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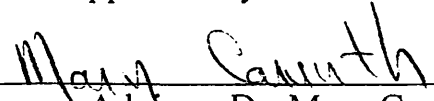
CONCEIVING EQUITY: THE PARADOX SURROUNDING THE CONTRACEPTION CRISIS IN AMERICA

by
Meghann Diane Ainsworth

A thesis submitted to the faculty of The University of Mississippi in partial fulfillment of the requirements of the Sally McDonnell Barksdale Honors College.

Oxford
May 2008

Approved by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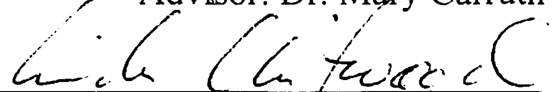
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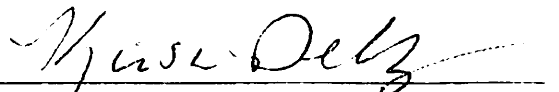
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DEDICATION

This thesis is dedicated to my parents who have taught me that even the largest task can be accomplished if it is done one step at a time. It is also dedicated to my grandmother who has supported me throughout my thesis work in spite of her differing opinions.

ACKNOWLEDGEMENTS

I would like to extend special thanks to my thesis advisor, Dr. Mary Carruth. Her patient encouragement, insightful critiques, and immeasurable time spent helping me draft my thesis went above and beyond her requirements. I would also like to thank Drs. Linda Chitwood and Kirsten Dellinger for taking interest in my work and helping me complete my thesis requirements. Finally, I would like to thank the Honors College faculty for their guidance and support during my undergraduate experience at the University of Mississippi.

ABSTRACT

CONCEIVING EQUITY: The Paradox Surrounding the Contraception Crisis in America
(Under the direction of Dr. Mary Carruth)

Much of the controversy surrounding reproductive rights in the United States is mainly concentrated on abortion; however, an equally significant reproductive concern that sometimes goes unnoticed is the current contraception crisis in this country. Pro-life and conservative right wing groups have surreptitiously launched a propaganda campaign to distort contraceptive information, leading many Americans to believe that contraception is unsafe, anti-family, and a form of abortion. These assertions are complete fabrications created to gain followers. The pro-choice side advocates the truths that contraception is safe and effective, supportive of families, and is not scientifically or medically considered a form of abortion.

The purpose of this thesis is to present the history and current concerns of birth control and emergency contraception, expose the myths behind the pro-life position, and offer solutions for contraceptive knowledge and equity for the government to legislate in order to find common ground between the pro-choice and pro-life sides. This research sought to answer the following questions: 1) Since contraception limits the need for abortion, why do pro-life groups fight to control contraceptive knowledge and access?, 2) Why does the U.S. government allow religious and moral beliefs to take precedence over scientific facts regarding contraception?, and 3) What solutions can and should be offered by the federal government to increase knowledge and access to contraception for all

women in America?

Through investigative research, it became clear that the pro-life groups were more concerned with social control than the welfare of women. They offer a no-choice environment where women become slaves to their fertility. Furthermore, the contemporary right wing movement is more concerned with sexual suppression, putting many young adults at risk for unwanted pregnancy and sexually transmitted diseases.

Ultimately, the government is to serve as a mediator between the pro-choice and pro-life sides in order to serve the citizenry best. Landmark court cases have won women the legal right to use contraception, and science has proven the safety and effectiveness of their use; therefore, political and religious ideologies should let the justice system, science, and technology speak for themselves.

PREFACE

This thesis is the final work of my undergraduate study at the University of Mississippi as a partial fulfillment of the requirements of the Sally McDonnell Barksdale Honors College. I elected to write my thesis on the reproductive rights controversy in the United States, tailoring my focus to contraception.

The foundation for this thesis stems from my own religious beliefs in Roman Catholicism, which is an internationally prominent pro-life force. I have been raised to advocate the rights of the unborn fetus as well as to disapprove of contraceptive use. Also, in August 2005, I enrolled in an honors gender studies class taught by my thesis advisor, Dr. Mary Carruth. During this course, I had the opportunity to meet Sarah Weddington, the famous lawyer of *Roe v. Wade*. I also wrote a research paper on the current controversy surrounding emergency contraception. From this course, I became interested in societal gender differences, especially in regards to reproductive rights. I began to look at the issue not from a religious standpoint, but from an objective one. I also acknowledged the legal ramifications that resulted from a woman's right to reproductive autonomy.

Beginning in the spring of 2007, I began my exploratory research through an independent study course. My findings allowed me to broaden the scope of my previous paper to include a historical examination and analysis of birth control leading up to the development of emergency contraception. By spring 2008, I began drafting my thesis, which came to include discussions on constitutional law, religious teachings supportive of contraception, as well as solutions to attaining contraceptive equity in the United States.

The purpose of my thesis is simply to call attention to a serious problem in American culture that threatens women's social, economic, and independent status. My personal beliefs regarding abortion have been set aside in order to analyze the history and current issues regarding contraception objectively. It is important for readers of this thesis to do the same.

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INTRODUCTION

From the moment the United States of America was formed, the founding fathers envisioned a strong, prosperous nation that guaranteed its citizens freedom. American citizens are allowed to lead the lives they so choose as long as their chosen desires fit within the boundaries of the law, causing no harm to society. Along with Americans' right to freedom, our nation upholds the ideal of the separation of church and state established in the First Amendment to the United States Constitution. This ideal instructs the noninterference of religion in orchestrating public policy.

These two founding principles support women's reproductive rights. Reproductive rights concerns a woman's right to choose when she will procreate. Reproduction is clearly an important issue for women because carrying a pregnancy to term is a heavy burden to bear, especially when one is not ready for the responsibility. While it is an important issue, reproductive rights is also a controversial one because people feel strongly on both sides of the matter. One argument is for a woman's freedom of choice as the final authority over her body while the other claim highlights the rights of the unborn fetus. The pro-choice side supports its view on family planning through scientific evidence of safety and effectiveness, religious teachings, and women's educational and professional progression in the United States. The pro-life side bases its claims on organized religions' sponsorship, moral beliefs, political agendas, and traditional gender roles within families. Critics of the pro-life sect argue that this group

actually is hiding ulterior sexist motives for wanting to suppress women's advancement in the United States.

While the war is primarily being waged against the right to have an abortion, battles are being fought by pro-life advocates to reduce contraceptive access and equity in the United States. These battles against contraception are, in fact, counter-intuitive. Contraception ultimately limits the need for abortions and, therefore, should be the unifying bridge between the pro-choice and pro-life sides in order to reach compromise on the issue of reproductive rights. Unfortunately, this is not the current circumstance in the United States. Pro-life supporters would rather misconstrue scientific facts and religious beliefs regarding contraception to gain followers, completely alienating pro-choice advocates by offering a no-choice stance on the issue.

As pro-choice and pro-life sides build followers, the government should act as a mediator between the two factions in hopes of finding a middle ground which will serve American citizens best. As a mediator, the government should not allow religious beliefs, moral concerns, or political agendas to dictate public policy. Instead, the government should consider the scientific facts on the safety and effectiveness of contraceptive use as well as the improved quality of life for women and their future progeny. By not allowing a woman equitable access to contraception, the government is denying her most basic freedoms established in the U.S. Constitution and that were upheld by the Supreme Court.

CHAPTER I: THE HISTORY OF CONTRACEPTION

Historical Beginnings of Contraceptive Use

Despite what right wing conservatives and religious authorities would like to believe, birth control was not an invention of modern medicine. Instead, Linda Gordon, a professor of history at New York University, writes in *The Moral Property of Women: A History of Birth Control Politics in America*, "It is a part of folk culture, and women's folklore in particular, in nearly all societies" (13). John M. Riddle, in *Contraception and Abortion from the Ancient World to the Renaissance*, explores birth control's beginnings, discovering that its existence was found in ancient times. Riddle cites four ancient Egyptian medical guides as sources of the earliest written documentations of contraceptive methods – Kahun Medical Papyrus, Ramesseum Papyrus, Ebers Medical Papyrus, and Berlin Papyrus. The Kahun Medical Papyrus, dating around 1850 B.C., was the earliest known record of contraceptive recipes in the form of vaginal suppositories (66). Riddle points out, "The fact that the Kahun is not an original but a copy from an even more ancient archetype adds to the intrigue," which highlights contraceptives' extensive history (69). While the Ramesseum Papyrus offers a similar contraceptive formula as the Kahun, Ebers Medical Papyrus presented an entirely herbal option for producing a vaginal suppository (69). By 1300 B.C., the ancient Egyptians had the knowledge to create the first oral contraceptive, which was described in the Berlin Papyrus, and was believed to be effective (72-73). Riddle concludes from his

examination of ancient medical records that "[t]he idea of a chemical means of birth control is thus as old as the surviving medical records" (73). Gordon asserts that these ancient efforts to provide a means of family planning illustrated women's desire for and right to reproductive control (14).

Conservatives and religious groups also misconstrued the history of the reproductive rights controversy, which was relatively recent. These anti-contraception groups overlook the fact that birth control was not needed as the primary manner of family planning. In *Sacred Choices: The Right to Contraception and Abortion in Ten World Religions*, Daniel C. Maguire cites extensive infant and child mortality as the contributing factor of limiting a family's number of offspring (2). He also offers that short average life spans limited the number of people on Earth (2). Maguire writes that prehistoric people lived for an average of eighteen years while those in ancient Greece and ancient Rome lived an average of twenty years and twenty-two years, respectively (2). According to Leslie Corsa's article "Birth Control" in *The World Book Encyclopedia*, because of this high mortality rate, women gave birth to a large number of offspring to guarantee that enough would survive to procreate (298b). Due to these contributing factors, contraception received little public attention during its early history.

Over the proceeding centuries, scientific and technological advances, the advent of a new small family standard, and the rise of urbanization ushered in a public need for birth control. Corsa explains that scientific and technological advances increased infant mortality through the development of medicines and agriculture (298b). Gordon notes that during the 1700s and 1800s, developed countries promoted a new small family standard in order to conserve monetary resources for the increased standard of living (8).

Gordon also gives credit to urbanization for a decline in birth rate (8). Urbanization, as she suggests, led the small family system to be economically advantageous because children were becoming financial liabilities for families due to "[a] money economy, the high costs of living for city dwellers, and the decreasing relative economic contribution of children…" (8).

As the desire for limiting reproduction appears, two British population theories contributed to American's contraception practices during the nineteenth century. British economist Thomas Robert Malthus worked to promote his theory for population control (Corsa 298b). Corsa writes that he published his ideas in the famous writing, *Essay on the Principle of Population,* in 1798 (298b). In his composition, Malthus argued that increases in population would surpass the earth's available food supplies (298b). Gordon explains that Malthus advocated "self-help and sexual restraint" to the poor in society to curb overpopulation and to ultimately end social poverty; however, Malthus was skeptical of all forms of birth control (40-41). His thoughts were transformed into a Malthusian population theory, which contained two assumptions: "that overpopulation causes poverty and that individual failings in the form of self-restraint cause overpopulation" (41). From the Malthusian population theory, an opposing view emerged called neo-Malthusianism (41). This theory, which was in favor of contraceptive use, became the most influential to budding American thought which argued for women's self-determination "as a challenge to the Victorian sexual system" (44-45).

Emergence of the Victorian Political Culture

As the new small family standard was instituted into American culture, the emergence of the Victorian era began questioning the morality of contraceptive use

thereby placing boundaries on women's autonomy. The opposition, spear-headed by religion and society, was based on the social changes occurring among sexual, gender, and family roles (9). Gordon writes that the three main world religions – Judaism, Christianity, and Islam – did not condone the use of birth control (9). Gordon asserts that these religions' condemnations highlight their subordination of women, especially since "all three excluded women from core aspects of religious practice and status..." (9). From this religious resistance, the "Victorian" political culture ensued, sponsoring a form of "sexual repression" (9). This culture adopted the presumed Christian stances on sex and birth control and secularized them, preaching "maternity and domesticity as women's destiny and true desire, thus labeling those with different or additional aspirations as unwomanly" (9). This secularization could be seen through the culture's influence over the American medical establishment. Prior to the Victorian era, female reproductive health was administered by other women, mainly midwives, who understood the need for controlling fertility (Maguire 125). However, the Victorian political culture's development saw the incoming of male doctors that quickly replaced the midwives (125). Rosemary Nossiff, a professor of American Politics at Yeshiva University, writes in *Before Roe: Abortion Policy in the States,* during the 1850s, the American Medical Association "sponsored an antiabortion campaign in a bid to professionalize medical practice" (1). Nossiff goes on to state that by 1900, this association had successfully passed laws in every state that made abortions illegal, except when the mother's life was at stake (1). With the criminalization of abortion, women found access to family planning knowledge and options challenging, and at times, impossible.

Paralleling this period's moral fixation was the evidence of stark hypocrisy, which ultimately showcased the period's true underlying desire for female social control. Gordon points out that the Victorian era established a lucrative prostitution business, despite its calling for sexual restraint and denial (9). Under its immediate surface, this period was not truly concerned with social morality in America; instead, it proved to be a public relations campaign to set defining boundaries for women (10). It sought to hide sex, making any acknowledgement of sexuality taboo (9).

The Victorian era does not only launch its public relations campaign against women, but it also went so far as to foster an environment supportive of federal legislation banning contraception in the United States. During this Victorian "social purity" era, as Gordon calls it, an 1873 federal law was enacted that forbade birth control in the United States called the Comstock Law (12). Andrea Tone, an associate professor of history at the Georgia Institute of Technology, writes in *Devices and Desires: A History of Contraceptives in America* that this law was initiated by "moral crusader" Anthony Comstock (4). Gordon explains that this law prohibited the mailing of obscene material, which included information about birth control as well as contraceptive devices (13). Tone clarifies that Anthony Comstock was not banning the invention and use of birth control; instead, he was criminalizing contraceptives' "newfound commercial visibility" (13). She goes on to state that Comstock believed birth control's marketability would encourage and stimulate sinful acts, such as prostitution and pornography (19). Gordon concludes that this suppression of birth control was a direct "response to the growing rebellion against the Victorian sexual system" (13).

The Comstock Law's legislative ban on contraceptives proved difficult to enforce because people insisted upon their rights to reproductive choice. Because the Comstock Law was a part of a postal statute, the task of enforcing it fell in the arena of postal service workers called special agents (Tone 26). Tone states that the government did not hire enough special agents to sufficiently enforce the law (26). She writes, "Of the 410 arrests by all Post Office agents in the United States between May 1, 1875, and April 30, 1876, only 27 were for violations of the Comstock Law" (26-27). However, this prohibition of birth control forced people to perform desperate measures to attain reproductive control, turning contraceptive use into criminal behavior (Gordon 22). According to Gordon, this resulted in the rise of birth control costs while the quality of the product declined (22). Through society's attempts to criminalize the use of birth control, the Comstock Law ultimately highlighted a double standard in its enforcement between the social classes; the wealthy had access to better methods of birth control, and the poor relied more on abortion (36). Furthermore, affluent doctors were more apt to provide contraceptive services to the elite members of the population (36).

The Birth Control Movement

By the 1870s, women grew dissatisfied with the Victorian era's restrictive social system and gained confidence to unite in raising public demand for social change. Gordon claims that the birth control movement, which arose during the second half of the nineteenth century, can be divided into four distinct stages (3). Each stage possessed a different slogan for the idea of reproductive control (3). The opening phase of the movement was referred to as "voluntary motherhood" (4). It laid the groundwork for the unification of women for the movement's later developments (4). Gordon writes that this

stage placed an "emphasis on choice, freedom, and autonomy for women..." (4). Not only does this stage provide the foundation for the subsequent advancements in the birth control movement, but also it inspired the feminist movement in gaining women's suffrage (3). To explain the use of the term "voluntary motherhood," Gordon clarifies that it "was an exact expression of [women's] ideology, incorporating both a political critique of the status quo, as *involuntary* motherhood, and a solution" (55). Proponents of voluntary motherhood could be divided among three politically diverse categories: suffragists, moral reformers, and members of small agnostic groups (55). In spite of their clear ideological differences, these women were able to unite because they valued the overarching social implications found in the issue of women's reproductive control (56).

Contrary to previous assumptions, the women of this time period were not fully supportive of contraceptive access as the women of the later birth control movement phases were. Followers of voluntary motherhood proposed two solutions involving abstinence in order for women to make strides in reproductive control (59). These abstinence-centered solutions could be either a joint decision made by the couple, which was celibacy, or the sole decision made by the woman, meaning the wife's refusal of sexual submission to her husband (59). By rejecting the patriarchal social standard, women could establish "independence and personal integrity" inside the home (61). Gordon explains, "The basis for this reluctance [to support contraception] was that effective contraception would separate sexuality from reproduction too completely" (66). If the risk of pregnancy from sexual intercourse was taken away, women feared increases in marital infidelity (57). Gordon points out the fact that nineteenth-century women were still totally reliant on their husbands for social status and economic security (66). Since

sexual intercourse usually resulted in pregnancy, women were guaranteed, to a large degree, that men would feel responsibility to partake in matrimonial unions in order to provide for the family (66-67). Furthermore, motherhood meant for women that they would have a sense of purpose in life (67).

Even though this stage did not radically alter women's social worth outside the home, voluntary motherhood's contribution to reproductive rights cannot be disregarded. Gordon argues that the most important characteristic of this phase was that it did not defy the social traditions of marriage and family within the Victorian era (70-71). Voluntary motherhood worked within conventional marriages and families to allow women to strengthen their positions in these roles of femininity and domesticity (70). This strengthening would allow for a gradual transition into the more radical birth control movement stages and would later provide opportunities for women's social and economic independence (71).

By the early twentieth century, women were ready to employ a more radical attitude about reproduction by making organizational changes in the American social construction, fully discarding the previous Victorian philosophies. Gordon states the next stage occurred between the years of 1910 and 1920, under the phrase "birth control" (4). This term was coined by Margaret Sanger in 1915, who was an American leader of the birth control movement during the twentieth century (138). Gordon explains that this radical stage of the movement incorporated women's autonomy with "transforming the gender and class order through empowering the powerless, primarily identified as the poor and the female sex" (4). Those reformers who were working to ensure women reproductive control believed society was ready for its impact (127). During this stage,

even opponents of contraception began to acknowledge "the fact that the practice was unstoppable" as public knowledge of contraception became pervasive (127). Reformers also worked to define birth control as "reproductive self-determination," which separated sexual activity and reproduction as two human practices (128). Until this point in history, these activities were synonymous, calling women to deny themselves of any sexual desires (128). However, large groups of intellectuals and radicals were initiating a "sexual revolution" in which public morality was more open to nonconformity and to departing from the Victorian traditions (128).

It was during this birth control phase when contraception became a legitimate issue to the press and to the public. Ellen Chesler, in *Woman of Valor: Margaret Sanger and the Birth Control Movement in America*, notes that the publication, *Harper's Weekly,* wrote a series of articles between April and November of 1915 that "defined contraception for the first time as a scientific, rather than a moral issue, and in its defense assembled data on maternal and infant welfare, income, education, and fertility patterns" (129). As this publication began generating public awareness for contraceptives, the *New York Times* followed suit. This magazine went from publishing only three articles on birth control in 1914 to circulating a total of ninety articles during 1917 (130). Along with the surge of media coverage, women began to form local organizations to rally support and awareness for repealing the federal and state Comstock laws established in the previous century (130). One such organization was the National Birth Control League (NBLC) founded in March 1915 (130). This organization was ineffective during 1916 and 1917 because its founder, Mary Ware Dennett, "believed firmly in organizing to change the law, not in acting to break it," according to Chesler (144). Birth control

activist, Margaret Sanger, chose a different tactic in gaining public access to contraception. She felt that legislation in support of contraception would be achieved more easily by "reforming statutes to allow doctors the right to prescribe contraceptives" rather than to completely revoke the Comstock statutes already firmly rooted in the law (145). Chesler states that Sanger envisioned for the United States to offer a "socialized public health system" (145). Not afraid to defy the law, Sanger opened the first birth control clinic in the United States on October 16, 1916, in the Brownsville district of Brooklyn (150). Chesler reports that Sanger's illegal clinic served 464 patients before it was shut down twenty days later on October 26 by a local policewoman (150-151). Sanger was arrested and spent thirty days in jail, but she did not let this setback deter her from her main objective of ensuring contraceptive availability (Gordon 157).

Even though this birth control phase was relatively short in length, it made great strides for the last two stages to cultivate. The birth control phase legitimized the issue of reproductive rights and prompted the formation of organized groups to fight for legislative changes. Furthermore, this period of the movement shed a revolutionary light on birth control (145). According to Gordon, it freed women from the reproductive responsibility that distinguished women from men along with reducing women's dependency on men (145). As new organizers joined the struggle, the issue of birth control presented problems that needed to be resolved during the remainder of the movement (167). Gordon instructs that success with the birth control issue "required efforts to change the law, litigate test cases, strategize direct action, and, not least, provide birth control information and devices" (167).

The third stage of the birth control movement, called "planned parenthood," saw reformers realizing the potential to enact permanent changes in public policy through legislation and credible social establishments. After World War I, the issue of birth control veered away from its local sectors and became a "centralized and professional campaign" controlled by Sanger's American Birth Control League (ABCL) and Dennett's Voluntary Parenthood League (VPL), which emerged from the original NBLC (171). Sanger's ABCL was formed to provide "public education, legislative reform, medical research on contraception, and the actual provision of services" and was headquartered in New York (Chesler 223). This structural transformation beginning in 1920 marked the introduction of the planned parenthood phase of the movement (4). During this stage, reformers stepped away from radicalism and became liberal (172). According to Gordon, professionals contributed to the birth control movement by "[transforming] birth control leagues from participatory, membership associations into staff organizations" (174). Adding professionals to the circle of contraception supporters brought about two more important groups of people to add their endorsement – a minority of male religious leaders in Protestantism and Judaism as well as social workers (176). The members of the male clergy were in favor of birth control mainly due to their concern with the health of the family while social workers' backing came from their close contacts with underprivileged women (176).

Support from organized medicine was slow moving due to the time period's lack of scientific evidence regarding birth control's safety and effectiveness. Medical doctors shied away from the issue, signifying the existence of "sexual prudery" and "scorn for unscientific, imperfect technology" (Chesler 270). However, this resistance from

organized medicine began to slowly change in 1920 when Dr. Robert Latou Dickinson became the president of the American Gynecological Society, a post from which he advocated interest in contraception and the necessity of its scientific research (273). By 1923, Sanger opened another birth control clinic called the Birth Control Clinic Research Bureau in New York; this time, she followed the rules of the law (274). Sanger used this clinic to accumulate scientific studies to be used in providing credible information to researchers and doctors (274).

With the onset of the Great Depression in American society, the development of the birth control movement was likely affected, bringing with it new strategic options for birth control reformers. Gordon relates that the Depression's impact of the "lack of funds and eagerness to spread birth control among relief clients" left reformers to fully gain the support of social welfare agencies (220). This action led a select group of states to offer contraceptive services through their public health programs (233). The first state to initiate a public program was North Carolina in 1937 (233). Six southern states soon followed: South Carolina, Virginia, Georgia, Mississippi, Alabama, and Florida (233). Gordon is quick to point out that these states' "innovation in government-sponsored birth control was conditioned by the absence of large Catholic constituencies but, more important, by racism" (233). African American families suffered greatly from the Great Depression; however, they continued to procreate despite their lack of financial stability (233). In reaction to African Americans' high birth rates, the Southern white population feared becoming the minority (233). However, racism was not only directed at African Americans, but it was also aimed at the lower-class white population (234). Along with these obvious racial inclinations to limit fertility, Sanger also offered a strategic approach

during this economic crisis. Chesler claims that the Great Depression brought about a high incidence of illegal abortions because people could no longer afford safe medical care (300). In response to this practice, Sanger made certain to "carefully [disassociate] birth control from the even more controversial subject of abortion" (300). Ultimately, the Great Depression allowed birth control to be seen as helping those members of lower social classes, instead of only serving the affluent people in society (Gordon 241).

The end of the Great Depression marked a promising future for contraceptive access as well as an entrance of male involvement through leadership in the movement. With the help of the ABCL, Sanger founded the Birth Control Federation of America in 1939 to sponsor birth control clinics across the nation (Chesler 391). The formulation of this organization also ushered in male leadership as a man named D. Kenneth Rose was named the national director (392). Sanger, unhappy with this newfound male participation, reportedly remarked about the issue, "'Our minds are miles apart in most things...spiritually I have left the front and joined the ranks'" (392). With Sanger's acquiescence to the birth control movement's male participants, a new generation of reformers saw it as a positive turning point (392). Rose then sponsored an image makeover (392-393). In 1942, the organization officially changed its name to the Planned Parenthood Federation of America, much to Sanger's dismay (393). According to Chesler, Sanger associated the word "control" with the "power to regulate" and was weary of the soft connotation "planning" conveyed (393). Ultimately, Sanger believed the organization's new name signaled a "weak and spineless leadership" that the male involvement cultivated during this phase of the birth control movement (393).

With its new name, the Planned Parenthood Federation of American adopted new strategies of promoting the birth control movement. This organization was the only national birth control organization until the late 1960s (Gordon 242). Planned Parenthood, as it is commonly referred to, introduced the notion of family planning to engage the family as a unit, rather than singling out the woman, as key to reproductive control (242). With the new focus on strengthening the family, Gordon asserted that Planned Parenthood supporters stressed that the issue of birth control should not be solely used to obtain individual freedom for the female sex; however, its goal should also be used to enact government policies and permanent change in society (245). Unlike the previous stages, Planned Parenthood was instituting a separation "from the feminist and leftist origins of the birth control fight" (242). Ultimately, Planned Parenthood drew the birth control issue away from its feminist roots and into presumably credible social establishments, such as "medical, social work, and mental health" facilities (255). Gordon states that this action changed public opinion and made the use of birth control an acceptable practice in society (278). Of equal significance was the fact that Planned Parenthood did not favor one political ideology over the other, which allowed the organization to act as a reform program (242-243). The organization's main objective was "the incorporation of reproduction control into state programs as a form of social planning" (243).

Development of the Pill

By the 1950's, Sanger acknowledged the growing demand for a new form of birth control, resulting in the advent of oral contraceptive research. According to Tone, Sanger enlisted the help of Katharine McCormick and Gregory Pincus to aid in the development

of an oral contraceptive (204). McCormick, a wealthy philanthropist from Chicago, contributed more than two million dollars over her lifetime to fund its research and development (Gordon 286). Through McCormick's financial contributions, Sanger hired scientist Gregory Pincus to be in charge of the research (287). Tone writes that Pincus began his research on an oral contraceptive drawing from scientific knowledge in endocrinology, the study of hormones (212). By this point in history, scientists had previously discovered the two female sex hormones, progesterone and estrogen; however, it was costly to obtain them from natural sources (212). Fortunately, this cost barrier was soon conquered by the American chemist Russell Marker when he discovered how to synthesize progesterone, thus providing "the foundation for hormonal birth control" (213).

Testing female sex hormones' ability to prevent ovulation, Pincus strategically involved specific scientists in the early stages of research in order to establish credibility and safety to his work. Pincus had fellow scientist Min-Chueh Chang, a graduate of Cambridge University in England, conduct experiments on female rabbits and rats in 1951 (213). From his testing, Chang found that progesterone prevented ovulation in both animals; so in the following year, Pincus and Chang notified Planned Parenthood of these results (213). Upon hearing of Pincus and his team's progress, McCormick informed Sanger and Planned Parenthood in 1953 that she would cover all remaining costs for Pincus's research, including the clinical trials (214). This stipulation was of utmost importance because clinical trials were the last stage before the United States Food and Drug Administration (FDA) approved any drug (214). With all future expenses covered, Pincus met John Rock in 1952, who would prove to be another instrumental person in

aiding the quest to find an oral contraceptive (216). As the director of Brookline's Reproductive Study Center, Rock was researching ways to prevent female infertility (216). Unlike Chang, Rock injected both the hormones progesterone and estrogen into his female patients to help them conceive (216). Rock had discovered what he termed the "Rock rebound," in which several of his female patients who had been unable to conceive for the past two years became pregnant after completing his hormone therapy (216). What makes Rock's interest in infertility attention-grabbing was the fact that, despite being Catholic and against females' professional advancement, he did believe "that there were times when contraception was medically necessary and in 1931 had publicly advocated the repeal of the Massachusetts contraceptive law on these grounds" (216). While teaching gynecology at Harvard Medical School, he even instructed his students about contraceptives and how to properly use them (216). Upon learning of Rock's research and views, Pincus recruited him in hopes of keeping a Catholic backlash at bay (217). Agreeing to inject only progesterone into a group of infertile female patients, Rock was testing to see if progesterone alone could create the Rock rebound while Pincus wanted to know if the hormone would prevent ovulation in humans (217).

Soon after Rock began his experiments, the aspiration of developing an oral contraceptive became scientific truth with a quickly approaching reality. While Pincus awaited the results of Rock's experiments, he learned that an oral contraceptive had already been found (217). By working separately, two scientists, Carl Djerassi and Frank Colton, had each sought "to create a synthetic progesterone better than its predecessors, a progesterone so potent it could sustain activity when swallowed as a pill" (218). At around the same time in 1951, these scientists discovered two different molecules that

were approximately eight times more effective than natural progesterone (218). Along with this great news, the results of Rock's tests solidified the future standing of an oral contraceptive. Rock had tested fifty infertile patients by giving them synthesized progesterone in three ways: "injections, progestin tablets, and vaginal suppositories," and only seven out of these fifty women became pregnant (218).

With the future viability of oral contraception established, Pincus faced the challenge of proving its long-term effectiveness and safety for human consumption. Pincus first turned to involuntary groups of people, such as psychiatric patients and prisoners, highlighting the suspicious ethical standards of the 1950s (219). Fortunately, Pincus decided that all future tests were to be performed on non-institutionalized, consenting adults and volunteers (219). According to Tone, Pincus selected Puerto Rico as the site for his long-term and "large-scale clinical trials of oral contraceptives" (219). Gordon cites four reasons for Pincus's decision to choose Puerto Rico (287). The first reason was that the country had been used previously for experiments (287). Pincus also thought he could complete his trial with minimal publicity from the American media (287). A third notable reason was the country's concern with overpopulation (287). Gordon writes that "Puerto Rican elites had been interested in population control since the 1940s, when Luis Munoz Marin, the first elected governor, became a supporter of Margaret Sanger's work" (287). Finally, Puerto Rican women had already proved to be enthusiastic about using birth control (287). Several federal programs had previously been enacted in this developing country, such as the Puerto Rico Emergency Relief Administration (PRERA) in 1935 as well as the Puerto Rico Reconstruction

Administration (PRRA) in 1936, to educate and provide contraceptives (Tone 221). Also worth noting was that in 1954 Puerto Rico boasted sixty-seven birth control clinics (221).

Despite these advantageous reasons to use Puerto Rico as the backdrop for contraceptive testing, several pitfalls resulted, casting America in an unflattering, imperialistic light. Johanna Schoen, author of *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare*, cites both the "unequal power relationship" between Puerto Rico and the United States as well as Puerto Rico's "economic dependence" on the United States as significant contributing factors to poor perceptions of family planning efforts in this developing country (201). Schoen writes that American policy makers were criticized for "implementing heavy-handed population control policies abroad and decried the establishment of foreign family planning programs as a symptom of American imperialism" (201). The colonial relationship that existed between Puerto Rico and the United States during this time made birth control education and practice a controversial issue (204). Opponents to birth control in Puerto Rico feared that America was trying to eradicate the nation's population and jeopardize their national identity (204-205).

Regardless of the negative reviews from critics weary of America's motives, Pincus's clinical trials provided the support needed to showcase oral contraceptives' safety and effectiveness. The clinical trial began in April 1956 lead by Dr. Edris Rice-Wray, medical director of the Puerto Rico Family Planning Association and faculty member of the Puerto Rico Medical School (Tone 222). The volunteers for the contraceptive testing lived in Rio Piedras, which Tone explains was "a new public housing project in a suburb of San Juan" (222). These female volunteers had to meet

several requirements (222). They had to be under the age of forty with at least two children, be in good health, and, most importantly, be prepared to have a subsequent child in case they were placed in the placebo group (222-223). The women who met the criteria were given a bottle of pills called Enovid and "instructed to take one a day from the fifth to the twenty-fourth day of their menstrual cycle" (223). Along with this study in Rio Piedras, a second smaller trial was begun in Humacao in 1957 (223). Tone writes, "By June 1957, 295 had enrolled in the two trials. But 162 – more than half – had dropped out" (223). She cites three reasons for the high attrition rate (223). The first reason was bad publicity from Puerto Rican newspapers who questioned America's reasons for experimenting on foreign soil (223). Another reason was the adverse side effects, which included "nausea, dizziness, headaches, stomach pain, and vomiting" (223). Gordon notes that seventeen percent of women in the trial experienced some form of side effects, which in Dr. Rice-Wray's opinion was too many (Gordon 287-288). Gordon offers an explanation for this high incidence of side effects by writing, "The early oral contraceptives had 100 times more progestin and 3 times more estrogen than later versions" (287). The final reason for the high drop-rate can be contributed to disapproving husbands and religious authority figures who denounced the use of birth control (Tone 224). However, Pincus and his team were not discouraged (224). For every woman who dropped out of the testing, numerous women were waiting in line to fill the vacated spot (224). A third study was established in Port-au-Prince, Haiti, where there were not any birth control clinics (224). From these three trials, 830 women had taken Enovid by November 1958 (224). The collected data from these three trials was enough to defend the safety of the Pill in humans (224).

With the confirmed results of Pincus's clinical trials, the Pill was soon on its way to becoming an official success story. Tone reports that Pincus unveiled his findings at the 1955 International Planned Parenthood Conference in Tokyo (225). One year later, in November 1956, the Pill was given its first published article in *Science* magazine, leading to increased media exposure (225). The U.S. FDA approved Enovid along with another oral contraceptive pill developed by a rival pharmaceutical company (226). These approvals were for the drugs to be prescription-only to treat female reproductive problems, such as infertility and miscarriage (226). Many physicians wrote prescriptions for the Pill to women who did not necessarily have any gynecological disorders (226). Statistics confirmed this idea by showing that almost half a million women had taken the Pill by 1959, far more than were thought to have any female reproductive disorders (226-227). The pharmaceutical company with exclusive rights to Enovid, G. D. Searle, petitioned the FDA in 1959 to be able to market its contraceptive pill as an oral birth control pill (227). The FDA approved Enovid in May 1960 for contraceptive use, limiting use to two sequential years due to concerns about long-term effects (231). By 1964, several other drug companies entered the oral contraceptive market to compete with Searle's Enovid (238). Syntex launched its "low-dose pill, Norinyl" followed by Eli Lily and Company and Mead Johnson in 1965 "with the first sequential, or phasic, oral contraceptives, which reduced the side effects associated with progestin intake" (238).

Despite women being in favor of using the Pill, state legislatures and religious authorities had already begun to restrict its access. Thirty states had laws restricting contraceptives in 1960 (227-228). Among these, Massachusetts and Connecticut had complete bans on birth control (228). As the widespread popularity of the Pill grew, the

Catholic Church's Pope Pius XII outlined the Church's stance on the issue in 1958, forbidding its use as a measure of birth control (237). Later in 1968, Pope Paul VI upheld this position in the encyclical *Humanae vitae*, encouraging Catholic followers to continue the rhythm method (237). Because 25 percent of Americans in 1960 were Catholic, drug companies feared a large backlash from this denomination (228). On the contrary, Catholic women seemed to defy the papal authority (237). Gordon reports that the majority of the American Catholic clergy believed "by a 3:2 ratio that the Church should accept oral contraception" and "78 percent of Catholic physicians prescribed it routinely" (288). Furthermore, Tone claims, "By 1970, an estimated 28 percent of all Catholic women of childbearing age had taken the Pill" (237).

The Pill in Practice

Even with the Catholic Church's discomfort with the Pill, right wing conservatives and religious authorities were not able to thwart the Pill's pharmaceutical success or prevent its widespread acceptance by American women.

The Pill was considered one of the greatest inventions of the twentieth century that revolutionized the pharmaceutical industry (Tone 204). The Pill's use marked the first time in history that a drug was taken by healthy women who were not treating a sickness (204). Before the Pill became FDA-approved, Gordon reports that half a million women were already using it to prevent pregnancy (288). She continues to explain that doctors, including those who did not support its use, would prescribe the Pill to their patients for fear of losing clientele (288). By 1965, six-and-a-half million married women were reported to have used the Pill (Tone 203). She goes on to include that American women were spending $150 million a year on the Pill before 1968 (236).

By choosing not to offer financial support, the government initiated a position of noninterference during the Pill's scientific development, allowing private individuals to be the contraceptive's guide. Tone goes on to emphasize that the Pill was developed without a single cent from the United States government (214). The National Institute of Health, the National Science Foundation, and the World Health Organization all refused to contribute funding (214). Gordon asserts that the Population Council also refused to contribute money (287). It was not until 1969 did the federal government change its stance on funding birth control interests, contributing almost $20 million "making the U.S. government the single largest funder of contraceptive research and development in the world" (Tone 215).

After the development of the Pill, the final stage of the birth control movement, known as "reproductive rights," emphasized heated debate on the issue of limiting fertility. Beginning with the second-wave feminist movement in the 1960s, this phase is where reproductive rights became extremely controversial (Gordon 4). In Donald T. Critchlow's *The Politics of Abortion and Birth Control in Historical Perspective*, James W. Reed writes in "The Birth Control Movement Before *Roe v. Wade*" that this revival of feminism was the product of the popularity of Betty Friedan's book *The Feminine Mystique* and of women's introduction into the professional world (43). Friedan's publication explained her critique of an "aggressive cultural reassertion of conservative femininity," which brought back the Victorian ideals of valuing maternal duties (Gordon 256). In response to this invigorated Victorian mindset, Reed states that the economic realities demonstrated that most working class families could not survive with only the husband's income (44). He maintains, "With the postwar expansion of the service sector,

married women with children were drawn in ever-larger numbers into permanent work outside the home" (44). As women entered the job market, they quickly discovered sexism in the workplace, making less money than their equal male counterparts (44). This desire for equal employment opportunities contributed to a renewed interest in the feminist movement (44).

Establishment of Judicial Precedents

Since the introduction of the Pill, the United States federal court system made pioneering judicial decisions establishing precedent for women's right to reproductive control as a constitutional entitlement. As late as 1965, both Connecticut and Massachusetts still had contraceptive bans, which prevented even married women from obtaining birth control prescriptions (Tone 238). Nossiff writes that the U.S. Supreme Court had formulated a "positive theory of privacy" in the 1950s, which was based on "zones of privacy" that the states could not obstruct (38). This concept could be found in the 1961 case *Poe v. Ullman,* which tested Connecticut's contraceptive ban (38). Even though the Court dismissed the case for lack of argument, two Supreme Court justices wrote dissenting opinions that showed their questioning of Connecticut's law (38). In Justice John M. Harlan's opinion, he cited the Fourteenth Amendment as his basis in calling the state law unconstitutional because it granted "fundamental" rights to all citizens (38-39). Justice William O. Douglas also agreed that Connecticut's ban was overstepping its limitations (39). He wrote, "When the state makes 'use' a crime and applies Criminal sanction to man and wife, the State has entered the innermost sanctum of the home… That is an invasion of privacy that is implicit in a free society…" (39).

From these dissenting opinions in *Poe v. Ullman*, the Justices applied the same thought process to the landmark court case *Griswold v. Connecticut* in 1965. Estelle Griswold, executive director of the Planned Parenthood League of Connecticut, along with Charles Lee Buxton, chair of the Department of Obstetrics at the Yale University School of Medicine, opened a birth control clinic in 1961 in defiance of the Connecticut state law (38). After they were arrested and convicted, Griswold and Buxton appealed their conviction all the way to the U.S. Supreme Court, where the constitutionality of the state's contraceptive ban was scrutinized (38). According to Tone, the Supreme Court ruled in *Griswold v. Connecticut* that government bans on the use of birth control were unconstitutional because of amendments protecting privacy, particularly marital privacy (238). Douglas, the author of the majority opinion, wrote, "Such a law cannot stand in light of the familiar principle, so often applied by this Court, that a 'governmental purpose to control or prevent activities constitutionally subject to state regulation may not be achieved by means which sweep unnecessarily broadly and thereby invade the area of protected freedoms'" (Nossiff 39). Vice President of the Institute for Reproductive Health Access of Naral Pro-Choice New York, Cristina Page, in *How the Pro-Choice Movement Saved America: Freedom, Politics, and the War on Sex* asserts that the Court's opinion based its decision on the "First, Third, Fourth, Fifth, and Ninth Amendments to the Constitution" which related back to the Court's idea of "zones of privacy" (162). Page is quick to note, however, *Griswold v. Connecticut* had its fair share of critics, many of whom believed the Constitution did not explicitly provide rights to privacy (163). In his dissenting opinion of the case, Justice Potter Stewart wrote, "I can find [neither in the Bill of Rights nor any other part of the Constitution a] general right to privacy" (163).

In spite of the criticisms, the Court's ruling of *Griswold v. Connecticut* undeniably altered the course of birth control politics in the United States. Nossiff cites three important contributions from this court victory: establishing the right to privacy as a constitutionally grounded right, nullifying a state's contraceptive ban law, and supplying precedent for upcoming civil rights legal proceedings (Nossiff 40). This judicial victory was a milestone marker for women and for those who fought for the use of birth control; however, this ruling only advanced women's rights to contraception for married women (40). Tone reports that unmarried women were not ensured the same rights to contraception until the 1972 ruling in *Eisenstadt v. Baird*, finally eradicating all remaining Comstock laws (238). The following year in 1973 the U.S. Supreme Court granted women absolute authority over the control of their bodies by legalizing abortion in the controversial case, *Roe v. Wade* (Mylechreest 53).

Pro-Life Movement Backlash

In response to the mounting support for contraceptive availability through legal affirmation, religious sects and conservatives banded together to initiate a movement to counteract these progressive strides in female autonomy by distorting religious beliefs and teachings. The backlash that surfaced after *Roe v. Wade* was called the Right to Life Movement, an antiabortion movement, which focused on the rights of the unborn fetus (Gordon 302). This movement deemed its supporters "pro-life," as opposed to being "antiabortion" or "no-choice" advocates. These pro-life supporters gained followers by attempting to criminalize the practice of abortion, depicting it as an act of murder (303). Gordon declares that this movement was begun by Roman Catholicism, "which had been alarmed about familial and sexual liberalization throughout the 1960s..." (303). Despite

the Church's organization of right-to-life committees after the legalization of abortion, Gordon explains that Catholic believers were divided on the issue and continue to be presently (303). This idea was evident because of contradictory positions on the preservation of life as well as by Catholic laity's usage of abortion. Gordon cites, "Clergy on the Left denounced the movement's selective commitment to 'life' – favoring the unborn over the born – in supporting capital punishment and military aggression and opposing welfare provision" (303). She goes on to explain that Catholic parishioners were reported to have a thirty percent higher incidence of abortion rates compared to Protestants (303). Attracting large numbers of activists, the Right to Life Movement became one of the largest social movements before the turn of the twenty-first century (303). Gordon even reports that the number of Protestant activists involved in the movement now outnumbered Catholics (303). Its accumulation of large numbers of followers was understandable by delving deep into the root of its plan – advocating antifeminism and anti-sex attitudes (304). Pro-life activists were concerned that abortion and contraception practice would increase sexual promiscuity, especially outside the parameters of marriage, in American society (304). Because abortion and contraception limit the possibilities for the consequence of pregnancy, they believe these practices would aid in promoting promiscuity (304). Advocating this platform illustrated the movement's antifeminism attitudes because women were the only gender to experience the consequences of pregnancy that resulted from sexual activity (304).

Along with the gender inequity laced in the pro-life stance, there can also be found a resurgence of the Victorian culture's anti-sex attitude and the importance of motherhood. Blaming the feminist movement for promoting women's advancement

outside the home, late twentieth century conservatives believed that family values were being lost along with the desire of motherhood (305). Gordon articulates, "Abortion became for its opponents a powerful antimotherhood symbol, indeed, the antithesis of motherliness" (305). She goes on to argue that this misconstruction of abortion could not be anything further from the truth (305). Page offers statistical evidence to refute this misconstruction of abortion. Page reveals, "The majority of women in the United States (61 percent) having abortions are already moms" (58).

With the support of religious groups, the pro-life movement became a haven for national conservative leaders, giving them the channel to advocate their Victorian-like attitudes (306). Gordon explains that this began in the late 1970s when the Right to Life movement was used to "build a new conservative electoral bloc, winning for conservative Republican candidates those who would have voted Democratic, despite their resentments of liberalism, because of their economic interests" (306). In order to sway these voters over to the conservative side during the 1978 elections, the Republican Party used a campaign centered on "family issues," which were mainly supported by the lower middle class (306). Gordon also notes that the Right to Life movement believed it had been successful in rallying antiabortion supporters around conservative political candidates (307).

The Right to Life movement's purpose did not limit its attack to abortions, but it also argued against contraception. According to Page, not one pro-life group in the United States condoned the use of birth control (9). *New York Times* magazine reporter Russell Shorto discusses in "Contra-Contraception" the reasoning behind this anti-birth-control campaign. Quoting the President of the American Life League Judie Brown,

Shorto writes, "'The mind set that invites a couple to use contraception is an antichild mind-set...We oppose all forms of contraception'" (1). Shorto contends that this anti-birth-control view was a development from the conservative movement (2). William Smith, vice president for public policy for the Sexuality Information and Education Council of the United States, proposed in the article that pro-life group's linkage of abortion and contraception "is indicative of a larger agenda, which is putting sex back into the box, as something that happens only within marriage" (3). Republican Senator of Maine, Olympia Snowe, asserts that by looking back to recent history, contraception was agreed upon by both pro-life and pro-choice sides "as a way to reduce unwanted pregnancies" (3). Supporters of the attack on contraception stress that the pro-choice side limits its focus to the medical and health aspects while ignoring the equally important idea that sex, pregnancy, and relationships are about family, gender, religion, and values (9).

In attempts to encourage the public to adopt the pro-life views, the Right to Life Movement utilized two strategies: legislative maneuvers and premeditated judicial appointments. In "The Right to Life Movement: Sources, Developments, and Strategies" Keith Cassidy writes, after the 1973 decision of *Roe v. Wade*, the movement decided the most effective measure was to enact a constitutional amendment called the Human Life Amendment (144). Two different amendments were presented to the newly-elected Congress of 1980 (144). Cassidy explains that one option, the Hatch Amendment, "sought to give both the state and federal government concurrent power to regulate abortion" (145). This amendment eventually became a straight states-right proposal, which failed to gain a majority of the Senate's support (145). The second option was the

Helms Human Life Bill, which "sought to take jurisdiction from the Supreme Court in abortion cases" (145). This bill also failed to gain a majority in support (145). With the failure of both attempts at a Human Life Amendment, the movement instituted a new strategy of using the judicial system against itself. Taking advantage of both the Reagan and Bush administrations, the pro-life groups advocated for specific judicial appointments in order to get the federal court system to overturn its decision in *Roe v. Wade* (147). To employ this strategy, the pro-life side supported Republican presidential candidates and likeminded Congressional members who were more apt to hold pro-life views (147). The 1976 Republican party's nomination of Ronald Reagan for presidency and Robert Dole for vice-presidency had much to do with each candidates' frank support for the pro-life philosophy (148). Another example was in the 1989 court case *Webster v. Reproductive Health Services*, the U.S. Supreme court voted 5-4 in upholding the constitutionality of Missouri's abortion regulations (150). This decision did not repeal *Roe v. Wade*, but it did express that "the road appeared to be open to substantial state regulation and hence restriction of abortion" (150). Also during the years of the Clinton administration, the pro-life's penetration in Congress remained strong as it prevented the Freedom of Choice Act and continued the Hyde Amendment, which placed restrictions on abortion funding (151). The most recent example of this second strategic option was in George W. Bush's presidential reign. Throughout both his terms, President Bush has launched an aggressive attack against abortion and contraception. When Chief Justice William Rehnquist passed away in September 2005, President Bush was quick to push for the nomination of John Roberts, who verbalized pro-life attitudes (Page 152). Page also contends that Bush has a long record of nominating judges with pro-life

predispositions (153). She reports, "Nearly all fifty-two of Bush's nominees to the federal appeals courts are hostile to the concept of the right to privacy, on which the Roe v. Wade decision was built, and fifteen of them have extreme pro-life records" (153). One example of Bush's questionable nominations was the attempt to appoint Harriet Miers to replace the retired Justice Sandra Day O'Conner (166). Page states that before Miers withdrew her nomination, she expressed views alluding to her disagreement with the Court's decision in *Griswold*, which would have had the vast potential of infringing upon women's right to privacy and contraceptive use (166).

Through a historical analysis of contraceptive's history in the United States, one can see three repetitive schemas employed by groups to whittle away at women's rights to contraceptive access, which do not even concern the safety to women's health: firstly, social control of women's bodies to discourage women's professional advancement and economic independence; secondly, masquerades as religious and moral movements lobbying for the protection of family and maternal values; finally, attempts to use the American judicial system against its citizens instead of protecting their fundamental interests. These underlying tones of the opponents indicate ulterior sexist motives in their anti-birth-control campaigns.

CHAPTER II: CURRENT CONTRACEPTION ISSUES

Development of Emergency Contraception

An examination of contemporary developments in contraceptive technology also provides evidence of an ongoing political and religious backlash that challenges women's reproductive freedom. Following the extensive success of the Pill, science and technology went one step further to aid women in their fight for reproductive control through the introduction of emergency contraception. Page contends that "doctors discovered [birth control's] potential to prevent pregnancy if taken in higher doses soon after unprotected sex" (99). During the 1970s and 1980s, doctors would dispense two birth control pills to women who had engaged in unprotected sex (99). This dosage soon came to be known as "postcoital contraception" (100). According to Page, this contraceptive method has the ability to reduce the chance of pregnancy for a woman in mid-cycle from 8 percent to 0.4 percent, if taken within twenty-four hours of intercourse (99-100). The terminology for this contraceptive method is "emergency contraception," but it is more commonly referred to as EC or as the "morning-after pill" (100). The Planned Parenthood's official website explains that emergency contraception can "[prevent] pregnancy by stopping ovulation or fertilization" ("Emergency Contraception Overview" 1). The same article explains that some believe EC can prevent implantation, but scientific evidence has not been found yet to substantiate this theory (1). Furthermore, Planned Parenthood clarifies that the medicine will not work if the woman is already pregnant nor does the drug cause an abortion (1). EC contains hormones which can come

in two forms – a combination of estrogen and progestin or progestin-only (1). Planned Parenthood states that the only brand marketed specifically as emergency contraception at this time is Plan B, which is a progestin-only EC (1). Page describes that its commercial name stems from the idea of "what to do when Plan A (not having sex or having protected sex) fails" (100).

In the December 2002 issue of *The Guttmacher Report on Public Policy*, Heather Boonstra writes in "Emergency Contraception: Steps Being Taken to Improve Access" that emergency contraception must be taken within 72 hours of sexual intercourse for it to be effective in preventing pregnancy (10). She adds that if this direction is followed, emergency contraception "can reduce the risk of pregnancy by at least 75%" (10). Page offers that EC is effective closer to eighty-five percent of the time (109). Planned Parenthood explains this discrepancy in effectiveness measures because progestin-only forms of EC, like Plan B, are said to be approximately eighty-nine percent effective if taken within the seventy-two hour time constraint ("Emergency Contraception Effectiveness" 1). Combination EC has a slightly lower effectiveness rating of seventy-five percent if taken within seventy-two hours of unprotected intercourse (1). In respect of the time restraints, it is imperative that women are granted speedy access to emergency contraception. In the *Journal for Social Issues*, Dr. Christy A. Sherman of the Oregon Research Institute, writes in "Emergency Contraception: The Politics of Post-Coital Contraception," that doctors emphasize that EC should only be used as a "back up" method to traditional forms of contraception because they "carry a higher risk of pregnancy than ongoing daily use of hormonal contraceptives…" (141). Planned

Parenthood also states that using EC on a regular basis "may cause periods to become irregular and unpredictable" ("Emergency Contraception: After Taking 1).

Even with the FDA's backing, emergency contraception's potential as a contraceptive method to aid in preventing abortions has yet to be fulfilled due to the pro-life movement's propaganda campaign. Boonstra asserts that EC is not a new development, maintaining that it was available as a birth control option in France since the 1970s (12). Page builds upon this argument by claiming, "In fact, more than one hundred nations have made emergency contraception available for the prevention of pregnancy, including countries that outlaw abortion such as Argentina, Brazil, Colombia, El Salvador, Kenya, Pakistan, Thailand, and Venezuela" (100). However, even as late as the early 1990s, American women were still in the dark about the use and capabilities of emergency contraception (100). Pro-choice advocates began formulating a method for gaining knowledge and demand for EC in the United States as early as 1992 (100). Filing a petition with the FDA in 1994, the Center for Reproductive Law and Policy (now known as the Center for Reproductive Rights) wanted the FDA to promote emergency contraception (100). The FDA "unanimously concluded that oral contraceptives were 'safe' and 'effective' for use as emergency contraception pills" (101). With this green light from the FDA, this contraceptive method needed a pharmaceutical company to package and to sell pills exclusively as emergency contraception to "replace the ad hoc administration of extra birth control pills" (101). To the FDA and pro-choice movement's surprise, not a single large drug company leapt on the opportunity to market a drug solely as emergency contraception, especially due to the fact that all the research had already been completed (101). To provide an answer to this conundrum, Page believes that

"manufacturers, though, had already been sufficiently chilled, courtesy of the pro-life movement, to the idea of distributing in the United States" (101). To support her theory, Page cites the manufacturing company Schering, which had sold over one million units of EC in the United Kingdom in 1997 alone, refused to enter the United States' market (102). Since large drug companies seemed uninterested in promoting EC in the United States, pro-choice supporters were compelled to enter the pharmaceutical business themselves to market emergency contraception, creating the Women's Capitol Corporation in 1997 (102-103).

By 1998, the FDA approved the first formal prescription-only emergency contraception product to be marketed in the United States (103). Sherman notes this product was called "Preven," a combination pill containing both the hormones estrogen and progestin (14). However, by 2004, the manufacturer stopped producing Preven (Besinque and Downing 4). Before the FDA-approved drug was introduced into the contraceptive market, "women were able to utilize the method only if they knew the number and type of oral contraceptive pills to take, or if they participated in a demonstration project" (Sherman 140). Page reports, in the year 2000 when only two percent of the female population had taken emergency contraception, 51,000 abortions had been prevented as a result (103). Moreover, Page writes that even by the beginning of 2006, "Less than 6 percent of all women report having used EC" with sixty percent of the American public "[remaining] unaware that pregnancy prevention is still possible after unprotected sex" (103). Sherman concludes that widespread knowledge and accessibility of EC should be promoted because in the United States "one half of all pregnancies are unintended, and half of all unintended pregnancies end in abortion" (141). Women's

increase in usage of EC could result in reducing the number of unintended pregnancies in the United States by 50 percent (Besinque and Downing 3).

From the FDA's approval of EC as prescription-only in 1998, this agency acquired an abundance of compelling evidence that attested to its safety and effectiveness for women to use. Sherman explains that for a drug to be approved as nonprescription by the FDA, it must be deemed with the following criteria: "low toxicity, no potential for overdose or addiction, no teratogenicity, no need for medical screening, self-identification of the need, uniform dosage, and no important drug interactions" (146). She writes that supporters of EC claimed that it did meet the qualifications (146). Planned Parenthood's website contends that the possible side effects of using EC are minor, including nausea, vomiting, breast tenderness, irregular bleeding, dizziness, and headaches ("Emergency Contraception: After Taking 1). When using Plan B, a progestin-only EC, nausea and vomiting occurred in less than twenty-five percent of women while less than twenty percent of women vomited using combination pills (1). Furthermore, Planned Parenthood states, "There have been no reports of serious complications among the millions of women who have used EC" (1). Emergency contraceptives are considered non-addictive and non-toxic as well as having no contraindications due to its short-term use, according to the Women's Health Organization (WHO) and the American College of Obstetricians and Gynecologists (Sherman 141). Sherman does point out in her article that the only contraindication that WHO could provide was pregnancy, but "only because the method is ineffective if the woman is already pregnant, not because of risks to the ongoing pregnancy" (146).

Despite the scientific evidence supporting emergency contraception's safety of use without the help of a doctor, the FDA remained adamant about keeping EC available as a prescription-only drug due to the political and religious pressures from the pro-life movement. Page explains that the Women's Capitol Corporation, later acquired by Barr Pharmaceuticals, had submitted an application to the FDA in April 2003 to make Plan B available over-the-counter (103). On December 16, 2003, an FDA expert review panel assembled and voted unanimously in favor of emergency contraception's safety as being offered on a nonprescription basis (112). This same panel, when voting to make EC available over-the-counter, were largely in favor of the request, 23 to 4 (112). To great surprise, in May 2004 the FDA rejected Barr Pharmaceutical's application to make Plan B available over-the-counter, citing there was not enough information on how the medicine might affect a female younger than fourteen-years-of-age (115-116). Two months later in July 2004, Barr Pharmaceuticals requested that Plan B be made over-the-counter for those women older than sixteen (118). In response to this appeal in January 2005, FDA Commissioner Lester M. Crawford said that a decision on the issue could take years (118). Because of the FDA's delay in ruling on the future accessibility status of Plan B, *Washington Post* reporter Marc Kaufman writes in "FDA Official Quits over Delay on Plan B" that Assistant FDA Commissioner for Women's Health and Director of the Office of Women's Health, Susan F. Wood, resigned on August 31, 2005 (1). Kaufman writes that Wood told her FDA co-workers in an e-mail that she could no longer work for an agency that allowed politics to overshadow scientific evidence of Plan B's effectiveness (1). Furthermore, supporters of Plan B accused Crawford "of making a political decision that ignored science and public health" (3). To anger pro-choice

supporters even more, Page reports that the FDA attempted to replace Wood with a veterinarian (118). However, Page explains that "the administration quickly revoked that appointment, denying it was ever made, though the vet had been introduced to agency staff as the new acting director of the Office of Women's Health and the agency's directory listed him under the new title as well" (118).

Emergency Contraception's Over-the-Counter Status

As pro-life groups built a strong resistance against emergency contraception in the political and pharmaceutical arenas, the FDA finally disengaged their firm hold on the agency, allowing scientific evidence to dictate public policy. On August 24, 2006, the FDA released a statement announcing its approval of over-the-counter access for Plan B emergency contraception for women 18-years-of-age and older (FDA 1). However, the news release added this stipulation: "Plan B will remain available as a prescription-only product for women age 17 and under" (1). With this announcement, the reaction of emergency contraception supporters was bittersweet due to the age restriction clause. On the same day as the FDA's news release, Planned Parenthood announced its own statement in response to the FDA's decision ("Emergency Contraception OTC" 1). Planned Parenthood President Cecile Richards stated, "While we are glad to know the FDA finally ended its foot-dragging on this issue, Planned Parenthood is troubled by the scientifically baseless restriction imposed on teenagers" (1). She continued by explaining, "The U.S. has one of the highest rates of teen pregnancy in the western world – anything that makes it harder for teenagers to avoid unintended pregnancy is bad medicine and bad public policy" (1). The Planned Parenthood's news release cites conducted research that showed giving over-the-counter EC access to those teenagers under the age of 18 did not

increase or encourage sexual activity, as pro-life supporters claimed (1). Instead, Planned Parenthood promoted that EC's accessibility coupled with sex education "are the best ways to reduce the alarming rate of teen pregnancy in this country" (1).

With the FDA's approval of Plan B as having an over-the-counter status alongside a prescription status, emergency contraception is already revolutionizing the pharmaceutical industry through its recent strides. Dr. Kathleen H. Besinque, Associate Professor of Clinical Pharmacy at the University of Southern California, and Dr. Donald F. Downing, Clinical Associate Professor at the University of Washington School of Pharmacy, write in "Emergency Contraception: A Guide to Over-the-Counter Availability" that Plan B is the first product to be marketed in the United States with a dual status of both over-the-counter for those adults eighteen and older and prescription-only for those under eighteen (2). The authors also discuss the regulatory status the FDA placed upon the drug (6). Besinque and Downing cite, "Plan B will be distributed to pharmacies and sold to consumers under the terms of the Convenient Access, Responsible Education (CARE) program approved by the FDA and developed by Duramed Pharmaceuticals, Inc…" (6). This article goes on to state that the CARE program "specifies that Plan B is to be sold only from behind the counter in the pharmacy and not be available through non-pharmacy retail outlets" (7). Furthermore, there is no limit to how many Plan B packages a male or female consumer can buy at any one time (8).

Emergency Contraception vs. Medical Abortion

In spite of EC obtaining improved availability, pro-life groups that stemmed from the original Right to Life movement have been leading a resistance to restrict knowledge

to emergency contraception by distorting scientific information as a scare tactic. Sherman establishes that the pro-life movement has instigated a propaganda campaign alleging that EC is a form of medical abortion (142). Pro-lifers uphold their basis for this argument on the fact that the drugs "in some cases, work after fertilization" (142). Kristen Marttila Gast, in "Cold Comfort Pharmacy: Pharmacist Tort Liability for Conscientious Refusals to Dispense Emergency Contraception" published in the *Texas Journal of Women and Law*, considers this pro-life claim irrelevant by stating, "Although there is no scientific evidence of EC ever preventing a fertilized egg from implanting, it is impossible to prove a negative – no one can demonstrate, logically or scientifically, that EC could never inhibit implantation" (151-152). While both opponents and supporters of emergency contraception can neither prove nor disprove that EC can prevent implantation, Jennifer Johnsen, a writer for Planned Parenthood, ascertains that there is a definitive difference between emergency contraception and medical abortion. Johnsen notes in "The Difference Between Emergency Contraception Pills and Medical Abortion" that emergency contraception has no effect on an egg once it is fertilized while medical abortion terminates pregnancy after fertilization ("The Difference Between Emergency Contraception Pills and Medical Abortion" 1). Sherman claims that pro-life camps have mistaken EC for the drug mifepristone, or Mifiprex, which is known as "the French abortion pill" (142). Planned Parenthood explains that the drug mifepristone, which is one of the two drugs that can be used in medical abortions, terminates pregnancy by "blocking the hormones necessary for maintaining a pregnancy" ("The Difference between Emergency Contraception Pills and Medical Abortion" 1). Planned Parenthood argues that EC does not affect fertilized eggs or developing embryos (1). Therefore,

supporters of emergency contraception assert that the drug works before implantation and cannot be labeled as a form of abortion (Sherman 142). To further silence pro-life groups regarding this debate, Gast points out that the FDA classified the emergency contraception pill brand, Plan B, "as a contraceptive rather than an abortifacent," (168). This assertion highlights the fact that the FDA, the expert on drug safety in the United States, does not classify EC as a form of medical abortion.

The Impact of Emergency Contraception Refusal Clauses

Along with instituting a propaganda campaign, the contemporary right wing movement has embroiled the pharmaceutical industry in the controversy of emergency contraception by endorsing refusal clauses in states' legislatures. Sherman writes that pro-life groups are restricting access to emergency contraception through refusal clauses and parental notification requirements for minors in almost every state, making it difficult for those women to use the medicine within the time constraints (Sherman 139). Sherman explains that refusal laws "purport to protect the rights of various health care workers to refuse to participate in providing services when those services conflict with their personal values and beliefs" (143). Planned Parenthood writes in "Refusal Clauses: A Threat to Reproductive Rights" that refusal clauses were originally enacted to protect medical professionals following the legalization of abortion through *Roe v. Wade* (3). The article goes on to say that in the same year following that case, 1973, the Church Amendment was passed by Congress, which granted health care providers the choice to refuse to provide abortions or sterilizations due to religious views (3). From these original refusal clauses against abortion, they were extended to include "assisted reproductive technologies, contraception and emergency contraception, human embryonic or fetal

research, in vitro fertilization, and stem cell research" (3). According to Gast, as of 2007, forty-five states have enacted refusal clauses in some form (167). She also states that during the 2006 legislative session, twenty-one states attempted to expand their current refusal clauses of EC to include traditional forms of birth control (167). Fortunately, Gast reveals, "Though none of these bills passed, this number constituted a marked increase from the 2005 legislative sessions, which saw such new or expanded refusal clauses introduced in only thirteen states" (167). To many pro-life groups and conservative government leaders, refusal clauses sounded like a reasonable compromise between the pro-choice and pro-life stances. However, Sherman remarks that these groups failed to consider how these refusal laws hindered obtaining EC within the seventy-two hour time constraint (144). Furthermore, women may have found being refused by a doctor or pharmacist embarrassing as well as condescending.

The refusal clauses enacted in state legislatures provide evidence of the contemporary right wing movement's influence over public policy and organized medicine as these statutes attempt to threaten women's reproductive rights. Planned Parenthood deems these refusal actions by health care providers "[acts] of discrimination that could lead to an increased number of unintended pregnancies" (1). As the article continues, Planned Parenthood bases its argument on the idea that pharmacists have professional and ethical responsibilities to their patients, which should not be affected by their moral or religious beliefs (3). A pharmacist's ultimate duty is to dispense prescribed medication that is needed for the well-fare of a patient, not to launch a social moral reform campaign (1). Citing an incident in June 2004, Planned Parenthood reports that nine nurses at the Alabama State Health Department chose to quit their jobs instead of

dispensing emergency contraception (3). Planned Parenthood writes that the department's Chief of Family Planning remarked after the event, "It's not appropriate...to dictate public policy based on personal beliefs" (3).

These state-supported refusal clauses are not concrete in protecting all pharmacists from supplying client's prescription or nonprescription EC and may result in more unintended pregnancies. Gast describes that many of the states' refusal clauses only encompass abortions, sterilizations, and artificial inseminations (168). After excluding these states from further discussion, there remain only thirteen states that have laws affecting the availability of emergency contraception through pharmacies (168). Of these thirteen states, Illinois, New Jersey, Oregon, and West Virginia's refusal laws do not extend power to private pharmacies, limiting their scopes to either hospitals and/or state health care employees (168). The states of Arkansas, Colorado, Florida, Maine, Mississippi, South Dakota, Tennessee, Washington, and Wyoming are the nine remaining states whose refusal clauses "protect both the actor and the act – both the pharmacist and the refusal to dispense EC" (169-170). According to the Guttmacher Institute's published study, *U.S. Teen Pregnancy Statistics: National and State Trends and Trends by Race and Ethnicity*, Mississippi and Arkansas were ranked first and fourth, respectively, in having the highest birthrates in young women between the ages of fifteen and nineteen in the year 2000 (12). Mississippi also ranked third in pregnancy rates with Florida trailing at sixth and Arkansas at tenth (12). Of the nine states Gast stated that had strict refusal clauses, Arkansas, Colorado, Florida, Mississippi, and Tennessee all had pregnancy and birth rates ranking in the top half of all states. Wyoming and Washington had percentages that placed them around the middle of the rankings. These statistics allow observers to

infer how strict refusal clauses on emergency contraception in these states have a direct correlation with resultant pregnancies and births, regarding minors and young women.

As of yet, there is not a judicial precedent that establishes a clear, defining line for pharmacists' liability as a result of adhering to states' refusal clauses; however, the judicial system has defined the role of pharmacists to limit their power as "gatekeepers" of medicine. Gast examines the legal ramifications of states' refusal clauses in regards to pharmacists and patients. During the introduction of her critique of the pharmaceutical practice, she writes, "Very little scholarship exists analyzing how courts would likely construe pharmacists' duty of care in the context of EC – whether, in the absence of a medical justification for refusal, they must dispense the drug or whether they may act in accord with the dictates of their conscience without being subject to liability" (153-154). Since there is no established model for the courts to rely on concerning pharmacists' "right of conscientious objection to aspects of their job," most facts are derived from cases where the plaintiff has proven a pharmacist's negligence in filling prescriptions or failing to offer forewarnings about side effects (155-156). This case law establishes that a pharmacist's duty of care to the client does not allow for the refusal of filling a prescription or selling a nonprescription medicine when the basis of such action is non-medical (157). Gast describes that the only instance when a pharmacist may use discretionary actions is "where a departure is essential to ensure the client's health and safety…" (157-158). This belief limits the role of the pharmacist as only a supplier of medicine, nullifying the idea of a pharmacist as a person in charge of medicine (158). Gast cites the Pennsylvania State Supreme Court's decision that upheld this idea in the case, *Coyle v. Richardson-Merrell, Inc.* (159). The Court reasoned, "Pharmacists, as

suppliers, do not freely choose which 'products' they will make available to consumers in any given instance..." (159). The opinion goes on to include that doctors are the professionals who are to act as the middle man between pharmacists and consumers (159). In response to this court-defined role of pharmacists in regarding their duty of care, the two main professional pharmacy organizations, the American Pharmacy Association and the American Society of Health-System Pharmacists, implemented ethics statements in support of a pharmacist's right to refusal clauses with EC (159-160). However, Gast challenges the fortitude of these ethics statements by claiming they can be undermined by their own Codes of Ethics, which place the focus back on the patient (161). For example, the American Pharmacy Association's Code of Ethics writes that its members "[promote] the right of self-determination and recognizes individual self-worth by encouraging patients to participate in decisions about their health" (161). Through application of law, Gast contends that "courts are likely to find that pharmacists have a legal duty to dispense EC, and that a refusal to dispense EC constitutes a breach of that duty" (165). She states that pharmacists are aware that "by refusing to dispense drugs such as EC on non-medical grounds, they may be acting in violation of the law" and their actions be considered as "civil disobedience" (173-174). Gast defines civil disobedience as "an intentional violation of a legal duty, which violation is undertaken to protest a law or requirement the protestor believes to be immoral" (174). Civil disobedience is generally not regarded "as a defense to criminal or civil liability" suits (174).

Women of Color and Contraceptive Equity

While current contraceptive issues highlight the contemporary pro-life movement's attempt to limit reproductive rights, both the pro-life and pro-choice sides

have oftentimes overlooked minority groups and disadvantaged classes' concerns, which have a great need for contraceptive equity and reproductive protection. Former director of the Sarah Isom Center for Women at the University of Mississippi, Jennifer Nelson, establishes in *Women of Color and the Reproductive Rights Movement*, "Women of color pushed for a more complex reproductive rights discourse: one that acknowledged that different women had varying reproductive experiences, in part, depending on their race and class position" (4). While the mainstream white middle-class feminists of the period fought for abortion rights during the 1960s and 1970s, minority women, especially black women, saw the need to include basic health care reform and anti-sterilization policies into the struggle (4). Nelson argues that women in minority groups as well as poor women lacked the financial resources to obtain safe abortions in the pre-*Roe v. Wade* era, dying four times as often from botched abortions than white women (10). In *Undivided Rights: Women of Color Organize for Reproductive Justice*, co-authors Jael Silliman, Marlene Gerber Fried, Loretta Ross, and Elena R. Gutierrez state that women of color and of low socio-economic status did not experience the same reproductive choices white women afforded (5). These authors contend, "'Choice' implies a marketplace of options in which women's right to determine what happens to their bodies is legally protected..." (5). Unfortunately, minority groups were not granted these various options in controlling fertility throughout history due to forced sterilizations (Gordon 342). Gordon explains that many states during the 1920s, mostly southern, enacted sterilization programs upon blacks, Native Americans, and poor whites to prevent these groups from producing children that white elites believed they could not support and nurture (342). These abuses by medical doctors shaped women of color's core concern in the reproductive rights

campaign: "resisting population control while simultaneously claiming their right to bodily self-determination" (Silliman et al 7). However, Schoen does acknowledge that not all women of color had negative experiences from having sterilizations (79). She writes, "Rather than being the victims of coercive eugenic policies, they used those policies and programs for their own ends" (79). She demonstrates that some minority women elected to be sterilized; but with lack of resources, were forced to use the same medical institutions that imposed the practice on many other women, showing that even elective sterilization in these women contained class bias (79).

As Sanger protested the entrance of male leadership into the birth control movement, women of color were also dissatisfied with their male counterparts' involvement in the reproductive rights controversy during the 1960s and 1970s. According to Nelson, it was during this time when the Black Nationalist movement emerged to the forefront of the civil rights cause in the United States (56). This new movement distinguished itself from the previous nonviolent crusade lead by Martin Luther King by emphasizing "black masculinity and aggression" (58). Along with this new confrontational strategy, Black Nationalists took charge of the controversial issue of reproductive control to selfishly aid its own goal in obtaining strength to end racial discrimination in America against black men, not in trying to help advance black women (56). These men encouraged the idea that to overthrow racial oppression, the black community needed strength in great numbers (58). Nelson concludes, "The role of black women in this scenario was simple: Black Nationalist men wanted black women to produce and raise the (male) warrior for the revolution" (58). Authors Silliman, Fried, Ross, and Gutierrez state that even the head of the Florida NAACP Mike Davies

remarked, "'Our women need to produce more babies, not less...and until we comprise 30 to 35 percent of the population, we won't really be able to affect the power structure in this country'" (55). To support this idea, Black Nationalists considered the use of contraception and abortion as the white population's attempt to perform racial genocide against African Americans (Nelson 56). Disagreeing with the Black Nationalists' view, black women's liberationists surfaced to argue that the sexism imposed upon them by black men was analogous to the racism imposed upon the black community by the whites (59). Being in favor of contraceptive use, these liberationists "hoped that by criticizing the sexism of the Black Power movement, black women would be able to contribute more fully to the realization of their own vision of a nonracist and nonsexist society" (61).

To counteract the Black Nationalist campaign against contraception and abortion, black women liberationists formulated a strategy of their own to undermine their internal oppression by black males. The Black Women's Liberation Group of Mount Vernon, New York, which was formed in the 1960s to supply black women with birth control, distributed its 1968 address to black men called "Statement on Birth Control" (61). By exploiting a black male stereotype to strengthen the group's pro-birth control stance, these women openly asserted that black women would purposefully begin to limit their fertility because black men abandoned their families too frequently (61-62). This Mount Vernon group believed "it was hypocritical for Black Nationalist men to urge women to have babies and then walk away when the time came to support them" (62). Another black feminist who joined the Black Women's Liberation Group in highlighting black males' sexist attitudes toward their female counterparts was Francis Beal (62). Helping to

organize the Black Women's Liberation Committee (BWLC) in 1968, Beal disseminated a proposal for black women to be proactive rather than reactive and "empower themselves" in the civil rights movement in order to ultimately end racial prejudice in America (62). She advocated that black men could not wage war against white supremacy without the equal help of black women (62). As more black liberationists joined the ranks of advocating reproductive control among women of color, black female critics spoke out in opposition, claiming that too much focus was being placed on women rather than on the more important issue of the black community as a whole (Silliman et al 57). The liberationists responded by reiterating that the critics' claim was futile and "insisted that they were an arm of the civil rights struggle" (57).

As African American females organized to gain fertility control by addressing the discrimination from their male counterparts, Puerto Ricans are the ethnic minority that prompted civil rights and women's movements to address the epidemic of sterilization abuse in America. Gordon writes that this awareness was begun by a Puerto Rican civil rights group in New York City called the Young Lords Party (344). This group, Nelson comments, did not consider gender as a main concern (117). Women originally joined the party because "they identified as Puerto Ricans and believed that poverty, racism, and disempowerment among Puerto Rican New Yorkers was unacceptable and had to be fought" (117). The members of the Young Lords Party eventually grew to take on a feminist and anti-racist political stance (120). From this new political connection, Nelson writes, "Unlike other nationalist groups, the Lords linked an anti-sterilization position...with a pro-abortion stance" (121). This innovative pairing stemmed from the party's "[questioning] the high rate of sterilization not only on the island of Puerto Rico

but also among Puerto Ricans in New York, where the sterilization rate was seven times that among Anglo-Americans and twice the rate among African Americans" (Gordon 344-345). The Young Lord Party's curiosity into sterilization rates directed the group to examine the medical practice among Puerto Rican women in New York only to find that a coercive nature was being developed among doctors performing sterilizations (Nelson 122). They also discovered that sterilization was heavily promoted to Puerto Rican women by medical doctors as the most effective form of birth control (123). Nelson reports, "One study of 850 Puerto Rican unmarried women revealed that 22 percent knew about sterilization, or 'la operacion,' while only 1 percent knew about the diaphragm and 12 percent knew about the condom" (123). Gordon points out that what was so alarming about the Young Lord Party's discovery was not the high number of sterilizations performed, but rather that there "was a greater attempt to hide the coercion, so that it required more ambitious investigation to develop the proof that soon began to emerge" (345).

Upon learning of the sterilization abuse in New York, the mainstream feminist movement had to reevaluate their attitude on this form of birth control in order to begin a campaign against the coercion being practiced on women of color. Unlike minority women, white middle and upper-class women viewed sterilization as a necessary birth control option (Nelson 5). During this time period in the 1960s and 1970s, Nelson explains that doctors would normally not perform sterilizations on white women if they were young because they believed the women would change their minds (5). In determining which women would qualify for the procedure, doctors did not employ mental or physical health conditions as the standard of measure (Gordon 343). Rather,

doctors relied on a mathematical formula determined by the American College of Obstetricians and Gynecologists (ACOG) (343). This formula multiplied the woman's age by the number of children she already had; if the answer was greater than 120, she was approved for the sterilization, but not before she was also examined by a psychiatrist (343). According to Nelson, because of these experiences, white women were far less apt to support women of color's calling for stricter regulations regarding the sterilization procedure's performance (5). When one such group, the Committee to End Sterilization Abuse (CESA), wanted to institute a thirty-day waiting period for women seeking sterilization, the white feminist groups were furious because they felt a waiting-period seriously infringed upon their reproductive rights to autonomy (5). However, this reaction left women of color with the burden of proving sterilization was not an elective choice for many women of minorities and low socio-economic classes (5).

One way minority groups worked to bring mainstream feminists to their side of the argument was through black feminists' involvement in their organizations. A good example of this fact lies in the work of Faye Wattleton. Silliman, Fried, Ross, and Gutierrez express that Wattleton was the first African American woman to serve as president for Planned Parenthood from 1978 to 1992 and was also the first woman to hold that position since Margaret Sanger (57). During her term as president, she persuaded more black women to become involved in the organization (57). Wattleton wrote in regards to her work at Planned Parenthood, "I believed that my ethnic identity gave me firsthand experience with those who suffered the most from the oppression of illegal birth control and abortion" (57). Wattleton's leadership at Planned Parenthood

came during a time when many black women "distrusted the white pro-choice organizations" as being prejudiced and inapplicable to black women's lives (57).

Another way women of color garnered support from mainstream feminism was by raising awareness through litigation. In the 1973 class-action suit *Relf v. Weinberger*, Nelson describes that twelve-year-old Minnie Lee Relf was sterilized in the Montgomery Family Planning Clinic in Montgomery, Alabama, without her knowledge (65-66). Claiming she was diagnosed as mentally incompetent, clinic staff attempted to hide behind the shield of a state eugenics law (66). Nelson expresses that Relf was at the clinic to receive her normal birth control shots when her mother, who did not know how to read or write, signed a form with her "X" believing she was authorizing the administration of the birth control shot (66). By the conclusion of the trial, the Court sided with the Relf family in believing the mother had been misled by the clinic staff to authorize her daughter's sterilization (66). The Montgomery Family Planning Clinic's federal funder – Health, Education, and Welfare (HEW) – was also sued by the National Welfare Rights Organization (NWRO), losing this case as well (66-67). In the ruling, the Court required that "HEW cease funding sterilizations for minors and the mentally incompetent" (67). The state of Mississippi also drew attention to sterilization abuse among minority women. In the Guttmacher Institute's *Family Planning Perspectives'* article "Forum: Black Women and the Pill," Dorothy Roberts contends that sterilization was such a widespread practice in the state that it was nicknamed a "Mississippi appendectomy" by many southerners (2). Nelson supports this claim, reporting that Mississippi resident and civil rights activist Fannie Lou Hamer stated at the Women's International League for Peace and Freedom that "60 percent of black women who passed through Sunflower City

Hospital in her hometown in Mississippi were sterilized, many of them without their knowledge" (68).

Due to the growing awareness for sterilization abuse among women of color and the poor, federal regulation guidelines were passed to end the pervasive abuse of sterilization. Nelson writes that the reproductive rights group CESA took on the challenge, which began in New York in late 1974 (140). In the following year, CESA was joined by the Advisory Committee on Sterilization (142). Together, these two groups formulated a set of guidelines to be used by New York City hospitals (142-143). Among these new regulations were the stipulations of a thirty-day waiting period, consent could not be given during abortion or labor, information on sterilization had to be given in the patient's native language, and the patient had to express a written understanding of sterilization's permanence (142-143). During the same year in 1975, the regulations were passed by New York City Health and Hospital's Corporation (144). By 1978, the same regulations were passed by the New York state legislature to include all hospitals (145). With the passing of these sterilization guidelines in the state of New York, Gordon explains that the event marked an establishment of "state power" and credibility to the issue (347). She goes on to claim, "The campaign against sterilization abuse represented in some ways the high point of the reproductive rights work of the women's health movement," with its most significant contributions being ending prevalent mistreatment of women as well as strengthening "patients' rights to informed consent" (347).

Men and Contraceptive Use

With the awareness of equitable contraception among women of all ethnicities, many researchers began seeing a need for men to become more actively involved in

pregnancy prevention. Currently, men comprise one-third of all contraceptive use in the United States; however, men are limited to only two options – condoms and vasectomies (Associated Press 1). Due to males' frequent use of contraceptives, researchers and doctors felt that there is a market to welcome more options for men in controlling fertility (1). According to Planned Parenthood, condoms are considered eighty-five percent effective with typical use, which incorporates failure rates ("The Condom" 1). On the other hand, vasectomies are a permanent form of birth control that causes men to be sterile and, unlike condoms, can be "nearly 100 percent effective" ("Vasectomy" 1). Contrasting with female sterilization, Johnsen conveys that a "vasectomy is simpler, costs less, and has fewer risks than tubal sterilization" ("Tubal Sterilization" 3). Also, vasectomies can be reversed in some cases ("Vasectomy" 6). According to Tone, Americans continue to choose female sterilization as the preferable method of permanent birth control (287). Despite the positive aspects of vasectomies, only 500,000 operations are performed each year ("Vasectomy" 1).

Unlike what pro-life advocates would like to believe, the concept of a male form of birth control is not an idea of modern science. The Associated Press writes, "Scientists have known for 50 years that it should be possible to fiddle with a man's hormones and make him sterile for a while" (1). Furthermore, this same article claims that about 3,000 males have participated in various studies into limiting fertility (1). According to the Institute of Medicine, the past research on male contraceptive options had not seen developments due to "sporadic research funding, cultural concerns, and limited interest by drug companies" (1). Tone claims that this seeming disinterest is the result of two issues (251-252). The first concern relates to psychological factors (251). She declares,

"One psychoanalyst warned that a man's ability to impregnate unimpeded by technology was critical to his identity" (251-252). As early as 1968 during the National Medicinal Chemistry Symposium of the American Chemical Society, researchers of male contraceptives already viewed this as setback (252). One researcher explained, "The delicate male psyche equates virility with fertility, and it is believed that extensive education would be required to get men used to the idea of a 'male' contraceptive" (252). Even John Rock, a developer of the Pill, argued that half the battle of a male birth control pill's success would be to get men to use it (252). The second concern Tone discusses involves the biological differences between men and women (252). She states that it was much easier for researchers to develop the Pill because the drug only had to control the body's release of one egg while a male birth control pill would have to halt the release of a great amount of sperm (252-253).

Despite the psychological and biological setbacks, science seems to be making headway into successful research studies. In the article "Making the Male Birth Control Pill," the Associated Press writes that scientists are researching both hormonal and non-hormonal forms of male birth control (1-2). John Schieszer's article "Male Birth Control Pill Soon a Reality" explains that male hormonal contraceptives are similar to female ones in respect to the way they work, except they use the male hormone testosterone (1). The Associated Press contends that this approach has solicited the most interest from researchers; however, it has one drawback – it could take up to three months for a man's fertility to be fully prevented (1). Two studies, one in China and one in Europe, are using the hormonal approach to find a breakthrough (2). The Chinese study is using a form of testosterone called TU, for testosterone undecanoate, to inject into the male participants

in order to drop sperm counts (2). The European study has chosen a different option by inserting implants into men's upper arms (2). The Associated Press states that these implants contain the "hormone etonogestrel, which suppresses production of both sperm and testosterone" (2). Also, every three months these male participants will receive shots of TU to replace the testosterone their bodies are not generating (2). Along with these hormonal approaches, scientists are looking into non-hormonal strategies to develop a male contraceptive, which might actually lead to a pill version similar to women's form (2-3). The non-hormonal method has scientists looking into drugs that create the side effect of infertility (2). The Associated Press describes, "Oxford University researchers recently reported that a drug used to treat a condition called Gaucher's disease makes male mice sterile by rendering their sperm abnormal" (2). Once the drug was no longer administered to the mice, the animals' fertility returned (2).

Despite the available scientific knowledge and cutting-edge technology, the United States has yet to see pharmaceutical companies promoting numerous male birth control options for limiting fertility, exemplifying the sexist attitudes underlying the entire contraception debate. Schieszer claims that Harbor-UCLA Medical Center has developed a male implant using the hormones progestin and androgen that "are safe, effective, inexpensive and entirely reversible" (2). This medical center has also teamed up with the clinical trials in China (2). However, it could take as long as five more years before a male contraceptive method is approved by the FDA (2). This foot-dragging on the part of researchers and drug companies leads Tone to question whether society has really advanced that far from the work of the birth control movement's pro-choice advocates. She argues, "It is ironic that in a post-*Roe v. Wade* world that celebrates

reproductive choice, the most frequently used contraceptive in the country – by a wide margin – is irreversible female sterilization" (286-287). She explains that American drug companies have pulled away from contraceptive research, citing that in the 1970s there were a dozen companies involved and by the 1990s only two remained (287). The American pharmaceutical industry left the birth control market in search of less risky pursuits, which left projects without funding and scientists without jobs (287).

By delving into the current contraceptive issues in the United States, one can see that religious and political influences have reinstated past grievances toward contraception, affecting its availability. These influential barriers take guidance from the sexist and prudish Victorian culture as well as from the past racist climate. Ultimately, these hindrances to equitable contraception infringe on individuals' constitutional rights to freedom and privacy, foster an environment that promotes female subordination, and create a greater need for abortion to end unplanned pregnancies.

CHAPTER III: THE REPRODUCTIVE RIGHTS CONTROVERSY

Religious Support of Contraception

Despite the current right wing movement's repressive attitude toward contraception, many world religions have actually supported the right to birth control through their most basic teachings. In *Sacred Choices: The Right to Contraception and Abortion in Ten World Religions*, Maguire examines the teachings and beliefs of the world's major religions. He focuses on each one's views regarding family planning. Of the religions Maguire discusses, Roman Catholicism, Judaism, and Protestantism are the most influential in formulating American legislative policies regarding women's reproductive rights. Roman Catholicism and Judaism are two of the three main world religions while Protestantism is the main religion in the United States (121). Maguire argues that within each of these religions, despite the appearance of "pro-life" stances, there can be found discrepancies in teachings that also allow for family planning practices.

Beginning with an examination of Roman Catholicism, Maguire reveals its vast international influence, especially in regards to the reproductive rights controversy. He demonstrates the Catholic Church's power by noting that it "is the only world religion with a seat in the United Nations" (31). According to Maguire, this seat allows the Church to sponsor and to promote a restrictive campaign on family planning practices (31). Wielding its power and influence, the Vatican, other "Catholic" nations, and conservative Muslim nations, were able to prevent discussion of birth control at the 1992

United Nations conference in Rio de Janeiro (31). Additionally, the Vatican repeated this same obstacle at the 1994 United Nations conference in Cairo, along with stopping discussion about abortion (31). According to the United Nations Population Fund website, it is not until the 1999 conference during a Special Session of the General Assembly in New York City that the unmet need for contraception was finally discussed (1).

To break down the true Catholic position on family planning, one must look to the basic religious teachings that provide the foundations of Roman Catholicism rather than relying on official authority. Maguire, along with the lay theologian Christine Gudorf, take a stroll through historical corridors to start at the birth of Christianity. Gudorf explains that Christianity arose in a time when contraception and abortion were practiced, with infanticide as the main method of limiting fertility (32-33). When Christianity came into being, it denounced infanticide; however, Gudorf points out that it still was performed (33). As the Middle Ages emerged, the use of infanticide was replaced by abandonment (33). In response to this shift, the Church began the practice of oblation to provide a positive family planning option (33). Oblation allowed parents to give their unwanted offspring to the Church to allow them to become nuns and monks (33). Gudorf explains that the Church also created foundling hospitals for unwanted offspring (33). Infanticide and abandonment, coupled with high mortality rates of children during this early part of history, allowed for population control; discussion of contraception and abortion were not necessary yet (34).

The official "Catholic position" on contraception and abortion is in contradiction to historical Catholic teachings. In spite of what Catholic religious officials would like

followers to believe, the official "Catholic position" on contraception and abortion is actually fairly recent, dating from the 1930 encyclical *Casti Connubii* of Pope Pius XI (34). This pope determined that "contraception and sterilization were sins against nature, and abortion was a sin against life" (34). However, Maguire explains that "the Roman Catholic interpretation on abortion is pluralistic," rather than having a single position as it would like people to believe (35). The Roman Catholic faith has both "a strong pro-choice tradition and a conservative anti-choice tradition" (35). Many Roman Catholic followers as well as pro-life supporters cite the Bible as their religious evidence of the sinful nature of abortion (35). Interestingly, Maguire states that the Bible is relatively silent on the issue of abortion (35). According to Maguire and Gudorf, the closest reference is found in Exodus 21:22 (35). Maguire writes that this verse says, "'When people who are fighting injure a pregnant woman so that there is a miscarriage, and yet no further harm follows, the one responsible shall be fined what the woman's husband demands, paying as much as the judge determines'" (102). This verse speaks only of accidental abortion, not of voluntary medical abortion (35).

Another governing tradition in Christianity that offers support for the pro-choice argument is the theory of delayed ensoulment. This theory upholds the idea that a fetus does not possess a soul "until as late as three months into the pregnancy" (36). Maguire adds that Gudorf describes, "'…ensoulment occurred at quickening, when the fetus could first be felt moving in the mother's womb, usually early in the fifth month'" (36). Gudorf further clarifies, "'Before ensoulment, the fetus was not understood as a human person'" (36). Gudorf also claims, in a recent study by Latin American Catholic theologians, this view was reaffirmed after examining early written works by the Church that refer only to

condemning abortions of a "fully formed fetus" (36-37). In light of this discovery, Maguire calls attention to the fact that the majority of abortions performed in the United States can be accepted and tolerated in accordance to the belief in delayed ensoulment (37). Furthermore, the theory of delayed ensoulment makes room for "pregnancy terminations resulting from the use of RU 486..." (37). RU 486, or Mifeprex, is the commonly known name for medication abortion "that allows women to end a pregnancy at the earliest moment" (Page 62).

A third example of the inconsistency in Catholic teachings on contraception and abortion dates back to the fifteenth century in the work of the Saint Antoninus (Maguire 37). This saint completed work on abortion and ultimately promoted the idea that abortions can be performed to save the mother's life (37). His view was adopted by Catholic followers (37). Of even greater interest, Maguire writes, "He was not criticized by the Vatican for this. Indeed, he was later canonized as a saint and thus a model for all Catholics" (37).

The Church's scripture, theory of delayed ensoulment, and the work of Saint Antoninus illustrate that the stance on contraception and abortion is not finalized, but rather it is in continuous evolution (38). This idea can be seen in two events in the Church's more recent history. The first event took place in 1954 when Pope Pius XII permitted the use of the rhythm method as a means of family planning (40). This method is "based on calculating the woman's fertile period and abstaining from intercourse during it" (Gordon 14). The second event occurred in 1968. When Pope Paul VI reinstated the view that all forms of contraception were disallowed by the Catholic Church, some Catholic bishops chose to respectfully disagree and to not follow this

religious teaching (Maguire 40). As can be seen in birth rate statistics in Catholic nations in Europe and in Latin America, the Catholic clergy also respectfully disagreed with the contraceptive ban. The birth rates were "close to or below replacement levels" (40). Page writes, "When polled, 85 percent of U.S. Catholics said they believe that *they should be allowed to practice artificial means of birth control*" (14). Another interesting statistic Page gives is that 40 percent of the women who underwent abortions in the United States considered themselves "Evangelical Christians or Catholics" (58). This worldwide disobedience of papal teaching can be justifiable by another Church teaching called the *sensus fidelium* (Maguire 40). This teaching describes that "the consciences and experiences of good people are guideposts to truth that even the hierarchy must consult" (40). The contradictory stance of the Catholic Church regarding abortion and contraception reveals that the Church is struggling with a much deeper issue than limitations on fertility. By mandating a meritless pro-life-only position, it gives reason to believe that the Church is more concerned with controlling parishioners than helping them lead better quality lives.

Unlike Catholicism, the religion of Judaism does not have the same international influence due to the fact that it has lost followers since the Nazi Holocaust; therefore, this religion has a different attitude in promotion of family planning practices. Maguire begins his examination of this world religion by bringing attention to the fact that Judaism does not worry about overpopulation, but rather depopulation (95). The Nazi Holocaust dropped the number of Jewish people from approximately eighteen million to eleven million (95). Contemporary statistics concerning the Jewish population in the United States reveal declining numbers as well. Maguire writes, "As of 1990, Jews who

were once 3.7 percent of the population were only 2.4 percent. Of that number, 52 percent were intermarried to non-Jews, and only 25 percent of these were raising their children as Jews" (95-96). These startling figures showcase the importance of family planning for Jewish families in their need to produce more progeny (96). However, Maguire argues that the Jewish followers' concerns of depopulation do not interfere with its acceptance of limiting fertility (95). Maguire claims that according to an ethicist from the Conservative Jewish Movement, Elliot Dorff, American Jews' current reproductive rate is below replacement levels (95).

In spite of its need for greater numbers to keep its traditions alive, Judaism can be supportive of contraception because it is more concerned with the quality of its members rather than the quantity. Maguire argues that this religion does not place a great value on a vast number of followers (96). He cites Deuteronomy 7:7 as his evidence: "'It was not because you were more numerous than any other people that the Lord set his heart on you and chose you – for you were the fewest of all people'" (96). Judaism places its value on the teachings of the Torah it offers to its youth (96). The Torah is the first five books of the Hebrew Bible, but it also is a term used to describe the full scope and message of Jewish teachings (96). As Maguire looks at the beginnings of Judaism, he states that it began three thousand years ago by forming a new view on humanity and the world (97).

Through an examination of Judaism's most basic teachings, one can see that the religion calls followers to exercise reproductive control in order to adequately provide for healthy, productive children. Maguire uses a professor of Jewish studies at San Francisco State, Laurie Zoloth, as his guide for the Jewish legacy and teachings. These two scholars begin with an overview of Judaism's principal teachings by looking at two things: "their

casting humanity as 'in the image of God'" and "their rich and radical theory of justice" (98). The *Image of God* was first used by ancient royal families to delineate their superiority over the masses (98). The Israelites, the founders of Judaism, adopted the idea and "democratized it" (98). As Zoloth explains, now every individual was considered to be made in the *Image of God* (98). The Book of Genesis incorporates this idea with reproduction (98). Maguire quotes from Genesis 1:27-28, "'So God created humans in his own image, in the image of God he created them: male and female he created them. God blessed them, and God said to them, 'Be fruitful and multiply, and fill the earth and subdue it'" (98). Zoloth urges the reader to notice that God did not create humans like insects, which "swarm the earth" (99). Instead, God created humans with the power of reason and understanding to value quality of life over quantity of life (99). Maguire proposes that the Jewish people "are obligated to make *humane* human beings who can bring the message of Torah to the world" (99). Maguire and Zoloth then discuss the second aspect of Judaism worth studying – its theory of justice. The Hebrew use the word *Tzedaqah* (pronounced *say-dah-kah*) for the idea of justice (99). The Hebrew justice is one that is "proactive, rather than reactive" (100). Maguire explains that it is a far broader program than payment and performance of duties (100). Zoloth describes that justice and justice-teaching are focal points of Jewish parenting lessons (100). Maguire states, "Justice requires families look out not only for themselves, but also that they make sure 'ever larger families do not overwhelm a community's ability to care for the poor'" (100).

While pro-life camps argue that Jewish Scriptures emphasize the importance of procreation, one can also find parallel arguments that allow followers other non-

reproductive avenues of obtaining Godly favor. The discussion of Judaism then shifts to focus on its views of contraception and abortion. It is noted that Judaism advocates procreation (101). Maguire writes that it is written in Tannaim in the Tosefa 8:7, "'One who does not procreate both denies God and creates murder'" (101). In direct contradiction to this previous statement, the Scripture goes on to describe a man who gives his full service to the study of the Torah and never takes time to have children (101). This man, Maguire describes, was not considered a "murderer," but was held up as a role model by the Scripture for his dedication to spiritual growth and understanding (101). As this Scriptural example signifies, Judaism believes there are various avenues to "be fruitful and multiply," which do not literally mean to produce offspring; it can also involve deepening one's Jewish faith (101). Another option involves Maguire's argument for family planning (102). Like Roman Catholicism, Judaism has a belief in the theory of delayed ensoulment. Zoloth states that the fetus is not considered a "*nefresh*, a person, until the head emerges in the birthing process" (103). This thought can then allow abortions to be performed in justifiable circumstances such as "avoiding disgrace" and health reasons (103-104). Maguire instructs that it is important to examine the family planning views of Judaism because of the high importance placed on "'the sanctity of life'" (104). Furthermore, this religion later gives birth to Christianity (104).

An investigation into world religions' views on contraception and abortion is incomplete without a look into Protestantism. With more than half of the American population (56 percent) identifying themselves as Protestants, this denomination has the power to be the most influential regarding modern American politics (122). Many pro-life groups have strong ties to Protestantism; however, by examining Protestantism's

history and teachings, one can find that this religion has supported birth control throughout its history and continues to do so currently. Maguire, along with the former Christian Ethics professor at Union Theological Seminary in New York, Beverly Harrison, start the examination into Protestantism by beginning in the sixteenth century when the Protestant Reformation was initiated (122).

With Protestantism's founding during the Protestant Reformation, this religion's basic goals were to institute reforms against social control from authoritative religious and governmental leaders. Lewis W. Spitz writes in *The World Book Encyclopedia* article "Reformation" that the Protestant Reformation was begun by Catholic monk and Professor of Theology, Martin Luther, when he defied the Catholic Church's teachings (187). Luther was later excommunicated by the Church for his dissenting views (187). Harrison determines that the main unifying theme of Martin Luther's Protestant Reformation ultimately was "against mind control in faith and morals" (Maguire 122). Luther, along with other religious reformers, desired independence from, in their opinion, the controlling watch of religious leaders and governments (122).

As this religion developed over history, Protestantism's early views on abortion stemmed from its distaste with the Roman Empire's supposed immoral, accepting nature, marking the birth of its ultra conservative disposition. According to Harrison, an "antisexual asceticism" emerged to counteract the Roman culture and soon became rooted in Protestant beliefs (123). This anti-sexual Christian culture proved to be an obstacle for women's reproductive rights (124). Even at this early point in history, Harrison states that many of the women who received abortions were presumed to be and treated like adulteresses (124).

While the development of anti-sex and conservative views limited women's reproductive rights, there was one change that early Protestantism instituted to help build protection for these rights. Martin Luther ended the Catholic practice of religious celibacy, which would allow Protestant church leaders to marry and procreate (124). With this alteration in church teachings, Protestant authority figures would now have "firsthand experience of the dilemmas of reproduction," forcing them to be personally involved in family planning habits (124).

By the end of the nineteenth century, Protestantism began to veer away from its founding principle against social control imposed by religious and governmental authorities. As the Victorian political culture dominated American society, feminist ideas surfaced to counteract the period's sexist and restrictive views (125). These feminist ideas, which advocated for women's advancement and reproductive rights, accumulated many Protestant female followers and set the stage for the backlash known as the Christian right (125). The Christian right materialized, as Harrison claims, to "resist any gender role shifts and advocacy for women's rights" (126). This group took sides with Roman Catholicism's claim of the rights of the unborn fetus while completely ignoring the rights of the pregnant woman (126). Harrison claims that the Protestant Christian right was so successful because of information control and extremist views (126).

Despite the reverberating outcry of the conservative minority, Protestantism's stance on family planning is not as well-defined as it would like to believe. Maguire reports that the Religious Coalition for Reproductive Choice (RCRC) in Washington, D.C., proves this fact (128). This organization explains on its website that it was founded in 1973 to protect the constitutionality of the right to an abortion (1). According to the

RCRC President and CEO, Reverend Carlton W. Veazey, "While our member organizations are religiously and theologically diverse, they are unified in the commitment to preserve reproductive choice as a basic part of religious liberty" (1). Maguire uses the RCRC's statements from U.S. religious institutions to establish "that the right to choose an abortion is a religiously-grounded right" (128).

Maguire's discoveries involving the Baptist Church, Religious Society of Friends (Quakers), Disciples of Christ Church, Episcopal Church, Presbyterian Church (USA), and United Methodist Church are indicative of Protestantism's pro-choice opportunities. Maguire finds that the General Board of the American Baptist Churches reported in 1988 that, while some members oppose abortion, "Many others advocate for and support family planning legislation, including legalized abortion..." (128). The American Friends Service Committee, a group of the faith of Religious Society of Friends (Quakers), provided in 1970 and in 1989 an encouragement for "'a woman's right to follow her own conscience concerning child-bearing, abortion and sterilization...'" (128). In 1975 and in 1989, the Disciples of Christ General Assembly argued to oppose governmental legislation that attempted to mandate one religious belief on abortion to the nation as a whole (128-129). During this same time period in 1978, the Episcopal Women's Caucus saw a need for the poor to have access to public funding for abortions while the Presbyterian Church (USA) "in five of its General Assembly meetings, approved of abortion until the fetus is viable" (129). Finally, the United Methodist Church stated its belief in abortion when the health of the mother or fetus is at risk during the General Assembly Conference in 1988 (130).

Not only do conservative pro-life groups deviate from Protestantism's founding principle, but also they completely ignore its principle of the common good, which calls authorities to respect fundamental human rights. Maguire recommends that "lawmakers today who disapprove of all abortions can still, in good conscience, support the legalization and decriminalization of abortion," if they were to recognize this principle (131). Disallowing the right to contraception and abortion would deny the Protestant beliefs that religious reformers, such as Martin Luther, worked so hard to establish (131). Martin Luther proclaimed in a famous speech to the Catholic Church upon his excommunication, "I am bound by the Scriptures I have quoted and my conscience is captive to the Word of God. I cannot and I will not retract anything, since it is neither safe nor right to go against conscience" (Spitz 187).

Through this investigation of Roman Catholicism, Judaism, and Protestantism, one can find overlapping beliefs as well as persistent conservative sects who wish to criminalize family planning practices. Maguire contends, "In almost all cultures, the Holy Family tends to be a small family" (54). This example is just one more piece of evidence to endorse the claim that religious institutions are fundamentally pro-choice, allowing contraceptive use and abortion when deemed necessary.

This religious investigation reveals that the main concern on the reproductive rights controversy is finding the answer to this question: What are the pro-life group's real motives behind its religious crusade against contraception and abortion? It seems its religious foundations are merely a façade for a no-choice despotism which fears the autonomy of women. Evidence to support this claim can be found by merely looking at the fact that men largely reside as authority figures over the congregation.

Importance of American Democracy

Even though pro-life supporters skew religious beliefs to advance their position, the U.S. Constitution established the federal government as a democracy to serve its people rather than advocating social restriction as an authoritative despot. In the *American Constitutional Law: Introductory Essays and Selected Cases*, authors Alpheus Thomas Mason and Donald Brier Stephenson, Jr. offer that the federal Constitution is the highest authority for the U.S. government (41). This government adheres to American constitutionalism, which is defined as "the belief in limiting government power by a written charter" (42). As the Constitution provides a framework for the setup of the government, James Madison ascertained in *The Federalist*, No. 51, "'In framing a government which is to be administered over men, the great difficulty lies in this: you must first enable the government to control the governed; and in the next place oblige it to control itself'" (42). The Constitution was drafted in such a manner as to offer both clear and understated applications of law (42). Co-authors Geoffrey R. Stone, Louis Michael Seidman, Cass R. Sunstein, Mark V. Tushnet, and Pamela S. Karlan write in *Constitutional Law*, "The Constitution itself provides a mechanism for changing its terms" (2). Another important aspect of the Constitution that was encompassed in the political thought during its development was the reliance on civic virtue (12). Civic virtue is "the willingness of citizens to subordinate their private interests to the general good" (12). The original framers of the Constitution knew the importance of establishing the American government as to ensure the citizens that their voice would be heard and their rights fully protected.

Through examining the Constitution, one finds that its wording is actually gender neutral, even though women during the time of its ratification were not benefitting from the same rights women enjoy today. In "Representation of Women in the Constitution," author Jan Lewis explains that the Constitution does not use the words "he," "him," or "man" during any portion of it; however, there is one exception – the use of the word "male" during the wording of the Fourteenth Amendment (23). Lewis contends that the gender-neutral language was intentional (23). The framers of the Constitution opted to use the phrase "persons" when referring to the American population (24). She writes that "we can, and should, understand that women were indeed included in the term 'free persons,' and, hence, that every place that the Constitution uses the term 'person' or 'persons' and probably every other place that uses gender-neutral language as well, women were implicitly included" (24). Lewis justifies her conclusion by examining a government's purpose, which in its most basic form "was to protect those who could not protect themselves" (29). Through the application of gender-neutral language, the Constitution's framers implied that the document included women by offering them representation and protection (29). However, Lewis determines that the Constitution "did not allow them to represent themselves. Instead, it trusted their care to the men in their families…" (29). She asserts that the Constitution incorporated women as a part of "rights-bearing citizens and represented them as members of the body politic, but it gave them no means of securing their rights" (29). This contradiction is what entangles reproductive rights into a heated political and legal debate wherein women must find avenues to assert their need for governmental protection over reproductive control.

As the Constitution intentionally uses gender-neutral language to imply women's inclusion, the document was actually drafted entirely in such a manner as to allow for varying interpretations because the rights and limitations it grants are not explicitly stated. This flexibility in interpretation affords women contraceptive rights as well as allows the government to bring together the pro-choice and pro-life sides. Mason and Stephenson report that the "Constitution provides no definition of either powers or limitations, nor does the Constitution state how its words are to be interpreted" (42). These authors contend that there are four common methods that judges employ in interpreting the Constitution: clear meaning, adaptation, original intent, and structuralism (52). It is important to understand that judges, when deciding a case, are not limited to applying only one form but rather can use a combination of approaches simultaneously (52). The first method, clear meaning, has a judge view the Constitution more rigidly than the other approaches (52). It is described as being a "mechanical process," where the judge's duty is to elucidate its wording because the document "speaks for itself" (52). Another approach called adaptation provides that the judge determines the principles and values that the Constitution upholds and then applies those ideals to contemporary problems (52). Mason and Stephenson explain, "This method enables the Court to accommodate the Constitution to situations and problems the framers did not foresee, yet it opens the Court to charges that it has engaged in 'lawmaking'" (52). The third approach offers another way to deal with contemporary concerns by employing the original intent interpretation (52). This form has the judge reflect on what the original framers of the Constitution would recommend in examining the constitutional problem (52). Finally, the last approach to interpretation is structuralism, which uses the

Constitution's arrangement as a whole rather than looking at individual passages when making decisions (53). Due to these various methods of interpretation, it is crucial that pro-choice supporters continue to bolster the importance of judicial precedent in upholding the constitutionality of women's reproductive freedoms, especially in regards to contraceptive access and equity.

While the Constitution is open to various interpretations, it did provide a bill of rights to express those freedoms that the government would aim to protect for all citizens. One advocate for the inclusion of a bill of rights, Thomas Jefferson, "insisted that natural rights should not be left to 'rest on inference'" (Mason and Stephenson 381). Because of America's democratic government, the inclusion of the Bill of Rights into the Constitution transformed these fundamental rights into civil ones, therefore allowing individuals to seek the legal system for protection (382). Bringing the Bill of Rights to the attention of the judicial system has been a relatively recent maneuver (379). These authors maintain that the majority of the cases presented to the Supreme Court to shape the constitutional meaning of the Bill of Rights have only been decided since 1920 (379). Since then, the frequency of these cases "reflect not only an enhanced interest in the Bill of Rights but also the Court's application of the Bill of Rights to the states, a process that has involved due process of law" (379).

Importance of the Separation of Church and State

After examining the Bill of Rights, the importance of the First Amendment can be seen to play a major role in the reproductive rights controversy by bolstering the pro-choice positions from a legislative standpoint to limit religious lawmaking. By looking at the First Amendment, Mason and Stephenson explain that there is the constitutional

establishment of religious liberty (534). This idea of religious liberty came to denote both freedom *of* religion and freedom *from* religion, instituting the ideal of the separation of church and state (534). Ann E. Weiss writes in *God and Government*, "The opening words of the First Amendment, 'Congress shall make no law respecting an establishment of religion' were intended to guarantee the separation of church and state. The next words, 'or prohibiting the free exercise thereof,' aim to ensure the right of all Americans to worship according to their individual beliefs" (26-27). She reveals that in contrast, some scholars argue that because the phrase "separation of church and state" does not appear in the amendment, it meant that the framers of the Constitution did not intend separation (27-28). Weiss disagrees, citing other omissions of key concepts that are a part of tradition (28). She argues, "There's no reference to a bill of rights, for instance, and the words *fair trial* do not appear. Yet we have a bill of rights, and people accused of crimes have a constitutional right to a fair trial" (28). Weiss goes on to explain that the phrase "separation of church and state" was coined by Thomas Jefferson in 1801, and even though he was not one of the writers of the Constitution or Bill of Rights, he knew the men well enough who had drafted the document to know what they wanted it to mean (29). Weiss explains that "Jefferson referred to his 'sovereign reverence' for the Americans who adopted the First Amendment, 'thus building a wall of separation between church and state'" (29). Mason and Stephenson state that an adherence to this ideal is noteworthy for the United States due to the fact that religious affiliation is a popular tradition for the American people as well as because of the vast religious diversity among the American people (535).

Carol Gould in "Women's Human Rights and the U.S. Constitution" declares that the separation of church and state is one of the Constitution's strengths, especially in regards to women's rights (184-185). Gould argues that a great portion of the subordination of women stems from religious teachings, especially when religion intertwines itself tightly with a secular government (187). Ultimately, Mason and Stephenson contend that a belief in the principle of the separation of church and state assures "political and religious institutions [were] more likely to prosper if each involves itself as little as possible in the affairs of the other" (535). Weiss is certain to point out, though, that the First Amendment only applies the separation of church and state to the federal government and does not include state and local governments (31).

Importance of Due Process and Equal Protection Clauses

Religious lawmaking also violates constitutional ideals established in the Fifth and Fourteenth Amendments, which secured the due process and equal protection clauses. In "Infringements of Women's Constitutional Rights," author Lucinda Peach argues that the "Due process and Equal Protection clauses bar government from enacting laws that infringe on fundamental rights or classify persons in certain 'suspect classes' without a compelling state interest for doing so" (226). Peach goes on to discuss that the due process clause protects all citizens from the government's intrusion into their freedom and privacy without a justifiable reason (226). Mason and Stephenson elaborate on this idea by stating, "Embodying notions of basic fairness, due process can thus be a bulwark of personal freedom in addition to other more specific guaranties of liberty that the Constitution contains" (380). The Supreme Court has construed this clause to encompass reproductive decisions "relating to contraceptive use, abortion, and marriage"

(Peach 226-227). She cites the Supreme Court cases *Roe v. Wade* and *Casey v. Planned Parenthood* as evidence (227). The Court's decisions in both these cases defined that women were guaranteed the right to choose when to procreate and would not be forced by the State to carry a pregnancy to term (227). The equal protection clause ensures this same fundamental right for women (227). The Court has utilized this clause to disallow that "women [could] be forced to accept motherhood as a natural aspect of their role" because it would be imposing a control on women that cannot also be equally imposed on men (227). Legislation that weakens women's right to reproductive autonomy by limiting contraception would ultimately turn a biological difference between the sexes into a "social disadvantage" (Stone et al 865). These authors claim, "Such laws do not simply let nature run its course; instead, they compel women to be involuntary incubators" (865). In addition to the due process and equal protection clauses, the Fourteenth Amendment allows the Bill of Rights to be applied to the states, thus making the federal government reign superior above the states in making policy (Mason and Stephenson 380).

By examining religious teachings and constitutional law, one can see the pro-life camp's arguments become fallible. American pro-life supporters use the religious teachings of Roman Catholicism, Judaism, and Protestantism to argue that limitations of fertility are morally and ethically wrong and a sin against God. They then attempt to impose these beliefs via the legislative process to enact laws and regulations that would force all women, religious believers or not, to adopt these negative views towards family planning and contraception. However, these pro-life groups find the legislative strategy problematic because the government was established in such a way as to prevent religious coercion and domination over people's lives. The Constitution was designed to

protect the American people's rights to freedom, equality, and privacy. These ideals certainly encompass a woman's right to control her own body through contraceptive measures, and the Supreme Court agrees.

CHAPTER IV: SOLUTIONS FOR CONTRACEPTIVE EQUITY

Through a historical and contemporary analysis of birth control use in America as well as an examination of the controversy surrounding reproductive rights, one can see that government intervention is necessary to resolve the conflict between the pro-choice and pro-life groups. The importance of a woman's right to privacy and choice has been buried underneath religious, moral, and political crusades that endorse traditional family roles and claim that contraception is in opposition to them. Contraception is, in fact, supportive of families; but more importantly, it promotes healthy, nurturing families. By limiting fertility, a woman and a man can jointly decide when or if they desire to have children, which is an important financial and emotional step for any relationship. To counteract these religious, moral, and political campaigns against contraception, the government should work with the pro-choice and pro-life sides in order to enact public policies in favor of widespread contraceptive use through comprehensive sex education and improved insurance coverage.

Comprehensive Sex Education vs. Abstinence-Only Programs

Intermingled with the contraception crisis in America is the battle over sex education taught in schools; however, the struggle seems to be more concerned with suppression than with opening lines of communication between teenagers and adults. Currently, the U.S. government promotes abstinence-only education through the enactment of Title V, Section 510 of the Personal Responsibility and Work Responsibility Act of 1996 (Trenholm et al 13). This act "significantly increased the

funding and prominence of abstinence education as an approach to promote sexual abstinence and healthy teen behavior" (13). By making abstinence-only education the standard in sex education in the United States, the government is thereby denying many young adults the knowledge that comprehensive sex education offers. This action leaves young women and men generally uninformed about contraceptive options and unprepared for healthy sexual behaviors, putting them at risk for unplanned pregnancies and sexually transmitted diseases. Marty Klein, in *America's War on Sex: The Attack on Law, Lust, and Liberty*, points out that religions first preached abstinence until marriage in the Western culture "when the age of puberty was much higher, and the age of marriage much lower, than they are today" (7). Also, the rationale of abstaining from sexual intercourse was not concerned with morals but rather with property; a daughter's virginity "was considered patriarchal property" (7-8). In today's society, the age of puberty has decreased while the age of marriage has increased, leaving "the average American [to spend] ten years being sexually mature and unmarried," which Klein terms the "premarital sexuality zone" (8). This fact is what Klein claims that abstinence-only education ignores while expecting contemporary times to equate with the American society of one hundred years ago (8). Moreover, abstinence-only education transforms this premarital sexuality zone into the "abstinence expectation zone" (10).

The history of the abstinence-only movement illustrates conservative religious and political leaders' desire for social control by worrying essentially over the morality of young adults rather than on their physical and emotional wellbeing while also suppressing sexuality. The American standard of abstinence-only education in school systems was first initiated in 1981, in which Republican Senator Jeremiah Denton from

Alabama proposed the Adolescent Family Life Act (8). This act sought "'to promote self-discipline and other prudent approaches' to adolescent sex," and it became known as "chastity education" (8). Shorto explains, along with the Adolescent Family Life Act and the enactment of Title V legislation, President Bush increased federal funding significantly, stating that "the 2007 budget [called] for $204 million to support abstinence programs (up from $80 million in 2001)" (10). Planned Parenthood reports that for fiscal year 2008, President Bush increased the allocation even more to $242 million ("Abstinence-Only Programs" 2). Since these federal legislations were enacted, Page contends that the government has spent approximately one billion dollars on abstinence-only education for teenagers (65). Planned Parenthood writes, "Because of the requirement that states match federal funds for abstinence-only programs, state dollars that previously supported comprehensive, medically accurate sexuality education – which includes but is not limited to abstinence education – have been diverted to abstinence-*only* programs" (2). Due to these funding behaviors, Klein contends that these abstinence programs provide the federal and state governments a legal loophole for monetarily rewarding religious groups that endorse them politically (12).

As much as pro-life and conservative groups would like to disagree, abstinence-only programs have proven to be ineffective. On average, young adults who are taught abstinence-only education delay sexual intercourse merely eighteen months longer than their peers who are not involved in the program (Page 66). Furthermore, Page notes that eighty-eight percent of these teenagers will eventually partake in premarital intercourse, many of whom will not use contraception to prevent pregnancy or sexually transmitted diseases (66). Page ascertains, "Abstinence-only programs offer the best of both worlds:

kids are not convinced about chastity, yet are completely uninformed about protection, which the programs refuse to teach" (67-68). While Page does support abstinence as a good option for young adults, she argues that these abstinence-only programs do not give teenagers the information they need in order to make informed decisions regarding their bodies (65). She explains, "Abstinence programs have at times equated sex with disease, depression, even death. Some programs have even tried to convince kids that condoms don't work so that abstinence seems their only option" (65). Page notes that the 2004 report "The Content of Federally Funded Abstinence-Only Education Programs" claimed that "[m]ore than 80 percent of the abstinence-only curricula, used by more than two-thirds of federal grant recipients in 2003, contained false, misleading, or distorted information" (75). What Klein finds is most troubling is that since these programs are ineffective, there is strong reason to believe that abstinence-only education is more a tool for morality control (12). He writes, "This is fine for the home, but deadly for the public in a nontotalitarian, nontheocratic society" (12).

Unlike what abstinence-only supporters claim, the majority of Americans support comprehensive sex education in schools. Planned Parenthood's article discovers that a vast majority, eighty-two percent, of Americans support the idea of children learning about contraception and sexually transmitted diseases through the school system while only thirty-six percent of Americans support abstinence-only education (3-4). Despite Americans being in favor of comprehensive sex education, only five percent of American school children are exposed to sex education that includes "the biological, psychological, socio-cultural, and spiritual dimensions of sexuality" (4). Also, only ten percent of schools offer comprehensive education programs that encompass "contraception and

safer sex in addition to abstinence" (4). The article goes on to state, "Fewer than half of public schools in the U.S. now offer information on how to obtain birth control..." (4). Shorto explains that a survey released by National Public Radio, the Kaiser Family Foundation, and Harvard's Kennedy School of Government in 2004, found "94 percent [of parents] think that kids should learn about birth control in school" (11).

While pro-life and conservative groups argue that comprehensive sex education programs will encourage promiscuity among young adults, one study comparing the two teaching methods claims otherwise. The state of Pennsylvania evaluated its abstinence-only programs and "found that girls in one were having sex at a much higher rate (42 percent) than girls in comprehensive sex-ed programs (27 percent)" (Page 68). An important point to remember is that sex education programs do emphasize practicing abstinence while also giving young people accurate information about contraception if they do choose to partake in sexual intercourse (68).

Even though the federal government increased funding of abstinence-only curricula nationwide, these programs appear to be more prevalent in the southern region of the United States, providing another example of the program's ineffectiveness. Page contends, "School districts in the South are almost five times more likely than in the Northeast to teach only abstinence" (78). This trend shows the program's ineffectiveness because "southern states have the highest rate of new HIV/AIDS infections, the highest rate of STDs, as well as the highest rate of teen births" (79). These alarming statistics offer more support for comprehensive sex education in school systems to inform young adults of contraceptives and how to properly use them.

When compared internationally, the United States' promotion of abstinence-only education reveals how the nation's religiously, morally, and politically charged culture impedes the mindset regarding contraception. UNICEF conducted a survey in 2001 of teenage birthrates in industrialized countries (79). Of the twenty-eight countries reviewed, the United States ranked first for teenage moms and also boasted two-thirds of the total teenage births (79). Page criticizes, "The United States is so bad in preventing teen pregnancy that it is the only rich nation smack in the middle of the Third World block for teen births – ranking just behind Thailand and directly before Rwanda" (79-80).

Comprehensive sex education programs initiated in the Netherlands and Sweden showcase the program's ability to be successful in educating young people on the importance of contraception use, resulting in decreased pregnancy and abortion rates in both countries. According to the same UNICEF survey, the Netherlands has reduced its teenage pregnancy rate by seventy-two percent over the past thirty years (80). Page writes that UNICEF attributed the country's success to "'a relatively inclusive society with more open attitudes toward sex and sex education, including contraception'" (80). She also points to the 1994 international conference, "Can We Learn from the Dutch?" that explained how the Netherlands had fostered an environment that encouraged the use and access to contraception for its young people (80). Margo Mulder of STI AIDS Netherlands, the Dutch health education center, stated, "'I know that some people in the U.S. say that when you promote contraception, you're also promoting sex, but we've found that when you educate people, they don't have sex earlier'" (Shorto 13). According to Page, Mulder's assertion proves true because the Dutch do report a "'higher average age at first intercourse'" (80). Similar to the Netherlands, Sweden also chose to change its

sex education system beginning in 1975 (80). It removed all of its abstinence-only education programs, replacing them with comprehensive sex education curricula and establishing youth clinics to offer free contraceptives (80). Page explains, "The Swedes took a practical, nonjudgmental approach to their teenagers' sexuality, considering it 'neither as desirable nor undesirable, but as inevitable – this being the case, teenagers' use of contraceptives is viewed as highly desirable because it will prevent both childbearing and abortion'" (81). Obviously, their comprehensive sex education programs have been effective; Page reports that "Sweden has nearly half the teen abortion rate than that of the United States (17.7 versus 30.2 per 1,000 teens) (81).

Through mandating federally funded comprehensive sex education programs in the United States, the government would be encouraging informative and responsible behavior from its youth while discouraging moral control and suppression of sexuality. The government should be primarily concerned with fostering a program that incorporates information regarding all the sexual fronts – abstinence, contraception, and sexually transmitted diseases – in order for young adults to act responsibly. By increasing young adults' knowledge and awareness of the multitude of options regarding reproductive choice, the government would be able to unite both the pro-choice and pro-life sides, ultimately reducing the conservative religious, moral, and political oppositions that have driven a wedge between them.

Equitable Insurance Coverage for Contraception

Along with incorporating comprehensive sex education into public school systems, the government should also provide legislation for equitable insurance coverage for contraception, making them more affordable for all women. In "Insurance Coverage

for Contraception: A Proven Way to Protect and Promote Women's Health," the NARAL Pro-Choice America Foundation states, "The average woman will spend five years pregnant or trying to get pregnant, and nearly three decades trying to avoid pregnancy" (1). Furthermore, the article claims that a woman who does not use contraception would run the risk of having twelve to fifteen pregnancies in her lifetime, making her a slave to reproduction (1). Due to this fact, Planned Parenthood reports in "Equity in Prescription Insurance and Contraceptive Coverage" that birth control is currently used by more than thirty-eight million women in the United States (1). In spite of birth control's prevalence, this same article goes on to report that "only 72 percent of employer health plans cover *all* methods of prescription contraception approved by the U.S. Food and Drug Administration" (1). Without equitable insurance coverage, obtaining contraception becomes expensive for insurance companies, women, and their families, especially when an unintended pregnancy results from lack of contraceptive availability (1).

Attempts to gain legislative support for contraceptive insurance coverage, which began in the 1990s, have proven difficult due to a dominant sexist climate that places male desires before female necessities. Page maintains that despite the safety and effectiveness of the Pill, insurance companies were still refusing to fully cover its cost in 1990, more than thirty years since its introduction (15). She writes, "Consequently, American women were still paying for contraception out of pocket, amounting to 68 percent more in health care expenses than men" (15). Interestingly enough, it only took two months after the FDA approved the male erection drug Viagra in 1996 for this drug to become fully covered by insurance companies (15). Page brings attention to the fact that "Viagra obviously had no 'health care' or 'prevention' functions" as the Pill offers

women (15). The hasty insurance coverage of Viagra underscores the double standard women face from American society, where men are encouraged to express their sexuality freely and openly while women must bear subordination and practice restraint.

Not only was the pro-choice movement offended by the hasty coverage of Viagra, but also the American public joined in the fight for securing equitable coverage for contraception. In 1997 the congressional supporters of contraceptive coverage, Republican Senator Olympia Snowe of Maine and Republican Representative James Greenwood of Pennsylvania, introduced the Equity in Prescription Insurance and Contraceptive Coverage Act (EPICC) to legislators ("Equity in Prescription Insurance and Contraceptive Coverage" 1). This act was "to provide equity in insurance coverage for contraception in the private market" (1). Unfortunately, EPICC has been presented to each subsequent Congress since 1997 and did not reach the "House or Senate floor until 2003" (NARAL Pro-Choice America Foundation 4). It was later reintroduced in 2007, but it still has not been enacted into law ("Equity in Prescription Insurance and Contraceptive Coverage" 1). However, in 1998 supporters of contraceptive insurance coverage gained some ground when Congress passed the Federal Employees Health and Benefits Program (FEHB) in 1998 (1). This article explains, 'The provision guarantees coverage of prescription contraceptive drugs and devices for all employers of the federal government – one of the largest employers in the U.S. – by all plans participating in the FEHB program that cover other prescription drugs and devices" (1).

Contrary to what pro-life groups contend, equitable insurance coverage for contraception actually saves money for all parties involved. The NARAL Pro-Choice America Foundation explains that because contraception prevents unplanned

pregnancies, insurance companies will not have to pay out the medical costs associated with pregnancy – full-term pregnancy, ectopic pregnancy, and miscarriage – as well as abortion (2). This same organization further clarifies that including contraceptive coverage in insurance policies results in a minimally increased expense (2). It claims, "According to a Guttmacher Institute study, providing coverage for the full range of reversible prescription contraceptive costs only $1.43 per employee per month – an increase of less than one percent in an employer's costs of providing medical coverage" (2). While contraceptive coverage involves a minimal increased expense, the direct and indirect costs of pregnancy contains "a 15 to 17 percent potential increase in employer health plan costs," revealing the substantial savings capability of this insurance coverage if more women were able to afford and therefore use contraception to limit fertility (3).

Of the fifty states, only twenty-seven have adopted legislation that provides women with equitable contraception coverage for women in their health insurance plans (NARAL Pro-Choice America 2). In addition, Planned Parenthood states that many of these states' laws are not definitive because they permit refusal clauses which "[allow] insurers and employers to deny coverage for religious or 'moral' reasons" (2). There still remains a great need for federal legislation to compel all insurance companies to ensure women contraceptive coverage with self-insured plans (2). According to the NARAL Pro-Choice America Foundation, this need can be demonstrated in the case *In re: Standridge v. Union Pac. R.R. Co.* (3). This case saw the Eighth Circuit Court of Appeals deem the denial of contraceptive coverage nondiscriminatory against Union Pacific's female employees because the Court did not find contraception as a pregnancy-related

condition (3). The health plan in question did provide coverage for male erectile dysfunction drugs, "but excluded all six methods of prescription contraception" (3-4).

Health insurance plans' refusal to cover prescription contraception constitutes compelling evidence of baseless sex discrimination in American politics brought on by the contemporary right wing movement. Not providing contraceptive coverage for women is the result of another subset of the pro-life group's propaganda campaign to distort scientific information. Page quotes Mike Jacobs, a member of the Delaware Right to Life political action committee, as saying, "'The problem [with contraceptive coverage] is, if you're a member of an insurance company, then your premiums are paying for *someone else's abortion* and we don't feel that's quite right'" (16). As science and the FDA conclude, contraception is not a form of abortion. More accurately, contraception limits the need for abortion ("Equity in Prescription Insurance Coverage and Contraceptive Coverage" 4). If insurance companies are going to continue to cover male drugs that increase a male's sexual drive, then they should rightfully include contraception to decrease a woman's risk of having an unwanted pregnancy.

Women's Educational and Professional Advancement

From the advent of contraception, women's lifestyles have been forever changed. Page describes, "In 1999, a Gallup poll revealed that more people cited birth control as having the 'highest impact' on women than 'opportunity for higher education,' 'access to jobs,' 'political representation,' or even the much-publicized 'women's movement'" (40). Because women were offered the choice to limit fertility, women were also given the choice to delay or even forego marriage and motherhood (40). The average age of a woman having her first child went from twenty-one in 1970 to twenty-eight in the year

2000 (40). Postponing or passing on marriage and motherhood then allowed women to receive more educational and professional opportunities (41). According to Page, women account for sixty-one percent of students pursuing undergraduate degrees, and "[w]omen are currently in the majority of those in medical school and seeking postgraduate degrees, and they equal the number of men in law school" (41). These findings also hold true for the workplace, where there is an equal ratio of men to women (41). Women's educational and professional aspirations have enabled families to benefit from two-person incomes, which has decreased the rate of poverty in America by half since the 1950s (41-42). She also cites that working wives help "lower the incidence of poverty for all ethnic and racial groups" (50). As a family has more disposable income from two working parents, Page states that this financial opportunity has lead to lower divorce rates because "[f]inancial stress is one of the most common reasons cited by divorced couples" (50). Moreover, Page claims that studies have found children's development was enhanced when the mother was educated and the home had low financial stress (51).

Improved Relationships within Families

Contraception has also played a crucial role in developing better relationships among family members, improving the way women and men interact with their children. Pro-life groups have attempted to misconstrue working mothers as neglecting their children; however, Page relates facts that contradict this notion (51). Working mothers are actually spending more time with their children than did stay-at-home mothers of previous decades (51). This statistic can be attributed to the idea that working mothers "put a great value on spending time with their children" as they balance work with family (52). Working mothers have also improved father-child relations in contemporary

American homes (52). Page refers to a University of Michigan study that discovered fathers spent more time with their children only when the mother was a part of the workforce (52). This newfound father involvement is the "result of not having to shoulder *all* the economic demands of the family, and by having smaller families…" (53). While increasing time spent with their children, men have also helped their wives with household chores and helped raise the children than the husbands of the past (53). Also, Page claims that seventy percent of fathers welcome the idea of staying at home and raising the children while their wives work outside the home (54).

As can be seen through women's educational and professional advancements as well as improved relationships within families, contraception is undoubtedly pro-family, unlike what right wing supporters argue. Contraception allows women many choices that are not strictly limited to reproductive ones; it also grants women the opportunities to fulfill their life goals, which for some include educational and professional endeavors while also having a family. There is no longer the social norm of the Victorian era's self-sacrificing mother; women of the twenty-first century can incorporate lifestyles that involve working both inside and outside the home. Also, contraception has invited more male participation in families, bringing out the ideas of the "real family man" and the "more devoted father" (Page 55).

Through an examination of solutions and benefits that contraception equity offers, the government can be seen as the unifying bridge between the pro-choice and pro-life positions. Contraception has the potential of becoming this unifier; however, the government must assist in debunking the myths that pro-life camps have created. Contraception can be seen to help in five areas: it limits the number of abortions,

encourages responsible behavior among young adults, improves women's economic status, reduces poverty levels, and promotes the growth of nurturing families.

CONCLUSION

American culture has an observable history of suppression and unease when it comes to women and contraception. This discomfort is illustrated through religious, moral, and political movements that attempt to thwart women's knowledge and access to contraception. These crusades cite religious and moral convictions that denounce the use of birth control because it promotes sexual behaviors outside the confines of marriage. Unfortunately, these beliefs are not their basic intentions.

Through an examination of the historical and current issues involving contraception, one discovers ulterior sexist motives for this suppression by means of the pro-life movement. These conservative sects have used a biological difference between the two sexes in order to control the presumed weaker female sex. Reproduction, when planned, is an important part of women's lives; however, when women are not allowed to limit their fertility, the female reproductive capacity can be debilitating. American culture has preyed on this fact in order to institute social and moral controls upon the general public as well as to continue female subordination.

Many women's rights activists have taken a special interest in promoting a woman's right to reproductive control. The U.S. Supreme Court has ruled in favor of women having the right to contraception and even abortion. However, the pro-life movement refuses to yield. They have distorted scientific facts regarding contraception and created refusal laws to limit contraceptive availability. It is time the U.S. government

disengages the pro-life movement's tight grip and then acknowledges who the real culprit is.

Unlike what the pro-life movement argues, contraception is not the culprit to blame for morality troubles in America. Contraception is simply a victim of misuse and lies. Scientific evidence has proven its safety and effectiveness, and federal litigation has ensured women's rights to privacy and freedom. It is pivotal now for American culture to follow suit. If the government does not recognize the sexism at play in this controversy, then it runs the risk of allowing these pro-life groups to completely undermine women's right to reproductive control that has been established through legal precedent and through the U.S. Constitution.

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