



The Trust Women/Silver Ribbon Campaign Trust Women Week and The Banner Project

Partner Organizations:

ACRJ
AMSA
BACORR
CPHA-N
Catholics for Choice
Center for Reproductive Rights
CLPP
EMILY's List
EngenderHealth
EQUAL Health Network
Feminist Majority
Foundation
IGNITE
Ipas
ISIS
Joint Action Committee
Latina Sexual and
Reproductive
Justice Coalition
LSRJ
Medical Students for
Choice
NARAL Pro-Choice
New York
NAPAWF
National Institute for
Reproductive
Health
NLIRH
NOW
NWHN
OWL-SF
Our Bodies,
Ourselves
Pathfinder
International
People For the
American Way
PRCH
PPAC
PPMM
PPSP
RCRC
RHTP
RH Realitycheck
Scarleteen
SisterSong
Trust Women Foundation
Women Donors Network
Women's Media
Center
Women's Voice
Women's Vote

<http://oursilverribbon.org>

The majority of Americans believe that women should have access to basic health care services and that decisions about reproductive health care including family planning and abortion should be left to each person. But in 2011, extremist politicians elected with a mandate to fix the current economic crisis instead chose to divert the public's attention with policy battles about these private decisions. They have declared a "War on Women." The U.S. House of Representatives and state legislatures have particularly focused on eliminating access to basic health care services and contraception as well as abortion, with severe consequences for the most vulnerable .

The San Francisco banners aim to spark conversations and to help build momentum and solidarity among supporters of women's rights, equality and autonomy and access to comprehensive health care, including reproductive health care services.

During Trust Women Week, January 20-27, we will engage the public in a Virtual March, with MoveOn, to express their support online for reproductive health, rights and justice.

The Trust Women/Silver Ribbon Campaign is a coalition of 42 national and local organizations. We include the groups represented on the banners: the Bay Area Coalition for Our Reproductive Rights (BACORR), Catholics for Choice, NARAL-ProChoice California, Planned Parenthood Shasta Pacific, and SisterSong/Trust Black Women.

Planned Parenthood Shasta Pacific, and SisterSong/Trust Black Women.

The main banner messages are:

- **Her Decision, Her Health**

Most women spend about 30 years trying not to become pregnant and only two years trying to become pregnant. Whether and when to have a child is a personal decision that every individual has the right to make. A healthy pregnancy is more likely for women who have access to basic health care services.

- **U.S. Out of My Uterus**

In 2011, a record numbers of bills were introduced or passed by state legislatures and the U.S. House of representatives restricting women's access to: basic health care services, family planning, and safe abortion care. It has been called a "War on Women," Many women are shocked and dismayed by these attacks and want to send a strong message to policy-makers: Government should stay out of making decisions about what happens in my womb. I have self-determination, autonomy.

- **Fix the Economy, Support My Autonomy**

Many people are suffering due to the downturn in the economy, and are looking to our elected officials for real solutions. Too many policy-makers focus on whipping up divisions on social issues (such as restricting women's rights) instead of creating jobs. Government has an important role in supporting and assuring the conditions for a healthy life. In these hard economic times, women's ability to conduct productive, independent lives depends on government support for fixing the economy, and providing the education needed to secure rewarding jobs and affordable health care, including reproductive health care.

- **Reproductive Rights are Human Rights**

If women do not have the ability to decide what goes on in their bodies, then they are second class citizens. Human rights describe the obligations of governments to create the conditions for all people to be as healthy as possible. This includes respecting individual rights about our reproductive health and assuring access to affordable and comprehensive reproductive health care services.

- **San Francisco is Pro-Choice**

The majority of this country supports reproductive rights and feels that the decision about abortion should be left to the individual.

Partner banners:

Catholics for Choice

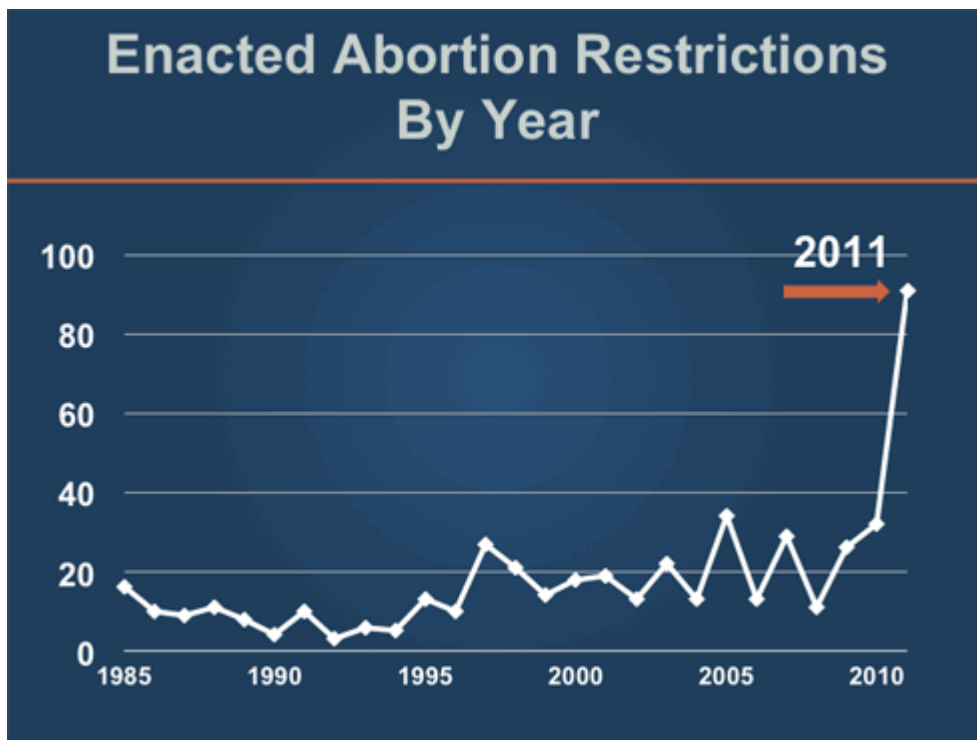
Legal Abortion is a Human Right: United Nations - BACORR

Freedom, Privacy, Choice - NARAL California

San Francisco Supports Planned Parenthood Shasta/Pacific

We Trust Black Women, Do You? - Sistersong

Background information:



<http://www.gutmacher.org/media/inthenews/2012/01/05/endofyear.html>

Unintended Pregnancies

- Of the 6.7 million pregnancies in the U.S. in 2006, nearly half (49%) were unintended. 43% of these unintended pregnancies end in abortion.
- Unintended pregnancy rates are elevated among low-income women, women aged 18–24, cohabiting women, and minority women.
- Poor women have high unintended pregnancy rates nearly across the board, regardless of their education, race and ethnicity, marital status or age.
<http://www.guttmacher.org/pubs/journals/j.contraception.2011.07.13.pdf>

The rate of unintended pregnancies per 1,000 women age 15-44, 1994 - 2006

- **Rose by 50% for low-income women versus decreased by 29% for higher income women (at 200% + of the federal poverty level)**

Unintended Pregnancy: **5 Times Higher for Low-Income**

UP for Low-Income

DOWN for Higher-Income

Year	<u>1994</u>	<u>2001</u>	<u>2006</u>	<u>Percent change</u>
Below federal poverty	88	120	132	50% increase
200% + FPL	34	28	24	29% decline
Rate low income	3 times +	4 times +	5 times +	

Per 1,000 women age 15-44 <http://bit.ly/oT1cJk> www.guttmacher.org

Women and Violence

- Homicide is the 2nd-leading cause of injury-related death among pregnant women
- 24% of U.S. women have experienced physical domestic abuse at some point in their lives, including threats, isolation, humiliation, unwanted sexual advances, limiting access to finances.

Unintended pregnancy and Abortion Facts

There will always be women who need access to abortions. Abortion is basic health care for women.

- ~50% of pregnancies in US are unintended.
- 4 in 10 unintended pregnancies are terminated by abortion.¹
- 22% of all pregnancies (excluding miscarriages) end in abortion.²
- In 2008, 1.21 million abortions were performed in US.
- Teen pregnancy accounts for only 2 in 10 of all abortions performed in the US (Guttmacher Institute).
- 88% of abortions occur in the 1st 12 weeks. Only 1.5% occur later in the term.

Who gets abortions?

<http://youtu.be/rY-bQ6UzhNI>

- Women in their 20s account for more than half of all abortions performed in the US.³
- 6 in 10 women having abortions already have one or more children.
- These women cite the need to provide and care for their existing children as a primary reason for choosing to have an abortion.
- Approximately, on average, 1 in 3 US women will have had an abortion in the their lifetimes.
- 75% of women who have abortions describe themselves as religiously affiliated.
- 66% of women having abortions intend to have children in the future.
- Catholic women have an abortion rate 29% higher than Protestant women.
- One in five women having an abortion is a born-again or Evangelical Christian.⁴
- In 2008, more than 4 in 10 abortion patients had incomes below the federal poverty line.⁵
- 54% of women who have abortions used a contraceptive method (usually the condom or the pill) during the month they became pregnant. Among those women, 76% of pill users and 49% of condom users report having used their method inconsistently, while 13% of pill users and 14% of condom users report correct use.⁶
- Women of color have much higher rates of unintended pregnancies and are disproportionately more likely to have an abortion, which points to widespread inequities in access to contraception and adequate health care.

Abortion and Providers

- In 2008, 87% of U.S. counties had no abortion provider.⁷
- 1/3 of American women live in a county with no abortion provider, which meant they would have to travel outside their county to obtain an abortion. Of women obtaining abortions in 2006, nonhospital providers estimate that 27% traveled at least 50 miles.
- In 2009, the average amount paid for a non-hospital abortion with local anesthesia at 10 weeks' gestation was \$451.⁸

Abortion Law and Policy

- In 1992, the Supreme in *Planned Parenthood v. Casey* significantly weakened the legal protections previously afforded women and physicians by giving states the right to enact restrictions that do not create an “undue burden” for women seeking abortion⁹.
- Since 1976 via the Hyde Amendment (which has been renewed every year), Congress has barred the use of federal Medicaid funds to pay for abortions, except when the woman's life would be endangered by a full-term pregnancy or in cases of rape or incest.
<http://youtu.be/zCmCcACrm6M>
- On 5/4/11, Smith Bill HR3 passed the U.S. House of Representatives by a vote of 251:175 . (No action in the Senate.)
 - Expands and makes permanent (as opposed to annual opportunity to strike it) that no federal funds can be spent on abortion
 - Uses personal and business tax policy to bar any insurance policy (including those paid with personal funds) from covering abortion, even to protect a woman's health when threatened by complication with later term wanted pregnancies which could result in all private insurance dropping coverage of abortion. Currently 85% of private insurance plans cover abortion.
 - Redefines rape as only “forcible rape,” meaning those that are inebriated or drugged do not count as rapes. Women would have to prove that the rape was forced.
- 19 state governments enacted 80 anti-choice regulations related to abortions in 2011, a new record. The previous record was in 2005, when about 34 regulations were enacted.
These measures:
Discourage and delay pregnant women from acting on decisions to obtain an abortion.
Interfere with clinician practices in the name of safety .
Restrict the gestational period for when a fetus can be aborted.
Limit government funds to for abortion care and thus limits the choices of poor women.

Legal Abortion is Safe

- The risk of abortion complications is minimal: Fewer than 0.3% of abortion patients experience a complication that requires hospitalization.¹⁰
- Abortion is safer when and where it is legal.
- Opponents have attempted to claim that abortion causes a number of complications. There is no evidence for these claims, and research has systematically discredited each of them:
- Abortions performed in the first trimester pose virtually no long-term risk of such problems as infertility, ectopic pregnancy, spontaneous abortion (miscarriage) or birth defect, and little or no risk of preterm or low-birth-weight deliveries.¹¹
- In repeated studies since the early 1980s, leading experts have concluded that abortion does not pose a hazard to women's mental health.¹²
- Abortion does not increase one's risk of breast cancer as shown by several peer-reviewed and respected scientific studies.

Contraception prevents unintended pregnancy and abortion

- In 2006, publicly funded family planning services helped women avoid 1.94 million unintended pregnancies, which would likely have resulted in about 860,000 unintended births and 810,000 abortions¹³.

Current Threats to Abortion Access

- Eliminating insurance coverage for abortion. Currently 85% of private insurance covers abortion. Laws passed by the House of Representatives and state governments are in effect banning private coverage of abortion.
- Requiring medically-unnecessary ultrasounds before abortion. Some states require that women receive information about how to access an ultrasound while others require that a woman undergo an ultrasound prior to obtaining an abortion. An ultrasound is not medically necessary for first-trimester abortion and these types of laws appear to be attempts to personify the fetus and dissuade the woman from choosing an abortion, as well as significantly add to the cost of the procedure¹⁴.
- "Informed consent" a.k.a. misinformation/scare tactic requirements are often used to interfere with a woman's easy access to a safe abortion. Many states require mandatory biased counseling and often at least a 24-hour "waiting period" between counseling and an abortion procedure. Many states require certain information to be given during counseling such as information about fetal development, how to obtain an ultrasound, along with misleading or inaccurate information about the risks associated with abortion. This requirement, designed to deter women from seeking an abortion, causes an undue emotional and financial burden. In states that require a waiting period, women must make two trips to a health care provider in order to obtain an abortion, increasing the difficulty of accessing an abortion for low-income or working women¹⁵ who have to find child care, transportation and coverage at their jobs to travel large distances to a provider twice.
- Many clinics and health care facilities are targets of serious antiabortion violence including bombings, arson, and vandalism. Additionally, these facilities are often subject to violent protests and blockades. The federal government in 1994 enacted the Freedom of Access to Clinic Entrances (FACE) Act which prohibits intentional property damage, or the use of force or threat of force to injure, intimidate, or interfere with someone entering a health care facility¹⁶.
- The average cost of an abortion at 10 weeks gestation is \$370. In 1977 the Hyde Amendment was implemented with banned federal funding for abortion except in extreme circumstances. Medicaid is one of the primary federal health care programs for low-income people, and under Hyde Medicaid cannot be used to pay for an abortion.
- Crisis pregnancy centers present themselves as "pregnancy clinics" or "medical clinics" to persuade women to not have an abortion. Rather than present all the options (continue, continue and put up for adoption, or terminate) they present biased facts. Many receive taxpayers funds.
- State initiatives to make the embryo a person. Colorado started this trend. Mississippi followed suit this year, in an initiative that was defeated by voters.

California Specific

- In California, 897,700 of the 7,680,396 women of reproductive age became pregnant in 2008. 61% of these pregnancies resulted in live births and 24% in induced abortions.
- In 2008, 214,190 women obtained abortions in California, producing a rate of 27.6 abortions per 1,000 women of reproductive age. Some of these women were from other states, and some California residents had abortions in other states, so this rate may not reflect the abortion rate of state residents. The rate increased 2% since 2005, when it was 27.1 abortions per 1,000 women 15-44. Abortions in California represent 17.7% of all abortions in the United States.
- In 2008, 22% of California counties had no abortion provider.¹⁷

Catholics support birth control and have abortions.

- “[Sensus fidelium](#)—the graced and experience-fed wisdom of the faithful that has always been one of the sources of truth in the Catholic tradition.”
- [98% of sexually active Catholic women have used a form of contraception](#) banned by the Catholic Church.
- As recently as [1968, a majority of the Pope’s advisors agreed that there was no moral, theological or pastoral reason to ban Catholics from using contraception.](#)

http://www.washingtonpost.com/blogs/guest-voices/post/on-family-planning-does-the-catholic-church-represent-catholics/2011/10/07/gIQAaNGnSL_blog.htm

Reproductive Justice

Reproductive justice is a framework that addresses the intersecting influences of racism, sexism, xenophobia, and class on the health and daily lives of women and girls.¹⁸ It goes beyond the issues of *reproductive health* services, and the law and policy approach of a *reproductive rights* framework, to actively and inclusively represent the needs, challenges and daily experiences of communities of color and low-income women. This integrated approach is about a woman’s total reproductive health and its relationship to her economic conditions and daily experiences. Its goal is not to single out parts of a woman’s body but instead to see women’s lives and experiences as a whole.¹⁹

According to the Asian Communities for Reproductive Justice, "Reproductive Justice exists when all people have the social, political and economic power and resources to make healthy decisions about our gender, bodies, sexuality and families for our selves and our communities."²⁰

Reproductive oppression is the control and regulation of our gender, bodies, and sexuality. This oppression manifests in many ways, such as

- the systematically toxic environment in many poor communities that expose women to toxins linked with infertility, infant mortality, miscarriage, birth defects, and cancer.
- the criminalization of substance-dependent pregnant women and subsequent incarceration rather than rehabilitation.

Reproductive justice is a framework that recognizes that women's health, access to medical care and economic justice are political issues that are all connected. Reproductive options and self-determination for women of color and poor women are restricted in many aspects because reproductive health is directly tied to the economic conditions in a woman's community, including environmental factors and experiences of women of color with respect to race, class, and gender.²¹

Though the constitutional right to an abortion established by *Roe v. Wade* remains technically intact, the majority of anti-choice and anti-women legislation designed to chip away at *Roe* disproportionately affects poor women and

women of color. These include bans on publicly funded abortion, cuts to women's health clinics, and legally-imposed waiting periods act to deny access safe and legal abortion for many underprivileged women.

The Reproductive Justice agenda includes but is not limited to some of the following: affordable child care and housing for low income women; pre- and post-natal care accessible to all women; child nutrition and pre-school programs, comprehensive school-based medically accurate and age-appropriate sex education for our youth; family planning and counseling; guaranteed job security for pregnant employees; paid family and medical leave; access to birth control and emergency contraception; affordable and accessible reproductive health care; treatment programs--not jail time--to assist pregnant substance abusers; and, last but not least, universal health care for all.²²

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http://www.guttmacher.org/pubs/fb_induced_abortion.html

² Jones RK and Kooistra, K., **[Abortion incidence and access to services in the United States](#)**, 2008, *Perspectives on Sexual and Reproductive Health*, 2011, 43(1):41-50.

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http://www.guttmacher.org/pubs/fb_induced_abortion.html#6

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<http://www.guttmacher.org/media/nr/prabort2.html>

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http://www.guttmacher.org/pubs/fb_induced_abortion.html#6

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http://www.guttmacher.org/pubs/fb_induced_abortion.html#8

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http://www.guttmacher.org/pubs/fb_induced_abortion.html#2

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http://www.guttmacher.org/pubs/fb_induced_abortion.html#2

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http://www.guttmacher.org/pubs/fb_induced_abortion.html#16

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Henshaw SK, Unintended pregnancy and abortion: a public health perspective, in: Paul M et al., eds., *A Clinician's Guide to Medical and Surgical Abortion*, New York: Churchill Livingstone, 1999, pp. 11–22.

¹¹ Major B et al., Report of the Task Force on Mental Health and Abortion, American Psychological Association, Task Force on Mental Health and Abortion, 2008, Washington, DC, <<http://www.apa.org/pi/wpo/mental-health-abortion-report.pdf>>, accessed December 15, 2011.

¹² Major B et al., Report of the Task Force on Mental Health and Abortion, American Psychological Association, Task Force on Mental Health and Abortion, 2008, Washington, DC, <<http://www.apa.org/pi/wpo/mental-health-abortion-report.pdf>>, accessed December 15, 2011.

¹³ http://www.guttmacher.org/pubs/fb_induced_abortion.html#20

¹⁴ http://www.guttmacher.org/statecenter/spibs/spib_RFU.pdf

¹⁵ http://www.guttmacher.org/statecenter/spibs/spib_MWPA.pdf

¹⁶ http://www.guttmacher.org/statecenter/spibs/spib_PAC.pdf

¹⁷ <http://www.guttmacher.org/pubs/sfaa/california.html>

¹⁸ <http://reproductivejustice.org/assets/docs/ACRJ-Three-Applications-of-the-RJ-Lens.pdf>

¹⁹ http://www.now.org/nnt/fall-2006/reproductive_justice.html

²⁰ <http://reproductivejustice.org/what-is-reproductive-justice>

²¹ http://www.now.org/nnt/fall-2006/reproductive_justice.html

²² http://www.now.org/nnt/fall-2006/reproductive_justice.html

<http://www.fwhc.org/reproductivejustice.htm>