion movement has remained steady: ending legal abortion altogether. However attractive the issue of common ground is to those weary of the culture wars, it should be examined carefully for its historical roots, current tactics, and ultimate impact.

By focusing only on cutting the number of abortions performed, some conservative advocates of abortion reduction hope to appeal to moderates, including some communities of faith, while studiously avoiding consideration of the factors that contribute to the need for abortions. Such factors include inadequate sexuality education or health care, economic distress, lack of a supportive partner, and the dismissal of the ability of a woman to make her own decisions. Not addressing these factors through better family planning and more economic support,

while accepting the logic of “abortion reduction,” could strengthen the argument for further limiting access to the procedure—a clear antichoice strategy.

In fact, some conservatives have floated the idea that there is no such thing as a need for abortion, which they argue can always be circumvented by carrying an unplanned pregnancy to term or by adoption. Deirdre McQuaid, spokesperson for the United States Conference of Catholic Bishops, has claimed:

The phrase “reducing the need for abortion” is not a common-ground phrase. We would say that there is no need for abortion, that abortions are signs that we have not met the needs of women. There is no authentic need for abortion.

Rather than the vague concept of “abortion reduction,” prochoice groups have suggested using “reducing unwanted pregnancies” instead, a phrase that unambiguously describes the real issue.

A well-developed means by which antichoice activists claim to demonstrate “care” for women is by running crisis pregnancy centers, which they often represent as counseling centers for pregnant women who need advice about their options. By locating near abortion clinics or schools, they can attract women who may mistake them for a medical facility that provides abortion services. Once inside, women are presented with arguments designed to dissuade them from undergoing an abortion. The ultrasound image has become a powerful tool to interrupt some women’s plans for abortion; seeing an image of one’s fetus can surface moral uncertainties about the procedure, especially when the counselors on hand are decidedly anti-abortion. Beginning in 2001, some of the centers received public funding, including support for abstinence education through the Community Based Abstinence Education Act (CBAE), although that strand of funding has ended under the Obama administration. Nevertheless, the antichoice movement continues to fundraise for the placement of ultrasound machines in their clinics, a tactic which also successfully maintains ties with their donors.

Abstinence-until-marriage education also gained traction largely thanks to an infusion of federal funds successfully put in place by the Christian Right during the Bush administration. The content of this curriculum omits information about contraception and HIV/AIDS prevention, which rely on discussions of sexual activity

deemed inappropriate for young people, instead focusing on the virtues of abstaining from sexual activity until marriage. Abstinence is repeatedly described as the only 100% effective protection from pregnancy and sexually transmitted infections, STIs. Such programs profess concern about teen pregnancies and the spread of STIs, but their underlying preoccupation appears to be with promoting a conservative sexual morality. The programs build on society's fear of youth sexuality as well as the recognition that modern cultural attitudes towards premarital sex clash with traditional religious values. They commonly employ the misleading narrative that condoms are unreliable.

"FETAL PERSONHOOD"

Another core conservative frame about abortion focuses not on the woman but on the fetus, which is increasingly defined as a human being from the moment of conception. Accepting "fetal personhood" as a valid idea repositions the debate about abortion away from a woman's right to self-determination and onto the alleged human rights of the fetus. Campaigns to support the civil rights of fetuses have sprung up, promoting legislation like Colorado's unsuccessful Amendment 48 in 2008 and the federal Unborn Victims of Violence Act enacted in 2004. In an era of expanding use of human rights as a frame for progressive organizing, this emphasis on fetal rights represents a selective, opportunistic use of a human rights framework for conservative ends that challenge women's rights.

Opposition to human embryonic stem cell research peaked during the first years after 2000 when work on embryonic stem cells was prohibited by then-President Bush and has declined as adult stem cell research begins to look like a promising alternative. When President Obama lifted the restrictions on stem cell research in March 2009, the debate reopened with conservatives arguing that research on embryonic stem cells constituted the killing of a human. Another take on the fetus as a person is opposition to egg harvesting, or the practice of women receiving payment for donating their eggs to infertile couples. Anti-cloning activists object on the grounds that such harvesting makes eggs available for morally objectionable cloning and stem cell research. Focus on the Family attempted to capitalize on liberal objections to egg donations by appropriating feminist rhetoric about the harmful effects of egg harvesting, in their campaign, Women's Voices against Cloning.

OTHER ARGUMENTS

In the last decade, some African-American anti-abortion spokespeople have reinvigorated the Black Nationalist message that widespread use of abortion in their communities is a form of Black genocide. This approach has been influenced by strategists like White theologian Francis Schaeffer, who began to use a racially charged message to talk about abortion in the 1970s. Without abortion, many more African-American babies would have been born in the United States, they say. According to pundits like Alveda King and Bishop Harry Jackson, the current rate of abortion among African-American women is a tragedy of mammoth proportions. Jackson calls abortion "a major crime," while King asserts that supporting abortion is a deliberate racist attempt to diminish the power of African Americans in this country.

Access to contraception and abortion became easier with other reproductive options like emergency contraception and medication (non-surgical) abortion. These products have challenged anti-abortion activists to come up with an approach that disparages the pills themselves as dangerous and encouraging of immoral behavior. Years of effort to prevent their manufacture and distribution have so far not been able to stop their widespread use. Recently, some opponents of abortion have argued that Plan B (emergency contraception) does indeed trigger an abortion, an argument that involves defining the beginning of life at the moment of fertilization rather than at implantation, which occurs afterwards.

Another tactic is to generalize that all contraception is wrong because it violates church teachings, as with the renewed interest in the Roman Catholic Church's 1968 encyclical on the matter, *Humanae Vitae*. In the summer of 2008 the federal Department of Health and Human Services issued draft regulations that would protect employees of federal grant recipients who oppose the use of contraception based on one's conscience. The argument would allow those health care workers who define the beginning of life at fertilization to deny women access to any intervention that interferes with the development of a fertilized egg without fear of losing their jobs. In essence, it defines contraception as a form of abortion.

WIDENING THE LENS: OPPOSING MORE THAN ABORTION AND CONTRACEPTION

Energizing the antichoice movement further are efforts to limit government support for other re-

productive services such as fertility treatments and certain prenatal and children's health programs. By limiting publicly-funded coverage, they directly target low-income women's reproductive rights.

In this campaign, conservative activists capitalize on existing prejudices against vulnerable groups to further their own political goals. For instance, anti-immigrant feelings have been channeled into resentment about health care for undocumented residents. Critics rail against "anchor babies," children of immigrants whom critics say were born in the United States in order to secure the parents' legal immigration status. Persistent homophobic attitudes allow "pro-family" groups to criticize access to reproductive technologies for LGBTQ people who want children. This dovetails with the campaign against gay rights—a financial "cash cow" for the Christian Right.

These opportunistic projects capitalize on negative societal attitudes about anyone who does not conform to narrow definition of "true" Americans, including immigrants, low-income women, prisoners, and LGBT people.

The last decade has been a turning point for progressive activists in understanding how the Right functions around reproductive issues. As social conservatives sharpened their attacks on women, abortion, and other reproductive issues, awareness has grown that the Right links its opposition to reproductive rights with a broader agenda of conservative resistance to social change. The Christian Right has used the issue of reproductive rights, along with same sex marriage and other LGBT equality issues, as the foundation on which to build and sustain its political power.

The growth of the Reproductive Justice movement since 2000 offers real hope for a more effective response to the Right's attacks on women, because it connects the dots showing how women actually go about making and sustaining a family whether in rural Idaho, inner city Atlanta, or anywhere in between. Progressive women of color and their allies have coalesced into a movement that considers how women are differently affected

by policies on abortion, health care, and social supports as a result of their class, age, sexual orientation, and race.

Activists from the SisterSong Women of Color Reproductive Health Collective, Forward Together (previously Asian Communities for Reproductive Justice), and others focus attention on access to abortion and contraception along with the freedom to decide how and when to have children, readily available and accurate information about women's health and sexuality, and the guarantee of social and economic supports to realize women's decisions about their lives. Because social conservatives have challenged all these areas as part of their agenda, such a comprehensive program by progressives holds the potential for an effective response.

The undeniable impact of the Right is revealed in impoverished families struggling to stay together when wages are low and child care inaccessible. It also is apparent when a woman feels forced to have a child because there is no affordable abortion facility anywhere nearby. Reproductive Justice addresses the realities of women's lived experience, but it also exposes the outcomes of the Right's attacks.

This movement gives us a blueprint for how to respond, a vital resource since there is no indication that antichoice forces will slacken off in pursuit of their goals. On the contrary, Obama's election has propelled the Right into a frenzy of state and federal politicking. The health care debate is just one example of renewed opposition. Abortion remains legal, but the Right's combination of skillfully refined rhetoric and carefully chosen tactics have prevented many women, especially targeted and marginalized ones, from gaining access not only to abortion services but to the wider range of reproductive services and rights. Challenging such attacks requires an untangling of the interrelationships and an awareness of how and why they function as they do.

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REPRODUCING PATRIARCHY: REPRODUCTIVE RIGHTS UNDER SIEGE

2000 EDITION OVERVIEW

BY PAM CHAMBERLAIN & JEAN HARDISTY

A WOMAN'S CONTROL OVER HER reproductive decisions—her reproductive rights—involves more than her right to safe and legal abortion. Reproductive rights encompass the right to have or refuse sex, to demand safer sex practices, to bear and raise children, to receive adequate reproductive health care and health education, as well as the right to prevent or terminate an unwanted or unsafe pregnancy. In the almost thirty years since the 1973 Supreme Court decision *Roe v. Wade*, much of the public's attention has been absorbed with the struggle over the right to abortion. The U.S. political right-wing has played a central role in that struggle, with nearly every Right-wing politician promising a “litmus test” of opposition to abortion for government and judicial appointments. A sobering result is that the level of women's abortion rights has seriously declined. But the Right's attack on women's reproductive rights goes far beyond its attack on the right to abortion. The same political forces that work to deny women access to abortion and birth control often simultaneously work to deny women their full range of reproductive rights.

The centerpiece of the Right's attack is the abortion issue. Abortion is not simply a medical procedure or a moral question. It is an issue that will never go away, because control of abortion has become a symbol in American politics. Its supporters and foes are locked in an ever-changing struggle. In the 1990s, that struggle became more violent. Abortion rights activists, always demonized and threatened by anti-abortion activists, now actually fear for their safety. In order to understand the antichoice attacks, it is useful to ask a few questions. What is the history of the anti-abortion movement and how is it structured? How do anti-abortion campaigns relate to the larger attack on reproductive rights? How can women expect their rights to be attacked in the future, and how can prochoice organizations be more effective?

THE RIGHT'S ATTACK ON CHOICE

The anti-abortion movement was active in this country long before the Supreme Court's *Roe v.*

Wade decision provoked its revitalization. But prompted by that decision, the movement shifted into high gear, gaining greater prominence and experiencing a dramatic jump in membership. In addition to its enormous influence within the arena of reproductive rights in the U.S., the effort to prohibit abortion played a crucial role in the emergence of the New Right at the end of the 1970s. The New Right used the abortion issue to recruit members to its larger agenda. Reaching out to virtually every sector within the anti-abortion movement, the New Right's leaders argued that their family values agenda would restore the country to an imagined earlier period of morality and virtue.

The anti-abortion movement's membership is largely made up of conservative Christians, both Catholic and Protestant. Some of these conservative Christians are also members of the larger Christian Right, which has become a political powerhouse since being nurtured by the New Right to become politically active. The Christian Right now wields considerable power within the electoral Right in this country. Because Christian Right activists are uncompromisingly anti-abortion, the anti-abortion movement benefits from the Christian Right's political strength.

While the anti-abortion movement is part of the Right today, the Right does not “own” the anti-abortion movement. Nor does the Catholic Church. In fact, the antichoice movement is made up of a number of competing sectors, each often accountable only to itself. Adherents of the sectors range from conservative Roman Catholic traditionalists to members of far-Right paramilitary organizations. The sectors' diversity can be confusing to prochoice activists, who often assume that the movement is uniform in its beliefs and political strategies.

Loosely defined, the sectors of the anti-abortion movement are: conservative Catholics and the official Catholic Church establishment; conservative evangelical and fundamentalist Protestants; hard Right paramilitary formations, which are often, but not always, openly white supremacist and/or anti-Semitic. A small antichoice constituency comes from more progressive, evangelical religious organizations.¹ While many anti-abortion activities are affiliated with one or more of these sectors, many people who oppose abortion are not affiliated with any formal antichoice organization. The three dominant sectors of the anti-abortion movement are usually in some relationship with the Right. The sectors themselves have porous and imprecise

boundaries. Some anti-abortion activists “travel” from sector to sector, and the sectors themselves change over time. The sectors often disagree with each other and occasionally there is realignment, as those disagreements cleave a sector and cause some of its adherents to change their views.

Often anti-abortion activists respond to political defeats by becoming more extreme and more rigid in their ideology and actions. Within the movement, they often compete for dominance. Internal disagreements can create the impression that the anti-abortion movement holds contradictory and incompatible views. Visualizing the anti-abortion movement as composed of various sectors helps explain differences of opinion within the movement and the coexistence within it of very different tactics for effecting change. Prochoice activists need to understand the complexity that exists within the anti-abortion movement when they find themselves dealing with different types of opposition.

The sectors are tied together by shared political and religious principles, which emphasize the “morality” of what they call “traditional family values,” the evil of “godless” secular humanism, and the necessity for “personal responsibility.” These common elements make up the worldview of many within the anti-abortion movement.

Beyond this shared worldview, the leaders and strategists of the movement construct ways of presenting abortion to the public (“framing” the issue) that are intended to capture public opinion and turn it against women who have abortions or medical providers who provide abortions. The various movement sectors often “frame” abortion differently, each attempting to mold the public’s understanding of abortion in order to reinforce its own position. A successful “frame” convincingly connects with and manipulates public opinion on the issue. If the sector presents its position in ways that capture the public’s imagination, resonates with widely held beliefs, and/or teaches people a new way to see the issue, it has created a powerful “frame.”

Sometimes the political “frame” promoted by the anti-abortion movement is meant to deceive the public. For instance, the anti-abortion movement would have us believe that it is simply anti-abortion; in reality, it is more broadly a movement that opposes reproductive rights and women’s decision-making, since it seeks not only to eradicate abortion, but to limit or prohibit other reproductive decisions by women. It is important for prochoice activists to understand the larger agenda of the anti-abortion movement, and to

see it for the broad-based attack on reproductive rights that it is.

EARLY ALIGNMENTS

The formation of anti-abortion sectors developed over time. Their roots stretch back to the earliest organized resistance to abortion in this country, when physicians reacted to unregulated abortion practitioners in the 19th century. In 1847, doctors created the American Medical Association to delegitimize their non-licensed competition (who were often midwives and/or successful businesswomen) and retain control over gynecology. They claimed that the widespread practice of abortion was dangerous for women’s health.² Throughout the early 20th century, many states passed legislation outlawing the practice of abortion at the state level.

By 1967, it was illegal to obtain an abortion in any of the 50 states unless the life of the mother was threatened by her pregnancy.³

THE 1960s

In the 1960s, when Catholics who were engaged in social justice work and feminist activism increasingly challenged the Church’s prohibition against abortion, the Catholic Church responded with a reassertion of its long-standing condemnation of abortion, along with contraception, extra-marital sex, and homosexuality. Throughout the 1960s, the leadership of the Catholic Church in the United States organized against birth control. Despite their opposition, a 1965 Supreme Court decision, *Griswold v. Connecticut*, protected Planned Parenthood of Connecticut’s distribution of contraception to married couples. The National Conference of Catholic Bishops (NCCB) was founded in 1966 to condemn government support of contraception.

THE 1970s

In the 1970s, state-level abortion reform laws and the 1973 *Roe v. Wade* decision provoked intense anti-abortion organizing. The Catholic Church augmented its existing institutional infrastructure by using the Bishops’ organization to work directly against abortion. In 1973, NCCB’s Pro-Family Division formed the National Right to Life Committee (NRLC). Recognizing the great potential for organizing, the NRLC and its elaborate structure of state and local affiliates used parishes and pulpits to recruit members to their ranks and to influence legislation.

After the *Roe* decision, “prolife” advocates saw

that they were on the defensive and recognized the impossibility of overturning the decision with the then-current makeup of the U.S. Supreme Court. And the Court would not change without a sufficiently conservative President. Other approaches were necessary. For the next nine years, the NRLC focused on Congress in an unsuccessful attempt to re-criminalize abortion through a Human Life Amendment to the Constitution.

American Catholics were used to hearing their priests encouraging them to vote based on their religious principles, but it soon became clear that a mass anti-abortion movement could not be built with Catholics alone. For one thing, many American Catholics no longer agreed with their church leadership's positions on reproductive health issues. And the leadership wasn't about to budge from its dogmatic stance in order to win new recruits. The movement needed other sources of membership.

Evangelical Protestants began to emerge as a prominent social and political force in the 1970s. As church membership in evangelical and fundamentalist Christian congregations grew substantially in this decade, New Right strategists including Howard Phillips, Paul Weyrich and Richard Viguerie took careful notice. The New Right of the late 1970s was crafted by its strategists to carry its agenda in large part through a revitalization of the Republican Party. But it needed mass numbers of new voters willing to support its issues, and it needed a cause that could attract some former Democrats. Christian fundamentalists had largely retreated from the political arena after the embarrassment of the Scopes trial, which discredited their ideas about creationism, and the failure of Prohibition. The strategists' challenge was to convince these individuals to vote again. The 1976 election of Jimmy Carter—the country's first born-again President—primed the pump.

Weyrich and Viguerie recruited Jerry Falwell, the successful Lynchburg, Virginia preacher who was busy building a national televangelist empire with adjunct services.⁴ Together, in 1979, they created the Moral Majority, a group designed to mobilize conservative Christians to become politically active. They sought and received support from Focus on the Family, another burgeoning organization founded in 1977 by Dr. James Dobson, a psychologist and Christian family counselor. Abortion proved to be a powerful lightning rod that attracted members to these groups, which in turn formed the core of the Christian Right. The New Right thus mobilized an arm, the Christian

Right, that was intended to lure both Protestants and Catholic voters away from their traditionally Democratic leanings.⁵

An influential married team, J.C. and Barbara Willke, marriage counselors and Catholic sex educators, were recruited into the work by Catholic anti-abortion militant Father Paul Marx, the founder of Human Life International. The Willkes knew the power of visual aids from their sex education work, and their gruesome 1971 set of photos and illustrations of aborted fetuses circulate widely to this day. They are often used in clinic protests or in educational sessions to recruit new members.⁶ Originally designed as deterrents for women considering an abortion, these pictures also function as motivation for highly charged emotional reactions to abortion and appear to contribute to violent anti-abortion activity. John Salvi, the killer in the December 1994 Brookline, Massachusetts clinic shootings, was among those who distributed them.⁷

THE 1980s

Ronald Reagan's election as President in 1980 was an enormous boon to the anti-abortion movement, but Reagan proved reluctant to be publicly wedded to anti-abortion forces because he saw the issue as too divisive and explosive to be politically wise. Though Reagan himself was a true believer, he did not prioritize abortion as uncompromisingly as his New Right supporters expected. He did, however, appoint avid anti-abortion activists to positions within his administrative bureaucracy and issued executive decisions hidden in his administration's bureaucracy.⁸ These anti-abortion appointments included the heads of the Federal Office of Personnel Management and the Centers for Disease Control, the Surgeon General, and members of the White House Staff. The work of Reagan appointees sympathetic to the prolife position and nested within the Executive branch resulted in setbacks to abortion rights such as removal of insurance coverage for abortion costs from federal employees' benefits and the elimination of Planned Parenthood from the payroll deduction plan for federal charitable giving.

New Right strategists recognized that the Reagan Administration presented an opportunity to change the political balance of the Supreme Court and other federal courts. Reagan moved Justice William Rehnquist up to the position of Chief Justice in 1986, and Antonin Scalia filled his slot. Both are anti-abortion. Reagan's second nomination for a Supreme Court seat, antichoice candidate Anthony Kennedy, was also approved. (His nomina-

tion of Sandra Day O'Connor, however, was more troublesome to antichoice watchdogs, since her record as an Arizona state representative had been mildly prochoice, despite her personal opposition to abortion.) Reagan's judicial appointments to the federal courts were consistently prolife. Moreover, under him, the process for appointing federal judges changed, and powerful Republican leaders like Senator Strom Thurmond (R-SC) helped expedite the flow of prolife nominations. As Chair of the Senate Judiciary Committee, Thurmond shortened the review periods, increased the number of hearings per day, making it more difficult for Democrats to challenge nominees.⁹

But it was advisors close to Reagan, like Chief of Staff Patrick Buchanan, who inserted multiple antichoice strategies into the everyday decision-making at the White House, from scrutiny of family planning programs in the U.S. and abroad to strategizing ways to deny access to abortion. Bureaucratic moves such as these did more than appease prolife forces in Washington. It gave their members a sense of empowerment and helped to craft antichoice positions as the New Right litmus test.

Blockbuster groups helped swell the ranks of the New Right. Christian Right organizations such as Focus on the Family grew enormously in the decade following *Roe*, thanks in part to the popularity of the “family-oriented” themes the New Right showcased. The frame of “traditional family values” was a wise choice because it described the challenge of modern life in terms that reassured many conservative Christians. The “ills befalling our culture” were reduced to a simple target—straying from God, or secular humanism.

The New Right's agenda was broader than abortion, but its web of issues was entirely compatible with an antichoice world view. Conservative Christian definitions of the family and its traditional values were fast becoming household topics. A strong heterosexual, nuclear family, according to conservative Christians, will protect its members from outside corruption. Tim LaHaye, a co-founder of the Moral Majority, explains that the purpose of such families is to “insulate the Christian home against all evil forces.”¹⁰

In the decade after *Roe*, the Moral Majority,

Focus on the Family, and other well-funded multi-issue national organizations joined single-issue groups like the National Right to Life Committee and its Life Amendment Political Action Committee (LAPAC) in their fight to eradicate abortion. LAPAC was created in 1977 to persuade Congress to pass a Human Life Amendment to the U.S. Constitution. Because the work of these mainstream prolife organizations resulted in only tortuously slow progress toward their goal of banning all abortions, more extremist prolife organizations grew bolder and began to advance a different sort of program. Their committed, charismatic leaders

were impatient with failed attempts to overturn *Roe v. Wade* and were itching to try something else. Some of these leaders share with their less radical associates a fundamental agreement on the importance of pro-life activism.

Timothy and Beverly LaHaye came to prolife work through their Bap-

tist marriage counseling company, Family Life Seminars. Tim, another invitee at the founding of the Moral Majority with Jerry Falwell, had been prominent on the Right since the 1970s through the authorship of best selling non-fiction Christian titles and in the 1990s gained new celebrity co-authoring apocalyptic novels. His wife Beverly was the founder in 1979 of Concerned Women for America, the premier Christian anti-feminist women's organization, which claims to be the largest women's organization in the country. They both are Christian theocrats, believing that the United States should be governed by biblical law.

Some individual leaders were dissatisfied with the strategies of the New Right's leadership. They struck out on their own, creating somewhat free-standing groups focussed exclusively on ending abortion. Chicago-based Joseph Scheidler founded the Pro-life Action League in 1980 after being ousted from other prolife groups for his resistance to compromise. A master of public relations and a former journalism professor, Scheidler knew how to draw mainstream media attention. In 1985, he published a provocative tract, *Closed: 99 Ways to Stop Abortion*, in which he suggested that civil disobedience, harassment, and militant direct action were justified interventions where abortion was concerned. Scheidler argued that

Christian Right organizations such as Focus on the Family grew enormously in the decade following *Roe*, thanks in part to the popularity of the “family-oriented” themes the New Right showcased.

because the act of abortion was murder, it must be prevented at all costs.

Perhaps more important, Scheidler influenced other confrontational proliferators like the founder of Operation Rescue, Randall Terry, and his successor, Flip Benham. Rochester-born Terry, “born-again” at seventeen and a graduate of Elim Bible Institute, began his abortion clinic protests alongside his wife in 1983 when he was in his early 20’s. Twelve years older than Terry, Benham was a bar owner before his conversion in 1976. After a stint as an evangelical pastor, he founded Operation Rescue Dallas/Fort Worth in 1988 and succeeded Terry in the National Director’s slot in 1994.

Pat Robertson’s Christian Coalition, founded in 1989, the same year the Moral Majority disbanded, also shared the Right’s vision. The Christian Coalition was to rise to prominence under its first executive director, the charismatic Ralph Reed, Jr. Robertson’s explicit goal was to “give Christians a voice in government.” These mass movement organizations were determined in their campaigns to send Christians to the polls. Robertson’s campaign for the Republican presidential nomination in 1988 had given him national prominence and a platform for his erratic conservative Christian views.

THE 1990s

During the 1990s, the antichoice movement continued its campaign to erode abortion rights for women. Frustrated in its larger goal of eliminating abortion, the movement became more militant and increasingly resorted to violence. Far Right white supremacist and neo-Nazi individuals publicly joined forces with antichoice militants. The far Right’s ideological agenda addresses women’s reproductive rights in a variety of ways. White supremacist, white separatist, and neo-Nazi organizations attract members who may hold prolife beliefs and attitudes. But central to their worldview is a belief in the absolute nature of race and the genetic superiority of a white race over its perceived enemies—Blacks, Jews, Latinos, Asians, and gays. Groups such as White Aryan Resistance, Aryan Nations, and the Ku Klux Klan believe that the increased number of people of color in this country threatens to diminish the power of whites. So, they may oppose abortion among whites as a form of “racial genocide” while advocating the use of abortion as a way to control the birthrate of people of color.¹¹

However, public advocacy of abortion for women of color might alienate potential far-Right sup-

porters who oppose all abortion. For many in the far Right, selective abortion as a tool of eugenics might be acceptable on pragmatic grounds, but abortion should be discouraged as a practice, not only because it is immoral, but because it is politically unwise. For instance, David Duke—ex-KKK leader, anti-Semite, and white supremacist—has avoided openly advocating abortion for women of color by focusing more generally on the “taxpayer subsidy of massive welfare-financed illegitimate birthrates” and by advocating the use of Norplant, a long-term contraceptive implant, for women of color.

Other leaders emerged who were not far Right but whose “prolife” activism became more militant and hard core. Mark Crutcher is an example of an activist who turned to more extreme tactics. As president of the Texas-based Life Dynamics, Inc., Crutcher’s focus has shifted from simple harassment strategies, such as encouraging his allies to call clinics and tie up their toll-free phone lines, to a more elaborate set of tactics, which he calls “a guerrilla strategy for a prolife America.”¹² These more extreme activities attempt to limit the accessibility of abortions by decreasing the number of doctors who perform the procedure. His tactics are shameless attempts at disinformation. For instance, Crutcher uses crude jokes in direct mail campaigns to medical students and new doctors in order to convince them of the low status of “abortionists.”¹³ He claims abortion providers engage in a black market trade of fetal body parts. But his most sophisticated activism is his traveling seminar, in which his staff trains lawyers in the details of successful medical malpractice suits against abortion providers.

Collaboration between far-Right groups and prolife activists has apparently produced some of the more violent anti-abortion acts. Evidence exists linking individuals who commit arson, bombing and murder against abortion providers with the KKK, the Christian Patriot movement and other far-Right ideologies such as Christian Identity, a loose configuration of theologically-oriented white supremacist groups.¹⁴

THE IMPORTANCE OF THE POLITICAL “FRAMING” OF ABORTION

Both leaders and strategists on the Right skillfully manipulate their language and the images they use to create the context for their public education or framing of the debate. How activists who are anti-abortion frame the issue can affect whether or

not people are attracted to their cause. But a frame that attracts some followers can simultaneously repel others. Some abortion-related concepts used by organizations on the Right alternately unify, splinter or expand their ranks. It is useful to understand how the Right constructs these ideas and uses them to attract and maintain members.

In the case of conservative Christians—especially conservative evangelical Protestants and conservative Catholics—a strict interpretation of the Bible or church dogma often drives their opposition to abortion. Many of these individuals have been influenced by the political messages of New Right strategists like Paul Weyrich, Richard Viguerie, Jerry Falwell, James Dobson and Beverly and Tim LaHaye, who frame the issue as one of morality. By using such a powerfully positive concept, anti-abortion strategists move people to act, whether through mainstream legislative work or more radical direct action. This device also places prochoice activists—their opponents—outside the frame of morality, objectifying them as “other” in the eyes of antichoice activists.

The more militant sectors of the anti-abortion movement, such as Flip Benham’s Operation Rescue, Mark Crutcher’s Life Dynamics and Joseph Scheidler’s ProLife Action League, reflect the influence of the ultra-conservative Christian belief that the United States should be governed by “biblical law.” These theocratic Christians frame abortion as murder and justify civil disobedience and other law-breaking activities as answering to a higher moral code than the U.S. judicial system. Their frame of the issue opens the door to a frightening range of demonizing and coercive actions in the name of saving lives.

Most single-issue anti-abortion organizations associated with the New Right address abortion as separate from other reproductive rights issues such as contraception, women’s health care, and access to sexuality education. Groups like the National Right to Life Committee, the ProLife Action League, and The American Life League resist making connections with other aspects of the Right’s agenda for fear of losing members or diluting the potency of their own message. Evangelical Protestants will sometimes “stray” from a single-issue focus on abortion by repeatedly referring in their

literature to infanticide, euthanasia, and murder. The list strategically moves abortion beyond the narrower debate over the “morality” of abortion to associate its practice with a violation of “the sanctity of human life.” It is no coincidence that this precise list consistently appears in various materials published by these groups and their supporters.

Language has always played a key role in the process of framing. Abortion opponents began to describe themselves as “prolife,” to distinguish their position from what they described as abortion activists’ “culture of death.” This choice of language helps position the anti-abortion movement as a force for something positive, not simply as an opposition movement. In this frame, euthanasia and infanticide become symbols of the type of heinous acts that a prolife worldview must reject.

Rather than use scientific descriptions such as fetus or embryo, many prolife advocates consistently use “baby,” “unborn baby,” “unborn child,” or even “pre-born child.”¹⁵ Such language makes it easier to claim that life begins at conception and reinforces the

concept of the personhood of a fetus. It also makes the discussion more personal, especially to parents and women of childbearing age. And it can help an undecided pregnant woman to decide against abortion, since often women intending to bring a fetus to term refer to the fetus as a baby and feel conflict about destroying a “child.” In fact, much of the diction and rhetoric of abortion opponents blatantly exploit any moral ambiguity or conflicting emotions anyone may feel on the subject of abortion. Because the arguments are framed as absolute, they act as catalysts for self-doubt and uncertainty, with women as the primary target.

The frame of an antichoice position is notable not just for what it includes but also for what is absent. Traditionally anti-abortion groups have avoided pitting the rights of the fetus against the rights of the mother, since to do so would acknowledge the validity of any argument for mother’s rights. By avoiding discussion about women’s rights altogether, this approach sidesteps the difficulties of resolving a competing rights struggle (between fetus and mother) and returns the ball of an untenable argument to the court of reproductive rights activists. Antiabortion groups do this

Traditionally anti-abortion groups have avoided pitting the rights of the fetus against the rights of the mother, since to do so would acknowledge the validity of any argument for mother’s rights.

either by omitting references to the needs of the woman altogether or by trivializing the rights of pregnant women and women in general.

One of the most glaring, visual examples of this strategy is the 1984 prolife documentary, *The Silent Scream*, which portrays an abortion through the subjective lens of ultrasound pictures of a dilation and curettage, a common abortion procedure. Although extremely disturbing to watch, the film (and its video, available on the Internet) is a skillful illustration of constructed anti-abortion rhetoric. Despite multiple references to the fetus and the abortion provider, there is no mention, and no image, of the woman undergoing the procedure. She is completely absent from the scene. The focus of the camera remains on the fetus and the narrator, Bernard Nathanson, a “reformed abortionist” and antichoice spokesman.

This strategy of removing women and their rights and needs from the debate pulls the abortion discussion away from the reality of women’s lives. It thereby “erases” or makes invisible the basis for much of the prochoice feminist position. It contributes to the general public’s feeling that no real dialogue between prolife and prochoice proponents can take place. Further it opens the door for people—especially anti-abortion activists—to see prochoice activists as selfish or insensitive to the life or death issues associated with “fetal rights.” As medical technology advances the practice of fetal surgery and premature infant intensive care, we are experiencing more debate about the “legal rights of the fetus.”

Anti-abortion activists find fetal rights arguments useful tools in constructing an analysis that eliminates a woman’s own right to choose. Abortion opponents who argue that fetuses have rights are attempting to blur the legal distinctions between a fetus and an already born baby. A fetus’s status as a person, they argue, allows for litigation on its behalf. At the same time, by representing the fetus as vulnerable, fragile and unable to defend itself, these activists reinforce the rightness of people other than the mother to act on the fetus’s behalf, if they see her as not acting in its best interests.

Recent research has uncovered the contradiction that states restricting abortions the most are spending the least on child welfare, suggesting that antichoice concern for the rights of the fetus stops at birth.¹⁶ Despite this inconsistency, the fetal rights argument has gained strength. One factor is that it appears secular and legal rather than religious.

But such an argument also appeals to funda-

mentalist Christians who, interpreting the Bible literally, often discount secular arguments and usually will reject scientific or legal arguments that are incompatible with their beliefs. Believing the fetus to have feelings and a personality—in essence to be a person—allows a spokesperson like James Dobson of Focus on the Family to condemn abortion as a sin, since it kills a creature of God.

THE RIGHT’S MISOGYNY

Prolifers often over-simplify their arguments. While they ground their arguments in scriptural interpretation and legal language, they make no reference to the social, economic or historical context of women’s lives that create the need for women’s reproductive freedom. This lack of context gives credibility to a debate about morality that ignores women’s reality. Many antiabortion groups, both conservative Christian and secular, promote extremely traditional family structures and are explicitly anti-feminist. Most attribute women’s use of abortion to a so-called disintegration of traditional family values, the alleged promiscuity of poor women, permissiveness supposedly promoted by liberalism, and the secularization of American culture.

Mirroring a common practice by the Right in general, antichoice activists claim ownership of the debate on women’s issues. Although silent about women’s role in the process of abortion (where the focus is on the fetus), traditional prolife advocates aggressively categorize women who seek abortions as “selfish” or sinful, because they do not place the value of the fetus above themselves.

More recently new antichoice rhetoric sounds “softer,” more woman-friendly. Appearing to be sympathetic to women who have had abortions, such groups as Project Rachel, Post-Abortion Ministries or Feminists for Life actively recruit post-abortion women. Such a tactic has great potential, since over 40% of American women will have at least one abortion.¹⁷

“Traditional family values,” as defined by such spokespeople for the Christian Right as Gary Bauer or Jerry Falwell, rely on a willingness by both men and women to accept the sex roles inherent in a heterosexual, nuclear family. In this context, a woman must abstain from sex until marriage, marry, maintain a monogamous relationship with her husband, and willingly bear him children. Any diversion from this track—such as pre-marital or extra-marital sex, deciding on her own how many

children to have, or living as a lesbian—is not only alien to the principles of a conservative evangelical Christian family, it is self-indulgent and sinful. A woman who refuses to place the needs of others (the fetus, in particular) ahead of her own is not making the sacrifices required of family members to maintain these principles.

The Christian Right considers social, economic, or for that matter any other reasons that may influence a woman's thinking about her pregnancy as secondary to this principle of maintaining strict family traditions. In this rigidly traditional vision of the family, a woman who describes her pregnancy as “unwanted” is refusing to accept her natural role as wife, mother, and childcare provider. And any woman who lives, acts, or even thinks outside that prescribed role threatens such a system. In this frame, it becomes legitimate to criticize, shame, and even demonize her. Such a worldview, which describes itself as “pro-family,” is more accurately anti-woman.¹⁸

While the Christian Right has correctly identified such “uppity women” and the feminist movement that supports them as threats to its traditional perspective, the more secular Right also condemns women who renounce their traditional roles. In this case, it is not God who is being defied, but the needs of society for strong traditional families and an adherence to strict sex roles as a necessary component of the family.¹⁹

For both the Christian and secular Right, the anti-abortion campaign serves the ongoing need for movement-building. The issue of abortion is a constant source of new recruits. It draws in women whose religious beliefs prohibit abortion (and occasionally women who link abortion to a larger ethical prohibition against the taking of a life). It also draws in men who oppose changes in the role of women within the family caused by the social messages of the feminist women's movement and by economic imperatives, such as women entering the workforce in large numbers.

The anti-abortion campaign will serve as a strong vehicle for movement recruitment indefinitely, because anti-abortion leaders have skillfully developed abortion as a symbol that embodies the multiple social changes that the Right opposes. As an issue, it has become seamlessly folded into the agenda of the Right, as a vital component of its fight to protect the bottom line of traditional family values—the dominance of white, male power and control.

SHIFTING DOMINANCE: WHO'S IN CONTROL?

From the perspective of anti-abortion activists, the end of the 1980s saw only meager progress toward the goal of eliminating abortion, either within Congress or in the Supreme Court. The Human Life Amendment, intended to make abortion unconstitutional, had been defeated in 1983. In 1989 *Webster v. Reproductive Health Services* technically upheld *Roe*, but it gave states the freedom to place restrictions on access to and choice about abortion. The decision demonstrated that while the Supreme Court had moved to the Right, there were not enough votes to overturn *Roe* fully. Anti-abortion groups were dissatisfied with bureaucratic victories, including the appointment by President Ronald Reagan of prolife C. Everett Koop as the Surgeon General. Although in 1980 the Supreme Court finally declared constitutional the Hyde Amendment, virtually prohibiting Medicaid funding for abortions, and Reagan's staff issued a prolife tract under his name,²⁰ the prospects for eliminating a woman's right to abortion at the federal level looked bleak.

Mainstream antichoice leaders were frustrated, as were many of their members. Impatience seemed to breed further hostility and resentment against the apparent ineffectiveness, not only of Reagan and Bush, but of the prolife movement. In repeated moves that were to be mirrored throughout the rest of the century, individuals began to defect from anti-abortion groups or were asked to leave by the group leaders when they voiced their willingness to engage in more militant tactics, including violence.

During the 1980s, non-violent groups headed by Catholic pacifists like John O'Keefe in Washington, D.C. and Sam Lee in St. Louis started to lose members to fringe groups influenced by Scheidler's *Closed, 99 Ways to Stop Abortion* and the *Army of God Manual*, an instruction book on how to use violence to end abortion. Occasional acts of violence, such as the kidnapping of Hector Zevallos, an abortion provider, outside of St. Louis in 1982, began a wave of violence directed at clinic staff that quickly escalated. Over 300 acts of violence occurred against clinics between January 1983 and March 1985. In his important book on the anti-abortion movement, researcher Dallas Blanchard documents the movement's change “from polite to fiery protest.” He maintains that the movement's disappointed expectations under the first Reagan/

Bush Administration and members' frustration with the lack of progress caused the shift in tone and action. Not until Reagan spoke out against the clinic violence did it abate temporarily.²¹

In 1987, Randall Terry founded Operation Rescue in a bid to replace Scheidler's ProLife Action League (PLAL) with a more strident voice. Operation Rescue enjoyed four years of notoriety, galvanizing the movement with popular street strategies. While its charismatic leader engineered hundreds of sit-ins and clinic blockades across the country, taunting police to arrest protesters and receiving massive publicity. Rev. Jerry Falwell demonstrated his support for Operation Rescue's tactics at a press conference in front of an Atlanta clinic protest in 1987. The height of Operation Rescue's influence came in Wichita, Kansas when Pat Robertson spoke at a 1991 rally attended by 25,000 prolife supporters at the culmination of Operation Rescue's "Summer of Mercy." As Terry began to sound more apocalyptic as well as more critical of other prolife activists, he lost his hold on the organization. Operation Rescue began its decline as

a force within the anti-abortion movement.²² Many groups have adopted the tactics of Operation Rescue. Clinic blockades have continued with over 200 events between 1992 and June, 2000. And picketing is an everyday occurrence, with over 38,000 incidents from 1992 to 2000. Terry's less skilled, but equally boisterous lieutenant, Flip Benham, became Operation Rescue's head in 1994.

The anti-abortion movement appeared to be losing ground in public opinion as well. Approval of abortion rights grew substantially in the decade between the mid-60s to the mid-70s and then leveled off without significant overall change in either direction.²³ Although prolife advocates enlisted their own pollster (Richard Wirthlin who worked for Reagan as his adman and strategist at the White House) and elaborately distorted polling results,²⁴ they could not increase their hard core support. Six to eight percent of respondents, a very small percentage of the U.S. public, wanted to prohibit abortion under almost all circumstances. Hard core prochoice advocates, on the other hand, who believed in a woman's right to an abortion under almost all circumstances, hovered at about 32 percent. The remainder of Americans, about 60 percent, were willing to support abortion with

some restrictions. After *Roe* and through most of the 1980s, antichoice activity could not really budge these figures, and by 1990 support for the "prolife" movement began to decline.²⁵

Despite this appearance of failure, the anti-abortion movement has seriously whittled away the reproductive rights of U.S. women through the methodical dismantling of *Roe v. Wade*. One of the most significant losses resulted from the 1977 Hyde Amendment, leaving poor women relying on Medicaid with no health insurance for the procedure. In order to receive abortion coverage, such women needed to live in states that fully fund Medicaid abortions with state money. Up to one third of Medicaid recipients who would have obtained abortions if the state had paid for them carry their pregnancies to term.²⁶ Sixteen states

currently use their own money to pay for all or most medically necessary abortions. This number has fluctuated over the years due both to state level court orders and to voluntary policy change. The Hyde Amendment, and its many incarnations, was the most

One of the most significant losses resulted from the 1977 Hyde Amendment, leaving poor women relying on Medicaid with no health insurance for the procedure.

visible of a series of successful anti-abortion initiatives in Congress. Despite prolonged debate over its constitutionality, it ultimately represented a major victory for anti-abortion forces.²⁷ It is a painful reminder for poor women and their allies of the powerful impact that prolife activity has unleashed at the federal level.

Restrictive anti-abortion laws passed by state legislatures across the country also have slowly and steadily eroded a woman's right to abortion. One restriction, mandatory counseling for a pregnant woman seeking abortion, can create emotional trauma or intimidation. Waiting periods in which women are required to return to an abortion facility after waiting at least one day after their initial appointment place unfair emotional and financial burdens on rural and other women who must leave work and travel for treatment. Parental contact for minors, requiring one or both parents' notification, permission or a judge's decision ("judicial bypass") before an abortion on a minor can take place burdens adolescent women, especially those with potential violence at home, more than adults. Forty-two states have passed such laws. Fear of confronting parents has caused 15,000 pregnant teens in Massachusetts to seek judicial

bypasses since 1981.²⁸ In each case, prochoice activists have had to mount a legal challenge to the state law, pursuing it to state supreme courts and federal courts. The mixed rulings often resulted in additional loss of abortion access despite substantial prochoice resources being spent on the defense of a woman's right to choose.

As early as the late 1970s, the anti-abortion movement had created "counseling centers" that offered pregnancy tests, then showed women videos and offered "advice" designed to dissuade them from having abortions. Over time, the use of deceptive advertising became a standard feature at these "clinics." Women went to them expecting to receive health care and genuine counseling concerning their crisis pregnancy, only to find that they were exposed to violent and distorted representations of the moral, psychological, and medical effects of abortion.

During the late 1980s and through the 1990s the Right has tried to curtail sexuality education in American public schools. At a time of increased awareness and a need for accurate and thorough information about pregnancy, sexual development, and sexually transmitted diseases, including HIV and AIDS, a well-funded campaign exists to replace comprehensive sexuality education with abstinence-only curricula in schools.

Any comprehensive sexuality education program stresses abstinence as a necessary part of pregnancy and disease prevention, but supporters of abstinence-only materials insist that their approach is the only effective method. Abstinence-only approaches to sexuality education have been criticized as religion-based, sternly moralistic and ineffective. In addition, abstinence-only curricula omit essential information needed by young people and distort other material in an attempt to frighten them away from premarital sex and abortion. Multiple abstinence-only curricula are now marketed as part of a campaign by various sectors of the Right to require their use in public schools.²⁹ Congress has already earmarked \$50 million per year through 2002 for the use of abstinence-only curricula, and many state legislatures have taken up bills that help appropriate matching funds and highlight local debate.

This effort may appear to be a series of grassroots efforts in local communities or educational programs based at universities, but local groups are actually coordinated at the national level by large, well-funded groups such as Focus on the Family, Citizens for Excellence in Education,

Concerned Women for America, and the Christian Coalition. It is entirely consistent with the Right's larger crusade to control access to information and services related to reproductive rights. Because abstinence-only education focuses on adolescents and children, however, the Right has used it as a parental rights issue, thereby claiming the right to control access to information about reproduction, as well as requiring parental consent for contraceptive or abortion services. Proponents of abstinence-only curricula reflect the larger antichoice movement's strategies: claim moral superiority over your opponents; misrepresent the truth behind your own claims and those of the opposition; and attempt to use legislation and public funds to codify your favored position in law and practice.

STALEMATE

The 1990s saw a continuation of the anti-abortion violence of the 1980s. After a period of relative quiet at the end of the 1980s, the level of violent incidents escalated, including arson, bombings, butyric acid attacks, shootings, and murder. In the early 1990s, a series of shootings aimed at abortion providers shocked the country. Although the individuals who committed these actions appeared to be acting alone, they were familiar with the inflammatory rhetoric widely circulated among clinic protesters. Pamphlets such as the anonymously authored "Army of God Manual" and activist Michael Bray's 1994 book, *Time To Kill*, encouraged protesters to respond to the "violence" of abortion with "appropriate" action. For instance, Operation Rescue's motto became, "If you think abortion is murder, act like it."³⁰

This apparent pattern of loners choosing violent tactics to express their anti-abortion sentiments reveals a familiar phenomenon in the development of hard-Right and far-Right activity. Individual zealots are driven to violence by their beliefs which they justify by direct or indirect reference to, and association with, movement theorists and leaders. But upon closer examination, those who appeared to have acted alone certainly had been involved in thinking, talking and reading with others.

After the murder of Dr. David Gunn in 1993 by Michael Griffin, Attorney General Janet Reno initiated a federal investigation against what Clinton called "domestic terrorism," and the Justice Department stepped into the fray. This was, however, nine years after the first clinic violence. Despite this investigation, a sniper killed another abortion

provider, Dr. Bernard Slepian, in his Buffalo, New York home in October 1998 in what appeared to be part of a wave of anti-abortion violence in or near Canada. In January 1997, Neal Horsley created the infamous Nuremberg Files, an online list of abortion providers and information on their residences and families. Within hours of Slepian's murder, his name had been crossed off Nuremberg Files list. Such clear incitement has not just created a debate about freedom of speech on the Internet; it has highlighted a switch from previous self-images of antichoice murderers as martyrs to what Mark Crutcher has rightly identified as "guerrillas."³¹ Anti-abortion violence continues to occur with 24 bombings or arsons between 1997 and 1999, most of which are unsolved.³²

Other forms of harassment have developed as well. In addition to his focus on the medical community, Mark Crutcher has developed a malpractice lawsuit support program, which offers free help to lawyers and women interested in pursuing malpractice claims against abortion providers. Claiming to involve over 700 attorneys in their network, Life Dynamics actively encourages litigation that intentionally ties up the financial resources and time of abortion providers and provides its service free of charge. Its ultimate goal is to decrease access to abortion services as "the key to prolife victory."

Also during this entire period, the prochoice women of the Republican Party were consistently silenced by the Party's Right wing, which increasingly controlled the content of Republican Party platforms at each Republican convention from the late 1970s on. As a result, uncompromising Republican platforms on abortion rights appeared to reflect the attitudes of all Republicans, but actually reflected the Right's agenda.³³

TRENDS DURING THE LATE 1990s

In the late 1990s, elements of the anti-abortion movement began to cultivate coalitions by linking issues with other segments of the Right—a strategy with the potential to re-expand the movement's ranks. They established new organizational associations with right-wing groups involved in immigration and environmental work, welfare "reform" advocates, population control, and reproductive services other than abortion, such as sterilization and contraception.

Another approach to recruiting new prolife footsoldiers has been to form constituency groups

and offer them a reason to organize around prolife issues. For instance, antichoice forces have cultivated new supporters among young people, including young women. A rash of youth-oriented web sites capitalizes on the ability of youth to navigate cyberspace and to absorb information directed at them. Since many of these sites, like other Right-wing sites, are filled with misinformation and phony "research," they mold public opinion without the check of being held to any standard of accuracy.³⁴

College prolife groups appear on many campuses these days, not just at conservative Christian campuses. Even when their approach appears to be secular, inclusive and open-minded, they often are heavily influenced by Christian Right rhetoric. The Cornell Coalition for Life, for example, describes itself by using the three standard issues linked by anti-abortion groups—abortion, euthanasia, and infanticide:

The Cornell Coalition for Life stresses an inclusive, non-partisan, and non-religious approach in advancing the prolife cause. Students, faculty, and local residents with a wide diversity of backgrounds and opinions unite to educate our peers about the tragedies of abortion, euthanasia, and infanticide in the Cornell community and in society at large.³⁵

Antichoice forces have had success in altering young women's attitudes towards abortion. Focus group research in 1997 revealed that prochoice women aged 16-25 believe restrictions on abortions, including waiting periods, parental consent and even some aspects of so-called "partial-birth abortion," are for their own good and will limit their own access.³⁶ While Mark Crutcher's campaign to stigmatize abortion with medical students and young doctors may seem extreme and crude to some, conservatives in the medical establishment have organized antichoice groups. These constituent groups include the Christian Medical and Dental Society, the Center for Bioethics and Human Dignity, the Catholic Medical Association, National Association of Pro-life Nurses, Physicians Ad Hoc Coalition for Truth (PHACT), the Association of American Physicians and Surgeons and Pharmacists for Life. Each has its own website and is linked to other prolife sites. The number of medical schools that offer routine training in first trimester abortion procedures has declined by over 50% since 1976.³⁷ And traditional women's profes-

sions like nurses and midwives have long been banned from performing abortions.³⁸

The anti-abortion movement has found itself in coalition with some seemingly liberal or progressive groups. The Seamless Garment Network, a coalition of 140 member groups, incorporates opposition to war, racism, capital punishment, euthanasia and abortion under “a consistent ethic of life” as a way to bear witness to “protecting the unprotected” and welcomes anyone willing to work on “all or some of these issues.”³⁹ Member groups range from the Catholic Workers to Feminists for Life. This network attracts not only people from communities of faith but secular social conservatives and libertarians as well.

Abortion opponents have both used and discredited medicine and science in their discussion of abortion, depending on what arguments best suit their purposes at the time. For instance, some groups have accused prochoice activists of sanitizing the abortion procedure by using medical and scientific terms, which they say, obscured what was really happening. In their view, “terminating a pregnancy” is actually “baby killing.” More recently others have used scientific or pseudo-scientific terminology to add to their credibility, warning that abortion is hazardous to a woman’s health and linking it to infections, breast cancer and psychological trauma.⁴⁰ These allegations, while impressive in their quantity, have no basis in fact. They also create the impression that antichoice advocates are sincerely concerned about women’s health.

Several anti-abortion organizations were created in the early 1990s to exploit the fear that abortion is traumatic. These groups appeal to women who are either conflicted about their own past abortions or are denied access to accurate information about abortion procedures. This antichoice activism is sympathetic to women while it reinforces an image of women as victims of an uncaring medical establishment.

Organizations such as the Catholic Church’s Project Rachel, David Reardon’s Elliott Institute, Women Exploited by Abortion (WEBA) and the National Right to Life Committee function as points of entry for many women into the anti-abortion movement and eventually into related political movements. They highlight the difference between single-issue, prolife forces and the larger Right. For prolife advocates who work only to prohibit abortion, the issue is the chance to regulate women’s lives in order to maintain a social system

consistent with religious principles. In this framework, because abortion is the corrupting influence that erodes “family values,” it is their primary enemy. For others, the goal is control of the political system with the power to implement a full agenda of conservative issues. For these activists, abortion has been the key issue to mobilize large numbers of people for broader goals.

Although his early activism focused on abortion, Operation Rescue’s Randall Terry’s broader strategy is revealed in a quote from the 1996 PBS Series on the Religious Right, “With God on Our Side.”

From the beginning when I founded Operation Rescue, the vision was not solely to end child-killing; the vision was to recapture the power bases of America, for child-killing to be the first domino, if you will, to fall in a series of dominoes. My feeling was, and still is, once we mobilize the momentum, the manpower, the money, and all that goes with that to make child-killing illegal, we will have sufficient moral authority and moral force and momentum to get the homosexual movement back in the closet, to get the condom pushers in our schools to be back on the fringes of society where they belong, where women are treated with dignity, not as Playboy bunnies, etc., etc. We want to recapture the country, because right now the country’s power bases are in the hands of a very determined, very evil elite who are selling us a bill of goods. They call it good but it truly is evil. They say, “Here, it’s sweet,” but in reality it’s bitter. It’s wormwood and gall.⁴¹

Although Catholic teachings and Protestant fundamentalist beliefs are the ideological bedrock of the anti-abortion movement’s arguments, certain groups like the National Right to Life Committee avoid using language that is too specifically religious as a way to broaden their appeal. The NRLC, for instance, now uses primarily legal terminology, which coordinates well with their mostly legislative agenda. Originally a Catholic organization, the NRLC chose a mainstream prolife niche for itself early on in the abortion debates, and today few remember its history.

The controversy surrounding efforts to outlaw “partial-birth abortion,” as it is called by its opponents, is an example of how the Right uses an issue

to its advantage. The issue emerged as a widely debated topic in the mid 1990s, and the Right has successfully kept it active on state and federal legislative agendas ever since. At first, the Right's opposition appeared to focus on a particular abortion procedure used later in pregnancy, Dilation and Extraction (D&X). But as the debates have worn on, it has become clear that this campaign is part of the overall strategy to abolish all legal abortions.

When the Right uses the carefully chosen term "partial-birth abortion," it plays to the ardent emotions of both the pro- and antichoice forces as well as to the substantial group of Americans in the "middle" who support a woman's right to choose but are vulnerable to arguments that would justify certain restrictions. The phrase "partial-birth abortion" is a political, not a medical, description of the procedure, and so it has been necessary to define it when creating legislation. Although the meaning and intent of the term have been the focus of much debate and the source of much confusion, the widespread use of the term "partial-birth abortion" in the media and by the public is an indication of the success of the Right in controlling how the topic is discussed.

Legislation was first introduced in Congress in 1995 as a bill to ban "partial-birth abortions." Congress has considered and even passed similar laws that so far have been blocked by Presidential vetoes based on the lack of an exception for the health of the woman. Reviewing the language of the bills helped legal analysts see that the wording of these bills and their many state counterparts was vague enough to outlaw virtually all abortions. In addition to D&X, a more common procedure, D&E, or Dilation and Evacuation, often done in the second trimester of pregnancy, would be outlawed as well. Nevertheless, laws banning "partial-birth abortions" have been passed in 31 states. Pro-choice advocates have been kept busy challenging the constitutionality of these laws. In fact, requiring prochoice organizations to tie up their resources on litigation has become a standard tactic of the Right. In June 2000, the U.S. Supreme Court ruled in a 5-4 decision, *Stenberg v. Carhart*, to reject Nebraska's "partial-birth abortion" law. This, the first major abortion ruling since 1992, is evidence both of the effectiveness of the Right's infrastructure that propelled the issue to prominence in such a short time and the slim prochoice majority on the court in the year 2000.

Early on in the debates, anti-abortion strategists claimed moral superiority in opposing

"partial-birth abortions." In a 1995 radio show, James Dobson referred to the procedure as a "Nazi era experimentation," where doctors "suck the brain matter out of a living, viable baby for use in medical experiments," eliciting images of eugenics and demented physicians. Anti-abortion organizations such as NRLC began publishing powerful line drawings of the procedure that were intended to shock viewers into outrage. While insisting that the images of fetuses as babies were medically accurate, prolife forces used the phrase "partial birth" as a way to reinforce the concept that abortion is the killing of a child. Sen. Rick Santorum (R-PA), another early opponent, described the procedure as "infanticide." This claim to moral superiority was further aided by the 1997 admission by Ron Fitzsimmons, Executive Director of the National Coalition of Abortion Providers, that he had publicly underestimated the number of D&X procedures performed in this country.

By focusing on abortion providers, antichoice forces omit any reference to the women who undergo the procedure—their circumstances or their needs. For certain women, especially those who are at high health risk in their pregnancies and older women for whom potential birth defects are a pressing issue, D&X is an important option. Lack of access and racism are social pressures that often result in women less educated about their health needs, low-income women and women of color seeking such procedures. Removing D&X from its medical and social context and misrepresenting and sensationalizing its purpose and need are examples of how the Right has used "partial-birth abortion" to increase public support for its relentless campaign to restrict all abortions.

RACE, POVERTY, AND REPRODUCTIVE RIGHTS

In the case of abortion, the various sectors of the anti-abortion movement treat all women equally. No matter what race or class, women should not have abortions. But in the larger sphere of reproductive rights—the rights to conceive, bear, and raise children—prolife strategists apply a double standard. Middle and upper class white women should bear children and stay at home to raise them. Single, low-income women (especially low-income women of color) and immigrant women should limit their childbearing and should work outside the home to support their children.

Even a cursory examination of the Right's

policy agenda demonstrates that, when the focus is changed from abortion to broader reproductive freedom, the Right applies race and class criteria that distinguish between the rights of white, middle-class women and low-income women of color. The Right has viciously attacked welfare mothers for their “sexuality” and immigrant women for bearing “too many” children.⁴² In its worldview, “excessive” childbearing by low-income, single women causes poverty. To eliminate poverty, it is necessary to prevent that childbearing.⁴³

Right-wing activists reserve their most vicious attacks for these groups of women, promoting negative stereotypes of low-income women of all races as dependent, irresponsible, prone to addictions, and inadequate mothers.⁴⁴ They use these stereotypes to inflame public opinion against all sexual behavior that lies outside the narrow parameters of Right-wing ideology.

The Right advocates policies that discourage childbearing by depriving low-income women of the means to support a child. In the 1990s, using stereotypes such as the “welfare queen,”

the Right successfully promoted the 1996 Personal Responsibility and Work Opportunity Reconciliation Act, the “welfare reform” bill. As part of that policy initiative, the Right has sought to discourage women on welfare from becoming pregnant by punishing them when they bear children. This form of punishment known euphemistically as a “family cap,” which is increasingly popular with state legislatures, denies any increase in payments to women who become pregnant or give birth to a child while on welfare. Another right-wing policy that discourages or prevents childbearing by low-income women mandates or encourages women to use Norplant, Depo-Provera, or the newer forms of sterilization such as Quinacrine.

These policies designed to control the childbearing of poor women are but the latest in a series of practices that date back to the eugenics movement of the 19th century, which promoted racial theories of “fitness” and “unfitness.” During this time of a significantly declining birth rate within the white population, politicians and eugenicists raised the specter of white “race suicide.” The eugenics movement, which was adopted briefly by the birth control movement in the early 20th century, advocated a higher birthrate for white, middle

class, “fit” women and a lower birthrate (aided by birth control) for poor women, especially poor “unfit” women of color and immigrant women.⁴⁵

The best-known method of denying a woman her right to have children is sterilization abuse. Sterilization is a medical procedure that, like abortion, often is experienced differently in low-income communities of color and in middle-class white communities. Historically, doctors have made it difficult for white women, especially middle-class white women, to choose to be sterilized: insisting, for example, that they come back a second time after they have taken time to “think about it.” The attitude of the same medical professionals toward women of color and poor white women has been dramatically different. In these instances, many doctors have long encouraged the procedure,

sometimes sterilizing these women without their consent through manipulation or actual deceit. By 1968, for example, a campaign by private agencies and the Puerto Rican government resulted in the sterilization of one-third of Puerto Rican women of childbearing age.

The Right has taken full advantage of the wedge that such a history of sterilization abuse has driven between the prochoice movement and many people of color.

A similar campaign in the 1970s resulted in the sterilization of 25 percent of Indian women living on reservations.⁴⁶

Such a history of sterilization abuse (which is still practiced in other countries, with U.S. public and private complicity) shapes the consciousness of many women of color. Especially among Native American and African American communities and in Puerto Rico, the history of sterilization abuse represents a major legally-sanctioned human rights violation.⁴⁷ Some doctors still encourage sterilization for women in low-income rural areas, especially on Indian reservations and in pockets of rural poverty across the U.S. mainland and in Puerto Rico, despite rules issued in 1978 by the Department of Health, Education and Welfare restricting sterilizations performed under programs receiving federal funds.⁴⁸ The privately-funded Children Requiring a Caring Community (CRACK) promotes population control among drug-using pregnant women by offering \$200 to those who have been sterilized or use long-term birth control. Such an effort has attracted disproportionate media attention for such a small organization and is reminiscent of earlier eugenic attitudes. The committed efforts of Helen Rodriguez-Trias of the New York

City-based Committee to End Sterilization Abuse (CESA) and other activists have not been successful in convincing the larger women's movement to expand its concern with reproductive rights much beyond the issue of abortion.⁴⁹

Aware of the history of sterilization abuse and racial repression in the United States and in other countries, many people of color are suspicious of the contemporary prochoice movement. Some see abortion as a vehicle for genocide within their communities. The Right has taken full advantage of the wedge that such a history of sterilization abuse (and the overall failure of white feminists and other progressives to confront it) has driven between the prochoice movement and many people of color. The Right's leaders and politicians sometimes court people of color by appealing to their perceived opposition to abortion. They claim to be the allies of these communities by pointing to "shared values" on abortion and other social issues. The Right has used this recruitment strategy repeatedly over the last two decades. Just two examples are the Christian Coalition's courtship of African Americans in the mid-1990s with its now-defunct Samaritan Project, which raised money for Black churches, and more recently, the predominantly white conservative evangelical men's organization, the Promise Keepers' outreach to men of color under the theme of "racial reconciliation."

While low-income women have argued that they are denied the right to bear children and the means to raise them, their cause has not been near the center of the prochoice movement. Further exacerbating the tension between the prochoice movement and poor women is the occasional appearance within the movement of the Right-wing argument that abortion is beneficial to society because it will limit the number of women and children on welfare. This argument attempts to win support for abortion rights by portraying welfare recipients as undesirable. Although prochoice advocates rarely use such arguments any longer, such positions have left a heightened level of distrust of the prochoice movement among some women of color.

In the late 1970s, 1980s, and 1990s, reproductive rights activists—predominantly from communities of color—attempted to expand the scope of the prochoice movement to include the right to have children, a right to quality reproductive health care and access to authentic economic opportunities that would enable women to raise and support children.⁵⁰ Other activists, such as

the Committee on Women, Population, and the Environment (CWPE), drew attention to the threat posed by the population control movement to the reproductive rights of women of color, especially those living in Third World countries.⁵¹ Others, such as Byllye Avery of the National Black Women's Health Project, Marlene Fried and her colleagues at the Civil Liberties and Public Policy Program at Hampshire College, and the women of the Reproductive Rights National Network (R2N2), have called for the predominantly white women's movement to resist more actively the elimination of access to abortion by the Hyde Amendment and other factors affecting low-income women.⁵² But too often the prochoice movement has used the lens of middle-class white women—those most likely to have access to other reproductive rights—to defend abortion rights as if they represented all reproductive rights.

The Right has been extremely successful in keeping the primarily white and middle-class women of the prochoice movement and their male allies pre-occupied with responding to the escalating strategies of the prolife movement. These have included legal challenges in state and federal courts, feverish activity in state legislatures, a proliferation of "crisis pregnancy centers," and the increase in clinic violence. The Right has successfully created a "box" for low-income women—they must renounce their sexuality altogether by neither bearing children nor having an abortion. Abstinence, the opposite of their perceived promiscuity, is the approved Right-wing choice. Because the Right, with the acquiescence of the voting public, has successfully shredded the social safety net, it is increasingly unlikely that women of color and poor women will be guaranteed the means to bear and raise children. Without that means—in other words, without control of their reproductive lives—even the preservation of legal abortion does not guarantee all women's reproductive rights and reproductive freedom.

CONCLUSION

Since its earliest activism, the goal of the anti-abortion movement has been to ban abortion completely. Each of its sectors has pursued that goal with different strategies. The Roman Catholic Church, the original force behind the anti-abortion movement, has been joined by several other sectors, including conservative evangelical Christians and the more violence-prone activists of the far Right.

Independent organizations such as Operation Rescue have drawn from each of the sectors. As the struggle over abortion has persisted through several decades and the anti-abortion movement has been unable to achieve its goal of eliminating legal abortion altogether, the more militant and zealous sectors of the movement have gained power. As a result, violence against abortion providers and clinics has become more acceptable and common within the movement. Lawsuits and other forms of harassment have also been gaining in popularity. At the same time other sectors of the movement that work in the legislative arena, at the state level and in Washington, pursue incremental strategies to chip away at women's access to abortion, such as parental consent and waiting periods. Still others have worked at the grassroots level, providing activists for demonstrations and lobbying. When combined with financial barriers, such as the denial of coverage of abortion for Medicaid recipients, and the scarcity of abortion services in rural areas, the anti-abortion movement can claim a number of victories.

Many low income women, including many women of color, increasingly do not have access to a number of the forms of reproductive rights available to more affluent women—insurance or funds to pay for abortions, adequate reproductive health care, sexuality education, safer methods of contraception, or access to high tech fertility procedures. In some cases, they have lost control of their reproduction altogether, as in the case of forced sterilization or sterilization without consent. Low-income women of all races have a right to bear and raise children without legal sanctions that make it impossible or dangerous: in other words, they have a right to reproductive freedom. When the pro-choice movement defends abortion rights alone, as if they represented all reproductive rights, they are using the lens of middle-class women, and they are risking the loss of more than just legal abortion.

Opponents of abortion use the tactics of the larger Right: claim moral superiority to your opponent; misrepresent the truth behind your own claims; and, while stereotyping and demonizing your opponents, use legislation and public funds to usurp the democratic process. The Right will continue its campaign to limit and control women's reproductive practices. The key to its future success may well rest with the make-up of the Supreme Court, as its current members retire and are replaced by new Justices. Another factor is the de-

crease of vitality within the prochoice movement, as it loses its grassroots character and becomes increasingly a professional movement of large and well-funded organizations. It is important that prochoice organizations stay in close touch with grassroots constituencies, especially younger women, whom it will need to mobilize if the law continues to weaken the wall of privacy between government and women's reproductive practices. Other avenues of organizing include faith-based groups like Catholics for a Free Choice and the Religious Coalition for Reproductive Choice which provide alternatives for churches and their members to express prochoice views.

Prochoice activists are often absorbed with one area of the struggle to maintain and advance reproductive rights. But the Right has mounted a broad attack on reproductive rights that reaches across many areas. As a result, the prochoice movement is spread thin, working on many fronts, from defending access to abortion to challenging the latest unconstitutional legislation. Under these circumstances it is difficult to remember the larger picture in which specific work occurs. It can be helpful to step back and see each piece of the struggle as part of a whole.

The Right's larger reactionary agenda prioritizes the rollback of the gains of the women's movement of the 1970s. Its leadership targets a wide range of women's rights. While abortion is a central target, it does not stand alone as the sole focus of the Right's wrath. When we understand the nature of the Right's ideas, strategies and tactics, we can see how the Right has targeted nothing less than women's autonomy. The traditional, "family values" analysis of the proper role of women does not honor women's reproductive rights. We must defend the right of women to self-determination in the control of their reproductive lives across the board. Every specific area of prochoice activity in the service of this larger goal is crucial to the success of the prochoice movement in resisting the Right's attack.

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BARRIERS TO REPRODUCTIVE SERVICES

ECONOMIC BARRIERS

Out of pocket costs for abortion, reproductive health care services, and contraceptives for the average person continue to be a burden—disproportionately for low income individuals who are young, people of color, queer, and transgender. In the first trimester, an abortion costs about \$500, plus transportation, childcare, time off work, and other associated expenses that increase with diminishing clinic access.

The majority of women and transgender individuals of reproductive age lack abortion coverage, either because they are uninsured; on Medicaid in states that followed the federal Hyde Amendment in banning funding for abortion (except for rape, incest, and life endangerment); have private insurance policies that exclude abortion; or have government worker or military insurance.

WHAT THE RIGHT SAYS ABOUT ECONOMIC BARRIERS

In 2011, the State of New Hampshire Executive Council voted to defund Planned Parenthood, which one councilor justified by saying, “I am opposed to abortion. I am opposed to providing condoms to someone. If you want to have a party, have a party, but don’t ask me to pay for it.”

Some antichoice leaders claim a moral opposition to spending taxpayers’ dollars—their dollars—on reproductive services, from family planning and contraception to abortion. Other members of the Right argue for small government and oppose coverage of reproductive healthcare along with a range of social services.

RESPONSE

All people have the right to the highest attainable standard of physical and mental health, including reproductive and sexual health. Yet many individuals continue to be left without the ability to choose from the full range of contraceptive drugs, devices, and medical services because of a deliberate campaign by anti-abortion forces. As a result, individuals and families suffer due to preventable unintended pregnancies, poor birth outcomes, decreased educational or work opportunities, and inconsistent or inappropriate medical care.

The piecemeal method of denying access creates an unfair system, punishing not just low-income individuals but also those who rely on government-provided health insurance and medical services. The constitutional right to abortion is meaningless for communities without access.

STIGMA AND SHAMING

Abortion shaming has become so pervasive throughout society, even staunch prochoice politicians such as Hillary Clinton have described abortion as a “tragic choice” and promoted “abortion reduction.” Some popular movies, including *Knocked Up* and *Juno*, promote the choice to keep an unwanted pregnancy, while portrayals of abortion as a positive choice are generally absent in pop culture. Stigma has a silencing effect on those who have an abortion, even though it is one of the most common surgical procedures for women in the United States.

Shaming is practiced regularly by abortion clinic picketers and in high-profile events, such as the Annual March for Life in D.C. and 40 Days For Life. Clinic protesters often attempt to divert patients to antichoice crisis pregnancy centers (CPCs), routinely placed near abortion providers with the appearance of clinics to confuse vulnerable patients.

WHAT THE RIGHT SAYS ABOUT STIGMA AND SHAMING

Antichoice protestors refer to their work as “saving babies” from the “evil” of the “abortion industry.” 40 Days

for Life says of its 40-day prayer vigils outside abortion clinics: “It is a peaceful and educational presence. Those who are called to stand witness during this 24-hour-a-day presence send a powerful message to the community about the tragic reality of abortion. It also serves as a call to repentance for those who work at the abortion center and those who patronize the facility.”

They view their actions as reasonable and justified responses to the murder of innocents, and give themselves credit for responding in a nonviolent and peaceful manner.

Protestors and counselors refer to their work as stopping a tragedy, providing hope to women and babies, and providing information on abortion alternatives. CPCs often ask women about their religious affiliation, tell them how happy their family will be with the child, and congratulate them on becoming a mother. They push women to view an ultrasound of their fetus, describing its heartbeat, and may show images of aborted fetuses and refer to the killing of a child.

RESPONSE

The constitutional right to abortion can only be achieved if pregnant individuals can make an informed choice free from the constraints of fear and shame. What picketers and CPCs call counseling and education is an attempt to shame patients out of considering abortion. Emotionally manipulative and scientifically inaccurate information about fetal pain and heartbeats is used by CPCs and picketers.

The support for “abortion reduction” accepts that all abortions are negative and simply decreasing their numbers is a net good. Reproductive justice advocates should use phrases like “decreasing unwanted pregnancies,” recognizing that abortion can be the right choice and focusing on the need for abortion.

A study published by the American Psychological Association journal found that “social practices and messages that stigmatize women who have abortions may directly contribute to negative psychological experiences postabortion.” In addition to the mental health impact, patients deterred by protestors from accessing safe, legal abortion procedures may resort to dangerous do-it-yourself or illegal procedures.

Furthermore, it’s important to be aware that stigmatizing tactics and rhetoric used by protestors at abortion clinics, despite being touted as peaceful, can escalate or contribute to threats and violence.

VIOLENCE AND INTIMIDATION

Yelling, graphic posters, blockades, and vandalism. Stalking, death threats, and invasions. Bomb threats, chemical attacks, and arson.

Abortion providers and patients regularly face such intimidation and violence at reproductive health clinics: according to the National Abortion Federation (NAF), more than 200 clinics have been subject to arson or bombings since 1977. These attacks and threats have made abortion care a liability for hospitals, pushing it into a clinic setting, where extra costs for security systems and other safety measures mount.

Antichoice protestors frequently harass abortion providers at their personal homes, children’s schools, and churches, and have put up WANTED posters with doctor’s faces in their communities. The most recent murder of an abortion provider occurred in 2009, when late-term abortion provider Dr. George Tiller was fatally shot while at church.

WHAT THE RIGHT SAYS ABOUT VIOLENCE AND INTIMIDATION

Randall Terry of Operation Rescue has said, “If you think abortion is murder, then act like it.” According to many antichoice leaders, abortion is equivalent to the mass murder of millions of innocent babies. Since abortion is still legal in the United States, people of conscience must intervene.

While some clinic protest groups stop short of admitting they condone physical violence, they use a variety of tactics to prevent access to abortion from verbal harassment to mass demonstrations blocking clinic entrances. Many of these actions have erupted into more violent outbursts. Some antichoice leaders who publicly denounce violence as contrary to a “prolife” stance nonetheless use inflammatory rhetoric.

For other members of the hard Right, violence against clinics and providers is a justifiable way to stop the killing of babies. The Army of God Manual, an anonymously published instructional booklet for violent anti-

abortion activity, encourages a variety of methods, from gluing the locks of a clinic shut to sacrificial bombings. According to the manual,

The reason that things like bombs and arson techniques are relegated to the Appendix of this manual is not because they are wrong or ineffective. On the contrary, those methods are powerful, appropriate.... The difficulty is cost, i.e., charges, jail time, etc...If some soul can't rest until a hundred abortuaries go up in smoke, fine. But at least they should use time delays and take them out all at once. Then lay very low for a very long time.

Individuals imprisoned for arson or murder are glorified as victims of an unjust system that persecutes people who act on their consciences. Scott Roeder, who killed Dr. Tiller, testified at his trial that he had chosen to obey "God's law," saying, "I did kill him. It was not a murder ... If you were to obey the higher power of God himself, you would acquit me."

RESPONSE

While many antichoice groups condemn violence, they also use inflammatory language that can encourage violent acts, and may suggest hidden sympathies. Increased rhetoric from the Right is linked to increased violence from the hard-Right against clinics and providers—for instance, Roeder cited Christian Right televangelist Pat Robertson's 700 Club as an influence.

Violence in any form is inappropriate—verbal, emotional, and physical harassment is wrong, no matter what the reason. Women and transgender individuals have a right to decide when and whether to have children. It is illegal and dangerous to resort to intimidation and violence to express one's views.

PROVIDER SHORTAGES AND HOSPITAL MERGERS

There is a severe shortage of abortion providers in the United States. Less than 20 percent of all counties (less than 3 percent outside of cities) have abortion providers. In 2013, Mississippi is close to becoming the first state without a single abortion clinic, due to a law arbitrarily requiring clinic doctors to have hospital admitting privileges. Hospitals are reluctant to provide abortion services for fear of picketing, vandalism, and other violence that plagues clinics.

The increasing influence of abortion opponents has led many medical schools to remove reproductive health, specifically abortion, from their curricula, and students in residency are unable to receive relevant training. As older abortion providers retire, new physicians lack the skills to replace them.

Mergers, joint ventures, and affiliations have become common between financially struggling hospitals and wealthier, usually religiously-controlled hospitals—particularly Catholic hospitals, which comprise one-sixth of total U.S. hospitals. In 2011 alone, there were 86 mergers, and 3 out of 4 healthcare organizations surveyed reported considering a merger or acquisition. In the process, the policy of the religious hospital usually prevails under the "conscience clause," which allows an individual or institution to refuse to provide any service on the grounds of religious beliefs or moral convictions.

The Ethical and Religious Directives for Catholic Health Care prohibit providing contraception, sterilization, most infertility treatments, condom distribution for AIDS prevention, or abortion services. When a Catholic hospital merges with another hospital, the secular partner generally can no longer provide these services. This may include emergency situations.

WHAT THE RIGHT SAYS ABOUT PROVIDER SHORTAGES AND HOSPITAL MERGERS

Some antichoice spokespeople, like Mark Crutcher of Life Dynamics, an antichoice group that sues abortion providers for malpractice, argue that reducing the number of abortion providers will protect women from unscrupulous "abortionists" reviled by the rest of the medical profession. Opponents claim that abortionists are often unskilled doctors who cannot get more attractive job offers. They are reduced to charging high fees and taking advantage of women at their most vulnerable moments. Medical students should avoid considering becoming an abortionist, a specialty with low status and high risk.

Doctors trained to perform abortions may work in settings where they are not allowed to do them, such as a

Catholic hospital. Antichoice advocates argue that a doctor has a professional obligation to comply with an employer's policies or work elsewhere.

The Catholic Health Association of the United States, which advocates for Catholic health-care systems, claims that Catholic hospitals that enter mergers must continue to follow the dictates of the Catholic Church and have the right to do so as part of religious freedom. The Association further claims that mergers with financially struggling healthcare organizations benefit communities by sustaining an array of services to the poor that would otherwise lessen or disappear.

Even in emergency situations, many antichoice advocates oppose abortion care. "No one has the right to directly kill an innocent life, no matter what stage of their existence," said Arizona Bishop Thomas Olmstead after a Catholic hospital provided a life-saving abortion to a woman 11 weeks pregnant. "It is not better to save one life while murdering another. It is not better that the mother live the rest of her existence having had her child killed."

RESPONSE

Hospitals have an obligation to meet the full health care needs their communities. When hospitals fail to offer vital reproductive healthcare services, especially abortion, it is difficult for rural and low-income women to access needed reproductive services or often even referrals. This includes emergency situations, such as denying emergency contraception for rape survivors or refusing to provide a life-saving abortion.

Medical students do not steer away from becoming abortion providers because they are worried about their image. Fewer doctors are becoming abortion providers because there is little opportunity to become trained in the procedures. Furthermore, they are being intimidated by clinic violence, direct attacks on providers, and the antichoice practice of bringing unfounded malpractice suits.

The dangerous trend of decreasing availability of abortion services and training must be reversed to enable access to the constitutional right to abortion. Students have formed organizations such as Medical Students for Choice to advocate for their right and obligation as healthcare providers to access comprehensive reproductive health training in medical schools and hospital residency programs. The failure to train doctors in providing abortions can de facto deprive a hospital of the ability to respond to an emergency situation.

The Right's argument that individuals in secular hospitals should not have to adhere to employer policy in providing abortions against their conscience is inconsistent with its insistence that doctors at Catholic hospitals ignore their own moral convictions and refuse to provide even emergency abortion services, or get another job. Organizations such as MergerWatch fight against mergers between Catholic and secular hospitals, or to devise agreements that preserve some of the secular hospital's reproductive health services.

Refusing treatment to a woman facing a "close to 100 percent" chance of death is not a prolife or moral stance. "If we are presented with a situation in which a pregnancy threatens a woman's life, our first priority is to save both patients," said Linda Hunt, president of the Arizona hospital that lost its Catholic affiliation for providing a life-saving abortion. "If that is not possible we will always save the life we can save, and that is what we did in this case."

LEGISLATIVE BARRIERS

Since *Roe v. Wade*, many legislative policies have been created that restrict access to reproductive health services and/or information. In 2011, legislators in all 50 states introduced more than 1,000 provisions related to reproductive health and rights. In the end, states adopted 135 new reproductive health provisions. As of 2013, Oregon is the only state without any legislative restrictions on abortion.

Legislative barriers include: parental notification; mandatory waiting periods and counseling; TRAP (Targeted Regulations for Abortion Providers) laws, such as unnecessary hallway width requirements; mandatory transvaginal ultrasounds; "fetal pain" and heartbeat laws restricting abortion to as early as 12 or 6 weeks; and late-term abortion bans. (Some of these have passed state legislatures but are blocked by the courts.) Other state proposals include "self-defense" laws that provide a "license to kill" abortion providers, barring abortion from the point of conception, and designating a post-rape abortion to be "criminal tampering with evidence."

WHAT THE RIGHT SAYS ABOUT LEGISLATIVE BARRIERS

“To be clear, my goal, and the goal of many of those joining me here today, is to make abortion, at any stage, a thing of the past,” Gov. Rick Perry (R-TX) said in 2012 at a press conference organized by Texas Right to Life. He went on, “Until then, however, we will continue to pass laws to ensure abortions are as rare as possible under existing law.”

Antichoice leaders have said that as long as abortion remains legal, they have a moral imperative to educate and inform the public about its dangers and to protect them from making the wrong decisions. They say we must build structures of accountability into the decision-making process. For instance, parents are responsible for their children’s welfare, if a daughter becomes pregnant, her parents must be involved in her pregnancy and the future of her baby.

Another example they use is the need for a structure to ensure that women reflect carefully on their situations if they are considering abortion, especially in the light of the significant risks involved. They also assert that we must protect women from unscrupulous abortionists who may harm them physically and leave them emotionally scarred. In the Right’s messaging, TRAP laws hold abortion providers to a high standard of care and invasive transvaginal ultrasounds are necessary to making informed decisions.

RESPONSE

The Right has admitted that the purpose of legislative barriers is to undermine *Roe v. Wade*, until they can overturn it. Parental notification, mandatory waiting periods, and other TRAP laws are not designed to protect women; they are all indirect, but effective, methods of preventing abortions. These laws particularly target youth, low-income and rural communities, and people of color.

The goal of parental notification laws is not to improve communication between parents and children. A majority of pregnant teens do tell at least one parent. But evidence suggests that requiring parental permission or its legal alternative, an appearance before a judge, effectively denies many adolescents access to abortions. In some cases, these laws can create dangerous situations for youth who may have legitimate fears about telling parents due family violence, substance use, and sexual or emotional abuse.

Mandatory waiting periods prohibit an abortion from taking place for a certain arbitrary time period after a patient first arrives at a clinic. People traveling long distances may need to spend days away from home at added expense. The longer the delay, the more likely it is that a woman or transgender person will not have an abortion, due to reduced numbers of facilities and added expense. This inflicts a disproportionate burden on young, low-income, rural, and less-educated individuals who make up a larger percentage of late-term abortion recipients.

TRAP laws impose unnecessary hospital standards on abortion clinics, an attempt to drive reproductive health clinics into closure by subjecting them to mounting construction costs. Ultrasounds are not medically necessary for the vast majority of abortion procedures, and add extra expense and trauma to the patient, especially with the use of unnecessary invasive transvaginal ultrasounds.

So-called “fetal pain” legislation rest on unsound science and emotional rhetoric that listeners should not be deceived by. (See “*Fetal Personhood.*”) These laws are designed to move up the deadline for accessing a legal abortion far enough so that, combined with waiting periods and access barriers, pregnant individuals lose the opportunity to obtain the procedure.

GLOBAL BARRIERS TO REPRODUCTIVE SERVICES

The Helms Amendment, passed in 1973, following the Supreme Court *Roe v. Wade* decision, bars use of U.S. foreign assistance funding for performing abortion when it is provided “as a method of family planning.” The Global Gag Rule, originally established by President Ronald Reagan in 1984, denies U.S. family planning assistance to any foreign non-government organization (NGO) that provides information on abortion or abortion services, even with other non-U.S. government funding sources. The Global Gag Rule has been rescinded by successive Democratic presidents and reinstated by Republicans.

PEPFAR (President’s Emergency Plan for AIDS Relief), first authorized by George W. Bush, provides vital funding for the prevention of the AIDS epidemic. However, it emphasized abstinence-until-marriage educa-

tion over promoting condoms use and banned funding for organizations that provide services to sex workers, resulting in funding for primarily conservative Christian organizations. The 2009 reauthorization by Obama adjusted this ban and shifted the focus more toward contraception.

WHAT THE RIGHT SAYS ABOUT GLOBAL BARRIERS TO ABORTION ACCESS

The U.S. Right claims that developing countries cannot offer adequate medical services to women, so if they were to allow women to access abortion information and services, it would lead to increased maternal injury and death. They argue that the best way to counteract maternal mortality globally is to increase the quality of medical services while keeping women from accessing abortions.

Furthermore, the Right claims that without the Global Gag Rule, NGOs are forced to provide abortion services. They says its repeal “encourages the destruction of human life.” The U.S. Christian Right believes it is their duty to make abortion difficult to access to reduce its prevalence, both in the U.S. and abroad.

The Right argues that promoting abstinence and faithfulness is the only 100% effective means of stopping the AIDS epidemic, which justifies sidelining condom use. They conflate sex work with sex trafficking and claim that the U.S. cannot be involved with the support of prostitution of women.

RESPONSE

Both at home and abroad, individuals have a human right to access safe, comprehensive reproductive health care. Despite the Right’s claim that barriers to abortion reduce maternal mortality, persons facing unwanted pregnancy turn to unsafe and underfunded abortion services, a leading cause of death for women of reproductive age in many developing countries. According to Ipas, “millions of women have died of unsafe abortions in the 35 years since the Helms Amendment was enacted.” These deaths can be reduced through the funding of safe and hygienic abortion facilities, which is entirely precluded based on the U.S. government’s longstanding interpretation of the Helms Amendment that does not even allow support for abortion in cases of rape, incest, or danger to the life of the woman.

In addition, the constant shift in position on the Global Gag Rule with each change in administration harms NGOs’ effectiveness, as they must change their services to align with each Presidential administration. NGOs that provide abortion services are not “forced” to do so, they choose to provide vital reproductive health care. HIV/AIDS is a serious problem in many countries and abstinence-focused programs are less effective at prevention than comprehensive programs. Deterring condom use and excluding populations in need of reproductive services contributes to this epidemic. Furthermore, opposition to abortion funding, condom distribution, and comprehensive sexuality education represents an imposition of U.S. conservative religious ideology on foreign populations. This neocolonialism is compounded by the efforts of Christian Right organizations active abroad in promoting antichoice legislation.

REPRODUCTIVE ABUSES AND POPULATION CONTROL

Many antichoice opponents are interested not only in prohibiting abortion but in controlling reproductive freedom in other ways as well, which includes forced sterilization, coerced contraception, caps on the maximum number of children under welfare “reform,” and a denial of reproductive health technologies. Other abuses include the shackling of pregnant prison inmates and detained immigrants during labor and childbirth, which the American Medical Association calls “Medically hazardous” and “barbaric,” yet remains legal in a majority of states even for nonviolent offenders and immigrants in detention centers for undocumented status.

The focus of these additional restrictions is on low-income women, disabled women, women of color, and LGBTQ individuals. Scapegoating immigrants and people of color and blaming these groups for social problems plays to an uninformed public’s fears, a successful tactic in influencing perspectives on who deserves reproductive freedom and the financial support to access it. This includes claims from the far-Right that racial minorities and low-income populations are naturally inferior, mirroring earlier arguments from the eugenics movement, and supports restrictive positions on immigration policy and population control as well. On the other hand, some antichoice groups that oppose family planning, especially Catholic organiza-

tions like Human Life International, are forced into arguing that there is no population problem at all.

Reproductive technology is a term that encompasses many different types of treatment, including artificial insemination, in vitro fertilization, fertility medication, and hormone treatments. These treatments tend to be expensive, and not all health insurance covers reproductive technologies. LGBTQ people in particular may have trouble accessing such technologies. In states that require insurance plans to cover infertility treatments, for instance, “infertility” is defined in such a way as to exclude lesbian couples.

STERILIZATION AND CONTRACEPTION ABUSE

Sterilization abuse is the best-known method for denying the right to have children. Felons, the mentally disabled, racial minorities (including Native American communities), immigrants, and low-income young women were often targets of state-sponsored forced or coerced sterilization during the early-1900s eugenics movement to get rid of “undesirables.” While forced sterilization is illegal today, most sterilizations continue to happen in poor communities of color, raising concerns about access to or information about alternatives. Transgender individuals who seek legal recognition of their gender identity are required to undergo a sex change operation first, resulting in their sterilization.

The same populations targeted for sterilization abuse are also most likely to be subject to contraceptive coercion, particularly pressured into the use of long-term birth control like Norplant and Depo-Provera. Other right-wing attempts have suggested welfare “incentive plans” offering increased benefits in exchange for accepting long-term birth control.

WHAT THE RIGHT SAYS ABOUT STERILIZATION AND CONTRACEPTION ABUSE

Virtually all antichoice groups agree that abortion should be prohibited, but attitudes range widely regarding other reproductive services and population control. The most far-Right perspectives claim that attempts to control the birth rate of low-income women or women from communities of color (such as mass sterilization programs) have been justified because these women are having too many children and are contributing to the population problem.

Barbara Harris, founder of Project Prevention (formerly Children Requiring a Caring Community, or CRACK), a right-wing organization that pays drug-addicted women to take long-term birth control or be sterilized, defends the program as providing women with an opportunity to stop having children they cannot take care of and will end up in foster care.

Stephen Mumford, an activist associated with the John Tanton network of anti-immigrant, white supremacist organizations, is a key supporter of Quinacrine, a drug used mainly overseas for female sterilization. He justifies its use with claims such as, “This explosion in human numbers, which after 2050 will come entirely from immigrants and the offspring of immigrants, will dominate our lives. There will be chaos and anarchy.”

Other groups, such as the Family Research Council, express shock at the history of reproductive abuses. They condemn U.S. foreign aid policy that supports the use of Norplant and other contraception abroad. Many of these organizations discourage sterilization and contraception in all situations, citing the life of future children and their belief that God intends women to bear children. This may push them to argue that the need for population control is a myth, cultivated by those who want to use the immoral interventions of birth control, sterilization, and abortion to alter the birth rate. They demand compassion for poor people around the world who have been victimized by these public policies.

RESPONSE

All attempts to control or coerce an individual’s reproductive choices are violations of the constitutional right to bodily autonomy.

As a non-surgical sterilization, Quinacrine is easier to use without informed consent, and has potentially life-threatening side effects. Its funding by a white supremacist network is part of an agenda to preserve white power through population control. Right-wing attempts to control “undesirable” populations stem from a racist, nativist perspective and fear of the impending loss of the white majority in the United States.

Groups like Project Prevention demonstrate their lack of care for women's welfare—the organization ran a billboard with the message: “Don't Let A Pregnancy Ruin Your Drug Habit.” The ACLU states: “Particularly for low-income women, the offer of money to feed, clothe, and house their families—even if it is in exchange for giving up their constitutional rights—may be difficult to refuse.” This is coercion.

“Where should the line be drawn?” asks Martin Barnes, leader of an organization that looks at drug issues, on who deserves the right to have children. “Women who drink? Women who smoke? Women with mental health problems? Women who themselves have been the victim of abuse?”

Other groups on the Right have capitalized on the ambivalence of some people of color towards the reproductive rights movement by opposing sterilization abuse and claiming compassion for those wronged in the past. In reality, they are appealing to fear to expand their antichoice influence. They can simultaneously oppose the use of public funds for reproductive services such as abortion and appear to embrace racial diversity.

These right-organizations also engage in a persistent campaign to discredit family planning organizations and programs by accusing them of being modern supporters of eugenics. For instance, the right-wing Population Research Institute baselessly accused the United Nations Population Fund (UNFPA) of supporting forced sterilization and forced abortion, convincing the Bush administration to block its Congressional funding. Sterilization abuse stories appeal to the public and legislators, disguising the agenda to end a wide swath of reproductive services such as condom distribution or sexuality education.

WELFARE FAMILY CAP

At least 19 states providing Temporary Assistance for Needy Families (TANF), also known as welfare, dictate family planning for individuals through capping benefits based on family size. Under the family cap, a woman who has a child while receiving assistance is subject to losing some of her benefits (the amount determined state-by-state).

WHAT THE RIGHT SAYS ABOUT THE WELFARE FAMILY CAP

The Right opposes welfare programs as economic redistribution to undeserving “welfare queens.” The government is growing too large and taking from those who have worked hard to give to the lazy. During the 2012 election, Republican presidential candidate Mitt Romney claimed that “there are 47 percent who are with [Obama], who are dependent upon government...who believe that they are entitled to health care, to food, to housing” and who would not “take personal responsibility and care for their lives.”

The Right argues that families who are already receiving assistance are not being responsible if they have another child. They insist the threat of withholding assistance will keep irresponsible families from having more children, going so far as to claim that if welfare covered equally every child it would incentivize having many children. In its worldview, “excessive” childbearing by low-income, single women causes poverty. To eliminate poverty, it is necessary to prevent that childbearing.

RESPONSE

Millions of children live under the poverty line and deserve the basic necessities of life, regardless of the circumstance of their birth. The Family Cap has not reduced the number of children living in poverty or the number of children born to each family. The maximum welfare assistance allotted for a child, even without the added family cap penalties, is not enough to cover the cost of care, meaning that even with welfare assistance a child is an economic burden.

The family cap is part of a reproductive coercion agenda and a history of eugenics, only less obvious and thus more widely palatable, targeting low-income women, disproportionately women of color. An individual must be free to control their own reproduction, which includes when, if, and how to bear children.

RIGHT-WING FRAMES

How the Right frames the debate, uses the issue, and crafts its strategies warrants close scrutiny by reproductive justice activists who seek some understanding of the patterns and trends that highlight the antichoice agenda.

ABORTION AS MURDER

Anti-abortion activists have consistently framed abortion as violence against the “unborn child.” The filmmakers of *The Silent Scream* wanted to shock the public with evidence that a standard abortion like the kind done every day in the U.S. is a disturbingly violent procedure. Claiming that abortion causes a painful death to the fetus, they described abortion as a repugnant, immoral act.

A central feature of the Christian Right’s “frame” for abortion is that human life begins at conception. To many of those who hold this belief, embryos and fetuses are defined as people even though they have not been born. Others in the antichoice movement may see a fetus as a living organism, but may not be certain of its status. The leadership of the Christian Right consistently uses the arbitrary benchmark of conception as a useful tool to persuade individuals that abortion is not only violent, it is murder. This is presented as a secularized antichoice argument that provides scientific, rather than religious, grounds for fetal personhood and a “prolife feminism.”

“FETAL PERSONHOOD”

“Fetal personhood,” the argument that life begins at conception, focuses the abortion debate on the alleged human rights of the fetus. Proposed federal and state “fetal personhood” bills would ban all abortions from the moment of conception. In 2013, North Dakota became the first state to pass a “fetal personhood” amendment, which now goes to the ballot for voter approval.

The 2004 federal Unborn Victims of Violence Act and similar state laws recognizes the fetus as a victim if injured during the commission of a crime and thirty-eight states have fetal homicide laws on the books, which may carry penalties of up to 45 years to life. Scientifically unsound “fetal pain” and consciousness laws, a variation on fetal personhood, ban abortion in certain states as early as six weeks (but are tied up in courts). Other laws require a medically unnecessary ultrasound (sometimes an invasive transvaginal ultrasound) before an abortion.

WHAT THE RIGHT SAYS ABOUT “FETAL PERSONHOOD”

“The Life at Conception Act legislatively declares what most Americans believe and what science has long known – that human life begins at the moment of conception, and therefore is entitled to legal protection from that point forward,” Republican Sen. Rand Paul said in a statement in March 2013. *“The right to life is guaranteed to all Americans in the Declaration of Independence and ensuring this is upheld is the Constitutional duty of all Members of Congress.”*

The fetal personhood argument is framed with an appeal to science. A Family Research Council brochure provides a “secular argument” for opposing abortion that points to the existence of complete DNA from the moment of conception. Martin Luther King, Jr’s niece, Alveda King, promotes fetal personhood as a civil rights issue, analogizing abortion to the dehumanization of slavery.

A women’s rights framework is given for “unborn victims” laws. Barbara Holt, president of North Carolina Right to Life, said “no longer will a mother who has made a decision to carry that child be denied...the justice she deserves.”

Similarly, laws requiring ultrasounds are presented as attempts to ensure that pregnant women act on complete information. “It is my opinion that the woman deserves the facts and all the information about that unborn child before she makes that decision,” said Virginia state Rep. Kathy Rapp in defending the state’s transvaginal ultrasound bill.

For some members of the Right, the fetal personhood argument encompasses opposition to embryonic stem cell research and to egg harvesting, the practice of donating eggs to infertile couples, and infertility treatments, which anticloning activists argue makes unused fertilized eggs available for immoral research.

RESPONSE

“Unborn victims” laws are often supported by prochoice politicians due to the women’s rights frame, but they are part of the Right’s agenda to create legal precedent and sow the idea of abortion as murder. Kim Gandy, former president of the National Organization for Women (NOW), writes: “once a fetus is considered a ‘person’ under the U.S. Constitution, no legislation, no ballot measure, no court case, no vote will be able to keep abortion legal in this country.”

The goal of fetal personhood framing is to remove the woman’s human and civil rights from the picture altogether. The comparison of abortion as equivalent to slavery ignores the coercion endured by enslaved women, deprived of reproductive choices, forced to bear children (often the result of rape by white masters) against their will to increase the plantation’s “property.”

Pregnant individuals have been prosecuted under fetal homicide laws and chemical endangerment laws, sometimes with their bodies dehumanized as the equivalent of meth labs. Reproductive justice advocates ask whether the next step is sending pregnant individuals to jail for smoking, which can be as potentially harmful to the fetus. Hundreds of women at least, disproportionately women of color, have been arrested for “offenses” including attempted suicide, falling down the stairs, delaying a caesarean section, and accidental miscarriage, or imprisoned to keep them from obtaining an abortion.

Fetal pain and consciousness bills are part of a slippery slope to personhood, based on erroneous science that overstates by months, in some cases, when a fetus develops the neural connections necessary for sensation. Personhood bills revise the medical definition of pregnancy, which begins at the moment of implantation, not fertilization. An estimated one-third to three-quarters of fertilized eggs naturally fail to implant and are expelled undetected with menstruation.

Forced viewing of fetal ultrasounds is emotionally manipulative and, when not medically necessary or desired, the procedure is a violation of bodily integrity (especially in the case of transvaginal ultrasounds). A real concern about informed consent would give pregnant individuals the choice of watching an ultrasound, instead of requiring it without any medical reason.

“PARTIAL-BIRTH ABORTION”

The Right claims that “partial-birth abortion,” their label for a form of late-term abortion called intact dilation and extraction, causes the death of an unborn or “partially-born” child. Opponents have used their own graphic illustrations of the procedure accompanied with sensational language. A federal Partial-Birth Abortion Ban was signed into law by President George W. Bush in 2003 and upheld by the Supreme Court in 2007.

WHAT THE RIGHT SAYS ABOUT “PARTIAL-BIRTH ABORTION”

Antichoice activists call “partial-birth abortion” the most heinous example of a practice that kills millions of unborn children in the United States every year. Because this particular practice occurs late in a pregnancy, they say, the baby is developed enough to live outside the womb. To them this makes the mother and “abortionist” guilty of “outright infanticide,” since the baby is actually “partially born” and then killed. Pregnant women who seek such abortions are selfish and irresponsible—weak women exploited by ruthless abortionists. The only appropriate response to a partial-birth abortion is to acknowledge it is a crime and to outlaw it.

RESPONSE

So-called “partial-birth abortion” is a fabricated term designed to mislead the public and create a shock effect. Many abortion providers, even when not performing an intact dilation and extraction, have felt pressured to adapt their procedures to avoid the possibility of antichoice lawsuits.

The antichoice focus on late-term abortion is an emotionally manipulative tactic, designed to take advantage of how more developed fetuses “look” like babies, though most abortions occur in the first trimester and late-term abortions typically occur due to health complications. The graphic imagery of violence sells the idea that abortion is murder to a larger audience. In reality, the Partial Birth Abortion Ban is just one more attempt to wipe out the protections guaranteed by *Roe*.

ABORTION AS HOLOCAUST/GENOCIDE

For many anti-abortion advocates, the phenomenon of abortion in the U.S. since 1973 is seen as a kind of mass murder so huge that it constitutes a holocaust. When antichoice spokespeople use this term, they conjure up an image of the Nazi Holocaust.

Since the 2000s, some African-American anti-abortion spokespeople have reinvigorated the Black Nationalist message that widespread use of abortion in their communities is a form of Black genocide.

Antichoice activists sometimes claim that abortion is used as a kind of personal eugenics, under which a pregnant individual determines whether her child will live based on its gender or potential birth defects, and have introduced race and sex selection abortion bans, such as PRENDA.

WHAT THE RIGHT SAYS ABOUT ABORTION AS HOLOCAUST/GENOCIDE

On campuses, a traveling exhibit called the Genocide Awareness Project makes juxtaposes graphic photos of “abortion victims” with victims of genocide, such as Rwandan children, with claims that both were “butchered” children. The Right argues that millions of murders have occurred because of Roe v. Wade and that “holocaust” must be stopped. The Nazi Holocaust required a huge effort on the part of many thousands of people to overthrow it. So, too, will it take a similar fight to eradicate the evil of abortion.

Planned Parenthood in particular is accused of targeting Black communities for mass abortion, evoking a history of eugenics, to diminish their power in the country. “It’s about a plan that began 150 years ago to exterminate a whole race of people and how that plan is still being carried out today.” Comparisons are made between abortion and the genocide that occurred during the transatlantic slave trade. Beginning in 2010, a series of billboards went up with statements such as “Every 21 minutes, our next possible leader is aborted” (with an image of President Barack Obama) and “The Most Dangerous Place for a Black Child is in the Womb.” It was followed by a similar campaign targeting Latino communities.

The Right argues that race and sex selection bans protect against racial and gender discrimination and coercion of the pregnant woman, and those concerned with “women’s rights” should be concerned with the millions of unborn girls that are murdered.

RESPONSE

The term “holocaust” is designed to create an emotional reaction and moral outrage. It brings up images of horror in Nazi Germany and the Holocaust that occurred in Europe over 50 years ago and conjures up Nazi eugenics experiments, conducted by Nazi scientists in a quest for a “purer” race. Since eugenics is an unpopular concept except to far-Right groups such as the White Aryan Resistance, this language may attract more mainstream support for antichoice positions. The comparison of abortion to the Holocaust is offensive to Jewish people and other targets of Nazi extermination efforts.

The Black genocide frame seeks to create a schism between African-American communities and the pro-choice movement, and undermine the Democratic voting base. It is designed to exploit historical eugenics trauma stemming from historical reproductive abuses to manipulate communities. The Right conveniently ignores the reality that Black communities also face disproportionately high rates of unplanned pregnancy, due to economic barriers, lack of contraceptive access, and other challenges that result from right-wing restrictions, which increases the need for abortion.

Race and sex selection bills are not about “personal eugenics” but rather an attempt to intimidate abortion providers from serving communities of color at all by threatening imprisonment for “discrimination.” They are an infringement on reproductive rights that undermines the right to self-determination of pregnant women and people of color, not an expression of racial justice or women’s rights.

TARGETING RAPE EXEMPTIONS

Since the first restrictions on *Roe v. Wade*, legislative bans on abortion have typically included exemptions for rape, incest, and life or health endangerment of the mother. Increasingly in the 2010s, these rape exemptions have come under attack. In 2011, House Republicans put forth a bill to redefine abortion exemptions to only cover “forcible rape,” a term without a formal criminal definition, which would have likely excluded rape while drugged or unconscious, and statutory rape.

WHAT THE RIGHT SAYS ABOUT RAPE EXEMPTIONS

“Convicted rapists don’t get the death penalty, so why should the innocent child?” asks the Save the 1 campaign, a Personhood USA project headed by Rebecca Kiessling, an antichoice advocate who says she was conceived in rape. Anti-abortion advocates who target rape exemptions portray them as allowing the murder of an innocent child for the father’s crime.

“Rape and abortion are wrong for the same reason; they are both violent acts of aggression against another person,” Kiessling stated in a 2013 press release. “If you really care about rape victims, you should want to protect them from the rapist, and from the abortion, and NOT the baby. A baby is not the worst thing which can happen to a rape victim—an abortion is.”

During the 2012 election season, Rep. Todd Akin (R-MO) said, “If it’s a legitimate rape, the female body has ways to try to shut that whole thing [pregnancy] down.” Indiana Republican Senate candidate Richard Murdock offered: “When life begins with that horrible situation of rape, that is something God intended to happen,” and was supported by Sen. John Cornyn (R-TX) that this is a “gift from God.”

RESPONSE

Over 80 percent of people in the United States, including those who otherwise oppose abortion, support rape exemptions and must be wary of arguments that co-opt a woman’s rights framework to justify a total abortion ban.

The antichoice decision to attack rape exemptions, an unpopular tactic, may relate to how they weaken the foundation of the “fetal personhood” argument, which thus far has been unsuccessful in banning life from the point of conception in any state. Prochoice advocates sometimes point to rape exemptions as evidence that opposition to abortion is based on a desire to control women’s sexual freedom, rather than concern for the fetus. Support for exemptions suggests most people do not believe that abortion is murder.

The statements from politicians during the 2012 election are attempts to undermine support for rape exemptions, by suggesting that pregnancy from rape is either so rare or a positive part of God’s plan, that it’s not necessary or morally right to permit abortion. The statement that a rape victim’s body can block sperm is of course scientifically absurd, while the term “legitimate rape” plays into the inaccurate belief that many rape claims are false.

The lack of concern for rape survivors’ rights is part of the Right’s broader failure to take the country’s rape problem seriously. Would murder or any other violent crime be similarly painted as “something God intended”? The right-wing perspective that supports controlling a women’s body when it comes to reproductive health decisions feeds the fundamental lack of respect for the right to bodily autonomy that enables rape culture.

ABORTION AS HARM TO WOMEN

Many antichoice groups have begun to claim that abortion should be outlawed, severely restricted, or otherwise discredited because it is too dangerous. This shift in focus from the fetus to an apparent concern for the well-being of women makes it seem that one can hold antichoice beliefs and have the interests of women in mind, which attracts a wider well-meaning audience and “prolife feminists.”

Antichoice activists claim to demonstrate “care” for women by running crisis pregnancy centers, which they often represent as counseling centers for pregnant women who need advice about their options. By locating near abortion clinics or schools, they attract women who may mistake them for a medical facility that provides abortion services. Once inside, women are presented with arguments designed to dissuade them from undergoing an abortion, including misinformation about the physical and mental health impact of abortion, religious rhetoric, and ultrasound images.

WHAT THE RIGHT SAYS ABOUT THE MEDICAL HAZARDS OF ABORTION

Many antichoice groups represent abortion as a procedure that carries serious physical risks, asserting that a single abortion may result in severe infection, intense pain, long-term gynecological problems, permanent infertility, or even death. Multiple abortions, they say, create even more risks. Claiming that many abortion

providers do not inform women fully of these risks, some antichoice advocates encourage women to file malpractice claims. Some suggest that patient consent forms are invalid if signed without full disclosure of the risks involved—risks as defined by the anti-abortion movement.

Lila Rose, who founded the antichoice group Live Action at 15, said of the tragic death of 24-year-old Tonya Reaves following an abortion procedure that she “is the true face of the “War on Woman.”

Antichoice advocates have charged that abortion practitioners care less for their patients and are less committed to them than a primary care provider, because most abortions take place at privately run clinics. “The doctor performing the abortion is likely to be a stranger of whose skill and experience a woman knows very little,” warns the National Right to Life Committee.

RESPONSE

Legal surgical abortion is one of the safest types of surgery and medically induced abortions are likewise very safe. A first trimester abortion is associated with fewer and less serious health risks than many other common medical procedures, including childbirth (by a factor of as much as 14). Some reproductive justice advocates have said that the most dangerous part of the abortion experience is struggling past anti-abortion protesters at clinic doorways. The claims that abortion clinics practice under standards that are lower than the medical industry in general are false, while it's the antichoice movement's own actions that forced abortion out of a hospital setting.

Isolated incidents of individuals who have, in fact, experienced medical complications are touted as evidence of widespread incompetence on the part of practitioners, often by manipulating the facts. Reaves' death, for instance, was ruled accidental and unavoidable. Antichoice speakers also conflate illegal abortion providers, who cater to a population that cannot access legal abortion services due to growing antichoice restrictions, with safe legal procedures.

Representing abortion as a risky medical procedure is designed to frighten women away from seeking abortions. These scare tactics are based on inaccurate or unscientific interpretations of existing studies or outright made up statistics. The Right also disputes the accuracy of government statistics on the safety of abortion, especially those from the U.S. Health Service and the Centers for Disease Control and Prevention, and quotes material from legitimate publications out of context or in a way not intended by its authors.

Some antichoice organizations initiate malpractice suits against abortion providers in an attempt to disrupt abortion clinics. Usually frivolous, the suits nevertheless succeed in affecting a clinic's financial health and its reputation. Often the suits focus not on anything the clinic did, but what it allegedly failed to do. For instance, groups will claim that the provider did not adequately explain all the risks associated with abortion, even though many of these risks have been fabricated.

WHAT THE RIGHT SAYS ABOUT ABORTION AND BREAST CANCER

Several antichoice groups and crisis pregnancy centers claim that strong scientific evidence exists for a causal link between abortion and breast cancer. They also imply that because the rapid rise of breast cancer in this country coincided with the legalization of abortion in 1973, there is added evidence for a causal connection. Various groups have published materials that assert that abortions place women at higher risk for breast cancer. Antichoice groups claim the studies that show a link are more credible than those that do not.

RESPONSE

The Right sees the high interest and emotional value of the breast cancer epidemic as another device to scare women about abortion. While some older studies came to varying conclusions on whether any “link”—a broad scientific term—existed between abortion and breast cancer, for the past decade evidence for any link has been repeatedly rejected.

A 2003 workshop of more than 100 of the world's leading experts who study pregnancy and breast cancer risk convened by the U.S. National Cancer Institute (NCI) found no link between induced abortion or spontaneous abortion (miscarriage) and breast cancer risk. This finding was supported by the American College of Obstetricians and Gynecologists (ACOG) in 2009. The American Cancer Society warns that “the public is not well-served by false alarms. At this time, the scientific evidence does not support the notion that abor-

tion of any kind raises the risk of breast cancer or any other type of cancer.”

WHAT THE RIGHT SAYS ABOUT ABORTION, DEPRESSION, AND “POST-ABORTION SYNDROME”

Many on the Right claim that abortion can produce serious psychological harm. They have labeled this “Post-Abortion Syndrome” (PAS), or Post-Abortion Stress Syndrome. “Women who report negative after-effects from abortion know exactly what their problem is,” psychologist Wanda Franz testified before Congress in 1989. “When they are reminded of the abortion, the women re-experienced it with terrible psychological pain....They feel worthless and victimized because they failed at the most natural of human activities—the role of being a mother.”

The antichoice movement has created support organizations for post-abortion women as part of their claim that the mental health effects of abortion are profound. Even men, they say, can experience trauma as the result of their wives’ abortion experience. “Pro-life men and women alike can point to the brave women coming forward in ever greater numbers to speak out about how abortion was not an act of empowerment but the result of abandonment, betrayal, and desperation,” states a Family Research Council brochure. Women who had abortions “speak of overwhelming guilt, nightmares, excessive drinking, drug abuse, promiscuity, an inability to form or maintain relationships, difficulty bonding with later children, and other ways in which they are suffering.”

Some antichoice governors have supported an “Abortion Recovery Month,” which “encourages and promotes healing opportunities and raises awareness of the aftermath of abortion experienced by individuals and families,” according to a proclamation by Gov. Tim Pawlenty (R-MN).

RESPONSE

While it is understandable that some women experience conflict over the decision to have an abortion, credible psychological research, including American Psychological Association reviews, does not support the existence of PAS. The best predictor of well-being for a post-abortion woman was her level of well-being before the abortion. Antichoice shaming and societal stigma can also negatively impact emotions post-abortion.

The antichoice movement often calls on biased, agenda-driven researchers to present claims as science. Psychologist Wanda Franz, for instance, later became President of the National Right to Life Committee and the head of the Association for Interdisciplinary Research in Values and Social Change, an organization that publishes antichoice psychological papers.

Organizations that claim to support or “heal” victims of abortion often focus on antichoice public awareness campaigns rather than counseling. These campaigns have used women who have sought assistance as spokespeople for antichoice activities. The ultimate antichoice goal is to convince others not to choose an abortion by using post-abortion women who feel guilt or remorse.

WHAT THE RIGHT SAYS ABOUT THE DANGERS OF RU-486

According to many in the Right, RU-486, a drug that induces abortion, is dangerous to pregnant women. They claim that women have suffered unexpected after-effects including heavy bleeding, intense pain, and anxiety from not understanding what is happening to them. Some groups claim that its method of use makes it a potential tool of population control, since women could be coerced or misled into taking the pills. Such “do-it-yourself abortions” will make abortion more common and less safe.

RESPONSE

It has taken many years to overcome the barriers to the manufacture and distribution of RU-486 in this country, but this has not been because of concerns about its safety, which has been adequately demonstrated by U.S. trials, its approval in 16 countries, and in 2000, its approval by the FDA.

The real opposition to RU-486 will continue to come from antichoice forces that recognize that the use of this drug is a considerable threat to their agenda. RU-486 can be administered and monitored in an outpatient setting like a doctor’s office; it does not require an abortion clinic’s equipment and staff. Enabling a greater number of medical practitioners to offer RU-486 increases patient privacy and makes abortions much more accessible. These products have challenged anti-abortion activists to come up with an approach

that disparages the pills themselves as dangerous and encouraging of immoral behavior.

The Right continues to put forth legislation to restrict the prescription and distribution of RU-486, using women who testify to experiencing complications to win support.

SEXUAL MORALITY

“SEX ONLY FOR PROCREATION”

While the right-wing is invested in the successful “abortion as murder” frame, for much of the opposition to abortion and contraception stems from an overarching desire to control sexual freedom, especially that of women, and impose its own sexual moral code on society. Antichoice advocates who share this desire may or may not consider abortion to be murder. This perspective seeks to punish and shame women for sexual activity.

The teaching that sex is only for procreation, primarily promoted by the Catholic Church but adopted more recently by right-wing Protestants, undergirds a religious argument against abortion, contraception, and sex outside of marriage. Under this conception, there is no excuse for the use of birth control even in the confines of marriage and abortion should be illegal because it is counter to the purpose of sex.

WHAT THE RIGHT SAYS ABOUT SEX ONLY FOR PROCREATION

“Many of the Christian faith have said, well, that’s okay, contraception is okay. It’s not okay. It’s a license to do things in a sexual realm that is counter to how things are supposed to be,” said Republican presidential candidate Rick Santorum during the 2012 presidential campaign, speaking out of a right-wing Catholic faith. He further argued against the doctrine of separation of church and state.

*Many sectors of the Religious Right have a fundamentalist worldview in which sex is for procreation. Therefore they seek to limit women and men’s access to contraception. For instance, the Catholic Church maintains strict policies prohibiting artificial contraception, abortion, and other chemical, surgical and barrier methods of reproductive technologies. There has been renewed interest by the Christian Right toward the Roman Catholic Church’s 1968 encyclical on the matter, *Humanae Vitae*. While sex can also be an expression of love between heterosexual married couples, it is tainted by the introduction of any form of birth control.*

For the Church, access to condoms, even for STI and HIV prevention, encourages higher rates of sex outside marriage, especially among youth, in part by taking away the consequence (unwanted pregnancy and illness). It believes that this practice must be condemned. For such groups, it is acceptable to limit insurance coverage or the use of public funds for contraception as well, because in their eyes, many women use contraceptives in order to engage in promiscuous sexual activity.

RESPONSE

The explicit argument that “sex is only for procreation” does not appeal to most people in the United States, Catholics included. Ninety-nine percent of American women have used birth control. As an explicitly religious teaching, it has increasingly been replaced by arguments that offer a secular or pseudoscientific frame, such as abortion as murder.

However, understanding this frame remains relevant because it is part of a fear of a woman’s sexuality and of a desire to restrict her reproductive freedom. Many parts of the Right hold very traditional views about the place of women in society and support the idea that their primary duty is as a baby-maker. The appropriate response is a defense of women’s rights and refusal to allow a particular religion to control an entire society’s sexual morality.

Abstinence-only education in schools; the emphasis on abstinence and faithfulness rather than contraception in PEPFAR; and opposition toward contraceptive coverage are all examples of how the sex-negative perspective impacts reproductive justice. For those who do believe, at least to some extent, that “sex is only for procreation,” it supports opposition to abortion based on blame toward “sluts” who had sex out of wedlock and are morally required to carry to term, without needing to get into fetal rights.

ABSTINENCE-ONLY-UNTIL-MARRIAGE

Today, fewer than half of states require public schools to teach any form of sexuality education. The Right has promoted the replacement of comprehensive sexuality education with abstinence-until-marriage education, which gained traction largely thanks to an infusion of federal funds during the George W. Bush administration. This curriculum omits information about contraception, HIV/AIDS prevention, and sexuality and gender identity, or provides misinformation attacking condom use and homosexuality, instead focusing on the necessity of abstaining from sexual activity until (heterosexual) marriage.

Many schools districts that require abstinence-only curricula prohibit teachers from discussing any other aspects of reproductive or sexual health. States also place limitations on what classrooms can discuss. Tennessee passed a 2012 bill banning conversations about “gateway sexual activity,” such as genital touching, and introduced (unsuccessfully) “don’t say gay” legislation that would make it illegal for elementary and middle school teachers to even answer questions about sexuality. In 2012, Utah’s governor vetoed a bill that would have banned discussion of contraception or homosexuality in schools.

Abstinence-only-until-marriage is also taught by programs such as the Silver Ring Thing, which require youth to pledge to remain virgins for their future spouses. Teen girls pledge their “purity” to their fathers for safe-keeping.

WHAT THE RIGHT SAYS ABOUT ABSTINENCE-ONLY-UNTIL-MARRIAGE

Opponents of comprehensive sexuality education in schools argue that youth need protection in the face of modern moral decay, and that not discussing contraception or sex will keep teens from engaging in sexual activity. They often call comprehensive sex education programs “pro-sex” and claim that they are teaching teens how to have sex. In the same vein, they argue that allowing teachers to “promote” homosexuality in schools will impact the sexual orientation of students. Comprehensive sex education is accused of depriving parents of the right to teach their own children about sex and sexual morality.

Abstinence is repeatedly described as the only 100% effective protection from pregnancy and sexually transmitted infections, STIs. Condoms and other forms of birth control, if discussed at all, are portrayed as completely unreliable.

Youth are also told that sex before marriage will ruin their ability to love a future spouse. A popular demonstration takes a piece of scotch tape, sticks it against the arms of boys in the class in turn, and then informs girls that they will become like that used-up piece of tape if they engage in premarital sex. Girls are also taught that the responsibility for chaste behavior lies on them, because boys do not have the same control over their urges if tempted.

RESPONSE

Despite the proliferation of abstinence-only education, surveys of parents consistently show that a majority wants their children to receive comprehensive sexuality education. Teachers need the freedom to provide their students with comprehensive sexuality education without fear of being fired for answering questions about contraception or sexual orientation. Youth also have a right to accurate sexual and reproductive teaching and information on how to access reproductive services.

Abstinence-only-until-marriage programs clearly stem from conservative religious ideology, which amounts to an unconstitutional promotion of religion in public schools. While abstinence-only proponents profess concern about teen pregnancies and the spread of STIs, their main preoccupation appears to be with promoting conservative sexual morality. Gender stereotypes taught in abstinence-only curricula create an unhealthy perspective, especially for girls, of their own bodies and sexuality. It contributes to rape culture and victim-blaming by putting the onus on girls not to “provoke” boys.

Abstinence-only education and “virginity pledges” are unsuccessful in preventing youth from engaging in premarital sex. Youth coming out of these programs are less likely to use condoms or birth control, due in large part to lack of information or misinformation about contraception, as well as stigma attached to being prepared versus getting “swept away” in the moment.

THE RIGHT TO CONSCIENCE

One arena where antichoice activists have found growing success is in popularizing, as a matter of “conscience,” the right of pharmacists, nurses, doctors, and others to refuse care related to abortion and birth control. “Conscience clauses” in nearly every state allow health care providers to refuse to provide abortion services, and 13 states also have a refusal clause around providing contraceptive services, particularly emergency contraception.

The Obama administration’s Affordable Care Act (ACA), passed in 2010, included a mandate for coverage of reproductive services, such contraceptive care. The Christian Right has brought dozens of lawsuits against these provisions, which they argue violate “religious liberty.” The Obama administration sought compromise with a new rule whereby religious institutions would still be mandated to provide full reproductive healthcare, but would not have to pay for it themselves. However, conservative Catholic organizations are now pushing for further exemptions for companies run by individuals who object on religious grounds.

WHAT THE RIGHT SAYS ABOUT THE RIGHT TO CONSCIENCE

The Right argues that health care providers should be able to practice their profession without sacrificing their conscience. Emergency contraception is equated with abortion in order to secure broader-ranging conscience clauses.

One of the most prominent challenges to the ACA’s contraception provisions came from the craft chain Hobby Lobby, which refused to comply and risked over \$18 million in fines. The company filed a lawsuit against the Department of Health and Human Services with the support of the Becket Fund for Religious Liberty. Hobby Lobby CEO David Green said, “We simply cannot abandon our religious beliefs to comply with this mandate... We’re Christians, and we run our business on Christian principles.”

RESPONSE

Conscience clauses create a situation where a health care provider or pharmacist can impose their moral beliefs on another person. In rural communities, where the closest hospital or pharmacy may already be far from a patient’s home, refusal to provide care or dispense medication can deprive people of access to reproductive health services altogether.

This is especially true in time-sensitive situations, such as the need to access emergency contraception, which must be taken within a few days of unprotected intercourse. Pharmacists have also called upon the “right to conscience” to refuse to dispense other drugs, including a case in Illinois where a woman was denied medication to stop hemorrhaging, which can be used after childbirth or abortion. This endangered her life.

Conscience clauses present a slippery slope, whereby a health care provider can refuse to provide contraception to single women or deny treatment to a LGBTQ person due to moral objection to supporting their lifestyle choices. Between 19 and 28 percent of transgender people have been denied healthcare by providers, which may lead them to cease attempting to access vital reproductive health services. This undermines the constitutional right to reproductive and health care.

The right-wing “religious liberty” campaign is an assault on civil rights. Catholic conservatives particularly target reproductive justice, as with the ACA lawsuits, and LGBTQ rights, with additional religious exemptions to same-sex marriage that create a second class of marriage. The conservative rhetoric claims an assault on Catholic churches and hospitals, but in reality those institutions already enjoy religious exemptions. Their agenda is an ever-widening sphere for the right to discriminate, even by companies run by private individuals. The rights of employees to access reproductive services is excluded from the picture of whose rights are being infringed.

GROUND RULES & TIPS FOR CHALLENGING THE RIGHT

DO YOUR HOMEWORK

RECOGNIZE THAT THE RIGHT IS A COMPLEX MOVEMENT.

No one organization “controls” the Right. No single funder is “behind” the Right. Some large organizations are important, but many others appear to be more influential than they really are. Recognize that there are multiple networks of organizations and funders with differing and sometimes competing agendas. Find out as much as you can about the groups you see. Incorporate this information in your educational work. It is helpful in organizing to know a great deal about your opponents. Be alert to evidence of the Right’s “new racism.” The Right has replaced simple racist rhetoric with a more complex, “colorblind” political agenda which actually attacks the rights of people of color.

DECODE THE RIGHT’S AGENDA ON YOUR ISSUE.

The Right often attempts to pass laws that take rights away from groups or individuals. Under the guise of addressing some compelling societal need, they often frame the issue by appealing to prejudice, myth, irrational belief, inaccurate information, pseudo-science, or sometimes even by using outright lies. Further, right-wing organizers often appropriate the rhetoric of the civil rights and civil liberties movement to portray themselves as victims of discrimination. Actually, they most often are seeking to undermine the existing protection of individual rights, increase their freedom to accumulate profit, and undermine the wall of separation between church and state.

Be careful to respect people’s right to hold opinions and religious beliefs that you may find offensive.

Everyone has an absolute right to seek redress of their grievances. This is equally true when those grievances are based on religious beliefs. In an open and democratic society, it is important to listen to the grievances of all members of society and take them seriously, even when we might be vehemently opposed to them. They do not, however, have a right to impose those beliefs on others.

DISTINGUISH BETWEEN LEADERS AND FOLLOWERS IN RIGHT-WING ORGANIZATIONS.

Leaders are often “professional” right-wingers. They’ve made a career of promoting a rightist agenda and attacking progressives and social justice issues. Followers, on the other hand, may not be well-informed. They are often mobilized by fears about family and future based on information that, if true, would indeed be frightening. This so-called “education” is often skillful, deceitful, and convincing. These followers may take positions that are more extreme than those of the leaders, but on the other hand, they may not know exactly what they are supporting by attending a certain organization’s rally or conference. To critique and expose the leaders of right-wing organizations is the work of a good social justice organizer, writer, or activist. In the case of the followers, however, it is important to reserve judgment and listen to their grievances. Do not assume that they are all sophisticated political agents or have access to a variety of information sources.

REBUT, REBUKE, REAFFIRM.

It’s important to remember that while the tactics of the Right may be obvious to you, they are not necessarily obvious to others, even though they might be part of the political process. The ways in which the Right distorts and misleads the public must be carefully explained. Use a three-step process. Rebut false and inaccurate claims. Rebuke those who use scapegoating or demagoguery. Reaffirm what a progressive goal or agenda would accomplish for the betterment of society.

STAY COOL IN PUBLIC

USE THE OPPORTUNITY OF PUBLIC FORUMS TO PRESENT YOUR POSITION.

Approach any public event as a chance to state your case. Come fully prepared to explain why you are right. Although your audience may be unfriendly, remember that you are often an invited guest at such events. Audience members are expecting you to represent your group, even though they may not expect to agree with you. Your task is to convince these listeners, not the representatives of the Right who may be your debating opponents or fellow panelists. Do so using short, clear sentences, not long, abstract paragraphs. Many audience members are your potential supporters, available to join your ranks. Provide them with reasons and ways to do so.

DEMAND DOCUMENTATION.

Common tactics of the Right include distorting the truth and manipulating facts and figures in order to deceive the public. You can often expose false charges and baseless claims by demanding that their sources be cited. The leadership of an organization can and must be held fully responsible for every spoken or written word that comes from him or her or the organization they represent. If you are thoroughly prepared, you will know the weaknesses of these sources and be able to refute them publicly. At the same time be prepared to document your sources in order to maintain your credibility.

ADDRESS THE ISSUES, NOT JUST THE ACTORS.

Try to avoid personalizing the debate or focusing entirely on the presentation by the Right's representative. Take time to clarify what the real issues are, what tactics are being used, why these issues are important to the Right, and what the implications of the debate might be.

Criticize the outcomes, not the intent, of the Right's agenda.

If you focus only on exposing the purpose of a particular campaign, you may find yourself locked in a circular argument about who knows better what the Right seeks to accomplish. It may be more productive to look at the implications of the issues at hand and to explain that the logical outcome of adopting your opponent's position will be a serious threat to the goals of your group.

AVOID SLOGANS, NAMECALLING, AND DEMONIZING MEMBERS OF THE RIGHT.

Slogans and sound bites have their place, but they are not sufficient as an organizing strategy. Simple anti-Right slogans do not help people understand why the Right sounds convincing but is wrong. And responding in kind to being called names weakens your position with some of the listeners you are trying to convince. Phrases like "religious political extremists" are labels, not arguments, and often will backfire on the neighborhood and community level.

EXPOSE WHO BENEFITS FROM RIGHT-WING CAMPAIGNS.

One of the most common ways the Right advances its policies is to argue that they will benefit the "average" person, though most often that is not the case. It helps in exposing this deception to point out who actually stands to benefit and who stands to lose from the policy being proposed. Exploring whose self-interest is served can help organizers as they seek a clearer picture of the forces behind a particular campaign. Sometimes, the greatest beneficiaries of a right-wing campaign are the organizations conducting it. Campaigns are recruitment tools. So if potential new members can be reached by a certain position, that is sometimes in and of itself the reason the campaign is mounted.

KEEP ORGANIZING

KEEP YOUR SUPPORTERS INFORMED.

Signing up supporters is a good start, but your job includes keeping your supporters well informed. Often the Right will switch tactics or redirect its energy. If you are in the middle of an attack, these changes may be puzzling. Keep in mind that the deep agenda of the Right remains unchanged despite these apparent shifts. Persist in explaining this to your colleagues.

INVOLVE CLERGY AND OTHER RESPECTED COMMUNITY MEMBERS IN YOUR ORGANIZING.

Since so much of the Right's rhetoric has been influenced by the Christian Right, progressive, faith-based organizations and their representatives have great potential for increasing your chances for successful organizing. Sympathetic clergy can present an alternative interpretation of scripture and often have access to large congregations who may be interested in your work.

BE PATIENT.

Change takes time. Your organizing today is laying the groundwork for tomorrow's successes. Patience, optimism, and a sense of humor are key ingredients in opposing the Right.



◀◀◀ CHALLENGING THE RIGHT, ADVANCING SOCIAL JUSTICE ▶▶▶