



The **Opportunity** Agenda

*Building the National Will
to Expand Opportunity in America*

Reproductive Justice:

*A Communications
Overview*

About This Report

In June 2008, the Ford Foundation, The Opportunity Agenda, and a cohort of reproductive justice organizations embarked on a year-long communications research and planning project. The project, which was overseen by an advisory group composed of reproductive justice leaders from around the country, consisted of three distinct activities: (1) a survey of the reproductive justice movement's communications goals, activities, and capacity; (2) case studies of best communications practices; and (3) a media scan and analysis. The project's goal was to develop a shared understanding of the framing and media environment in order to lay the groundwork for a collaborative communications strategy.

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About The Opportunity Agenda

The Opportunity Agenda was founded in 2004 with the mission of building the national will to expand opportunity in America. Focused on moving hearts, minds, and policy over time, the organization works with social justice groups, leaders, and movements to advance solutions that expand opportunity for everyone. Through active partnerships, The Opportunity Agenda synthesizes and translates research on barriers to opportunity and corresponding solutions; uses communications and media to understand and influence public opinion; and identifies and advocates for policies that improve people's lives. To learn more about The Opportunity Agenda, go to our website at www.opportunityagenda.org.

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I. Public Opinion Research

META-ANALYSIS OF PUBLIC OPINION ON REPRODUCTIVE JUSTICE

Executive Summary

The reproductive justice (RJ) movement works to create a society in which all people have the economic, social, and political resources necessary to make healthy decisions about their bodies, sexuality, and reproduction for themselves, their families, and their communities. Reproductive justice concerns focus on the issues facing low-income women and communities of color, including economic, cultural, and immigration barriers to accessing services; matters relating to sexuality, sexual orientation, and gender identity; disparities in community investment and protection of rights based on race, ethnicity, gender, disabilities, and language; and innovative models for addressing gender-based violence. These concerns are expressed in struggles over restrictive reproductive health and policing policies at the national and state levels.

This report is based on a synthesis and meta-analysis of attitudinal tracking surveys and recent public opinion studies by advocacy organizations, research institutions, and media outlets. Most of the data examined are publicly available; some information is proprietary research, which was made available to The Opportunity Agenda for the purposes of this report. Our objective is two-fold: (1) to understand the values that underlie the American public's views on issues relating to reproductive justice as a predicate to developing a communications framework for the RJ movement; and (2) to identify those segments of the public who appear to be most receptive to reproductive justice messaging and policies.

The very breadth and scope of the RJ movement pose particular communications challenges. Even in the absence of one overarching policy agenda, however, our findings support the notion that the movement can create a unified, effective communications framework. This will allow individuals and organizations to communicate in ways that serve not only their own missions, but also the broader goal of establishing a durable majority of Americans who understand and may be mobilized on behalf of the movement's goals.

Attitudinal Tracking Surveys—Major Findings

Gender Roles and Sexuality: American attitudes toward gender roles, sexuality, family, and marriage are heavily influenced by religious beliefs, and the political ascendancy of religious conservatives over the past 30 years has contributed to the politicization of reproductive health, homosexuality, and other “family values.” America is a highly religious nation. Although the percentage of people with conservative views on social values is declining gradually, close to three-quarters of Americans say they have “old-fashioned values about family and marriage.”

Gender Discrimination and the Status of Women: Most Americans believe this country has made great strides in solving the problem of discrimination against women, although slightly more than half think more needs to be done to “give women equal rights with men.” Still, when it comes to leadership roles, old stereotypes linger and, combined with systemic barriers, serve to prevent women from full economic and political parity. A majority of the public think women today are less successful as parents than the previous generation, and, although they acknowledge that parents today face “bigger challenges,” they tend to discount the effects of systemic barriers.

Racial Attitudes: As has long been the case, Whites are much more upbeat about “Black progress” than are African Americans, and this continues to hold true since the election of President Barack Obama. Twice as many African Americans as Whites think that racism is still “a big problem.” Support for affirmative action diverges widely based on race, and polling results show that for White Americans the conservative movement has largely succeeded in reframing affirmative action as a system of “preferences.” More African Americans now than in the past believe that the “main reason Black people can’t get ahead” is not because of discrimination, but because of lack of effort, indicating that the “personal responsibility” frame has gained traction.

Ethnic Attitudes: Most Americans believe that Hispanics are the victims of discrimination in this country. Among Latinos, that belief is almost universal and is attributed to the negative tone of the debate over immigration. It appears that discrimination against Asian Americans does not register as a problem with most Americans, although slightly more than half of Asian Americans believe it is a problem. High levels of ethnic isolation exist in this country, leading to some ethnic tensions, but the desire to “put aside differences” and work together on issues affecting their communities is almost universal among all groups.

Attitudes Toward “The Poor and Needy”: Conflicting values underlie attitudes toward the poor. The belief in individualism assumes economic opportunity is there for anyone who tries hard enough, whereas the belief in collective responsibility underlies support for the government’s obligation to help the (“deserving”) poor. A large majority of Americans believe that personal attributes, such as hard work and drive, are more important to economic mobility than external conditions, and the public is evenly split on whether the United States is divided between “haves” and “have-nots.” At the same time, most Americans agree that it is the responsibility of government to take care of “people who can’t take care of themselves.”

The Right to Health Care: The public strongly endorses the idea that the government has an affirmative role to play when it comes to health care, and a huge majority of Americans say that “access to health care should be considered a human right.” A strong majority believe that reproductive health care should be included in any reform legislation, and most do not want a battle over abortion to bog down reform.

Attitudes Toward Human Rights: Americans strongly believe in the concept of human rights and place many social justice issues in a human rights framework. Large majorities strongly think that issues such as equal opportunity, regardless of race or gender; fair treatment in the justice system; freedom from discrimination; access to education and health care; a clean environment; and keeping personal choices private are human rights. Fewer but still a majority of Americans believe in the right to abortion. Finally, most Americans acknowledge that “in order to uphold human rights in the U.S., it is often necessary to expand government assistance programs like housing, food, health and jobs.”

Surveys Examining Topical Issues—Major Findings

Abortion: Americans are now evenly divided on whether all or most abortions should be legal, and there has been a recent dip in support among certain segments of the population. Although a majority of Americans do not want federal dollars to be used to pay for abortions, neither do they want health care reform legislation derailed by the abortion issue, and they respond favorably to the argument that health care considerations, and not politics, should drive coverage decisions when it comes to abortion. A majority of Americans do not think a woman has the right to a legal abortion based on a low income and inability to “afford any more children,” and a large majority support parental consent laws.

Sex Education: The public is very supportive of “comprehensive” sex education taught in the schools. Recent statewide surveys also show strong public support for “age-appropriate HIV-prevention and sex education.”

Lesbian Gay Bisexual Transgender Queer (LGBTQ) Rights: Americans perceive more discrimination against gays and lesbians than any other group. Support for same-sex marriage is increasing—currently at 39 to 48 percent, depending on the wording of the question—and only about one-third of Americans think it poses a threat to “traditional marriage.” Small majorities support adoption rights for gays and lesbians and the repeal of the military’s “Don’t Ask, Don’t Tell” policy.

Workplace Rights: There is overwhelming support for a basic labor standard that would guarantee “all workers a minimum number of paid sick days to care for themselves or immediate family members.” A strong

majority agree that part-time workers should be included in paid sick days policies and support expanding the Family and Medical Leave Act to offer *paid* leave for a set number of weeks.

Target Audiences

Based on their responses to a set of key questions, seven target audiences were ranked on their support for reproductive justice values, principles, and policies. The key questions related to support for nontraditional gender roles; awareness of systemic discrimination against women, people of color, and gays and lesbians; awareness of systemic causes of poverty; support for a government safety net; support for a right to health care, including reproductive health services; support for abortion rights; and willingness to apply human rights principles to domestic problems.

Women: Women’s opinions stand out on several of our key indicators. They tend to be more tolerant than men of nontraditional gender roles. They are more sensitive to discrimination against their own sex and against African Americans and gays and lesbians. More women than men attribute poverty to circumstances beyond an individual’s control, and women attach more importance to the right to health care than men do. Women, particularly women between the ages of 18 and 49, are more supportive of legal abortion, and women in general have a more expansive view of human rights as applied to specific domestic problems.

African Americans: With few exceptions, African Americans score higher on our key indicators than any other group. They are acutely aware of the existence of discrimination against themselves and others and are the least likely to attribute poverty to “lack of effort.” African Americans are safety net champions—their support for government programs to help the needy exceeds that of all other groups. They score very high when it comes to the right to health care and coverage of reproductive health services, and they are the strongest supporters of applying human rights to domestic social justice issues. African Americans’ views on both gender roles and abortion tend to be more mainstream and, in the case of LGBTQ issues, slightly more conservative than average.

Latinos: Latino attitudes tend to fall somewhere between those of the general population and those of African Americans. They are more likely than the general public, but less likely than African Americans, to perceive “a lot of discrimination” against Blacks and gays and lesbians and more likely to perceive discrimination against their own ethnicity. Latinos seem to be more likely to attribute poverty to lack of effort than either African Americans or the public at large, but they are strong supporters of the government safety net. They are less supportive of abortion rights than other groups, but when abortion is presented as a human right their views match those of the general public. Applying human rights to domestic social justice issues resonates with Latinos across the board.

Asian Americans: Only one of the surveys included an oversampling of Asian Americans, so our basis for drawing conclusions about this group’s attitudes toward RJ issues is very limited. Overall, Asian Americans appear to be more receptive of certain reproductive justice values and principles than others. Asian Americans, like Latinos, are more likely to believe that lack of effort is to blame for poverty. They are less likely to agree strongly that health care should be a human right that is protected, but they are more likely to say they believe that the right to have an abortion should be considered a human right and should be protected.

Young People: Overall, the opinions of Americans age 18 to 29 are not very different from those of the general American public. The one clear exception is in the area of gender roles, where young people are more open to nontraditional families and more supportive of LGBTQ rights. They are also more supportive of the governmental safety net than some of the other groups, and they are slightly more in favor of legal abortion.

Low-Income People: Americans whose family income is less than \$30,000 hew fairly closely to the national average in some areas but in others they score higher. They perceive more discrimination against women than other groups, and they are more supportive of affirmative action programs. They are also more likely to attribute poverty to circumstances beyond an individual’s control, and they are strong supporters of the safety net. Americans with low income are less supportive than the general public of LGBTQ rights and the right to abortion.

Immigrants: A substantial majority of women who are immigrants say they have become “more assertive at home and in public” since they came to the United States. We do not have data on immigrants’ level of awareness about discrimination against women, people of color, or gays and lesbians, yet we know that they are aware of anti-immigrant discrimination and that immigrants from Latin America in particular believe that discrimination against them is increasing. Immigrants report they have faith that they will find opportunity in America. Most agree that it is possible to be successful in the United States if you work hard, even if you do not have connections to help you.

Recommendations

Concrete recommendations emerge from this report’s findings, including the following:

- 1. Conducting New Independent Research:** One of the foremost recommendations from the report’s findings is for independent opinion research focused on core reproductive justice values, issues, constituencies, and narratives. Particular attention should be paid to the following: (1) Demographic groups that have been overlooked or under-represented in existing studies; (2) multilingual methodologies, where resources allow, to reach audiences with limited English proficiency; (3) areas of relevance to the RJ agenda; and (4) exploration of facts, arguments, and methods most likely to trigger activism. Finally, the research needs to include a segmentation of the American population based on their attitudes toward reproductive justice issues (“cluster analysis” technique). This is important because it will help advocates think strategically about their audiences by identifying better core supporters, persuadable audiences, and those who are unlikely to become supporters.
- 2. Audience Targeting:** When possible, communications should be directed at the most supportive audiences. This research identifies several groups of Americans who are likely to be most receptive to RJ arguments and activism: women younger than age 49, African Americans, Latinos, young people, and low-income people.
- 3. Segmenting the Media:** Advocates’ outreach strategy should focus on media that target core audiences.
- 4. Policymaker Targeting:** Elected officials representing the identified constituencies should also be prioritized for outreach. Where available, favorable opinion research can be a useful tool in getting the attention of these officials.
- 5. Unifying Beliefs:** Certain issues resonate across core audiences and can serve as important starting points for an inclusive conversation about reproductive justice. As noted in the Appendix, these include:
 - Agreement there is significant discrimination against gay and lesbian Americans and, to a lesser extent, Latinos and African Americans
 - Agreement that government should guarantee everyone enough to eat and a place to sleep
 - Agreement that it is the responsibility of the government to take care of people who can’t take care of themselves
 - Agreement that health care should be a human right that is protected
 - Support for requiring health care plans to cover women’s reproductive health services, contraception, and prenatal services
- 6. Incorporating Narrative Elements:** In developing a “core narrative” or overarching story for the RJ movement, advocates should incorporate the values and priorities of the core audiences identified in this report, while crafting messages to overcome their current doubts. Some examples include community values, opportunity for all, and the real lived experiences of today’s American families. Finally, The Opportunity Agenda’s research suggests that explicitly linking some specific reproductive justice issues, including access to health care or freedom from discrimination, to human rights may be an effective strategy. Further qualitative research should be done to explore this possibility.
- 7. Testing the “Core Narrative”:** Several core narratives should be tested in focus groups comprising key constituencies and persuadable audiences to identify the most effective one.

Introduction

The reproductive justice (RJ) movement works to create a society in which all people have the economic, social, and political resources necessary to make healthy decisions about their bodies, sexuality, and reproduction for themselves, their families, and their communities. Reproductive justice concerns focus on the issues facing low-income women and communities of color, including economic, cultural, and immigration barriers to accessing services; matters relating to sexuality, sexual orientation, and gender identity; disparities in community investment and protection of rights based on race, ethnicity, gender, disabilities, and language; and innovative models for addressing gender-based violence. These concerns are expressed in struggles over restrictive reproductive health and policing policies at the national and state levels.

The RJ movement's policy agenda flows from its founding philosophy: The root causes of coercion over reproductive decision-making are many and they are interconnected—or, as one of the movement's leaders put it, “Our ability to control what happens to our bodies is constantly challenged by poverty, racism, environmental degradation, sexism, homophobia and injustice in the United States.”¹ This “intersectionality” informs a sweeping policy agenda that embraces issues as varied as the right of women who are pregnant and incarcerated not to be shackled during childbirth and the right of women (and people in general) to live and work in toxin-free environments. Any effort to understand public opinion as it relates to RJ must therefore also take a holistic, intersectional approach.

This synthesis and meta-analysis of public opinion research is based on a review of existing data, most of it publicly available. We look at both attitudinal tracking surveys and recent public opinion studies exploring specific topical issues. Our objective is two-fold: (1) to understand the values that underlie the American public's views on issues relating to RJ such as attitudes toward race, poverty, and gender roles as a predicate to developing a communications framework for the RJ movement; and (2) to identify those segments of the public who would be most receptive to reproductive justice-oriented communications and policies.

There is no question that winning hearts and minds, even among the movement's constituencies, is a challenging proposition. Arrayed against society's embrace of reproductive justice are deeply embedded attitudes and values about individualism and personal responsibility. As will be seen, even marginalized groups have a profound belief in every individual's ability to “get ahead in America” if they just try hard enough. Although slowly waning, socially conservative attitudes about sexuality still stand in the way of important RJ goals, including lesbian, gay, bisexual, transgender, and queer (LGBTQ) rights and universal access to contraception and abortion. Also, the American public's views on race are conflicted. On the one hand, most Americans, including a bare majority of Whites, agree that “racism against blacks is widespread in the U.S.” On the other hand, even a majority of African Americans today believe that “blacks are responsible for their own condition.”

This analysis reveals important openings as well. We identify audiences comprising millions of people who may be receptive to RJ policies and isolate the values these groups hold that are shared with the RJ movement. The analysis also underscores the significance of generational change. Political scientists note that deeply embedded stereotypes and their effect on how issues are framed “may not evolve substantially without significant generational replacement,”² and that is clearly happening. Younger adults of all races and backgrounds tend to be less socially conservative and more supportive of RJ values and issues than their older counterparts, especially with respect to LGBTQ rights. The country's focus on health care reform provides the RJ movement with an extended “teachable moment” during which it can heighten awareness about disparities based on race, ethnicity, immigration status, and income level and tap into and reinforce its audiences' commitment to equal opportunity, their support for a robust government safety net, and their belief that health care is a human right.

It is true that the very breadth and scope of the RJ movement pose particular communications challenges. Even in the absence of one overarching policy agenda, however, our findings support the notion that we can create a unified, effective communications framework for and with the movement—a framework that will allow individuals and organizations to communicate in ways that not only serve their own missions, but also the broader goal of establishing a durable majority of Americans who understand and can be mobilized on behalf of the movement's goals.

Methodology

This report is based on a synthesis and meta-analysis of attitudinal tracking surveys and recent public opinion studies by reputable, nationally known research organizations, media outlets, and social issue and advocacy groups. Most of the data examined are publicly available; some is proprietary research, which was made available to The Opportunity Agenda for the purposes of this report.

There are almost no polling or other opinion research studies that address questions specific to the reproductive justice (RJ) policy agenda or that cover the full breadth and scope of the movement and the intersectional nature of its agenda. However, there is a large range of public opinion research and literature on topics relating to core RJ values and issues, including but not limited to gender and sexuality, race and ethnicity, economic status, abortion, sex education, and the rights of LGBTQ persons. These and other relevant topics are examined in this report.

The Opportunity Agenda reviewed original data from more than 60 public opinion studies, the majority of which were surveys. We also included some qualitative focus group research. We looked at attitudinal surveys that have tracked opinion changes and trends in the United States over the past several years or decades. Recent surveys conducted within the past three years, up to November 2009, were also analyzed.

Studies were chosen for inclusion based on their content and the quality of their methodology. Specifically, we included studies that are relevant to RJ and serve the purposes of this report as explained previously: to understand the values that underlie the American public's views on relevant issues and to identify those segments of the public who would be most receptive to reproductive justice communications and policies. The studies referenced in this report meet The Opportunity Agenda's standards and best practices for quality and objective public opinion research including appropriate sample size, methodologically sound design and research instrument, and inclusion of a balanced questionnaire for surveys and discussion guides for focus groups.

We analyzed and ranked different demographic groups based on their attitudes toward set RJ values, such as gender roles, race, causes of poverty, abortion, and the right to health care, to better identify target audiences for communications campaigns. Audience attitudes are analyzed at the last chapter of this report and are shown in brief in tables in the Appendix.

Finally, because opinion research has largely adopted racial categories utilized by the federal government, this report uses these categories as appropriate. The categories are defined as the following:

- ▶ **White:** any person who self-identified as White only and non-Hispanic.
- ▶ **Black:** any person who self-identified as Black only.
- ▶ **Asian:** any person who self-identified as Asian only.
- ▶ **American Indian and Alaska Native (AIAN):** any person who self-identified as AIAN only.
- ▶ **Hispanic:** any person of any race who self-identified as Hispanic.

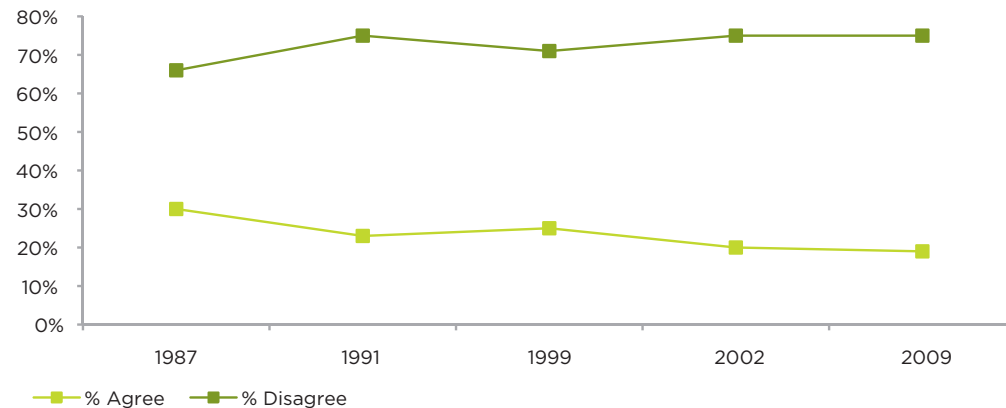
Attitudinal Tracking Surveys Examining Values Relevant to Reproductive Justice

1. Gender Roles and Sexuality

American attitudes toward gender roles, sexuality, family, and marriage are heavily influenced by religious beliefs. The political ascendancy of religious conservatives over the past 30 years has produced the “culture wars” and the politicization of reproductive health, homosexuality, and other “family values.” The good news is that even though America remains a highly religious nation, the percentage of people with conservative views on social values has been slowly but steadily declining. Since 1987 The Pew Research Center for the People & the Press has measured the strength of conservative attitudes against an index of five social values having to do with Americans’ views about women’s roles, homosexuality, the nature of good and evil, and family and marriage. The average number of conservative responses on an index of five social values has dropped from 3.0 in 1987 to 2.4 in 2009. In other words, the percentage of respondents giving three or more conservative responses has declined from 62 percent in 1987 to 46 percent in 2009.³

Two of the Pew conservatism indices are of particular interest, and in both cases the American public has become more progressive. More people than ever disagree with the statement, “Women should return to their traditional roles in society.” Three-quarters of Americans disagree, including roughly equal shares of Republicans, Democrats, and Independents, although Democratic opinion is more intense (62 percent completely disagree as compared with 48 percent of Republicans). Age turns out to be a very significant factor on this index. Whereas 67 percent of people younger than age 30 *completely* disagree with the statement, 52 percent of those between the ages of 30 and 64 completely disagree, and less than half, or 43 percent of those older than age 65, completely disagree.

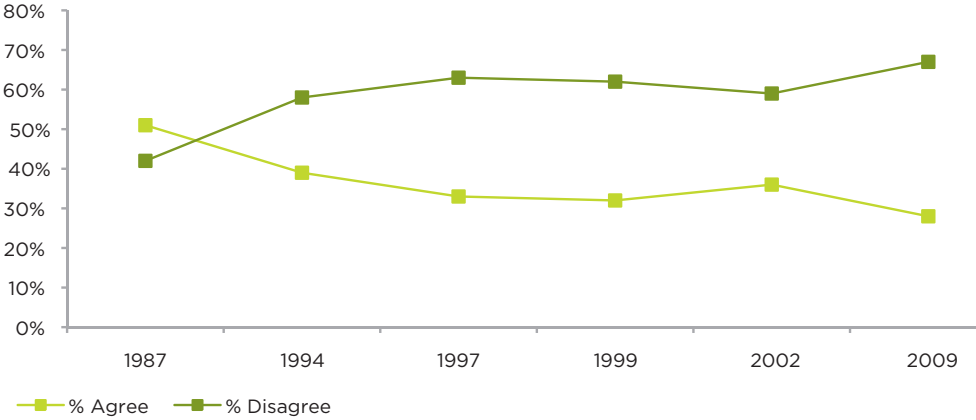
Women should return to their traditional roles in society.



(Pew Research Center, 2009)

There has been a significant shift in attitudes toward homosexuality as measured by responses to the statement, “School boards ought to have the right to fire teachers who are known homosexuals.” In 1987, 51 percent agreed with that statement compared to only 28 percent today, although there are small differences by race, with 26 percent of Whites and 33 percent of Blacks agreeing.

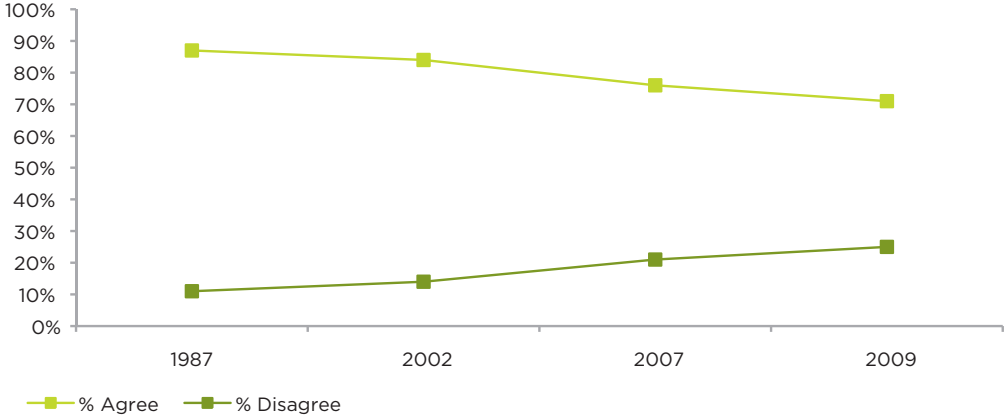
School boards ought to have the right to fire teachers who are known homosexuals



(Pew Research Center, 2009)

Somewhat less encouraging is the index on family and marriage where conservative values, although ebbing, remain strong—71 percent of the total agree and 25 percent disagree, up from 11 percent when the question was first asked in 1987.

I have old-fashioned values about family and marriage



(Pew Research Center, 2009)

The persistence of “old fashioned values about family and marriage” has bearing on the public’s views about same-sex marriage, nonmarital childbearing, and cohabitation. The following graph illustrates the volatility of the same-sex marriage issue. (See later for a more in-depth discussion of gay marriage.)

Allowing Gays and Lesbians to Marry Legally



(Pew Research Center, 2009)

Americans take a dim view of single women and unmarried couples having children (births to unmarried women now account for 37 percent of the births in the United States, or nearly four in ten). According to a 2007 survey (Pew Research Center), a large majority—69 percent—agree with the statement, “A child needs a home with both a father and a mother to grow up happily.”⁴ The same survey showed that 66 percent of adults believe that “single women deciding to have children without a male partner to help raise them” is “a bad thing for our society” and 71 percent believed that it’s a “big problem” that a growing number of children in this country are born to unmarried mothers. Blacks and Hispanics are more concerned than Whites about this “problem.” In response to the question, “How big a problem is the number of children born to unmarried mothers in your community?” 50 percent of African Americans and 51 percent of Hispanics said it was “a very big” or “a big problem” compared to 33 percent of Whites.⁵

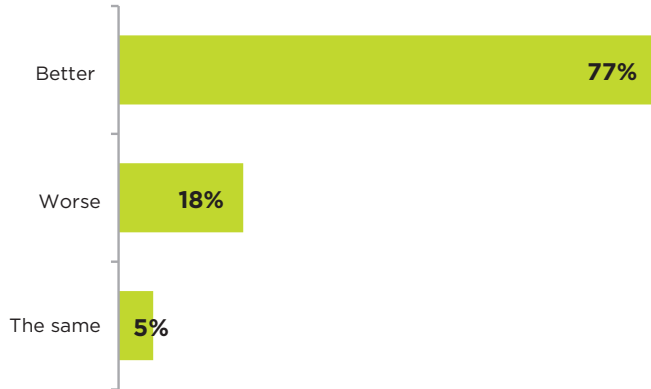
American attitudes about premarital sex have become much more relaxed over the past 30 years: In 1969 only 21 percent said it was “OK,” compared with 61 percent today, including 76 percent of single people younger than age 30 (ABC News, 2004).⁶ But that still leaves one-third of the public believing that premarital sex “is always/almost always wrong.” Americans strongly disapprove of teenagers engaging in “intimate sexual activity.” Only 16 percent say it is “okay”; 76 percent say it is not okay, including 84 percent of women.

2. Gender Discrimination and the Status of Women

When asked if “our society should do what is necessary to make sure that everyone has an equal opportunity to succeed,” the answer is a resounding “yes.” From 1987 to the present, the percentage that agrees with this statement has hovered between 94 percent in 1991 and 87 percent in April 2009 (Pew Research Center).⁷ In general, most American adults believe this country has made great strides in solving the problem of discrimination against women. A bare majority (54 percent) of American adults agree there is still discrimination against women in the United States, but only 15 percent call it a “very serious problem.” On the issue of whether more change is needed “to give women equal rights with men,” 57 percent agree, but a substantial minority (39 percent) think that “enough change has been made.” More women than men think more change is needed but their ranks have diminished over the past generation. In 1992, in response to an ABC News survey of women, 78 percent said more change was needed. Today, 64 percent of women feel that way.⁸

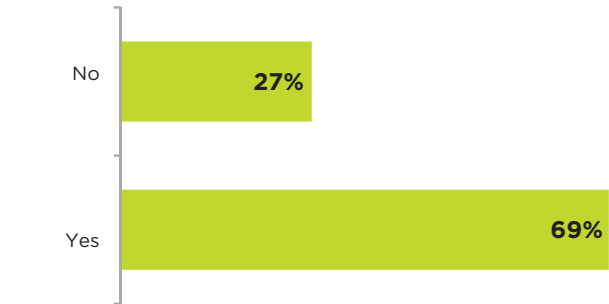
According to a 2005 CBS poll,⁹ a very large majority of women say their opportunities “to succeed in life” are better than the opportunities their mothers had and most credit the women’s movement for making their lives better. Yet women are evenly divided on whether there is still a need for a strong women’s movement.

Opportunities to succeed in life compared to your mother (Among women)



(CBS, 2005)

Has the women’s movement made your life better? (Among women)



(CBS, 2005)

Is there still a need for a strong women’s movement? (Among women)



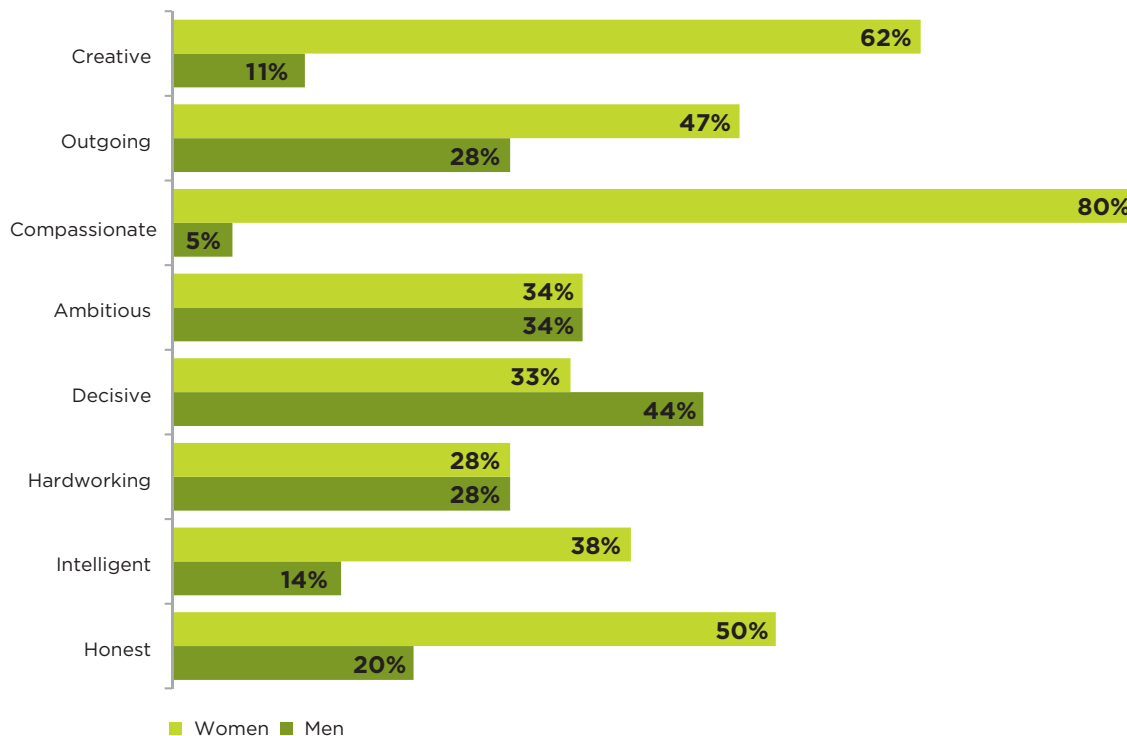
(CBS, 2005)

Most Americans believe there is still a need for gender-based affirmative action programs. Agreement with the statement “Because of past discrimination, employers should make special efforts to hire and promote qualified women” has increased since it was first asked in 1996 from 55 percent to 65 percent (1996–2006 General Social Survey).¹⁰

► The Leadership Gap

In spite of the enormous strides women have made, old stereotypes linger. In an effort to better understand why political leadership in the United States is still overwhelmingly male, the Pew Research Center conducted a survey that examined a wide range of attitudes toward gender and gender differences.¹¹ Pew’s report does not draw definitive conclusions about why, a generation after the seismic changes brought about by the women’s movement, women still lag behind men in so many areas of public life, but some of the findings offer strong clues to solving this puzzle. When respondents were asked to rate men and women on eight “leadership traits,” women were given higher ratings for five out of the eight traits and were tied with men on two:

Who is more... men or women?



(Pew, 2008)

“Nevertheless,” the researchers write, “a mere 6 percent of respondents in this survey of 2,250 adults say that overall, women make better political leaders than men. About one-in-five (21%) say men make better leaders while the vast majority—69%—say men and women make equally good leaders.” They go on to observe the following:

“The paradox embedded in these survey findings is part of a wider paradox in modern society on the subject of gender and leadership. In an era when women have made sweeping strides in educational attainment and workforce participation, relatively few have made the journey all the way to the highest levels of political or corporate leadership.”

To test for hidden gender bias, the Pew Research Center did a second survey, this one conducted online to heighten respondents' sense of anonymity.¹² This survey revealed negative gender stereotypes that may explain the obstacles women continue to face in achieving complete social and political parity. In addition to the eight leadership traits tested in the first survey, several more were added, including two negative stereotypical characteristics attributed to women: "manipulative" and "emotional." The results were telling: Women are judged to be more manipulative than men by a two-to-one margin, and an overwhelming majority of 85 percent believe that women are more emotional than men. Women themselves agreed with these assessments. Forty-eight percent of women (as compared to 57 percent of men) agreed that women are more manipulative than men, whereas 32 percent disagreed and 16 percent thought there was no difference. A slightly higher percentage of women than men agreed that women were more emotional (87 percent of women and 83 percent of men agreed). The researchers' concluded, "These findings suggest that gender stereotypes are widely held."¹³

Women may be considered more honest, intelligent, creative, and compassionate than men, but they are also perceived to be indecisive, manipulative, and way too emotional, and those old, patriarchal attitudes prove difficult to change. It may be that the negative traits attributed to women trump the positive ones.

► **Moms: Not As Good As They Used to Be**

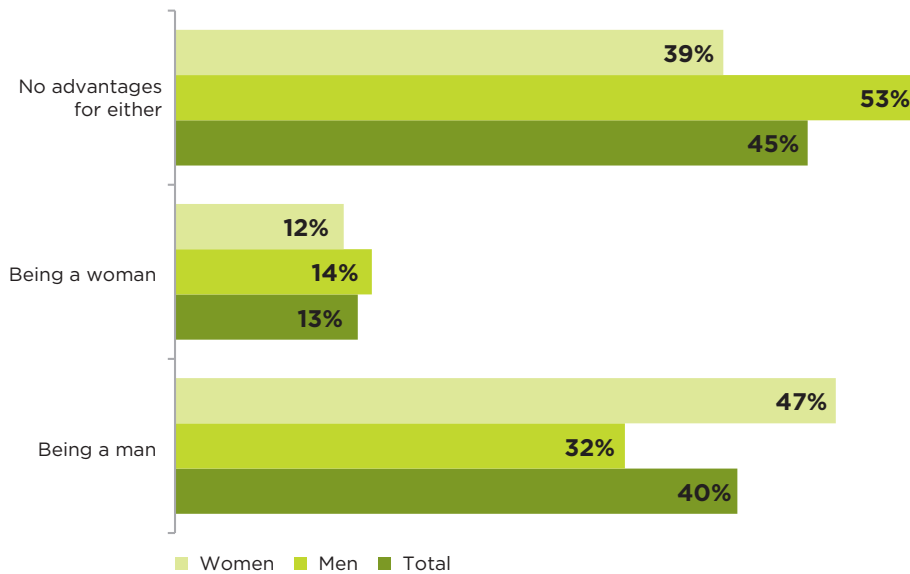
On the one hand, as noted earlier, a strong majority of the public do not believe that women should "return to their traditional roles in society." On the other hand, there is concern about mothers of young children working: 41 percent think this trend "is a bad thing for society" (Pew Research Center, 2007).¹⁴ Younger women today take a hit when it comes to their parenting. When measured against the standards set by their own parents, the public deems today's parents less successful at raising their children, but fathers fare better than mothers in the eyes of the public, including in most women's eyes. Overall, 47 percent of Americans say fathers of children younger than age 18 are doing a worse job as parents than their fathers did compared with 56 percent who say that mothers are doing a worse job than they did a generation ago. Only 9 percent say mothers are doing a better job today, compared with 21 percent who say fathers are. (There is a significant racial gap in evaluations of today's fathers. White women are nearly three times more likely than Black women to say fathers are doing a better job today than in the past.) Women, especially women between the ages of 50 and 64, are their own daughters' harshest critics: 66 percent say today's mothers are doing a worse job than mothers (i.e., themselves) did 20 to 30 years ago (compared to 41 percent of women ages 18 to 29) (Pew Research Center, 2007).¹⁵

Americans attribute this decline in successful parenting to the fact that parents today face bigger challenges in raising children than they did in the past. When asked to identify those challenges in an open-ended format, most cite "societal factors" such as drugs and alcohol and peer pressure (38 percent), or they cite problems of morals and discipline (31 percent). A much smaller percentage cites the balance (or imbalance) created by the pressures of work (10 percent) or finances (8 percent).¹⁶

► Is It Better to Be a Man or a Woman?

A plurality of women today say that there “are more advantages” in being a man than being a woman in America.

There are more advantages in...



(CBS, 2005)

This survey was done in 2005 (CBS News Poll).¹⁷ If anything, women’s views on this question have become more negative in the years since.¹⁸ According to a survey done in 2008, 53 percent of women (and 39 percent of men) believe that, “all things considered,” men have “the better life in this country” (Pew Research Center).¹⁹ What may come as a surprise is the significant age gap: Whereas only 31 percent of those older than age 65 agree that men have a better life, 52 percent of those between the ages of 18 and 29 think so.

3. Racial Attitudes

► Black Progress?

Pollsters have been tracking racial attitudes in the United States for many years, and White respondents have always been more upbeat about “black progress” than their Black counterparts. This still holds true since the election of Barack Obama. Overall, the share of Americans who agree with the statement “There has not been much real improvement in the position of Black people in this country” is down 10 points from 2 years ago to 31 percent, but, although more African Americans disagree with the statement than ever before, a majority (58 percent) still agree with it (Pew Research Center). As the following graph shows, Black and White perceptions move up and down in synchronicity but diverge by about 40 percentage points:²⁰

Agree that recently there hasn't been much real improvement in the position of black people in this country

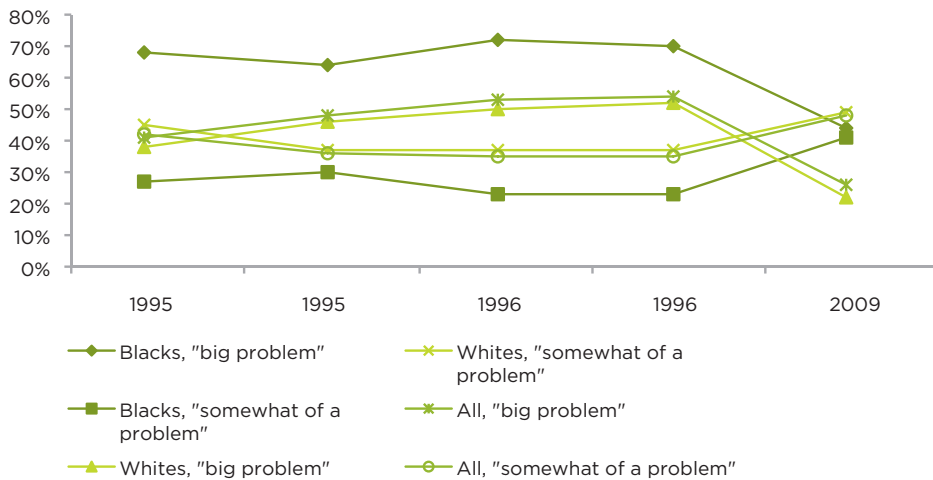


(Pew, 2009)

► **How Widespread Is Racism in America?**

Predictably, Blacks and Whites differ on how big a problem racism is today. In a poll taken at the time of Barack Obama's inauguration, more Blacks than Whites said racism was still a "big problem" by a ratio of two to one.²¹ The following chart does indicate that the election of an African-American president has contributed to a more positive outlook among both Blacks and Whites. Although most Blacks see racism as a problem, many have switched from the "big problem" to the "somewhat of a problem" column.

How big a problem is racism in our society today?



(Data from ABC News Poll, Jan 2009)

However, a Harris Poll conducted after Barack Obama was elected president but before he took office demonstrated near unanimity among African Americans on the persistence of discrimination in multiple areas of life, and these findings are consistent with several other surveys published in the past year:

- ▶ Most African Americans believe that Blacks are discriminated against in getting full equality (86 percent), which is virtually unchanged since 1969, when it was 84 percent.
- ▶ Most African Americans believe they are discriminated against in the way they are treated as human beings (77 percent compared to 82 percent in 1969).
- ▶ Most believe they are discriminated against in getting white-collar jobs (76 percent) and getting skilled labor jobs (74 percent).
- ▶ Most believe they are discriminated against in getting decent housing (76 percent) and in the wages they are paid (76 percent).²²

An ABC News Poll taken on the eve of the inauguration revealed a big racial divide on a similar set of questions. When asked, “Do you think that blacks who live in your community:

- ▶ Have as good a chance as whites to get housing they can afford?” 81 percent of Whites and 47 percent of Blacks said “yes.”
- ▶ Have as good a chance as whites to get a job for which they’re qualified?” 83 percent of Whites and 38 percent of Blacks said “yes.”
- ▶ Receive equal treatment as whites from the police?” 60 percent of Whites and 22 percent of Blacks said “yes.”
- ▶ Receive equal treatment as whites when they visit local businesses, such as stores, restaurants or banks?” 83 percent of Whites and 44 percent of Blacks said “yes.”²³

The Gallup Poll has been measuring attitudes toward “the race problem” since 1964, most recently in October 2009. Their conclusion:

“Despite the election of the first black president in U.S. history, Americans’ optimism about a solution to the race problem in the U.S. and their views about the prevalence of racism against blacks are not substantially more positive now than they have been in previous years. In fact, optimism about race relations is now almost identical to where it was 46 years ago, when Gallup first asked the question. Blacks remain significantly more negative than whites about their status in society and about the potential for an eventual solution to the race problem. The data do not suggest that blacks have become disproportionately more positive than whites as a result of Obama’s election as president.”²⁴

▶ **Affirmative Action**

Support for affirmative action diverges widely based on race and ethnicity. Close to six in ten Blacks (58 percent) and half of Hispanics agree that the country “should make every effort to improve the position of minorities even if it means preferential treatment,” whereas only 22 percent of Whites agree with that statement today (down from peak support of 29 percent in 1992).²⁵ Similar racial differences emerge when the question is asked as follows:

“Some people feel that the government in Washington should make every effort to improve the social and economic position of blacks. Others feel that the government should not make any special effort to help blacks because they should help themselves.”

Blacks were two-and-a-half times as likely to choose the first statement as were Whites (American National Election Studies).²⁶

Polls that ask the question differently (e.g., do not use words like “preferential” or “special”), however, get a different response, and some show increasing support for affirmative action programs. In June 2009 an NBC News/*Wall Street Journal* Poll asked, “Now let me read you two brief statements on affirmative action programs, and ask which one comes closer to your own point of view. Statement A: Affirmative action programs are still needed to counteract the effects of discrimination against minorities, and are a good idea as long as there are no rigid quotas. OR, Statement B: Affirmative action programs have gone too far in favoring minorities, and should be ended because they unfairly discriminate against whites.” Of respondents, 63 percent chose Statement A, compared with 49 percent in 2003 and 50 percent in 1995.²⁷

A large survey was conducted by Quinnipiac University in June 2009²⁸, and the results underscore the importance of language, the toxicity of words like “preference,” and the extent to which conservatives have succeeded in sowing confusion about what affirmative action is. They also underscore the large size of the racial divide.

“Which comes closer to your point of view—affirmative action programs seek out qualified minorities and do not disadvantage members of other groups OR affirmative action programs result in members of some minority groups being advantaged at the expense of other groups?”

	Total	Men (%)	Women (%)	White (%)	Black (%)
No disadvantage to others	44	39	47	38	70
At expense of others	46	51	42	53	18

“If affirmative action programs giving preference to blacks and other minorities do result in less opportunities for whites, do you think that’s a price worth paying to help blacks and other minorities, or not?”

	Total	Men (%)	Women (%)	White (%)	Black (%)
Yes	29	28	30	25	48
No	59	62	57	63	40

“Which comes closer to your point of view regarding affirmative action programs in the work place—A) We should have affirmative action programs to overcome past discrimination, B) We should have affirmative action programs to increase diversity or C) We should not have affirmative action programs?”

	Total	Men (%)	Women (%)	White (%)	Black (%)
A	20	16	23	17	33
B	27	26	29	23	45
C	47	54	42	55	16

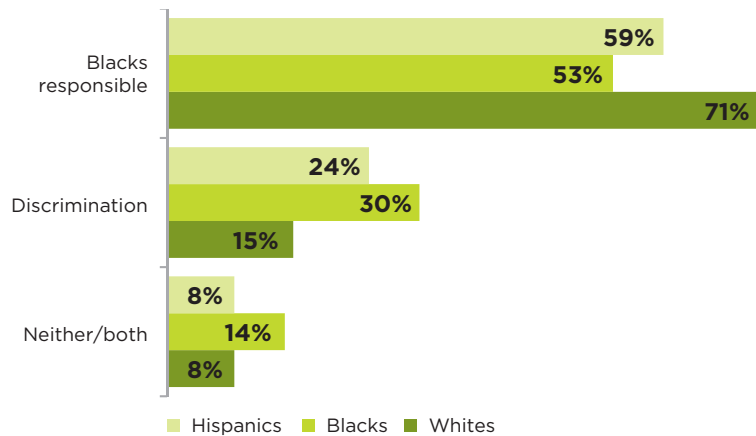
“Which do you think is the best term to describe these programs—affirmative action or preferences?”

	Total	Men (%)	Women (%)	White (%)	Black (%)
Affirmative action	36	35	37	30	63
Preferences	51	54	50	57	31

► Personal Responsibility

Some evidence suggests that the conservative narrative about “personal responsibility” has had an impact on Black opinion over the past decade. When asked to choose “the main reason blacks can’t get ahead,” more choose “blacks are responsible for their own condition” over racial discrimination (Pew Research Center). As recently as the mid-1990s, Black opinion on this question tilted in the opposite direction, with a majority saying discrimination was the main reason “why many blacks can’t get ahead.” This view is shared pretty equally by African Americans of both genders and all income levels, although older African Americans are more likely to attribute the problem to discrimination than are younger African Americans.²⁹

% saying main reason many blacks can’t get ahead is...



(Pew, 2007)

4. Ethnic Attitudes

► Is Anti-Hispanic Discrimination Widespread?

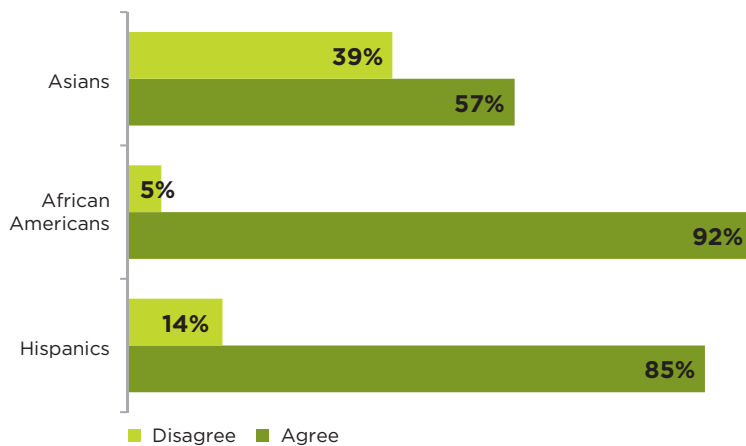
It appears that Americans now believe that Hispanics are victims of discrimination at least as much, if not more, than Blacks are. In a poll conducted in August 2009, a slightly higher percentage of respondents agreed that “there is a lot of discrimination” against Hispanics (52 percent), more so than there is against Blacks (49 percent) (Pew Research Center).³⁰ In a poll conducted a few months later, in December 2009, the gap was greater. In response to the question, “Is there more discrimination these days against Blacks, against Hispanics or against women?” 11 percent said Blacks, 21 percent said Hispanics, 27 percent said women, and 41 percent were not sure (Rasmussen Reports).³¹

Young Latinos ages 18 to 29 agree by an overwhelming margin that there is discrimination against Latinos and Hispanics in America. In a nationwide survey conducted in July 2008 by Bendixen Associates for Democracia U.S.A., 41 percent said there was “a lot of discrimination,” 49 percent said there was “some discrimination,” and only 10 percent said there was “no discrimination at all.”³² In another poll of adult Latinos, 85 percent said there was “a lot of discrimination against my community” (New America Media).³³ A large majority of Latinos believe that discrimination against them has increased because of the tone of the immigration debate. According to a poll conducted in May 2009 by Bendixen Associates for America’s Voice, 75 percent of Hispanics agree with the following statement: “The anti-immigrant sentiment against Hispanics is growing.” Also, 64 percent agree that “[d]uring the last two years, discrimination against Hispanics in the United States has increased because of the negative tone and the rhetoric of the immigration debate.”³⁴

► **Is Discrimination Against Asian Americans Widespread?**

Research on the public’s attitudes toward Asian Americans is sparse, but what little there is suggests that Americans do not think anti-Asian discrimination is widespread. In its longitudinal survey on race relations, Gallup has posed the following question: “Next we’d like to know how you feel about the way various groups in society are treated. For each of the following groups please say whether you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with the way they are treated.” From 2001, when the question was first asked, to 2008, 69 to 72 percent of Americans have said they were “satisfied” with how Asians are treated (as compared, for example, to 59 percent who said in 2008 that they were “satisfied” with how African Americans are treated).³⁵ Note that the question itself is ambiguous in that “unsatisfied” could mean the respondent thinks Asians receive preferential as opposed to discriminatory treatment. A recent survey of Asians (of Chinese, Korean, Vietnamese, and Filipino ethnicity) indicates that they are somewhat less likely than Hispanics or African Americans to believe that there is a lot of discrimination against their respective group.³⁶

There is a lot of discrimination against my community in the U.S.



(New America Media, 2007)

► **Racial and Ethnic Solidarity**

The New America Media survey measured feelings and attitudes held by the different groups toward one another. On the one hand, the poll revealed “high levels of ethnic isolation” resulting in “racial tensions.” For example, 46 percent of Hispanics and 52 percent of African Americans agreed with the statement: “Most Asian business owners do not treat us with respect.” In response to the question, “Who do you feel more comfortable doing business with—Whites, Hispanics or Blacks,” 53 percent of the Asian respondents chose Whites, 7 percent chose Hispanics, 3 percent chose Blacks, and a minority of 37 percent said they had no preference. However, one of the poll’s major findings was as follows:

“There are strong reasons to be optimistic about the state of race relations. African Americans, Asians and Hispanics respect each other’s contributions and see themselves as co-existing in a society in which they will ultimately work out ways to relate to each other for their mutual benefit.”

This finding was based on responses to several questions. There was nearly unanimous agreement among all three groups with the following statement: “African Americans, Latinos and Asians have many similar problems. They should put aside their differences and work together on issues that affect their communities” (92 percent of Hispanics, 89 percent of African Americans, and 86 percent of Asians agreed). A sense of optimism prevailed about the future. In response to “Now, thinking ahead over the next 10 years, do you think relations between different racial and ethnic groups in the U.S. will get better or will they get worse?” 61 percent of Hispanics, 68 percent of African Americans, and 62 percent of Asians said things would get better.

► **Attitudes Toward Immigrants**

A great deal of polling on American attitudes toward immigrants has been done in the context of the national debate over immigration policy, and detailed summaries have been published by several advocacy groups.³⁷ Of particular interest in the context of reproductive justice is recent polling on the wedge issue of whether immigrants, particularly undocumented immigrants, should be covered under health care reform. A national survey done in June 2009 found strong public opposition to health care coverage for “illegal immigrants”—80 percent said they were opposed (Rasmussen Reports). When asked if they would favor or oppose a proposal that “provided quality health care coverage for all Americans” and also provided coverage for “illegal immigrants,” 70 percent said they would oppose it.³⁸

In September 2008 the National Immigration Law Center sponsored a series of focus groups to test messages promoting the expansion of health care coverage to immigrants.³⁹ Findings included the following:

► “Conflicting values play a role in how voters consider the topic of including immigrants in health care coverage. A sense of **compassion** weighs on the inclusion side of the scale. But for some, feelings of compassion are diminished by concern for **law and order** and the sense that including undocumented immigrants amounts to rewarding people who break the rules. The values of **responsibility and fairness** also come into play, but can work in either direction. Voters see it as fair and responsible for government to help take care of people who are playing by the rules and contributing to society. If they believe that undocumented immigrants are not paying taxes, then they will see it as unfair for the government to assist them. If, on the other hand, they believe undocumented immigrants are paying into the system, they see it as unfair to exclude them from coverage.”

► “The question of whether undocumented immigrants are paying taxes turns out to play a major role in triggering different sets of values. Therefore, the most successful message addresses both the values and the practical concerns people bring to the health care debate:

“Affordable health care for everyone in the U.S. is a necessity. This should include preventive care because it will help people stay healthy and save us money down the road. We need a health care system where everyone contributes to the cost of medical care, and no one has to fear that one accident or illness will leave them unable to care for themselves or their families. In this system, everyone contributes, and everyone is secure in knowing that they can get health care; this needs to include all immigrants, legal or not. If we leave out millions of people living in our communities the system will not work and will affect all of us.”

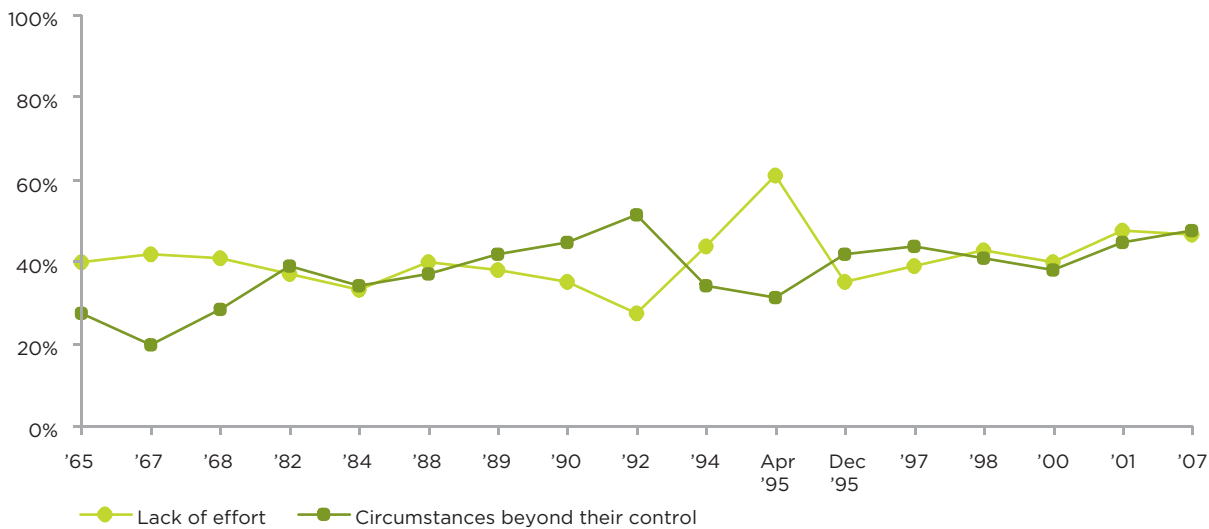
5. Attitudes Toward “The Poor and Needy”

When reaching judgments about poverty, Americans draw on conflicting core cultural values. On the one hand is the belief in individualism and the assumption that economic opportunity in the United States is widespread and anyone who tries hard enough can succeed. On the other hand is the value of collective responsibility and the belief that government has an obligation to help the needy.⁴⁰ This duality explains the ambivalence revealed in years of public opinion research when it comes to Americans’ attitudes toward the causes of poverty and the government’s role in ameliorating its effects. Matters are further complicated by the fact that poverty in the United States is “racialized”—negative stereotypes about African Americans’ work ethic contributes to Whites’ (and increasingly Blacks’ as will be seen later) opposition to social welfare spending.⁴¹

► **Causes of Poverty**

For the past 40 years, public opinion researchers have been asking the following question: “In your opinion, which is generally more often to blame if a person is poor: lack of effort on their own part or circumstances beyond their control?” Americans have been evenly split on this question since 1998, but public opinion on this topic experienced significant fluctuations before that. In 1988 “lack of effort” and “circumstances beyond their control” as causes for poverty were in a statistical dead heat, but in 1989 they began to diverge, and by 1992, twice as many Americans thought poverty was a result of circumstances beyond individual control. However, within a very short time, these trajectories changed places, and by 1995, twice as many Americans thought lack of individual effort was to blame for poverty. This was the era of Newt Gingrich’s Contract with America and the beginning of Republican control of both Houses of Congress. By 1998, however, the two frames were running even again.⁴²

Individual Responsibility vs. Circumstances



(Gallup, 1965–1967, 1984, 1988–1990, National Opinion Research Center 1969, CBS/New York Times 1982, 1994–1995, 2000, Los Angeles Times 1992, Princeton Survey Research 1997, NPR/Kaiser/Kennedy School 2001, The Opportunity Agenda/Belden Russonello & Stewart 2007.)

In the midst of an economic crisis, most Americans, including those who are unemployed or have low income, continue to believe that they exercise at least some control over their own economic situation. However, when respondents are asked about the economic situation of people other than themselves, they think that other Americans do not have such control.

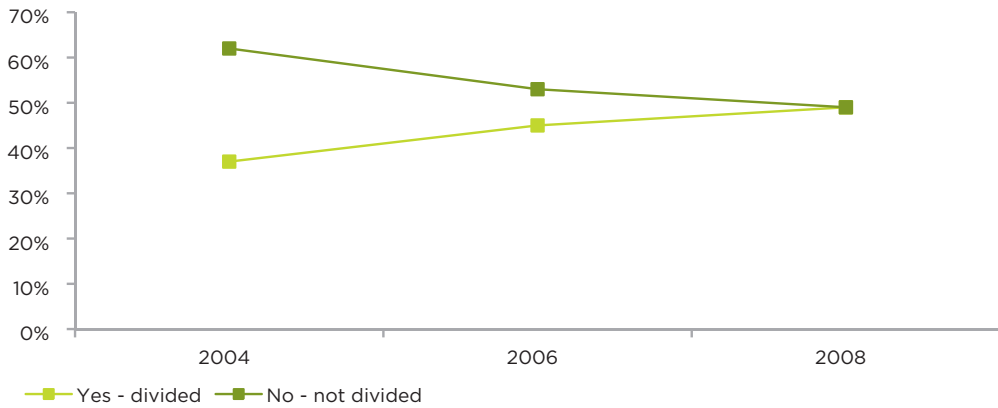
For example, the Pew Charitable Trusts Economic Mobility Project conducted a national survey in March 2009 and found that 74 percent of respondents, across race, believed they had very much control (23 percent) or were somewhat in control (51 percent) over their economic situation when asked to think about their own personal economic situation today. Even a bare majority (52 percent) of self-identified “lower class” respondents felt they had some control. However, respondents were less sanguine about the condition of the country as a whole: When asked to think about “people in this country,” only 43 percent answered affirmatively, with 5 percent saying people in this country were very much in control, and 38 percent saying they were somewhat in control. A majority of 55 percent said that “people in this country today” are not in control of their economic situation.⁴³

The same survey found that by an overwhelming 71 to 21 percent margin, Americans believe that personal attributes, such as hard work and drive, are more important to economic mobility than external conditions, such as the economy and economic circumstances growing up. Personal attributes such as “poor life choices” and “too much debt” were the top explanations given for downward mobility.⁴⁴

► **“Haves” and “Have-Nots”**

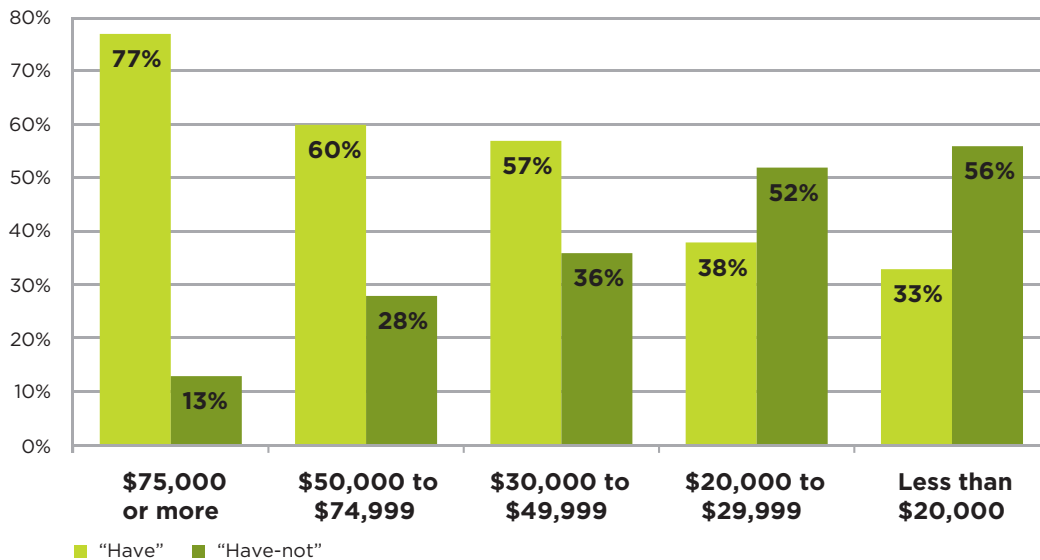
At the same time, there is evidence that the economic downturn has to some extent undermined Americans’ faith in the country’s economic system. According to Gallup, increasing numbers now agree that America is a country of “haves” and “have-nots,” and the public is equally divided, 49 percent to 49 percent, on this question for the first time in many years.⁴⁵

Some people think of American society as divided into two groups—the “haves” and the “have-nots”—while others think it’s incorrect to think of America that way. Do you, yourself, think of America as divided into haves and have-nots, or don’t you think of America that way?



(Gallup, 2008)

Most Americans (59 percent) place themselves in the “haves” column, and that percentage has not changed over the past several years in spite of the increase in joblessness. But significant differences in self-categorization emerge based on income, race, and ethnicity. Non-Hispanic Whites are more than twice as likely to label themselves “haves” as “have-nots” (64 percent vs. 26 percent). This contrasts with Blacks and Hispanics, who are about evenly divided in their self-identifications. None of these findings by race/ethnicity has changed much in recent years. As for income level, the following graph shows that those with an annual household income of less than \$30,000 per year are much more likely to describe themselves as “have-nots.”



(Gallup, 2008)

► **Support for Government Safety Net**

A consistent majority of Americans believe that it is the responsibility of government to take care of “people who can’t take care of themselves.” As the following graph shows, there have been shifts in support for the social safety net (note that the all-time low was in 1994, at the time of the conservative ascendancy and the “Contract with America”).⁴⁶ But public sentiment today is relatively positive. Majorities also agree that “the government should guarantee every citizen enough to eat and a place to sleep” (62 percent agree; 35 percent disagree)⁴⁷ and that “the U.S. government should be responsible for ensuring that its citizens can meet their basic need for food” (74 percent agree; 25 percent disagree) and education (83 percent agree; 16 percent disagree) (World Public Opinion).⁴⁸ Support for the proposition that it is the government’s responsibility to “provide a job for everyone who wants one” is on less solid ground (36 percent agree; 63 percent disagree) (The Opportunity Agenda).⁴⁹ (Health care will be discussed later).

It is the responsibility of the government to take care of people who can’t take care of themselves.



(Pew, 2009)

► **“Deserving” vs. “Undeserving” Poor**

Public support for government assistance diminishes when applied to more marginalized groups. For example, Americans agree with the statement, “Poor people have become too dependent on government assistance programs” by a 72 percent to 22 percent margin⁵⁰ (Pew Research Center). Although this majority has decreased from its high point of 85 percent in 1994 before “welfare reform” was adopted, it demonstrates the enduring strength of the public’s belief in overdependence by the poor; racial stereotypes play a significant role here and, according to the sociological literature, are especially resistant to change.⁵¹ As recently as the 1990s, nearly a third of Whites agreed with the statement that most Blacks were “lazy,” and about half traced inequality to Blacks’ failure to work hard.⁵² A 2008 study of public attitudes concluded that “[o]pposition to spending on that means-tested program known as ‘welfare’ still remains, and it remains as part of entrenched attitudes that whites hold about blacks.”⁵³

“Illegal immigrants” are also a disfavored group when it comes to government services/assistance. Even though polls show that the American public regards “illegal” immigrants as “hard-working,”⁵⁴ they also begrudge them access to public services: 63 percent agree with the statement, “Illegal immigrants cost the taxpayers too much by using government services like public education and medical services”⁵⁵ (Gallup Poll). Also, 67 percent believe “illegal immigrants” should not be eligible for “social services provided by state and local governments”⁵⁶ (Pew Research Center).

6. The Right to Health Care

► Access to Health Care in General

The public strongly endorses the idea that the government has an affirmative role to play when it comes to health care. Of Americans, 86 percent strongly or somewhat agree that “the government needs to do more to make health care affordable and accessible,” and a majority of 59 percent completely agree⁵⁷ (Pew Research Center). When the question is phrased, “Do you think the United States’ government should be responsible for ensuring that its citizens can meet their basic need for health care?” 77 percent say “yes”⁵⁸ (World Public Opinion). A huge majority of Americans (89 percent) say they think that “access to health care should be considered a human right,” and 72 percent feel that way “strongly”⁵⁹ (The Opportunity Agenda).

► Access to Reproductive Health Care

Recent polling undertaken in the context of the health care reform debate shows that majorities support the inclusion of “reproductive health care” in reform legislation. A survey commissioned by the National Women’s Law Center found the following:⁶⁰

- Seventy-one percent favor “requiring health care plans to cover women’s reproductive health services.” If the reform did not require coverage for women’s reproductive health services, 62 percent would oppose the legislation, 48 percent strongly.
- Support for requiring maternity coverage is nearly universal. Eighty-six percent of Americans believe that insurance companies should be required to cover maternity care, and 72 percent believe it strongly.
- Coverage for family planning services, including counseling for and provision of contraception and pregnancy testing is favored by 77 percent (56 percent strongly).
- Coverage for “abortion recommended by a doctor” is favored by 65 percent (42 percent strongly). (Public opinion regarding abortion is discussed in detail later.)
- When asked, “Would you favor or oppose a national reform plan that guaranteed access to affordable quality health coverage and provided coverage to the uninsured but did not cover services for pregnant women, including abortion,” 76 percent were opposed (59 percent strongly opposed).

The poll tested three messages in support of including women’s reproductive health care as part of health reform, and the strongest read as follows:

“Reproductive health care, including prenatal and maternity care, screening for breast, cervical and other cancers or STDs, abortion, and contraceptive services, are all basic health care for women, and help ensure that women can attain good health throughout their lives.”

This argument was rated “very convincing” by 56 percent and “somewhat convincing” by 23 percent. Only 8 percent thought it was “not at all convincing.”⁶¹

The Women’s Donors Network and the Communications Consortium Media Center commissioned a second poll in late-August 2009⁶² and found the following:

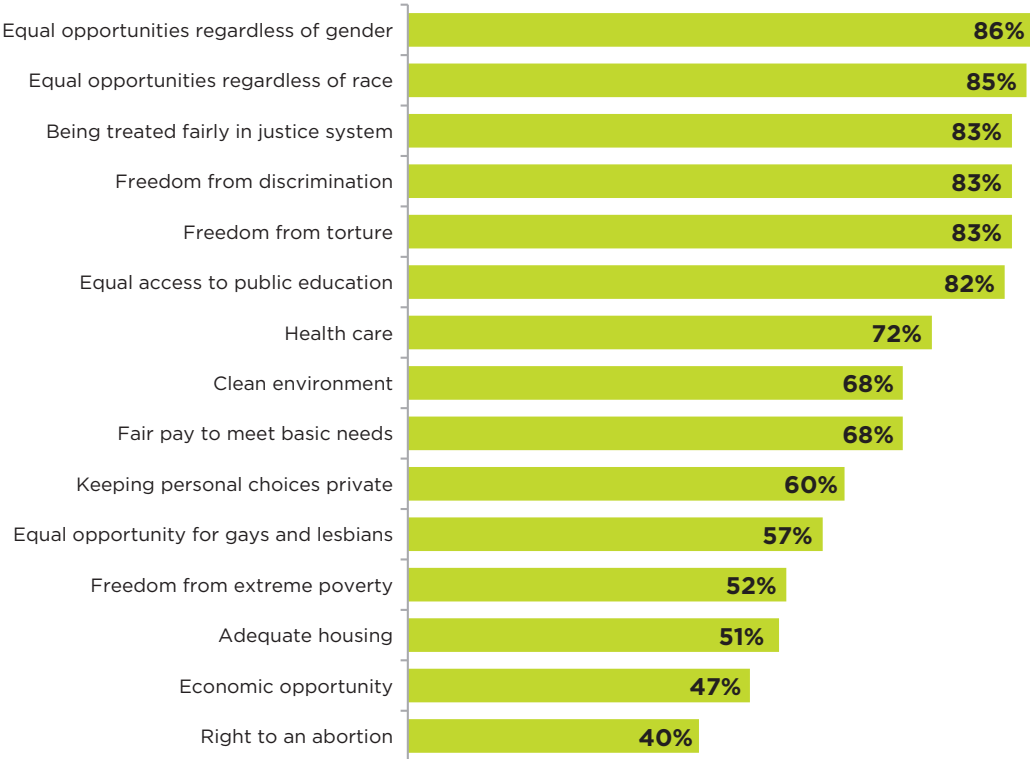
- Americans do not want a battle over abortion to bog down health care reform. Eighty-nine percent said they want to have a national discussion that focuses not just on abortion, but also on “issues such as birth control, comprehensive sex education, maternal health and childbirth issues.”
- Only 26 percent believe health care reform should not move forward unless “we are certain that government money will not be used for abortion.”
- A majority of 54 percent would oppose a reform plan that prevented private insurance plans from covering abortion.

A national survey of Catholic voters commissioned by Catholics for Choice also found strong support for coverage of a range of reproductive health services.⁶³ Of respondents, 95 percent thought “care for pregnant women and follow-up care after the baby is born” should be covered, 86 percent thought HIV/AIDS testing should be covered, and 81 percent thought the human papillomavirus (HPV) vaccine should be covered. A majority of Catholics (63 percent) also support coverage for “contraception, such as birth control pills,” and a bare majority of 51 percent support “condoms to prevent HIV/AIDS.” The only reproductive health service tested that was not favored by a majority was “emergency contraception, also known as the morning after pill,” which was favored by only 39 percent of Catholics.

7. Attitudes Toward Human Rights

The most comprehensive public opinion survey on the extent to which Americans apply human rights principles to domestic social justice issues was commissioned by The Opportunity Agenda in June–July 2008.⁶⁴ Major findings included (1) human rights as a concept is clear and positive for Americans, and (2) the public places many social justice issues in a human rights framework. The researchers tested 15 social justice issues, many of them relevant to reproductive justice, and ranked them according to the percentages of the public who said they believed strongly that the issue “should be a human right that should be protected.”

Percentage of Americans “strongly” agreeing that the following are human rights



(The Opportunity Agenda / BRS 2007)

Americans’ views on the role of government and human rights are consistent with the conflict in values noted earlier: They want the government to play a role in ensuring that people have human rights, but at the same time they cling to a strong belief in personal responsibility. When asked about the tradeoff between protecting

human rights and expanding government programs, 67 percent acknowledge that “in order to uphold human rights in the U.S., it is often necessary to expand government assistance programs like housing, food, health and jobs,” but 32 percent disagree.

Significant differences among various demographic segments emerged in this research. Women and African Americans are the most supportive on some key questions as compared to men, Whites, Hispanics, and Asian Americans. For example, in response to the following question, 75 percent of women and 87 percent of African Americans chose Statement B, as compared to 59 percent, 64 percent, 65 percent and 64 percent of men, Whites, Hispanics, and Asian Americans, respectively:

“Please tell me with which of these two statements you most agree: A) Upholding human rights in the US should not mean expanding government assistance programs for things like housing, food, and health and jobs. OR B) In order to uphold human rights in the US it is often necessary to expand government assistance programs to help people obtain things like housing, food, health care and jobs.”

Building on its 2007 benchmark survey, The Opportunity Agenda commissioned a series of 16 focus groups during the spring of 2009 to explore the potential for using a human rights framework in communicating about certain social justice issues (health care, due process, life without parole for young people, racial profiling, and immigration issues).⁶⁵ The focus groups were held in Chicago, Atlanta, Santa Monica, South San Francisco, Houston, Columbus, and New York City and comprised audiences that were identified in the survey research as being most receptive to human rights messaging. They were as follows:

- ▶ Educated liberal women living in urban centers
- ▶ Younger politically moderate women
- ▶ African American
- ▶ Hispanics

Of the five issues examined, these key audiences were most comfortable fitting health care into a human rights framework. Many focus group participants already view health care, including a range of health services, as a basic human right needed for survival and to fulfill the human right to the pursuit of happiness. The researchers made several findings that bear directly on reproductive justice:

- ▶ Participants recognize disparities in access to quality health care and consider them human rights violations—violations of equality and freedom from discrimination. Most believe disparities are driven more by economic status or a combination of income, race, and ethnicity rather than race and ethnicity alone.
- ▶ Although almost all members of these key audiences view emergency medical care as a human right, many also include a range of health services as part of the human right to health care, including preventative care and the availability of contraceptives and abortion. In fact, communicating about reproductive rights in terms of human rights results in some participants becoming more open to seeing abortion as a human right.
- ▶ Most participants consider birth control a human right because they believe that a woman should be able to choose how she takes care of her body. They express less certainty about abortion as a human right, although the following message led some of the more uncertain participants to change their minds:

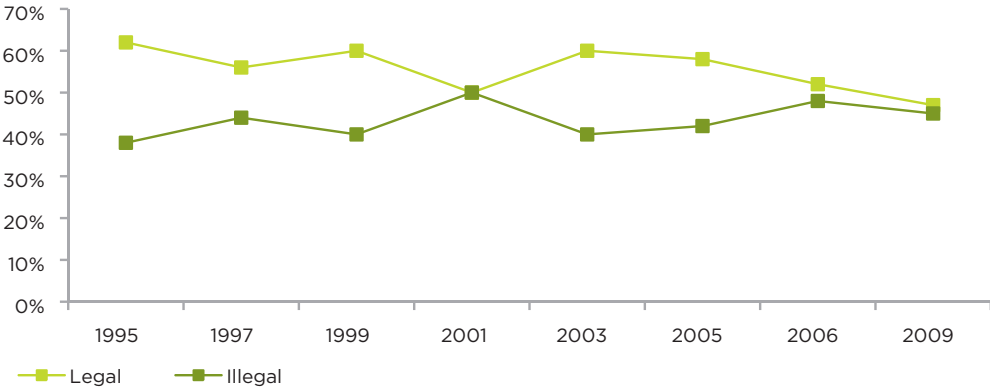
“There is no more fundamental human right than the right to have control over one’s own life, and being able to make one’s own decisions about child-bearing is a part of this right. When women are denied reproductive health care, they are denied the means to a fundamental human right—the right to make healthy decisions about control over their bodies and decisions about child-bearing. When we defend the freedom to access and use birth control, to get a safe abortion, or to learn the facts about reproduction, what we are really defending is this basic human right.”

Surveys Examining Topical Issues Relevant to Reproductive Justice

1. Abortion

Americans’ views on abortion have been the subject of many years of polling by news agencies and public opinion research organizations, and the health care reform debate in 2009 generated a new spate of research commissioned by various advocacy groups. According to a major survey conducted by the Pew Research Center there has been a dip in support for the position that abortion should be legal in “all or most cases,” with the public now evenly divided on the question. In a Pew poll conducted in August 2008, 54 percent of Americans said they thought abortion should be legal in all or most cases; in August 2009, that number had dropped to 47 percent.⁶⁶

Abortion should be legal in all/most cases; abortion should be illegal in all/most cases



(Pew, 2009)

The downward shift was most extreme for Independents (-9), Democratic men (-9), Hispanics (-8), and people between the ages of 30 and 49 (-10). However, support held steady among the pro-choice base: Democratic women, African Americans, young people, and nonreligious people⁶⁷.

Lake Research Partners has explored various explanations for the apparent drop in support for legal abortion.⁶⁸ Their conclusion: “There is no easy explanation....” However, two of their hypotheses are relevant here: the rising influence of Latino opinion, and the possibility that the change is not so much a shift in public opinion as a signal that this issue is “in flux” because of its increasing complexity. The researchers write:

“Many studies have shown that abortion is not a voting issue for Latinos. Abortion does not have the political saliency to Latinos of other issues, namely immigration. The Pew studies show that previously Latinos were split on support/opposition to legal abortion, but they have shifted clearly into a less supportive position. As a growing and increasingly important political segment, the growing Latino voice will only add to ambivalence surrounding abortion issues.”

“Some analysts say the polls are picking up an ‘unsettled public’ on the issue of legal abortion and that opinion may be in flux. It is an opinion our firm shares and reflects some of the complexity of opinion we picked up in our survey for the Reproductive Health Technologies Project in 2006. That study found that the traditional four-point scale to measure attitudes toward abortion was too narrow to capture the range of feelings, emotions, and opinions on this issue that people actually hold.... The Pew findings, then, are likely picking up this complexity of feeling about abortion that we also did and call it a potential shift and decline in support.... We feel that, instead, the Pew polls have uncovered the fluidity of opinion we also found, revealing the growing complexity of opinion surrounding abortion.”

The major finding of the Reproductive Health Technologies Project 2006 survey⁶⁹ was that *personal decision-making* is the “most powerful framework for talking about abortion.” This framework connected several concepts: respecting a woman’s decision, the decision to parent, opportunity, and the right to make one’s own decision. Furthermore, the survey provided important insight to African Americans’ and Latinos’ opinions on abortion as follows:

- ▶ African Americans are conflicted about abortion but they are receptive of the concepts about the importance of children and the decision to parent. These two concepts are the strongest communicators for African Americans within the *personal decision-making* framework, and resonate more with them than with Whites or Latinos. Two-thirds of African Americans strongly agree with the statement: “I believe that abortion ends a life or a potential life, but I still feel I can’t make that decision for someone else.”

Latinos are more in favor of restrictions on abortion than other groups, and 55 percent favor making it illegal except in cases of rape, incest, and to save the woman’s life compared to 39 percent of the public overall. However, younger Latinos are more likely than their elders to favor legal abortion, and respond favorably to personal decision-making themes. Messages about laws jeopardizing women’s health are strong among all Latinos.

The results of several surveys carried out during the extended health care reform debate underscore the complexity of the abortion issue in the minds of the American public. They show that, although a majority of Americans do not want federal dollars to be used to pay for abortions, neither do they want reform legislation derailed by the abortion issue. Survey results also show that Americans respond favorably to the argument that health care considerations, and not politics, should drive coverage decisions when it comes to abortion.

- ▶ A late-August 2009 poll of 1,000 likely voters sponsored by the Women Donors Network and the Communications Consortium Media Center⁷⁰ resulted in several significant findings:
 - Americans don’t want a battle over abortion to bog down health care reform. A plurality (47 percent) agree that “political differences on abortion should not prevent us from moving forward on an otherwise good health care reform plan.” Another 22 percent believe that health care reform should not move forward unless “a woman’s right to choose abortion is protected.” Only 26 percent believe reform should not move forward unless “we are certain that government money will not be used for abortion.”
 - Voters oppose reform that would prohibit insurance companies from covering abortion by a 16-point margin (54 to 38 percent).

- After being exposed to strong arguments on both sides of the issue, a 56 percent majority says an insurance exchange created under reform should offer information about plans that provide abortion coverage, whereas 34 percent believe it should not.
- A Pew survey conducted from November 12–17 among a national sample of 1,003 adults showed that, although 55 percent said they did not want abortion to be included as a “guaranteed medical benefit” in a government reform plan, fewer than one in ten opponents of legislation said the most important reason for their opposition was the possibility that government money might pay for abortions. (“Too much government involvement” and “health reform is too expensive” were by far the most frequently cited reasons for opposition.)⁷¹
- In a national survey of Catholic voters sponsored by Catholics for Choice, 50 percent of respondents agreed that health insurance policies, whether they are private or government, should cover abortions “whenever a woman and her doctor decide it is appropriate.” A large majority (68 percent) disagreed with those who say that “as a Catholic, you should oppose the entire health care reform plan if it includes coverage for abortions,” and 37 percent *strongly* disagreed.⁷²

The Mellman Group tested arguments for and against abortion coverage in two separate surveys, and in both instances majorities sided with a “health care, not politics” argument over a “no tax dollars for abortion” argument. In the first survey, sponsored by The National Women’s Law Center, respondents were asked to choose between the following:

Smith says while improving women’s health is important, our money should not go to funding abortions, contraception, and other elective procedures that are not medically necessary. Women may have the legal right to terminate a pregnancy, but a national health plan should not cover optional procedures that many Americans find morally objectionable.

Jones says health care—not politics—should drive decisions about what is included in a health care reform plan. There are many medical reasons why women need abortions, including high-risk pregnancies that endanger the mother’s life and miscarriages. Only women and their doctors should make these difficult medical decisions, not Congress. Politicians should not play politics with women’s health by singling out abortion in an otherwise comprehensive health reform plan.

Two-thirds of voters (66 percent) sided with Jones over Smith, and the majority held across *all* demographic lines, including among Republicans, older men, and weekly churchgoers. Four months later, Mellman tested a slightly different iteration of the arguments in the survey for the Women Donors Network and the Communications Consortium Media Center:

Smith says while improving women’s health is important, taxpayer money should not fund abortions. Women may have the legal right to terminate a pregnancy, but a national health plan should not use taxpayers’ money to fund abortions.

Jones says health care—not politics—should drive decisions about what is included in a health care reform plan. There are many medical reasons why women need abortions, including high-risk pregnancies that endanger the mother’s life and only women and their doctors should make these difficult medical decisions, not Congress.

In that survey, 59 percent sided with Jones, 51 percent strongly.

Opposition to abortion is more solidified around at least two issues especially relevant to reproductive justice. When asked whether or not it should be possible “for a pregnant woman to obtain a legal abortion...if the family has a very low income and cannot afford any more children,” 41 percent say yes and 56 percent say no⁷³ (National Opinion Research Center). Results are virtually the same if the question is phrased as follows: “Please tell me whether or not you think it should be possible for a pregnant woman to obtain a legal abortion...if she is married and does not want any more children” (43 percent yes; 55 percent no)⁷⁴ (Pew Research Center).

2. Sex Education

Several surveys indicate that the public is very supportive of comprehensive, government-sponsored sex education. The most recent national survey found that only 7 percent of Americans say sex education should *not* be taught in schools.⁷⁵ When offered the choice between the following alternatives, 67 percent chose (b):

- (a) The federal government should fund sex education programs that have “abstaining from sexual activity” as their only purpose.
- (b) The money should be used to fund more comprehensive sex education programs that include information on how to obtain and use condoms and other contraceptives.

More recent statewide surveys show similar results:

California. A survey of California parents posed the following question:

“What do you think teenagers should be taught in sex education classes? (a) only about abstinence, that is not having sex until marriage; (b) only about how to prevent pregnancies and the spread of sexually transmitted infections if they do decide to have sex; (c) both about abstinence and about how to prevent pregnancies and the spread of sexually transmitted infections if they do decide to have sex.

Eighty-nine percent of parents chose (c) in general; 96 percent chose (c) for high school students.⁷⁶

Washington, D.C. An October 2008 poll of 652 parents in Washington, D.C. commissioned by Metro TeenAIDS and the DC Healthy Youth Coalition found that almost all (93 percent) believe that preventing unintended pregnancies and HIV begins with comprehensive sex education that includes information on refraining from sex, and 83 percent of parents believe that schools should be responsible for teaching children age-appropriate HIV-prevention and sex education.⁷⁷

New York State. A January 2009 survey of 604 voters in New York state commissioned by Family Planning Advocates⁷⁸ found that 85 percent agreed that “age-appropriate, medically accurate sex education should be taught in New York public schools,” including 84 percent of Republicans, 72 percent of Hispanics, and 86 percent of parents of teens.

3. LGBTQ Rights

There has been a great deal of polling on various LGBTQ issues during the past year, and in general, support for LGBTQ rights is on the rise. This reflects the widespread recognition that discrimination is pervasive. In fact, Americans perceive more discrimination against gays and lesbians than against any other group. According to an August 2009 survey, 64 percent of the public say gays and lesbians face a lot of discrimination—more than Muslims (58 percent), Hispanics (52 percent), or Blacks (49 percent)⁷⁹ (Pew Research Center).

► Same-Sex Marriage

Depending on how the question is asked, between 38 percent and 49 percent of Americans now support marriage between couples of the same sex, up from 27 percent when the question was first asked in 1996.⁸⁰ At the low end, an April 2009 Quinnipiac University Poll found that 38 percent of registered voters would support “a law in your state that would allow same-sex couples to get married.”⁸¹ A poll taken during the very same week by a media organization got a different result in response to this question: “Do you think it should be legal or illegal for gay and lesbian couples to get married?” Forty-nine percent chose “legal,” up from 37 percent when the question was first asked by that poll in 2003 (ABC News/*Washington Post*).⁸² A poll conducted several months later indicated an increase in the *intensity* of support for same-sex marriage. In response to the question, “Do you favor or oppose allowing gay and lesbian couples to enter into same-sex marriages?” 26 percent said they *strongly* favored such marriages, up from 18 percent in 2004, and overall support stood at 41 percent⁸³ (NBC News/*Wall Street Journal*).

When respondents are given a third choice—civil unions—support for the marriage option drops off. In the Quinnipiac poll, support for marriage drops from 38 percent (see previous) to 33 percent when civil unions are introduced, with support for civil unions favored by 26 percent and “no recognition” at 34 percent. Another poll from the same time period shows an almost identical breakdown. When asked, “Which comes closest to your view? Gay couples should be allowed to legally marry. OR, Gay couples should be allowed to form civil unions but not legally marry. OR, There should be no legal recognition of a gay couple’s relationship,” 33 percent chose marriage, 30 percent chose civil unions, and 32 percent chose no legal recognition (CBS/*New York Times*).⁸⁴

It seems that the public is not buying the conservative message that same-sex marriage “is a threat to traditional marriage between a man and a woman.” Only 39 percent agree with that statement, whereas 58 percent disagree⁸⁵ (Quinnipiac University Poll). On the broader question of what impact same-sex marriage will have on society as a whole, the public is split between those who think “it will change our society for the worse” (48 percent) and those who think either that it will “change our society for the better” (13 percent) or “it will have no effect” (36 percent) (Total = 49 percent)⁸⁶ (*USA Today*/Gallup).

► **Gay Adoption**

Adoption rights for gays and lesbians are now supported by a majority of Americans. A Gallup Poll conducted in May 2009 showed 54 percent favoring “adoption rights for gays and lesbians so they can legally adopt children.”⁸⁷ Another poll showed 53 percent were in favor, up from 46 percent when the question was first asked in 2000 (*Newsweek*).⁸⁸ A year later, the Quinnipiac Poll had the same result: 53 percent said they supported “allowing same-sex couples to adopt children.” An April 2009 poll of New Jersey voters indicated that gay and lesbian adoption rights were favored by a margin of 60 to 32 percent⁸⁹ (Quinnipiac University Poll), and 55 percent of Florida voters now *disapprove* of the state law banning gay and lesbian individuals and couples from adopting children. Here there is an age gap, with a 63 percent disapproval rating from Floridians between 18 and 34 years of age⁹⁰ (Quinnipiac University Poll).

► **Gays in the Military**

According to one poll, the “Don’t Ask, Don’t Tell” policy may be ripe for repeal. Fifty-six percent of Americans now believe that “the federal law that prohibits openly gay men and women from serving in the military” should be repealed. Sixty percent believe that the prohibition is a form of discrimination, and 58 percent disagree with the argument that allowing openly gay men and women to serve would be divisive for the troops (Quinnipiac University Poll).⁹¹ Another poll that asked the question in a different way suggested the public is more evenly split on the issue. In response to, “Do you favor or oppose the policy sometimes called ‘Don’t Ask, Don’t Tell’ in which the U.S. military does not ask new recruits whether they are gay or lesbian, but prohibits gays and lesbians from serving in the military if they reveal their sexual orientation,” 48 percent were in favor and 47 percent were opposed (CNN/Opinion Research).⁹²

4. Family Workplace Policies

Recent research shows that the American public favors the expansion of employee rights when it comes to issues of concern to working mothers. A survey commissioned by the National Partnership for Women & Families in 2007 found overwhelming support for a basic labor standard that would guarantee “all workers a minimum number of paid sick days to care for themselves or immediate family members.”⁹³ Eighty-nine percent agreed, with 75 percent agreeing strongly. A strong majority of 71 percent agreed that part-time workers should be included in paid sick days policies. The same survey also found huge support for expanding the Family and Medical Leave Act to offer *paid* leave for a set number of weeks, with 76 percent in favor, 57 percent strongly.

Target Audiences

Which segments of the U.S. population are likely to be receptive to reproductive justice values, principles, and policies based on the available research? To answer this question, we selected a series of key questions (“key indicators”) from the surveys included in this meta-analysis that reveal significant demographic differences—by gender, race, ethnicity, age, and income level—and ranked the different audiences according to their support for the following RJ values and principles⁹⁴:

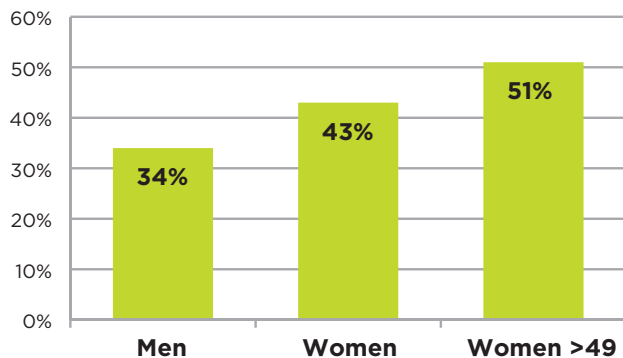
- ▶ Support for nontraditional gender roles (four questions)
- ▶ Awareness of systemic discrimination against women, people of color, and gays and lesbians (seven questions)
- ▶ Awareness of systemic causes of poverty (six questions)
- ▶ Support for government safety net (three questions)
- ▶ Support for a right to health care, including reproductive health services (seven questions)
- ▶ Support for abortion rights (four questions)
- ▶ Willingness to apply human rights principles to domestic problems (seven questions)

The charts attached to the report as an Appendix show these demographic differences clearly and indicate which groups are most supportive.

1. Women

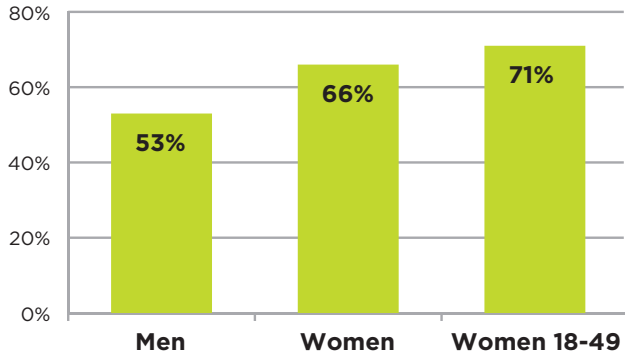
Women stand out on several of our key indicators. They tend to be **more tolerant of nontraditional gender roles** than men. Younger women (younger than 49 years) in particular are less troubled by single women deciding to have children on their own, more supportive of same-sex marriage and gay people and lesbians raising children, and less likely to agree that “a child needs a home with both a father and a mother to grow up happily.”

Percentage saying they favor allowing gay and lesbian couples to marry legally.



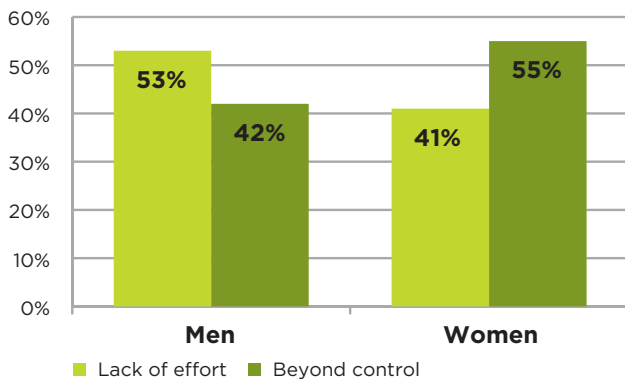
Women are more sensitive than men to the **existence of discrimination** against their own sex, gays and lesbians, and African Americans. They tend to be **more attuned to the role systemic discrimination** has played in thwarting African Americans’ life opportunities, and they are significantly more supportive of race-based affirmative action programs.

Percentage in favor of “affirmative action programs designed to help blacks get better jobs and education.”



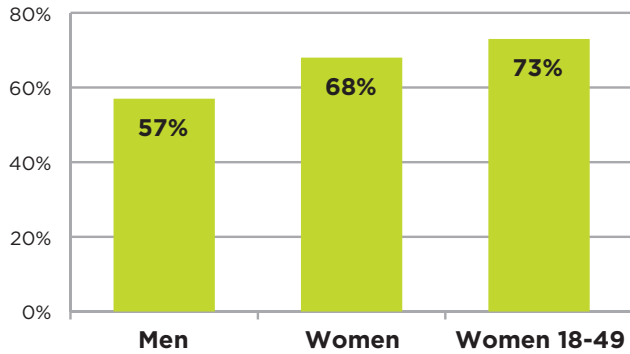
Women hold conflicting views on the **causes of poverty**. On the one hand, they are more likely than men to attribute poverty to life circumstances rather than personal attributes, and a bare majority of women (55 percent) agree that “circumstances beyond their control” are more to blame for people being poor than “lack of effort.” At the same time, however, equal percentages of men and women disagree with the view that “[s]uccess in life is pretty much determined by forces outside our control” (men 65 percent; women 63 percent).

Which is to blame if a person is poor—lack of effort on their part or circumstances beyond their control?



Our key indicators do not show a gender gap when it comes to attitudes toward **government assistance to the needy** as a general proposition. Equal percentages agree with the statement, “It is the responsibility of the government to take care of people who can’t take care of themselves” (men 62 percent; women 64 percent). There is, however, a gender gap when it comes to specific government guarantees. Women, and particularly women younger than age 49, are more supportive of an affirmative government responsibility.

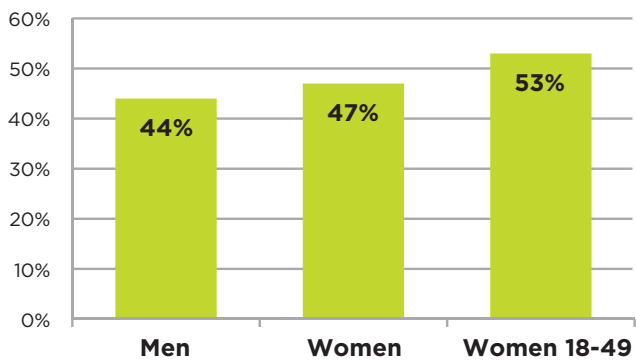
Percentage agreeing with the statement, “The government should guarantee every citizen enough to eat and a place to sleep.”



Women attach more importance to **the right to health care** than do men. They are more receptive to the idea that access to health care should be considered a human right, and they are more likely to agree that it is the government’s responsibility to guarantee such access. Women, especially younger women, also express more concern than men about the inclusion of reproductive health services in health care reform. Seventy-nine percent of women younger than age 45 favor requiring health care plans to cover such services, compared with 66 percent of men and 75 percent of women older than age 45.

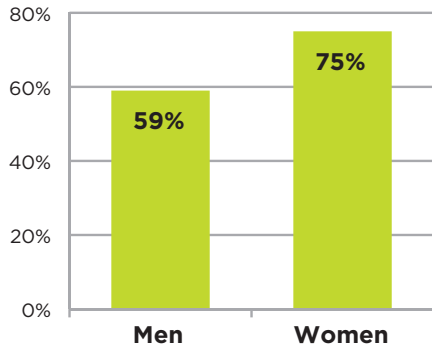
A survey completed in August 2009 indicates a dip in **support for legal abortion** among all demographic groups, including women. However, women are more supportive than men by a six-point margin and by a nine-point margin with respect to younger women. Men’s and women’s opinions converge when it comes to specific limitations on abortion rights; their views on parental consent laws and making it more difficult for a woman to get an abortion are virtually the same. In the context of health care reform, however, women younger than age 45 are more likely to strongly favor coverage of “medically-necessary” abortions and abortions “recommended by a doctor” than are men.

Percentage strongly in favor of coverage for medically-necessary abortions



Women have a more expansive view of **human rights** as applied to specific domestic problems and score significantly higher than men on all seven key indicators. As noted earlier, they are more likely to agree that access to health care should be considered a human right, and they are about ten points ahead of men when it comes to considering other important domestic problems as human rights issues, including adequate housing, freedom from poverty, equal opportunity for LGBTQ people, fair pay to meet basic needs, and a clean environment. Women are significantly more likely than men to recognize the government’s affirmative obligation to ensure human rights.

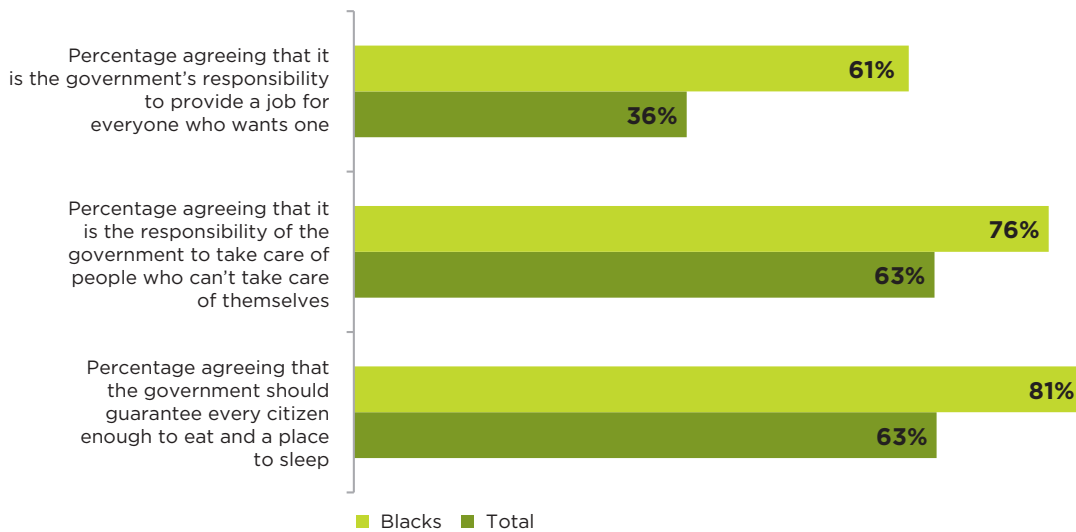
Percentage agreeing that to uphold human rights it is often necessary to expand government assistance programs.



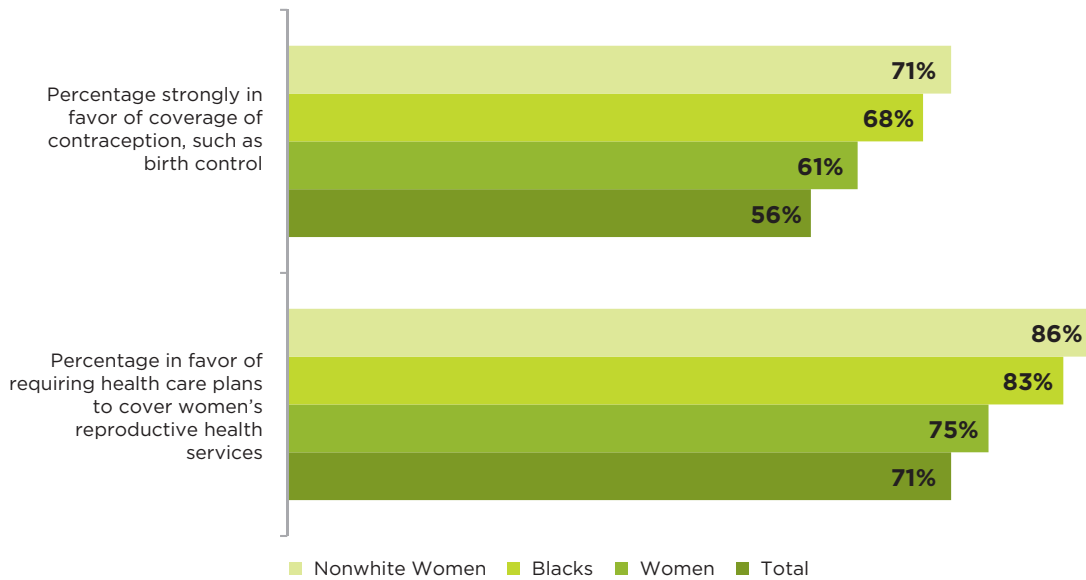
2. African Americans⁹⁵

With a few significant exceptions, African Americans consistently score higher on our key indicators than any other group. They are acutely aware of the existence of **discrimination** against African Americans and others, and they strongly support affirmative action programs. They are also the least likely of all groups to attribute **poverty** to “lack of effort” and the most likely to attribute it to “circumstances beyond their control.”

Compared to other groups, African Americans are **safety net** champions. Their support for government programs to help the needy exceeds that of all other groups.



African Americans score very high when it comes to the **right to health care** in general and coverage of **reproductive health services** in particular. Because the survey commissioned by the National Women’s Law Center cross-tabulated the data by both race and gender, we can provide some insight into the views of “nonwhite women” here. They stand out as a group in their strong support for coverage of women’s reproductive health services, including birth control.



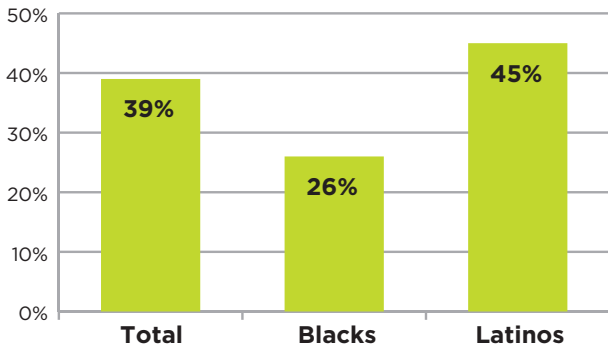
African Americans are also the strongest supporters of applying **human rights** to domestic social justice issues, in some instances by margins of 20 points and higher. Of African Americans, 78 percent believe strongly that freedom from poverty should be considered a human right that should be protected, compared with 51 percent of the general population.

African Americans’ views on **gender roles** tend to be more mainstream and, in the case of LGBTQ issues, slightly more conservative than average. Only 26 percent of African Americans favor allowing gay and lesbian couples to marry, compared with 43 percent of women and 39 percent of the general public. Their attitudes toward abortion are indistinguishable from the general public with one exception: They are significantly more supportive of coverage for medically necessary abortions or abortion recommended by a doctor in the context of health care reform.

3. Latinos

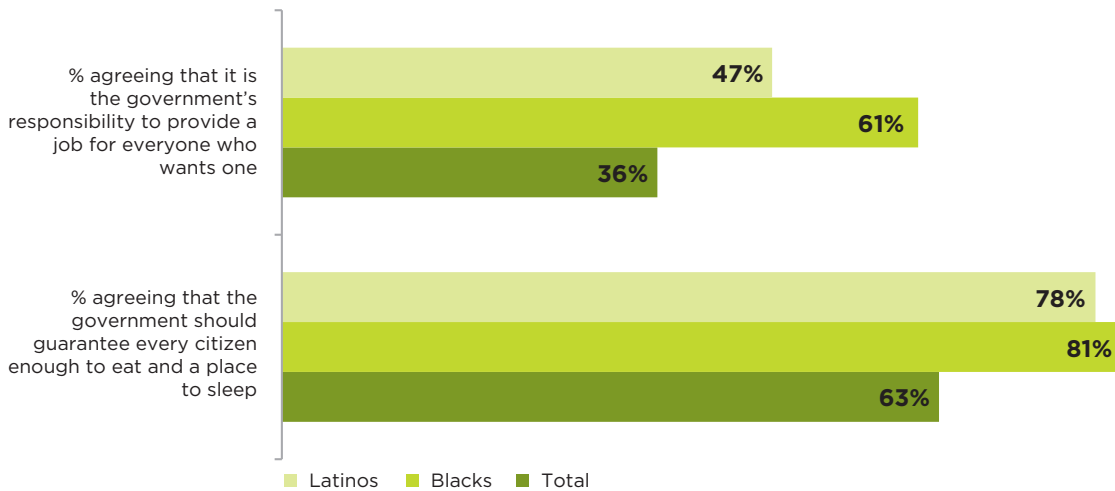
Latino attitudes concerning issues relevant to reproductive justice tend to fall somewhere between those of the general population and those of African Americans. In the area of **gender roles**, Latinos seem less concerned than the general public and African Americans about the phenomenon of more single women deciding to have children without male partners. At the same time, they are more inclined to feel that a child needs a home with both a father and a mother to be happy. Latinos are more supportive of allowing gay and lesbian couples to marry. (In fact, Latinos appear to be more sensitive to some important LGBTQ issues overall. In addition to being more supportive of marriage rights, for example, they are more inclined to see “equal opportunity for gays and lesbians” as a human right that should be protected.)

Percentage saying they favor allowing gay and lesbian couples to marry legally



Latinos are more likely than the general public, but less likely than African Americans, to perceive “a lot of **discrimination** against Blacks” or to perceive “a lot of discrimination against gays and lesbians” in the United States today. They do, however, perceive more discrimination against their own ethnicity. Seventy-five percent agree that there is “a lot of discrimination against Hispanics in the U.S.” compared to 52 percent of the total. Although their support for affirmative action is not as high as African Americans’, it is 17 points higher than the general public.

Latinos seem to be more likely to attribute **poverty** to lack of effort than either African Americans or the public at large, and they are virtually the same as those groups when it comes to agreeing that the individual and hard work and drive are the main components of upward economic mobility. Nevertheless, they are strong supporters of the **safety net** in general, although less so when asked about the government’s responsibility to provide a job.



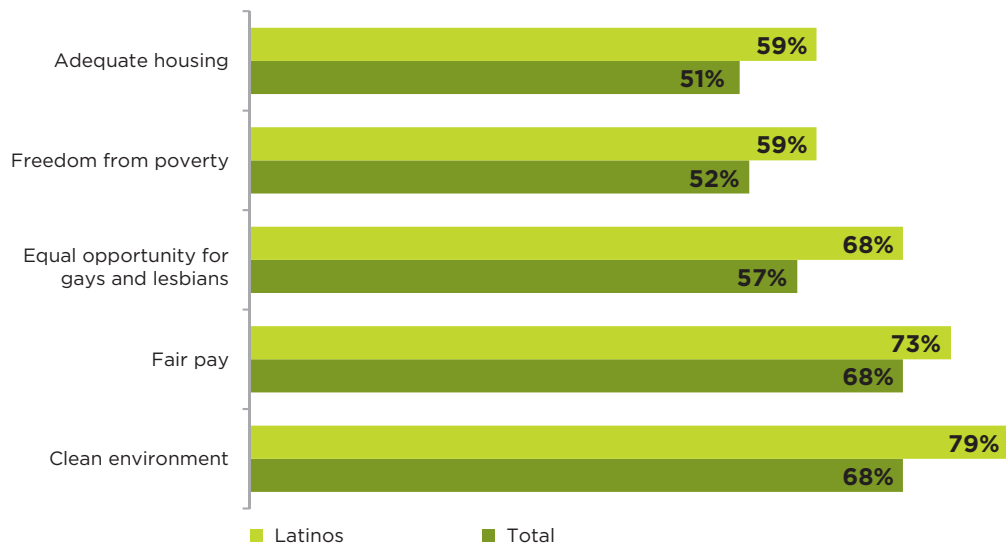
Latinos agree by an 81 percent margin that **health care** should be a human right that is protected, and they agree by a 65 percent margin that the government has a responsibility to guarantee access to health care for all.

Latinos are less supportive of **abortion** rights than other groups: 40 percent agree that abortion should be legal in all or most cases, as compared to 50 percent of African Americans and 47 percent of the total. An August 2008 poll of 604 Latino voters in Colorado commissioned by the Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR) in anticipation of the vote on Amendment 48 (defining the term “person” to include a fertilized egg) found similar results. Initially, 46 percent indicated that they were definitely or leaning toward voting in favor of the amendment, and 40 percent indicated they were definitely or leaning toward voting “no.” After hearing positive and negative messages, the “yes” voters held steady at 47 percent, and the “no” voters gained some previously “undecideds” so that in the end, the vote was equally split, 47 percent to 46 percent.⁹⁶

However, when abortion is presented as a human right that should be protected, Latinos’ views are virtually identical to the general public and only slightly less favorable than those of African Americans.

In fact, applying **human rights** to domestic social justice issues resonates with Latinos across the board. As noted earlier, a majority of Latinos believe health care and equal opportunity for gays and lesbians should be considered human rights along with a clean environment, fair pay to meet basic needs, freedom from poverty, and adequate housing.

Percentage believing strongly that ... should be a human right that is protected

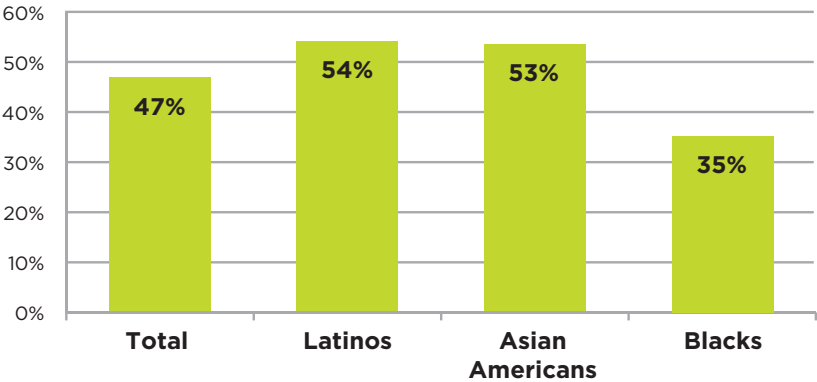


4. Asian Americans

Only one of the surveys, The Opportunity Agenda’s 2007 survey, included an oversampling of Asian Americans, so our basis for drawing even tentative conclusions about this group’s attitudes toward RJ issues is very limited. For example, we do not have cross-tabulations for questions concerning gender roles or racial attitudes, and we have only one question on abortion.

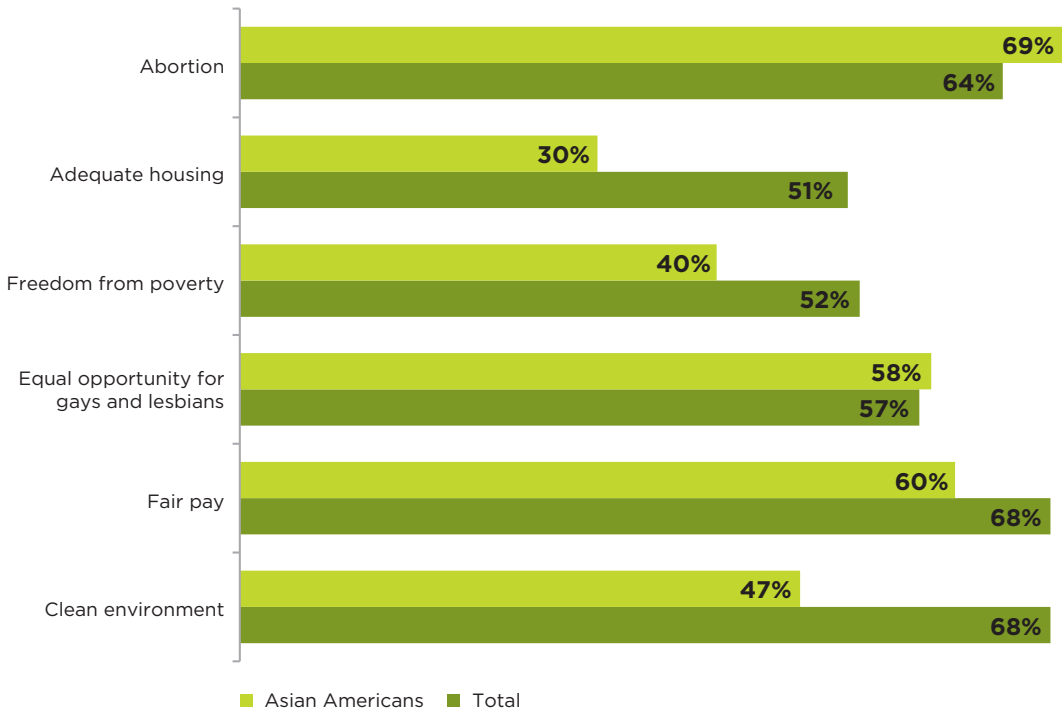
Overall, Asian Americans appear to be more receptive of certain reproductive justice values and principles than others; on other RJ issues, Asian Americans have more conservative attitudes than the general public. Regarding the **causes of poverty**, Asian Americans, like Latinos, are more likely to believe that lack of effort is to blame.

Percentage saying lack of effort is to blame if someone is poor



Only 59 percent of Asian Americans agree strongly that **health care** should be a human right that is protected, compared to 72 percent of the total population, but a higher percentage of Asian Americans than all other groups say they believe that the right to have an **abortion** should be considered a human right and should be protected. On a range of other human rights issues, Asian American opinion is mixed.

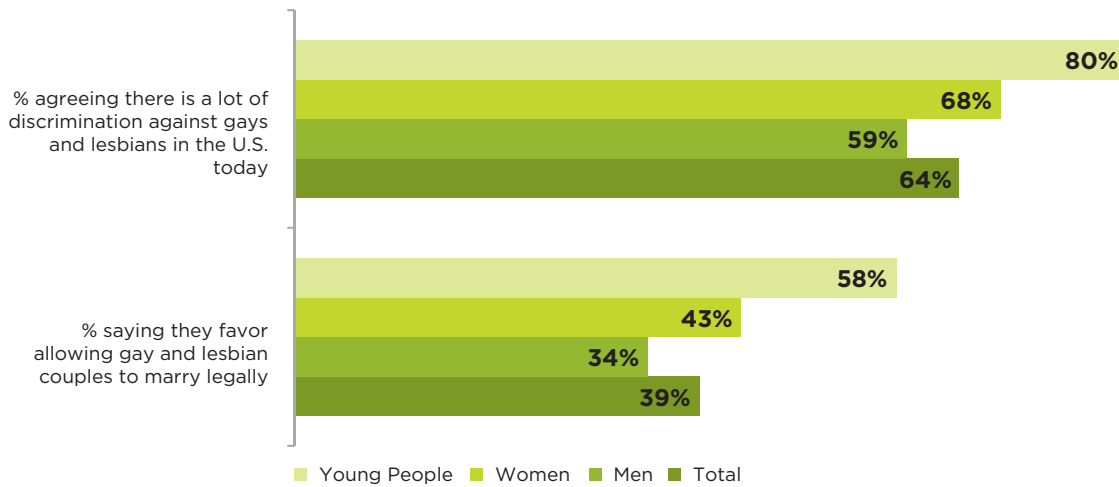
Percentage believing strongly that ... should be a human right that is protected



Other sources: The National Asian American Survey, conducted before the 2008 presidential election and described by its sponsors as “the most comprehensive survey of the political views of Asian Americans ever,” showed that a 57 percent majority of Asian-American voters in California intended to vote against Proposition 8—the anti-gay marriage ballot measure. “Across all national origin groups in the survey, more opposed than favored changing the Constitution to define marriage as between a man and a woman. An outright majority opposed the measure among Chinese, Filipinos, Koreans, and Vietnamese, and a near majority of Japanese Americans (46 percent) and Asian Indians (47 percent) did so as well.”⁹⁷

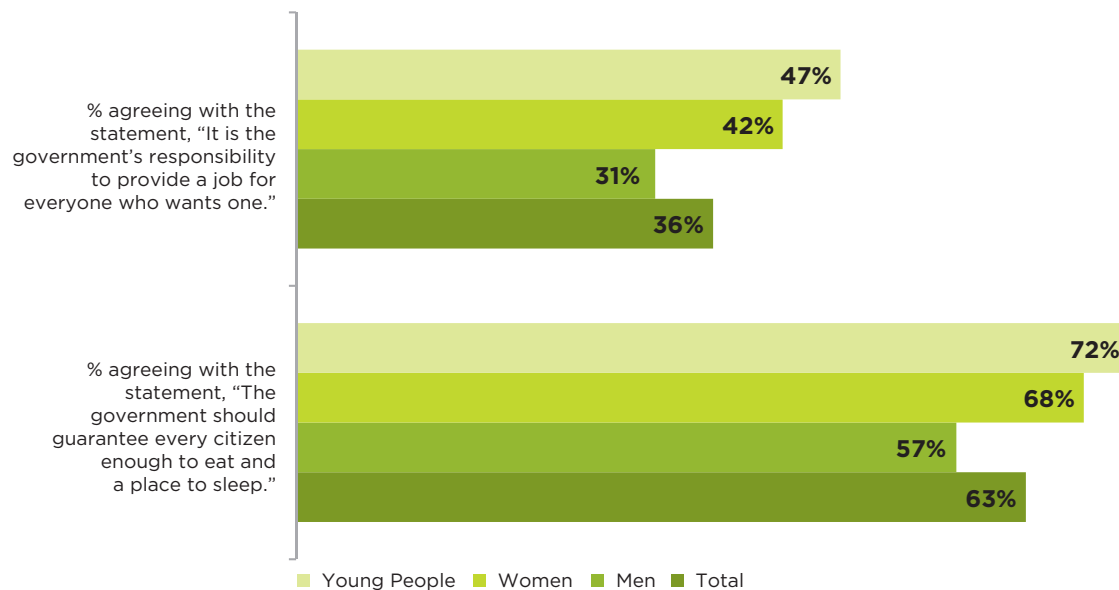
5. Young People

Overall, the opinions of Americans ages 18 to 29 are not very different from those of the general American public. The one clear exception is in the area of gender roles and LGBTQ concerns, where young people tend to be more open to nontraditional families.



Young people also perceive more discrimination against Blacks (57 percent of young people say there is “a lot of discrimination against Blacks,” compared to 49 percent of the total), although they are in synch with the general public on whether there is a lot of discrimination against women.

A bare majority of young Americans today subscribe to the view that poverty is caused by a lack of effort rather than circumstances beyond one’s control. But their views on the safety net tend to be slightly more supportive than both women and the general public.



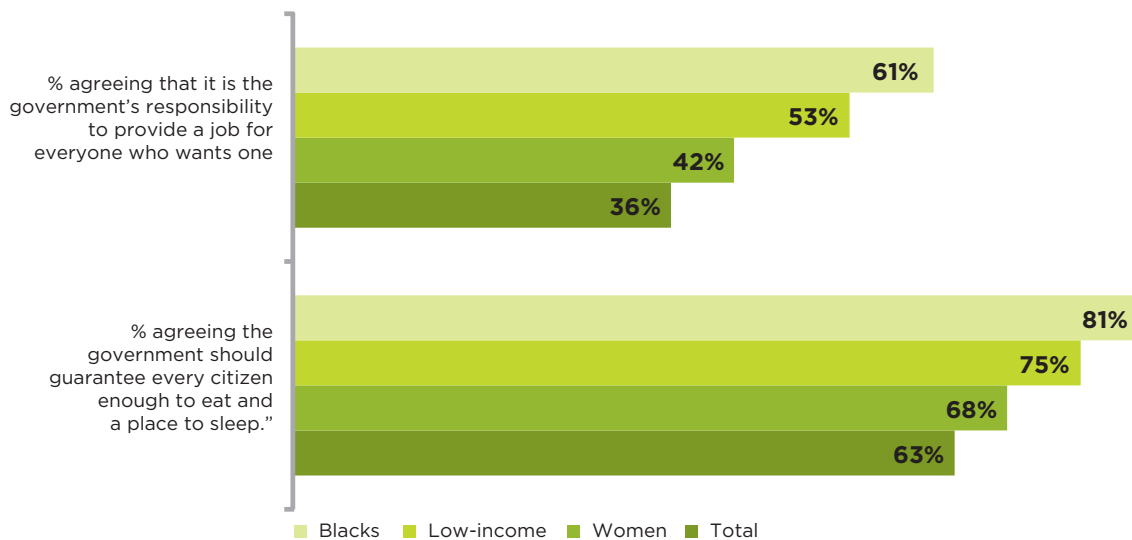
On the right to **health care** their views are virtually identical to those of the general public. Majorities of young people strongly favor coverage of specific reproductive health services, including family planning services. Young people are slightly more supportive of legal abortion than the rest of the population (53 percent in support compared to 47 percent who oppose).

On whether or not specific social justice issues should be considered human rights, young people’s views do not vary significantly from those of the general public. However, young people are above average in supporting the proposition that to uphold human rights it is often necessary to expand government assistance programs (73 percent agree, compared to 67 percent of total).

6. Low-Income People

We include in this category people whose “family income” is less than \$25,000 to \$30,000 per year.⁹⁸ Low-income Americans’ opinions hew fairly closely to the national average in some areas, but in others they score higher on our key indicators. Like women, they perceive more **discrimination** against women than the general population, and they exceed the average support for affirmative action programs by ten points. Their perceptions of discrimination against African Americans and Hispanics, however, mirror those of the general public.

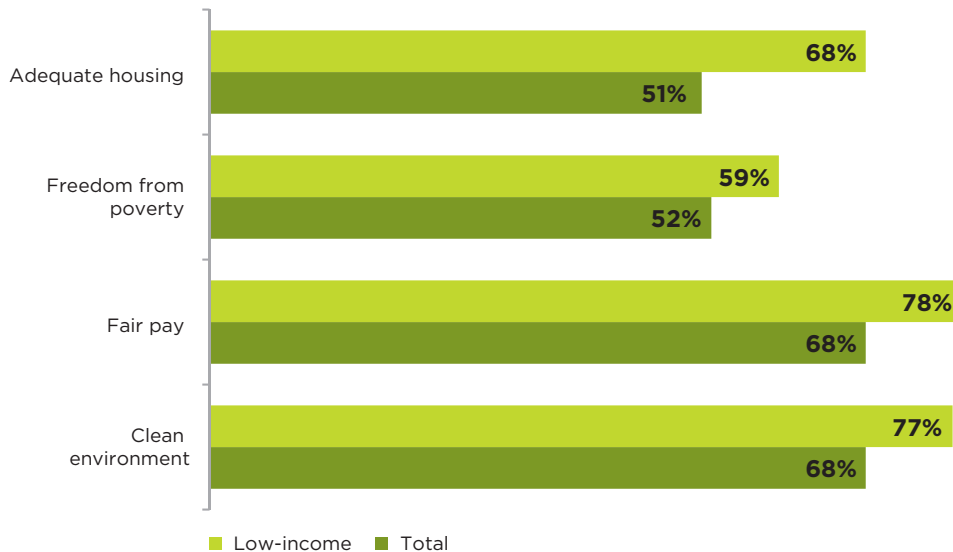
A majority (58 percent) of low-income Americans believe **people are poor** because of circumstances beyond their control, compared to 48 percent of the total, and they are stronger supporters of the **safety net** than the total.



Of low-income Americans, 80 percent agree that **health care** should be a human right that’s protected, which is 8 points higher than the general public but 11 points lower than African Americans. They are slightly above average in supporting coverage of **reproductive health services**.

Low-income Americans are above average on all but one of the issues that “should be a **human right:**” they are less supportive of equal opportunity for gays and lesbians than the average.

Percentage believing strongly that ... is a human right that should be protected.



Low-income Americans tend to have slightly more conservative views when it comes to **abortion** and **LGBTQ issues**. Only 42 percent say abortion should be legal in all or most cases, compared to 47 percent of the general population. Only 36 percent are in favor of allowing gay and lesbian couples to marry legally, compared to 39 percent of the general population. They are also less supportive of gay and lesbian couples raising children and less likely to consider equal opportunity for gays and lesbians a human right that should be protected.

7. Immigrants

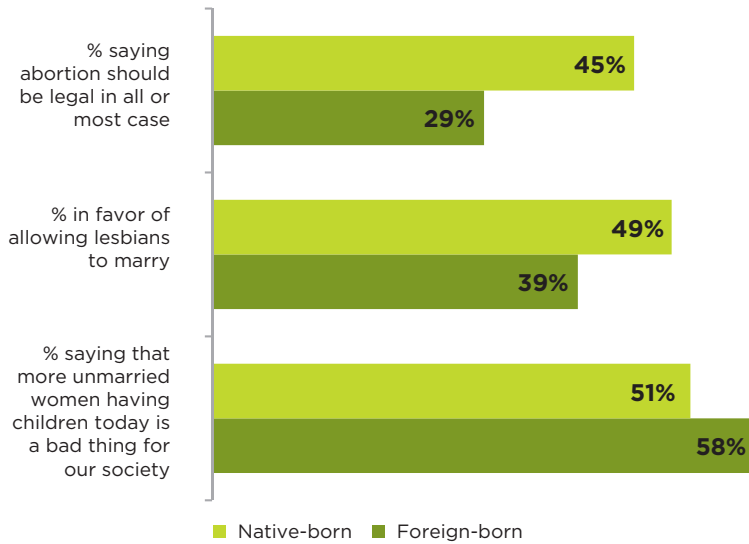
None of our key indicators included cross-tabs for country of birth, so we explored other data sources in order to rank immigrants on their support for the seven reproductive justice principles.

Support for nontraditional gender roles: We do not have data on the attitudes of immigrants in general, although we have some data on Latino immigrants' views. We do know that foreign-born people living in the United States have a higher rate of marriage and a lower rate of divorce than native-born people and that many come from countries with strong patriarchal traditions and customs.⁹⁹ One might therefore expect more conservative attitudes about gender roles to prevail among the foreign born. In its groundbreaking survey of female immigrants born in Latin American, Asian, African, and Arab countries, New America Media found that once here, some of those deeply held attitudes change:

“Upon coming to the United States, immigrant women become increasingly independent, seeking new roles and rights. They report being more assertive, both at home and in public, than in their home country. Their newfound economic independence alters traditional patterns of authority in the families. Women immigrants report that they are increasingly assuming the role of heading their households.”¹⁰⁰

In response to the question, “Do you agree or disagree with the following statement: I have become more assertive at home and in public since I came to the U.S.” 73 percent agreed. Majorities of every ethnicity, with the exception of Korean women, agreed with the statement, and 47 percent of Korean women agreed. Large majorities from every ethnic group also indicated that responsibilities and decision making are shared more equitably than in the past, including decisions about finances, about family size, and about “very sensitive and personal family issues.”

A survey by the Pew Hispanic Center of young Latinos (ages 16 to 25) from various countries indicates that foreign-born Latinos are somewhat less supportive of nontraditional gender roles than are native-born Latinos.¹⁰¹



Awareness of systemic discrimination: We do not have data indicating immigrants’ level of awareness about discrimination against women, people of color, or gays and lesbians. We do, however, know that they are aware of anti-immigrant discrimination and that immigrants from Latin America in particular believe that discrimination against them is increasing. In a survey of foreign-born adults by Public Agenda, 22 percent said there was “a great deal of discrimination” against immigrants and 40 percent said there was “some.” In response to the following question: “In the past five years, would you say that you have been discriminated against more, less or about the same as before?” immigrants from Mexico were twice as likely to say “more” than any other immigrant group. An even larger percentage of Latinas have that view. According to a New America Media survey of women immigrants, 86 percent of women from Latin America believe discrimination against immigrants has increased since they came to this country (as compared to 43 percent of Arab women, 38 percent of African women, and 14 percent of Chinese women).¹⁰² The Public Agenda survey also showed that a majority of immigrants overall (59 percent) agreed that there is more discrimination and prejudice against immigrants who are not White than against immigrants who are White.¹⁰³

Awareness of systemic causes of poverty: Immigrants have a great deal of faith in finding opportunity in America. Eighty-eight percent believe that they have “more opportunity to earn a good living in the U.S.” than in “the country where you were born.” When asked, “Which comes closer to your view: (1) It is possible to be successful in the U.S. if you work hard, even if you do not have connections to help you, or (2) In order to be successful in the U.S. you need to have connections to people who can help you,” 63 percent chose (1).¹⁰⁴ Latino immigrants are also great believers in the American Dream. Eighty-two percent of foreign-born Latinos aged 16 to 25 and 86 percent older than age 26 agree with the statement: “Most people who want to get ahead can make it if they’re willing to work hard.”¹⁰⁵

Support for government safety net: We do not have any data concerning immigrants' views about the responsibility of government to provide for those in need.

Support for right to health care, including reproductive health services: No data are available.

Support for abortion rights: As noted earlier, a large majority (65 percent) of young foreign-born Latinos oppose legal abortion.¹⁰⁶ We do not have data on other immigrant groups.

Willingness to apply human rights principles to domestic problems: No data are available.

Recommendations

This report’s findings point to the need for further independent opinion research focusing on core reproductive justice (RJ) values, issues, constituencies, and narratives. Based on existing research, however, we can make a series of recommendations regarding a communications strategy and messaging for the RJ movement.

1. **New Independent Research:** One of the foremost recommendations from the report’s findings is for independent opinion research focused on core RJ values, issues, constituencies, and narratives. Specifically, this research should:
 - a. Pay particular attention to oversampling demographic groups that have been overlooked or under-represented in existing studies, such as Native Americans, Asian Americans, and Arab Americans, including subgroups if possible.
 - b. Use multilingual methodologies where resources allow, to reach audiences with limited English proficiency.
 - c. Explore areas of relevance to the RJ agenda, including issues of sexuality or involvement in the criminal justice system.
 - d. Explore the facts, arguments, and methods most likely to trigger activism.
 - e. Include a segmentation of the American population based on their attitudes toward RJ issues (“cluster analysis” technique). This is important because it will help advocates think strategically about their audiences by better identifying core supporters, persuadable audiences, and those who are unlikely to become supporters.
2. **Audience Targeting:** This research identifies several groups of Americans who are likely to be most receptive to RJ arguments and activism. They include women younger than 49, African Americans, Latinos, young people (ages 18 to 29), and low-income people (people living below 125 percent of the poverty level). These demographic groups, although overlapping in some instances, represent a very large segment of the American public. According to the U.S. Census Bureau, for example, the United States includes 40 million African Americans, 47 million Hispanics, 44 million people between the ages of 20 and 29, 55 million women between the ages of 18 and 49, and 40 million people living below 125 percent of the poverty line.¹⁰⁷ Although every demographic group contains some current and potential RJ supporters, members of these identified groups likely contain the highest percentages. Conversely, the research identifies important obstacles, even for these audiences, which should be approached carefully and over time.
3. **Media Segmentation:** Advocates’ outreach strategies should focus on media that target the core audiences. Ethnic, women’s, and alternative media, in addition to social networking sites and the blogosphere, offer accessible entrees for reaching these audiences.
4. **Policymaker Targeting:** Elected officials representing the identified constituencies should be prioritized for outreach. Where available, favorable opinion research can be a useful tool in getting the attention of these officials.
5. **Unifying Beliefs:** Certain issues resonate across the core groups that we examined and can serve as important starting points for an inclusive conversation about RJ. As noted in the Appendix, these include:
 - Agreement there is significant discrimination against gay and lesbian Americans and, to a lesser extent, Latinos and African Americans
 - Agreement that government should guarantee everyone enough to eat and a place to sleep
 - Agreement that it is the responsibility of the government to take care of people who can’t take care of themselves

- Agreement that health care should be a human right that is protected
- Support for requiring health care plans to cover women’s reproductive health services, contraception, and prenatal services

6. Narrative Elements: In developing a “core narrative” or overarching story for the RJ movement, advocates should incorporate the values and priorities of the core audiences identified in this report, while crafting messages to overcome their current doubts. For example:

- a. Given the tension among these audiences between strong support for a social safety net and a strong belief in individualism and “personal responsibility,” a narrative should emphasize positive *community values*—the idea that we are all in it together and all benefit when we share responsibility for each other—while acknowledging the continuing importance of individual effort.
- b. The idea that everyone deserves an equal chance to get a good education, have quality health care, earn a living wage, and live in a healthy environment—and that barriers to those building blocks of a health life must be dismantled—is likely to resonate with these audiences. Focusing on a fair *opportunity* to reach one’s full potential, and on the need for shared support systems that unleash the power of individuals and communities, may be helpful in diffusing the power of the “personal responsibility” narrative to erode support for shared solutions.
- c. The core audiences hold conflicting views about gender roles, family, and sexuality. On the one hand, they profess “old-fashioned values about family and marriage.” On the other hand, they do not believe that women should “return to their traditional roles.” The reproductive justice movement can remind its audiences about the real lived experiences of present-day American families. For instance, the fact that 72 percent of mothers who don’t have infants at home are members of the workforce, or that more than 8 million children are being raised in gay or lesbian families, can convey the need for policies that respond to the needs and realities of *today’s* families.
- d. The Opportunity Agenda’s research suggests that explicitly linking some specific RJ issues, including access to health care or freedom from discrimination, to human rights may be an effective strategy, particularly with certain audiences. Latinos, for example, appear to be very receptive to viewing a range of domestic issues through a human rights lens. Further qualitative research should be done among key audiences, however, to explore whether the explicit reference to human rights in an RJ message increases understanding or support for a given policy.

7. Test the “core narrative”: Finally, potential core narratives informed by these principles should be tested in focus groups comprising key constituencies and persuadable audiences.

Endnotes

- 1 Loretta Ross, quoted in J. Silliman, et al, *Undivided Rights: Women of Color Organize for Reproductive Justice*, South End Press, 2004, p. 4.
- 2 J.J. Dyck, L.S. Hussey, “The End of Welfare As We Know It? Durable Attitudes in a Changing Information Environment,” *Public Opinion Quarterly*, Vol. 72, No. 4, Winter 2008, pp. 589–618 at p. 611.
- 3 “Trends in Political Values and Core Attitudes: 1987–2009,” sponsored by The Pew Research Center for The People & the Press, conducted by Princeton Survey Research Associates, 3,013 adults nationwide, March 31–April 6, 2009 and April 14–21, 2009.
- 4 “As Marriage and Parenthood Drift Apart, Public Is Concerned about Social Impact,” sponsored by Pew Research Center, conducted by Princeton Survey Research Associates, 2,020 adults nationwide with oversamples of African American and Latino respondents and oversample of 18 to 49 year olds, February 16–March 14, 2007.
- 5 “Blacks See Growing Values Gap Between Poor and Middle Class,” sponsored by Pew Research Center and National Public Radio, conducted by Princeton Survey Research Associates, 3,086 adults nationwide with oversamples of African Americans and Latinos, September 5–October 6, 2007.
- 6 “The American Sex Survey,” sponsored and conducted by ABC News, 1,501 adults nationwide, August 2–4, 2004.
- 7 “Trends in Political Values and Core Attitudes: 1987–2009,” *op. cit.*
- 8 Cited in “A Paradox in Public Attitudes—Men or Women: Who’s the Better Leader?” sponsored by Pew Research Center, August 25, 2008, p. 38.
- 9 CBS News Poll, 1,150 adults nationwide, May 20–25, 2005.
- 10 Cited in E.W. Kane, K.J. Whipkey, “Predictors of Public Support for Gender-Related Affirmative Action Interests, Gender Attitudes, and Stratification Beliefs,” *Public Opinion Quarterly*, Vol. 73, No. 2, Summer 2009, pp. 233–254 at p. 238.
- 11 “A Paradox in Public Attitudes—Men or Women: Who’s the Better Leader?” sponsored by Pew Research Center, conducted by Princeton Survey Research International, 2,250 adults nationwide, June 16–July 16, 2008.
- 12 “A Paradox in Public Attitudes—Men or Women: Who’s the Better Leader?” *op. cit.* at p. 5. To conduct the online survey, Pew Research Center used a national panel of more than 40,000 randomly selected individuals maintained by Knowledge Networks. To correct the effects of the digital divide, households without a home computer and Internet access received a free WebTV and monthly Internet access for completing the survey. A total of 2,300 respondents participated.
- 13 “A Paradox in Public Attitudes—Men or Women: Who’s the Better Leader?” *op. cit.* at p. 23.
- 14 “As Marriage and Parenthood Drift Apart, Public Is Concerned about Social Impact,” *op. cit.*
- 15 “Motherhood Today: Tougher Challenges, Less Success,” Pew Social & Demographic Trends Report, May 2, 2007, based on survey conducted Feb. 16–Mar. 14, 2007, see fn 15.
- 16 *Ibid.*
- 17 “Women’s Movement Worthwhile,” sponsored and conducted by CBS News Poll, 1,150 adults nationwide, May 20–24, 2005.
- 18 This was not always the case. A Gallup Poll taken in 1972, during the early years of the women’s movement, found that a plurality of the public said *women* had the better life; 35 percent said so compared with 29 percent who said men had the better life and 30 percent who said there was no difference. By the early 1990s, in a shift in all likelihood fueled by raised public consciousness about discrimination, 60 percent said men had a better life.
- 19 “A Paradox in Public Attitudes—Men or Women: Who’s the Better Leader?” *op. cit.*
- 20 “Trends in Political Values and Core Attitudes: 1987–2009,” *op. cit.*
- 21 “Fewer Call Racism a Major Problem Though Discrimination Remains,” ABC News/*Washington Post*, 1,079 adults nationwide with an oversample of African Americans, January 13–16, 2009. See also “Little ‘Obama Effect’ on Views About Race Relations,” Gallup Poll conducted October 16–19, 2009, which asked, “Do you think racism against blacks is or is not widespread in the U.S.?” Forty-nine percent of Whites said “yes” compared with 72 percent of African Americans (down from 78 percent of African Americans who answered the same question affirmatively in June 2008).
- 22 The Harris Poll, 2,388 adults nationwide, December 9–15, 2008.

- 23 *Washington Post*/ABC News Poll, 1,079 adults with an oversample of African Americans, January 13–16, 2009. A Gallup Poll conducted October 16–19, 2009 found similar results. In response to the question, “Do you think blacks have as good a chance as whites in your community to get any kind of job for which they are qualified?” 82 percent of Whites said “yes” compared with only 49 percent of African Americans.
- 24 “Little ‘Obama Effect’ on Views About Race Relations,” Gallup Poll, 1,521 adults nationwide with an oversample of African Americans, October 16–19, 2009.
- 25 “Trends in Political Values and Core Attitudes: 1987–2009,” *op. cit.*
- 26 The American National Election Studies (www.electionstudies.org). The ANES Guide to Public Opinion and Electoral Behavior. Ann Arbor, MI: University of Michigan, Center for Political Studies.
- 27 NBC News/*Wall Street Journal* Poll, conducted by the polling organizations of Peter Hart (D) and Bill McInturff (R), 1,008 adults nationwide, June 12–15, 2009.
- 28 Quinnipiac University National Poll, 3,097 registered voters nationwide, May 26–June 1, 2009. There was an uptick in polling on the affirmative action issue in June 2009 because of the controversy surrounding Supreme Court nominee Sonia Sotomayor’s opinion in the New Haven firefighters case—a case then pending before the U.S. Supreme Court. Judge Sotomayor was part of a three-judge panel on the 2nd Circuit Court of Appeals who sided with African American and Latino firefighters in a dispute over promotional exams.
- 29 “Blacks See Growing Values Gap Between Poor and Middle Class,” sponsored by Pew Research Center and National Public Radio, conducted by Princeton Survey Research Associates, 3,086 adults nationwide with oversamples of African Americans and Latinos, September 5–October 6, 2007. This view is shared pretty equally by African Americans of both genders and all income levels, although older African Americans are more likely to attribute the problem to discrimination than are younger African Americans.
- 30 “2009 Religion & Public Life Survey,” sponsored by Pew Research Center for the People & the Press and Pew Forum on Religion & Public Life, conducted by Princeton Survey Research Associates, 4,013 adults nationwide, August 11–27, 2009.
- 31 “National Survey of 1,000 Likely Voters,” Rasmussen Reports, December 18–19, 2009.
- 32 “National Survey of Hispanic Youth Voters,” sponsored by Democracia U.S.A., conducted by Bendixen Associates, 500 Hispanic registered voters ages 18–29, April 18–28 and July 11–14, 2008.
- 33 “Deep Divisions, Shared Destiny: A Poll of African Americans, Hispanics and Asian Americans on Race Relations,” sponsored by New America Media and Nine Founding Ethnic Media Partners, conducted by Bendixen Associates, 1,105 adults, August–September, 2007, conducted in English, Spanish, Mandarin, Cantonese, Korean, Vietnamese, and Tagalog.
- 34 “National Survey of Hispanic Voters on Immigration Policy,” sponsored by America’s Voice, conducted by Bendixen Associates, 800 Hispanic voters, April 28–May 5, 2009.
- 35 “Annual Minority Rights and Relations Survey,” Gallup Poll, 1,935 adults nationwide with oversamples of African Americans and Hispanics, June 5–July 6, 2008.
- 36 “Deep Divisions, Shared Destiny: A Poll of African Americans, Hispanics and Asian Americans on Race Relations,” *op. cit.*
- 37 See The Opportunity Agenda’s Meta-Analysis of Public Opinion on Immigration (2008) at http://opportunityagenda.org/public_opinion_immigration_2008; Polling Roundup: September 2008–October 2009 by America’s Voice at <http://americasvoiceonline.org/pages/polling>; and the National Immigration Forum’s “Change and Continuity: Public Opinion on Immigration Reform” at <http://www.immigrationforum.org/images/uploads/PollingMemo09.pdf>
- 38 “National Survey of 1,000 Likely Voters,” Rasmussen Reports, June 9–10, 2009.
- 39 “Affordable Health Care for All: Openings for Expanding Coverage to Immigrants—A report of fourteen focus groups for the National Immigration Law Center,” Belden Russonello & Stewart, September 2008.
- 40 M.C. Nisbet, “Communicating About Poverty and Low-Wage Work: A New Agenda” for The Mobility Agenda—A Special Initiative of Inclusion, October 2007, p. 5.
- 41 J.J. Dyck, L.S. Hussey, *op. cit.*
- 42 “American Opportunity: A communications Toolkit,” by The Opportunity Agenda in collaboration with the SPIN project, 2006.
- 43 “National Survey on Economic Mobility,” sponsored by the Economic Mobility Project, An Initiative of The Pew Charitable Trusts, conducted by Greenberg Quinlan Rosner Research and Public Opinion Strategies, 1,000 adults nationwide with oversamples of African Americans, Hispanics, and Youth (under age 40), January 27–February 8, 2009.
- 44 A similar result is obtained when people are asked whether they agree with this statement: “Success in life is pretty much determined by forces outside our control.” Americans *disagree* by a 64 to 32 percent margin. “Trends in Political Values and Core Attitudes: 1987–2009,” *op. cit.*

- 45 “More Americans Say U.S. a Nation of Haves and Have-Nots,” Gallup Poll, 1,935 adults nationwide with oversamples of African Americans and Latinos, June 5–July 6, 2008.
- 46 “Trends in Political Values and Core Attitudes: 1987–2009,” *op. cit.*
- 47 “Human Rights in the United States: Findings from a National Survey,” sponsored by The Opportunity Agenda, conducted by Belden Russonello & Stewart, 1,633 adults nationwide with oversamples of African Americans, Latinos, and Asian Americans, June 20–July 8, 2007.
- 48 “Americans on Socio-Economic Rights Questionnaire,” World Public Opinion.Org, 1,174 adults nationwide, August 9–20, 2008.
- 49 “Human Rights in the United States: Findings from a National Survey,” *op. cit.*
- 50 “Trends in Political Values and Core Attitudes: 1987–2009,” *op. cit.*
- 51 J.J. Dyck, L.S. Hussey, “The End of Welfare As We Know It? Durable Attitudes in a Changing Information Environment,” *Public Opinion Quarterly*, Vol. 72, No. 4, Winter 2008, pp. 589–618, at p. 610. The authors conclude, “The racialization of welfare in public opinion appears highly resistant to long-term change, either because of the lack of counter-stereotypical information or the transmission of racial stereotypes through socialization.
- 52 M. Peffley, et al, “Racial Stereotypes and Whites’ Political Views of Blacks in the Context of Welfare and Crime,” *American Journal of Political Science* Vol. 41, No. 1, 1997, pp. 30–60 and P. Sniderman, T. Piazza, *The Scar of Race*. Cambridge, MA: Belknap Press of Harvard, 1993, cited in J.J. Dyck, *op. cit.*
- 53 J.J. Dyck, *op.cit.* at p. 610
- 54 “America’s Immigration Quandary,” sponsored by Pew Research Center for People & the Press and Pew Hispanic Center, conducted by Schulman, Ronca, & Bucuvalas, Inc., 2,000 adults nationwide, February 8–March 7, 2006.
- 55 Gallup Poll, 1,935 adults nationwide with oversamples of African Americans and Latinos, June 5–July 6, 2008.
- 56 “America’s Immigration Quandary,” *op. cit.*
- 57 “Trends in Political Values and Core Attitudes: 1987–2009,” *op. cit.*
- 58 “Americans on Socio-Economic Rights Questionnaire,” *op. cit.*
- 59 “Human Rights in the United States: Findings from a National Survey,” *op. cit.*
- 60 “National Survey” sponsored by the National Women’s Law Center, conducted by The Mellman Group, 1,000 likely voters nationwide, April 28–May 3, 2009.
- 61 The two other messages were as follows: “Providing the health care a woman needs in order to decide when and whether to have children has long-term economic, emotional and health benefits to her, her family, and her community” (38 percent very convincing; 36 percent somewhat convincing) and “Contraception is basic for women and should be covered by any reform plan. The average woman who has only two children must use contraception for roughly three decades of her life” (43 percent very convincing; 29 percent somewhat convincing).
- 62 “Public Support for Health Care Reform and Women’s Reproductive Health,” sponsored by the Women Donors Network and the Communications Consortium Media Center, 1,000 likely voters nationwide, August 27–31, 2009.
- 63 “National Survey of Catholic Voters,” sponsored by Catholics for Choice, conducted by Belden Russonello & Stewart, 923 Catholic registered voters nationwide, September 16–21, 2009.
- 64 “Human Rights in the United States: Findings from a National Survey,” *op. cit.*
- 65 “Moving Forward: How to Discuss Specific Social Justice Issues within a Human Rights Framework—Findings from Sixteen Focus Groups among Key Audiences,” sponsored by The Opportunity Agenda, conducted by Belden Russonello & Stewart, May 2009.
- 66 “Issue Ranks Lower on the Agenda—Support for Abortion Slips,” sponsored by the Pew Forum on Religion & Public Life and the Pew Research Center for The People & the Press, conducted by Princeton Survey Research Associates, 4,013 adults nationwide, August 11–17, 2009.
- 67 “A Closer Look at the Pew Abortion Survey: Anomaly or Real Shift in Opinion on Abortion,” memo to Kirsten Moore from Lake Research Partners, November 1, 2009. The memo notes that several other surveys taken during the same time period did not show the shift that Pew found. Polls by ABC/*Washington Post* (June), the Associated Press (June), and Quinnipiac (April) all showed support for legal abortion at 52 to 55 percent. Regarding which poll is most credible, Lake Research writes, “The Pew survey has the largest sample size and is likely the more methodologically rigorous.”
- 68 *Ibid.*

- 69 “Understanding How the Public Feels About Abortion: Summary of Findings from a National Survey” conducted for Reproductive Health Technologies Project by Lake Research Partners, 1,502 adults nationwide, July 2006 (oversample of African Americans, n=342; oversample of Latinos, n=341).
- 70 “Public Support for Health Care Reform and Women’s Reproductive Health,” *op. cit.*
- 71 “Though Most Oppose Public Funding Abortion Plays Small Role in Health Reform Opposition,” sponsored by the Pew Forum on Religion & Public Life and the Pew Research Center for the People & the Press, 1,003 adults nationwide, November 12–15, 2009.
- 72 “National Survey of Catholic Voters,” *op. cit.*
- 73 “General Social Survey,” National Opinion Research Center, University of Chicago, 2,023 adults nationwide, April 17–September 13, 2008.
- 74 “2009 Religion and Public Life Survey,” sponsored by Pew Research Center for the People & the Press and Pew Forum on Religion & Public Life, 4,013 adults nationwide, August 11–27, 2009.
- 75 “Sex Education in America—General Public/Parents Survey,” sponsored by National Public Radio/Kaiser Family Foundation/Kennedy School of Government, conducted by Princeton Survey Research Associates, 1,759 adults nationwide with oversample of parents of children in 7th through 12th grade, September–October, 2003.
- 76 “Sex Education: The Parents’ Perspective,” sponsored by Public Health Institute’s Center for Research on Adolescent Health, conducted by Quantum Market Research, 1,284 California parents, Spring–Summer 2006.
- 77 “District Parents Speak: Sex Education in Schools,” sponsored by Metro Teen AIDS and D.C. Healthy Youth Coalition, conducted by Zogby International, 652 D.C. parents, 2008.
- 78 “Statewide Survey,” sponsored by Family Planning Advocates of New York State, conducted by Hart Research Associates, 604 registered voters in New York, January 13–15, 2009.
- 79 “2009 Religion and Public Life Survey,” *op. cit.*
- 80 *Ibid.* See also “Majority of Americans Continue to Oppose Gay Marriage,” Gallup Poll, 1,015 adults nationwide, May 7–10, 2009, showing 40 percent approval.
- 81 Quinnipiac University Poll, 2,041 registered voters nationwide, April 21–27, 2009.
- 82 ABC News/*Washington Post* Poll, 1,072 adults nationwide, April 21–24, 2009.
- 83 NBC News/*Wall Street Journal* Poll conducted by the polling organizations of Peter Hart (D) and Bill McInturff (R), October 22–25, 2009, 1,009 adults nationwide.
- 84 CBS News/*New York Times* Poll, 895 adults nationwide, June 12–16, 2009.
- 85 Quinnipiac University Poll, *op. cit.*
- 86 *USA Today*/Gallup Poll, 1,015 adults nationwide, May 7–10, 2009.
- 87 “Majority of Americans Continue to Oppose Gay Marriage,” *op. cit.*
- 88 “Gay Marriage/President-Elect Obama,” *Newsweek* Poll, 1,006 adults nationwide, December 3–4, 2008.
- 89 “More New Jersey Voters Back Sam-Sex Marriage,” Quinnipiac University Poll, 2,222 New Jersey registered voters, April 14–20, 2009.
- 90 Quinnipiac University Poll, 1,370 Florida voters, January 14–19, 2009.
- 91 Quinnipiac University Poll, 2,041 registered voters nationwide, April 21–27, 2009.
- 92 CNN/Opinion Research Corporation Poll, 1,014 adults nationwide, April 23–26, 2009.
- 93 “Key Findings from National Polling on Paid Sick Days and Paid Family and Medical Leave,” sponsored by National Partnership for Women & Families, conducted by Lake Research Partners, 1,200 likely voters nationwide, June 20–27, 2007.
- 94 Because the questions come from a number of different surveys, there is variation in how the results were presented. In some instances the researchers included oversamples of audiences we are interested in (e.g., African Americans, Latinos), but in others they did not. Research is especially sparse with respect to Asian Americans, women of color, immigrants, and young women (18–34). We were able to supplement these indicators in several instances with data from other sources. There is also some definitional variability. In some surveys “young people” is defined as between 18 and 29 years of age; in others, it’s defined as between 18 and 34. “Younger women” are either younger than 49 or 45, depending on the survey. None of the surveys segment women into younger cohorts.
- 95 Surveys use the term Black or Black Non-Hispanic.

- 96 The survey tested various messages and found that the most convincing reasons for opposing Amendment 48 among Latino voters were as follows: (1) It goes too far—it would outlaw all abortions even in the cases of rape, incest, or when a mother’s life is at risk; (2) Every family and every pregnancy is different and we should respect and support women and families who must make life-altering decisions about whether or not to have a child; and (3) It is an attack of women’s health and would force us to set aside important laws that ensure women can take the steps they need to protect their health—and even their life. From Amendment 48 Targeting Memo, Fairbank, Maslin, Maullin & Associates, September 5, 2008.
- 97 “National Asian American Survey,” sponsored by Rutgers University and the University of California, conducted by Interviewing Services of America (multilingual), 4,394 adults who identify themselves as Asian American, August 18–September 26, 2008.
- 98 Pew survey cross-tabs use <\$30K net; Belden Russonello and Stewart use <\$25K; Mellman Group uses “Working/Lower Class.”
- 99 Now married: All native-born, 51.6 percent; all foreign-born, 61.2 percent. Divorced: All native-born, 11.8 percent; all foreign-born, 7.1 percent. [http://pewhispanic.org/files/factsheets/foreignborn2007/Table percent2013.pdf](http://pewhispanic.org/files/factsheets/foreignborn2007/Table%20percent2013.pdf).
- 100 “Women Immigrants: Stewards of the 21st Century Family,” sponsored by New America Media, conducted by Bendixen Associates (multilingual) 1,002 female immigrants born in Latin America, Asia, Africa, or Arab countries, August–September 2008.
- 101 “Between Two Worlds: How Young Latinos Come of Age in America,” sponsored by the Pew Hispanic Center, conducted by Social Science Research Solutions, 2,012 Hispanics ages 16 and older, with an oversample of 1,240 Latinos ages 16 to 25, August 5–September 16, 2009.
- 102 “Women Immigrants: Stewards of the 21st Century Family,” *op. cit.*
- 103 “A Place To Call Home: What Immigrants Say Now About Life in America,” Public Agenda, 1,138 foreign-born adults, April–June 2009.
- 104 *Ibid.*
- 105 “Between Two Worlds: How Young Latinos Come of Age in America,” *op. cit.*
- 106 *Ibid.*
- 107 Annual Estimates of the Resident Population July 2008, U.S. Census U.S. Census Bureau.

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“A Paradox in Public Attitudes—Men or Women: Who’s the Better Leader?” by Princeton Survey Research International for the Pew Research Center, 2,250 adults nationwide, June 16–July 16, 2008.

“A Place To Call Home: What Immigrants Say Now About Life in America,” Public Agenda, 1,138 foreign-born adults, April–June 2009.

“As Marriage and Parenthood Drift Apart, Public Is Concerned About Social Impact,” by Princeton Survey Research Associates International for the Pew Research Center, 2,020 adults nationwide with oversamples of African American and Hispanic respondents and an oversample of 18 to 49 year olds, February 16–March 14, 2007.

“Between Two Worlds: How Young Latinos Come of Age in America,” by Social Science Research Solutions for the Pew Hispanic Center, 2,012 Latinos ages 16 and older, with an oversample of 1,240 Hispanics ages 16 to 25, August 5–September 16, 2009.

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TABLES: Target Audience Attitudes

Gender Roles

	Total	Men	Women	Younger Women	Non-White Women	African Americans	Latinos	Asian Americans	Young People	Low-Income People
% saying more single women deciding to have children without a male partner is good or is neither good nor bad for society	31	24	34	41	—	30	41	—	31	34
% saying they favor allowing gay and lesbian couples to marry legally	39	34	43	51	—	26	45	—	58	36
% saying more gay and lesbian couples raising children is good or is neither good nor bad for society	46	38	53	60	—	44	44	—	52	41
% agreeing with the statement, “A child needs a home with both a father and a mother to grow up happily”	69	78	61	55	—	66	75	—	64	70
% agreeing that there is a lot of discrimination against women in the U.S. today	37	30	44	39	—	47	41	—	35	44
% agreeing there is a lot of discrimination against gays and lesbians in the U.S. today	64	59	68	73	—	82	66	—	80	65

Black = average or below average

Green = 3-9 points higher than average

Orange = 10 or more points higher than average

Racial Attitudes

	Total	Men	Women	Younger Women	Non-White Women	African Americans	Latinos	Asian Americans	Young People	Low-Income People
% saying racial discrimination is the main reason why many Black people can't get ahead	19	17	21	25	—	30	25	—	26	22
% saying Blacks who can't get ahead in this country are mostly responsible for their own condition	67	70	64	62	—	54	59	—	63	63
% in favor of affirmative action programs designed to help Blacks get better jobs and education	60	53	66	71	—	89	77	—	71	70
% saying there is a lot of discrimination against Blacks in the United States today	49	44	54	58	—	79	54	—	57	50
% saying there is a lot of discrimination against Hispanics in the United States today	52	52	52	57	—	57	75	—	68	55

- Black** = average or below average
- Green** = 3-9 points higher than average
- Orange** = 10 or more points higher than average

Causes of Poverty

	Total	Men	Women	Younger Women	Non-White Women	African Americans	Latinos	Asian Americans	Young People	Low-Income People
% saying lack of effort is to blame if someone is poor	47	53	41	—	—	35	54	53	54	40
% saying people are poor because of circumstances beyond their control	48	42	55	—	—	64	42	42	44	58
% saying people are very much or somewhat in control of their economic situation	43	—	—	—	—	37	39	—	49	—
% saying people are not very much or not at all in control of their economic situation	55	—	—	—	—	61	58	—	50	—
% agreeing the individual person and hard work and drive are more important to economic mobility	71	—	—	—	—	66	66	—	70	—
% agreeing the economy and economic circumstances growing up are more important to economic mobility	21	—	—	—	—	26	27	—	24	—

Black = average or below average

Green = 3-9 points higher than average

Orange = 10 or more points higher than average

Safety Net

	Total	Men	Women	Younger Women	Non-White Women	African Americans	Latinos	Asian Americans	Young People	Low-Income People
% agreeing that the government should guarantee every citizen enough to eat and a place to sleep	63%	57%	68%	73%	—	81%	78%	—	72	75
% agreeing that it is the responsibility of the government to take care of people who can't take care of themselves	63	62	64	62	—	76	74	—	63	72
% agreeing that it is the government's responsibility to provide a job for everyone who wants one	36	31	42	—	—	61	47	48	47	53

- Black** = average or below average
Green = 3-9 points higher than average
Orange = 10 or more points higher than average

Right to Health Care

	Total	Men	Women	Younger Women	Non-White Women	African Americans	Latinos	Asian Americans	Young People	Low-Income People
% agreeing that health care should be a human right that's protected	72	65	78	—	—	91	81	59	72	80
% strongly agreeing that our government has a responsibility to guarantee access to health care for all	58	53	62	—	—	79	65	45	58	69
% in favor of requiring health care plans to cover women's reproductive health services	71	66	75	79	86	83	—	—	75	73
% opposing health care reform plan that didn't require coverage for women's reproductive health services	62	55	68	69	55	50	—	—	63	52
% strongly in favor of coverage of health services for pregnant women	70	66	73	79	77	81	—	—	71	72
% strongly in favor of coverage of family planning services	56	54	58	63	66	64	—	—	59	60
% strongly in favor of coverage of contraception	56	50	61	71	71	68	—	—	59	62

Black = average or below average
Green = 3–9 points higher than average
Orange = 10 or more points higher than average

Abortion

	Total	Men	Women	Younger Women	Non-White Women	African Americans	Latinos	Asian Americans	Young People	Low-Income People
% saying abortion should be legal in all or most cases	47%	44%	50%	53%	—	50%	40%	—	53%	42%
% opposing making it more difficult for a woman to get an abortion	50	48	51	52	—	53	47	—	52	47
% saying the right to have an abortion should be considered a human right and should be protected	64	63	63	—	—	66	62	69	62	61
% strongly in favor of coverage for medically-necessary abortions or abortion recommended by a doctor	46	44	47	52	55	58	—	—	47	45

- Black** = average or below average
- Green** = 3-9 points higher than average
- Orange** = 10 or more points higher than average

Attitude Toward Human Rights

	Total	Men	Women	Younger Women	Non-White Women	African Americans	Latinos	Asian Americans	Young People	Low-Income People
% believing "strongly" that <i>health care</i> should be a human right that is protected	72%	65%	78%	—	—	91%	81%	59%	72%	80%
<i>...a clean environment...</i>	68	64	72	—	—	83	79	47	70	77
<i>...fair pay to meet basic needs...</i>	68	63	74	—	—	87	73	60	69	78
<i>...equal opportunity for gays and lesbians...</i>	57	53	61	—	—	61	68	58	59	52
<i>...freedom from poverty...</i>	52	46	57	—	—	78	57	40	54	59
<i>...adequate housing...</i>	51	43	59	—	—	79	59	30	57	68
% agreeing to uphold human rights in the US it is often necessary to expand government assistance programs to help people get things like housing, food, jobs	67	59	75	—	—	87	65	64	73	80

Black = average or below average
Green = 3-9 points higher than average
Orange = 10 or more points higher than average

II. Reproductive Justice Media Scan and Analysis

ETHNIC AND WOMEN'S MAGAZINES

Executive Summary

This analysis represents the third step in a year-long communications planning process initiated by the Ford Foundation, The Opportunity Agenda, and a cohort of reproductive justice (RJ) organizations. In this report we look at the contents of a set of publications that are regularly read by those segments of the U.S. population identified by the RJ movement as its constituency: African-American women, Asian-American women, American Indian women, Latinas, communities of color, young women, and low-income women. The purpose of this research was to explore whether ethnic and women's magazines and periodicals are potential vehicles for communicating RJ values to these audiences.

This research suggests that ethnic and women's magazines and periodicals are indeed potential vehicles for communicating RJ values to a broader public, and more specifically to audiences that comprise the RJ constituency. Based on our content analysis of 100 articles from 16 different publications, we made the following determinations:

- ▶ There is overlap between magazine departments and RJ issues. All of the publications targeting women, including the ethnic women's magazines, have regular departments devoted to one or more of the following: love and sex, relationships, health and fitness, and pregnancy and parenting. Department editors and reporters need a steady stream of content to fill their pages (and websites).
- ▶ Disparities are a favorite topic. Many of these publications like to report on new studies about health and other disparities based on race, ethnicity, immigration status, and gender. Reporters turn to advocates for comment and explanation. If RJ leaders become better known to reporters, they will be sought out more frequently.
- ▶ There are journalists who write from an RJ perspective. Pitching stories to these journalists would be a worthwhile endeavor.
- ▶ Human interest stories are a staple. Reproductive justice organizations have a wealth of human interest stories that could become fodder for strong feature-length articles, but should take care to connect these stories to systemic causes and solutions.
- ▶ Celebrities can help. Finding a celebrity to carry a story can be a major asset in approaching these magazines.

Methodology

1. Selection of publications

African-American women

- ▶ *Essence* (circulation = 1,000,000)
- ▶ *Jet* (circulation = 1,000,000)
- ▶ *Ebony* (circulation = 1,800,000)

Latinas

- ▶ *Latina Magazine* (circulation = 400,000)
- ▶ *Latina Style* (circulation = 150,000)

American Indian women

- ▶ *Indian Country Today* (circulation = 15,000)
- ▶ *News from Indian Country*

Asian-American women

- ▶ *Asian Week* (circulation = 60,000)
- ▶ *Audrey* (circulation = 30,000)

Low-income women

- ▶ *Parade* (circulation = 73,000,000)
- ▶ *USA Weekend* (circulation = 50,000,000)

Women, general

- ▶ *Parent* (circulation = 12,700,000)
- ▶ *Self* (circulation = 1,400,000)
- ▶ *Glamour* (circulation = 3,000,000)
- ▶ *Marie Claire* (circulation = 1,000,000)

Teens

- ▶ *Seventeen* (circulation = 5,000,000)

2. Search terms

- ▶ Family planning
- ▶ Contraceptive
- ▶ Birth control
- ▶ Teen pregnancy
- ▶ Abortion
- ▶ Reproductive health
- ▶ Reproductive rights
- ▶ Reproductive justice
- ▶ Prenatal care
- ▶ Infant mortality
- ▶ Sex education
- ▶ Pregnancy
- ▶ Domestic violence
- ▶ Women's health

3. The scan

A scan was conducted using the search terms on all issues published from June 2008 through the end of March 2009. Five of the magazines were scanned using the LexisNexis database: *Ebony*, *Glamour*, *Jet*, *Marie Claire*, and *Self*. All others were scanned by using the search function on each magazine's website. The following websites had searchable magazine archives: *Indian Country Today*, *News from Indian Country*, *Asian Week*, *Latina Style*, *Parade*, and *Parent*. Two websites had extensive web content but only featured content from the most recent issue of the magazine: *Latina* and *Essence*.

4. Selection of articles

The scan produced close to 500 articles, out of which 100 were deemed usable; these did not just use a search term in passing but had significant content.

5. Evaluation of articles for RJ content

All articles were read for their RJ content. Specifically, we evaluated each article with the following questions in mind:

- ▶ Does the article cover an RJ topic?
- ▶ Does it have political content (for example, cites policies, talks about the government's role, or identifies disparities and points to root causes)?
- ▶ Does it quote or cite an advocate or advocacy organization?

Content Analysis

AFRICAN-AMERICAN WOMEN

The percentage of African Americans who read magazines is the same as that of the total population, but African Americans/blacks read more issues per month. Eighty-six percent of this demographic reads magazines, consuming an average of 10.7 issues per month (compared to 7.5 percent for the total U.S. population). Women's magazines are the third most popular category, after news and entertainment weeklies and general editorial.¹

We looked at the content of three magazines with a total circulation of almost 4 million readers. Nineteen usable articles were generated by the scan:

- ▶ *Ebony* = 8
- ▶ *Jet* = 4
- ▶ *Essence* = 7²

Topics

Reproductive justice topics included domestic violence, teen dating violence, specific diseases (fibroids, heart disease, bulimia, HIV/AIDS), President Obama's health care agenda, preterm births, and Bill Cosby's personal responsibility "crusade."

Political content

Only one of the articles had significant political content, and that was an opinion piece by author Michael Eric Dyson in the "Two Sides" section of *Ebony*. In, "Is Bill Cosby's Personal Responsibility Message Unfair to Poor Blacks? Yes. Self-help doesn't negate society's obligation to all people," Dyson rebuts Cosby with an RJ message:

Personal responsibility alone can't fix poor neighborhoods or lousy schools, but social responsibility should prompt us to argue for greater resources and educational parity. It doesn't take a bunch of money to love your kids and pay attention to them. But if you're working two jobs with no benefits, taking time off to attend a conference with teachers may cost you precious resources, or even one of those jobs. It's hard enough to parent with ample resources; poor parents are often caught in a bind of choosing between spending time with their children or working for the few dollars they earn to take care of them. It's not a choice they should have to make. If we work for child care and better jobs for the poor—and for better health care too—then they might be able to exercise their responsibility more fully. Should we take responsibility for family planning to stop fly-by-night baby-making? Yes, but the numbers have actually gone down: In 1970, there were 72 pregnancies per 1,000 for Black females between the ages of 15 and 17, while in 2000, there were 30.9 per 1,000. (*Ebony*, December 2008)

Other articles note disparities based on race and may link the disparity to a cause, but only in passing and without context or complexity. For example, an article entitled "Sounding the Alarm on Teen Dating Violence" reports on a new study by the Centers for Disease Control that found: "One in 11 adolescents reports being a victim of physical dating abuse, while African-Americans and Hispanics report higher rates than White students." The article then quotes Candice Hopkins of Loveisrespect.org, a national teen dating abuse hotline:

1 All information about circulation and demographics comes from Mediamark Research and Intelligence, fall 2007, www.magazine.org/marketprofiles.

2 *Essence* articles are from www.essence.com

Hopkins believes that teen dating abuse is higher among African-Americans because of “limited resources and limited resources in high schools that serve urban communities.” (*Jet*, March 16, 2009)

In “AIDS: A Black America Update,” focusing on teenagers, the reporter notes: “Blacks ages 13 to 24 in 2006 accounted for about 60 percent of all new HIV/AIDS diagnoses, according to the Kaiser Family Foundation.” The explanation given for this disparity is contained in one sentence:

Some doctors say teen HIV infection rates are on the rise due to a number of factors, including a rise in sexually risky behaviors, a lack of sex education in schools and the perception that people with HIV don’t die anymore. (*Ebony*, December 2008)

In “Matters of the Heart” the reporter writes: “Medical experts say African-American women are at greater risk for heart disease than White women,” and that “the death rate from heart disease is 35 percent higher among Black women than their White counterparts.” This fact is followed by a one-sentence explanation:

There are three main reasons for the differences—obesity, diabetes and high blood pressure, all of which are more prevalent in Black women than White women. (*Ebony*, February 2009)

Readers are urged to take better care of themselves by eating a healthy diet, stopping smoking, and getting regular medical checkups. A brief article posted on the *Essence* website, “Health Study: Black Teens Becoming More Bulimic,” cites a new study showing that “Black teens or teens from low-income families are 50 percent more likely to suffer from bulimia than their White counterparts.” But, again, the reasons for this disparity are given short shrift:

Experts say the shocking numbers may be a result of lacking sensitivity to the disorder and lack of health insurance in many African-American homes.” (*Essence*, March 12, 2009)

Advocates quoted or cited

These magazines do turn to advocates for quotes, although the experts they quote are more often service providers, academic researchers, and medical experts. Advocates quoted in this batch of articles included:

- ▶ Van Jones, founder and president of Green for All
- ▶ Cynthia Gomez, director of the Health Equity Initiative, San Francisco State University
- ▶ Candice Hopkins, Loveisrespect.org

LATINAS

Hispanics/Latinas read a variety of magazines, with women’s magazines being the most popular category. Sixty-three percent read English-language magazines. We looked at two English-language magazines with a combined circulation of 550,000 Latina readers. About *Latina Magazine*, Rocio Cordoba of California Latinas for Reproductive Justice says: “The readership age bracket is the key voting bloc of young Latina/o voters. This magazine is pervasive and easily accessible at most supermarket check-outs (at least in California).”

Twelve usable articles were generated by the scan:

- ▶ *Latina Magazine* = 9³
- ▶ *Latina Style* = 3

3 *Latina Magazine* articles are from Latina.com.

Topics

Reproductive justice topics included sexual assault, immigrant women and sexual abuse, abortion, and specific diseases and conditions (such as HIV/AIDS, breast cancer, or obesity).

Political content

Both magazines carried articles with significant political content. In “Wake Up Call: HIV/AIDS & Latinos,” a *Latina Magazine* reporter linked the disproportionate impact of the disease on minorities to governmental failure in the very first paragraph:

Within the United States alone there are over one million people currently living with HIV. . . . “These numbers are a scathing indictment of how profoundly U.S. and CDC HIV efforts have failed,” Michael Weinstein, the president of the AIDS Healthcare Foundation told CNN. These numbers are disproportionately impacting minorities. African Americans account for an astounding 45% of new HIV cases each year, while Latinos represent a frightening 22% of new diagnoses. African Americans still suffer the largest rates of new infection, but language and cultural barriers as well as the constant threat of deportation for undocumented immigrants may increase the chance of infection and make detection and treatment more difficult for Latinos. Frank Galvan of the Charles Drew University of Medicine and Science in Los Angeles points out, “You combine the economic pressures, loneliness and immigration worries, and it pushes individuals to be a hidden population.” (*Latina Magazine*, July 25, 2008)

The article concludes with a series of policy-oriented questions:

What do you believe can be done to address this epidemic in our community? Bilingual sexual education in public schools? Better health care for immigrants?

In an article published on World AIDS Day, *Latina Magazine* quotes the primary author of a new report by the Latino Commission on AIDS on the “root causes of the higher rate of HIV among Latinos”:

The answers from the Commission’s research are relatively simple—a lack of culturally and linguistically competent prevention and health care resources, distrust and lack of access to prevention and care providers given the anti-immigrant social and legal restrictions imposed by many states, a well organized commercial sex industry, and a complete lack of programs for Spanish speaking men who have sex with men. (*Latina Magazine*, December 1, 2008)

Latina Style carried a 2,000-word feature about sexual assault titled, “The Shadow of Shame: Sexual Assault and the Road to Healing.” It included a section with the heading “Fear of Repercussion among Undocumented Women,” which began with a quote from Neusa Gaytan, program director at Mujeres Latinas en Acción, identified as “a non-profit organization in Chicago that empowers women, families and youth”:

Gaytan explains that for Latinas who are undocumented, an added burden is placed because they fear repercussions. “The situation with immigrants, a lot of times, it’s hardest when they are crossing the border. We hear awful stories about women who cross the border to come to the U.S. and have to provide sexual favors to the coyotes to help them come over here,” she says. “There’s a huge issue with the language barrier and lack of resources. Fear of the anti-immigration movement. So it’s much more difficult to do anything, let alone to prosecute the abusers.” (*Latina Style*, May–June 2008)

“Teaming up with the Latino Community in the Battle against Breast Cancer” begins with the observation:

Breast cancer can be catastrophic for a woman who lacks family and social support, speaks little or no English, has limited economic means, and no health insurance. For many Latinas recently arrived in this country with limited English proficiency, or simply emotionally overwhelmed, it is extremely difficult to

fight the health care system alone. . . . In 1996, to address the lack of culturally sensitive cancer support services for Latinas, a group of health professionals and survivors founded Nueva Vida. . . . “By offering a culturally sensitive environment and empowering women to learn the U.S. system through a bilingual/bicultural team, we enhance quality of life of Latinas with breast cancer and help improve the health of this community.” (*Latina Style*, July-August 2008)

Advocates quoted or cited

Latina Magazine and *Latina Style* both quote advocates fairly frequently. Our scan picked up the following advocates and organizations:

- ▶ AIDS Healthcare Foundation
- ▶ Latino Commission on AIDS
- ▶ Women’s Commission for Refugee Women and Children
- ▶ Jessica Gonzalez-Rojas, National Latina Institute for Reproductive Health⁴
- ▶ Larisa Caicedo, Nueva Vida
- ▶ Marisol Morales, The National Latina Health Network
- ▶ Neusa Gaytan, Mujeres Latinas en Acción

AMERICAN INDIAN WOMEN

We could not find any searchable national magazines that have a predominantly American Indian readership, so we looked at two newspapers with a national distribution: *Indian Country Today* and *News from Indian Country*. The first is published by the Oneida Nation of New York. The second is “an independent, Indian-owned, reservation-based business located on the Lac Courte Oreilles Ojibwe Reservation in Northern Wisconsin.” Charon Asetoyer of the Native American Women’s Health and Information Resource Center writes:

Indian Country Today and *News from Indian Country* are read by a huge number of people. It is amazing how just one copy can reach so many readers. We get *Indian Country Today* at the office and everyone in the office reads that copy and people come in from the community to read our copy. One copy of that paper can impact several households. It is also carried online. Both papers are extremely well read throughout Indian Country. Even the non-Indian policy makers read the Native publications and many subscribe to them in order to keep up with what is going on in Indian Country. So do not underestimate them, they are very important to Indian Country.

Fifteen usable articles were generated by the scan:

- ▶ *Indian Country Today* = 8
- ▶ *News from Indian Country* = 7

Topics

Reproductive justice topics included sexual abuse and rape, substance abuse, forced sterilization, HIV/AIDS, Indian health care legislation, infant mortality, same-sex marriage, abortion, prenatal care, and sexually transmitted diseases.

⁴ The Gonzalez-Rojas quote is from an abridged version of the article in *The New York Times* about the use of over-the-counter medicines to induce abortions.

Political content

Many of these articles had strong political content. Indeed, *News from Indian Country* carried an in-depth profile of Charon Asetoyer, “I Took to Heart the Health Issues of American Indian Women,” in which she was quoted at length:

There always were a group of us [in Women of All Red Nations, founded in 1978] talking about health and treaty issues. Sterilization was one of the issues we were facing. Once we started looking at the issue, it brought us to other issues—fetal alcohol syndrome, violence against women, infant mortality. . . .

When we started doing that [speaking with the elders] our elders started leading us down a path, back to tradition, back to midwifery. We asked them what our women did to help our women stay healthy. We began realizing that women had a huge knowledge of healing herbs and their body’s rhythms. Women knew how to decide if they wanted a family or not. We saw that we still had these things.

An article about the forced sterilizations of 300,000 poor, indigenous, Quechua-speaking and Aymara women by the Peruvian government in the late 1990s was comprehensive and gave a great deal of space to MAM Funcional, the women’s rights organization that helped victims present their case to federal and international courts. After quotes from several victims in which they describe what happened to them in disturbing detail, the article concludes on a note of positive action:

While the women of Anta and many other towns are still waiting for justice, Mogollon [Maria Esther Mogollon of MAM] said there were some positive developments that came out of the ordeal. “The good part of this is that now the women of Cusco have formed the Association of Women Affected by Forced Sterilizations, so that they can fight on their own behalf, with their own voices. And we have given them human rights training although money is always a problem.” (*Indian Country Today*, February 20, 2009)

In an article about the disproportionately high Native American death rate, the reporter linked the disparity to the federal government’s failure to adequately fund the Indian Health Service:

The news was just as grim for Native American women. Their death rate had surged by 20 percent in a 15-year period. . . . But the starkest health disparity was among babies. Native American babies were dying at a rate 44 percent higher than a decade ago, while the overall rate of infant deaths had declined. “People are suffering,” said Marsha Crane, health director of the Shoalwater Bay Tribe in Western Washington. “It’s, ‘Here’s the bad news, here’s your diagnosis. But there’s worse news. We can’t afford to pay for your drugs or your surgery.’ That’s happening every day with tribes across the country.” Health experts say the downward drift stems from entrenched health disparities exacerbated by years of inadequate funding. (*News from Indian Country*, March 2009)

In December 2008, *Indian Country Today* ran a profile of Tillie Black Bear, the founding director of the first domestic violence shelter on an American Indian reservation. Titled, “White Buffalo Calf Woman Society Celebrating 31 Years,” the article includes numerous quotes from a talk Black Bear gave at Northern Michigan University:

Women’s rights should be respected just like tribal sovereignty. Women’s bodies are sacred and they are sovereign. We have to go back to the place where women were considered to be sacred spiritually and live our lives according to that. There are no laws that should tell you if you can or cannot have an abortion. The first teaching of the White Buffalo Calf Woman is even in thought, women are to be respected. The second teaching is that for men, there is hope.

Advocates quoted or cited

- ▶ Maria Esther Mogollon, MAM Fundacional (indigenous organization in Peru)
- ▶ Association of Women Affected by Forced Sterilizations
- ▶ National Native American AIDS Prevention Center
- ▶ Joe Garcia and Jacqueline Johnson, National Congress of American Indians
- ▶ Amnesty International
- ▶ Tillie Black Bear, White Buffalo Calf Woman Society
- ▶ Charon Asetoyer, Native American Women’s Health Education Resource Center
- ▶ Center for Reproductive Rights

ASIAN-AMERICAN WOMEN

There are more than 120 magazines targeting Asian Americans by their country of origin, but only a few are English-language and target a more general Asian-American audience. We looked at two publications—a magazine and a newspaper. *Asian Week* is a newspaper with about 60,000 subscribers nationwide. Based in San Francisco, it bills itself as “the oldest and largest English language newspaper serving the Asian/Pacific Islander American community.” *Audrey*, a glossy bimonthly launched in 2003, calls itself the “Asian American Women’s Lifestyle Magazine.”

A total of 17 usable articles were generated:

- ▶ *Asian Week* = 12
- ▶ *Audrey* = 5

Topics

Reproductive justice topics included domestic violence, Proposition 8 (California gay-marriage ban), Proposition 4 (California parental-notification measure), disparities in health care, and sex and sexuality issues (including unprotected sex, emergency contraception, and pregnancy scares).

Political content

Four of the *Asian Week* articles focused on the issue of domestic violence pegged to the conviction and sentencing of a man in a highly publicized murder by stabbing case. The victim was Claire Tempongko, a Filipina immigrant, who had been murdered eight years earlier by her ex-boyfriend. All of the articles quoted advocates who worked with victims of domestic violence, and all of them noted that the local government had failed to act when Tempongko made emergency calls and filed complaints:

A superior court judge last week handed down a 16-years-to-life sentence for the October 2000 stabbing murder of Filipina immigrant Claire Joyce Tempongko, bringing to a close an eight-year case that galvanized local community and Filipino advocates and inflamed public criticism of the City’s lack of systematic accountability in domestic violence incidents. . . . A 2002 investigation by the Department of the Status of Women exposed the failures of the police department, district attorney’s office and probation department to adequately communicate and keep track of Ramirez’s [the ex-boyfriend] probation and abuse charges. With 41 to 60 percent of Asian American women experiencing domestic violence during their lifetime, as reported by the Asian and Pacific Islander Institute of Domestic Violence, the case was a wake-up call for advocates of domestic violence victims and women within the Filipino community.” (*Asian Week*, December 17, 2008)

Asian Week pays attention to local community events and protests in San Francisco. One article, “Mural Empowers Youth Struggling against Violence in Community,” reported on the unveiling of a mural at the Tenderloin’s Community Youth Center created by six high-school students from the Young Asian Women against Violence program “to spread awareness of domestic violence against youth-at-risk communities.” Another reported on the Asian Communities for Reproductive Justice’s student rally against Propositions 4, 6, and 8. Entitled “Bay Area Youth Rally against State Propositions,” the article quoted a student participant: “Youth like me need health care, education, opportunity and support, not unrealistic laws that make it harder for youth to thrive” (October 10, 2008). An October 24, 2008, article, “Bay Area APIs Oppose Prop 4,” described a press conference at the office of the ACLU of Northern California at which “Bay Area API community leaders and health care professionals who work with teens voiced opposition to Proposition 4. . . . The speakers emphasized that Prop 4 is not only unrealistic but also unsafe.”

The January 28, 2009, issue of *Asian Week* carried an in-depth feature article about disparities in health care coverage: “Among Asian Americans, Many Subgroups Lack Adequate Health Coverage” reported on a study by the Kaiser Family Foundation showing that although Asian Americans as a whole had relatively high rates of health coverage when compared to other minority groups, “when separated into different ethnicities, the data becomes shocking, with many subgroups having high rates of uninsured people.” The article focused on the linguistic and cultural isolation of immigrants: “Often, language barriers can prevent immigrants from seeking health care or understanding how to obtain health insurance. . . . Because Asian Americans are largely an immigrant population, there are still some barriers for immigrants to access public health coverage.”

Audrey’s target audience is young upscale Asian-American women, and its content is oriented toward fashion and celebrities. But our scan did turn up several feature articles touching on RJ issues, including one titled, “Safe and Sound?” Authored by a research analyst at Ohlone College Student Health Center, the article cited a Kaiser Family Foundation study showing that Asian-American college women use emergency contraception at a higher rate than other college women. It hypothesized that the reason for this difference might be reluctance on the part of young Asian-American women to use a regular form of birth control for fear their parents will find out that they are sexually active, or fear that the birth-control pill will adversely affect their fertility. The writer then observed:

Whatever the reasons, AA women need to be aware of the availability and accessibility of EC [emergency contraception]. A California Health Interview Survey revealed that only 63 percent of Asian women and 58 percent of Latina women have heard of EC. Perhaps even more worrisome is the inadequate reproductive health education among women.

Advocates and organizations quoted or cited

- ▶ Michelle Lew, Asian Americans for Community Involvement
- ▶ Asian Women’s Shelter
- ▶ Chinese Community Health Resource Center
- ▶ Korean Community Center
- ▶ Young Asian Women against Violence
- ▶ Tawal Panyacosit, API Equality
- ▶ Lance Toma, API Wellness Center
- ▶ Deena Jang, Asian and Pacific Islander American Health Forum
- ▶ Amanda Wake, Asian Communities for Reproductive Justice

LOW-INCOME WOMEN

Low-income women are most likely to read the two national weeklies distributed through newspapers. *Parade* is read by 73 million people through 470 newspapers nationwide, including the *Atlanta Journal and Constitution*, *Baltimore Sun*, *Boston Globe*, *Chicago Tribune*, *Dallas Morning News*, *Houston Chronicle*, *Los Angeles*

Times, *Miami Herald*, *New York Post*, *Philadelphia Inquirer*, *San Francisco Chronicle*, and *Washington Post*. Thirty-five percent of its readership has a household income of less than \$30,000, and half of its readership is female. *USA Weekend* is distributed in more than 650 newspapers and is seen by almost 50 million readers every weekend (one out of every five households in the United States).

Only two usable articles were generated:

- ▶ *Parade* = 2
- ▶ *USA Weekend* = 0

Topics

Teen pregnancy, family planning

Political content

A short *Parade* article in the Health section, “The Truth about Teen Pregnancy,” was pegged to the announcements about Bristol Palin’s and Jamie Lynn Spear’s pregnancies. It did quote statistics from the Alan Guttmacher Institute and noted that:

The U.S. spends \$4 billion annually on sex education, including \$176 million in federal money for abstinence-only programs. An analysis last year by the nonpartisan National Campaign to Prevent Teen and Unplanned Pregnancy found that two-thirds of the programs that included information about both abstinence and contraception had positive results. The study found no strong evidence that abstinence-only programs work. Tell us: Should abstinence-only sex ed continue? (*Parade*, October 5, 2008)

The second piece, “Family Planning May Suffer As Economy Declines,” was a synopsis of an article from the *Chicago Tribune* about the increase in calls to reproductive services providers from “distraught women facing difficult decisions about pregnancies they didn’t plan and can’t afford.”

Advocates quoted or cited

None

WOMEN, GENERAL

We looked at four magazines consumed primarily by women: *Glamour*, *Marie Claire*, *Parent*, and *Self*, with a combined circulation of about 20 million subscribers. A total of 29 usable articles were generated:

- ▶ *Glamour* = 9
- ▶ *Marie Claire* = 10
- ▶ *Parent* = 2
- ▶ *Self* = 9

Topics

Reproductive justice topics included assisted-reproductive technologies, abortion, domestic violence, family planning, sex education, maternal health, and date rape.

Political content

Political content varied from magazine to magazine. *Glamour* had more than the others. Most notably, that magazine carried a feature story in its July 2008 issue, “The Land Where Rapists Walk Free,” about sexual assaults against Native American women. Written by Mariane Pearl, the widow of journalist Daniel Pearl, this 2,000-word article highlights the life and work of Asetoyer who “has dedicated her life to fighting brutality against Native women.” Pearl writes:

These days, Charon is also traveling the country as an advocate for Native women, speaking to conferences and government officials, including the United Nations. Charon has a soft face and a soothing voice, but she’s also got the iron will needed to break the silence about abuse and injustice: “Our human rights are violated every day,” she says, “and there is very little being done to protect us.”

Other examples from *Glamour* include:

- ▶ An editorial titled “The Secret Sex Risks Military Women Take,” which urges readers to “Ask your representative to support medical privacy for military women.” (March 2009)
- ▶ A 2,500-word article, “The Serious Health Decision Women Aren’t Talking About Until Now,” based on interviews with “counselors, medical experts and more than two dozen women who have had the procedure” (an abortion). Aspen Baker of Exhale is quoted: “No one talks about abortion on a personal level—there’s too much stigma attached.” Readers are invited to go to www.glamour.com “to read more women’s stories and share your own.” (March 2009)
- ▶ An article in the December 2008 issue celebrating “Glamour Women of the Year,” featuring Nujood Ali and Shada Nasser. Ali was a child bride in Yemen who on her own, at the age of 10, went to court and said she wanted a divorce. Nasser is the human-rights lawyer who represented Ali (successfully). The article asks: “What can American women do to help child brides? Most advocates say that schools are crucial—that educating girls is the best way to change the culture.”

Marie Claire ran a 2,000-word article, “Inside the Gloucester Pregnancy Pact,” about the epidemic of pregnancies among teenage girls in Gloucester, Massachusetts. The article noted that according to the Centers for Disease Control there was a 3 percent jump in the teen birth rate for 2006, the first increase in 15 years:

Some blame Hollywood’s glamorization of unplanned pregnancy—cool-chick comedies like *Juno* and *Knocked Up*. . . . But it doesn’t seem to be Greenwich and Santa Barbara girls who are susceptible to these messages. It’s the ones in devastated inner cities and has-been towns like Gloucester, where fishermen are hurting for work since the shoals were stripped bare, while preppies colonize the coastline in multimillion-dollar mansions. Where Catholics battle progressives over whether schools should pass out condoms. And where girls like Kyla Brown short-circuit their futures. (January 1, 2009)

Self had a couple of interesting feature stories. “The Crime against Women that No One Understands” was a 4,500-word piece focusing on two unsuccessful prosecutions against a serial date rapist in two Philadelphia courtrooms:

The most remarkable thing about both trials wasn’t the way they exposed the alleged tactics of a serial date rapist. It was that despite the outrageousness of the accusations against Marsalis, the testimony of 10 women wasn’t enough to get a single rape conviction against him. The verdicts in these cases would be far lighter than his accusers sought—and victims’ advocates say the outcome reveals a disturbing truth about the justice system. Nationwide, despite all the legal advances of the past three decades, little has changed for women who report a date rape. Because in too many instances, juries don’t believe date rape exists (*Self*, November 2008)

“Single, pregnant and panicked,” a 3,400-word feature, was based on a survey of 2,282 unmarried men and women ages 18 to 29 commissioned by *Self* in partnership with the National Campaign to Prevent Teen and Unplanned Pregnancy. The goal was to examine “what’s behind all of these surprise pregnancies among single women in their 20s.” (According to the article, 77 percent of pregnancies among single educated women in their 20s are accidental.) The conclusion was:

But the National Campaign survey reveals disturbing gaps in pregnancy-prevention knowledge. More than half of young adults say they know little or nothing about the Depo-Provera shot, the ring, diaphragms, IUDs and natural family planning. Twenty-three percent of women falsely believe that taking birth control pills raises the risk for all cancers. Nearly one in four respondents says the topic of birth control is too embarrassing to talk about, and another 21 percent say finding the right source of information is too difficult. . . . 64% of women do not know emergency contraception is now sold without a prescription.” (*Self*, March 2009)

Advocates and organizations quoted or cited

- ▶ Charon Asetoyer, Native American Women’s Health Education Resource Center
- ▶ Amnesty International
- ▶ Aspen Baker, Exhale
- ▶ Donna Crane, NARAL Pro-Choice America
- ▶ UN Development Fund for Women
- ▶ Guttmacher Institute
- ▶ National Campaign to Prevent Teen and Unplanned Pregnancy
- ▶ Planned Parenthood
- ▶ Center for Reproductive Rights
- ▶ Legal Momentum

TEENAGERS

Seventeen is read by close to 5 million teenagers between the ages of 12 and 19 (with a median age of 16.2). Latinas make up 14.4 percent of the readership (709,000), and African Americans another 13 percent (642,000). Our scan generated five usable articles.

Topics

Reproductive justice topics included sexual orientation, abortion, pregnancy scares, and talking to one’s parents about sex.

Political content

Only one of the articles had significant political content, and it was in the “SexSmarts” section of the magazine.⁵ Entitled “Could I Be Gay?” the article celebrates diversity and challenges homophobia:

⁵ “The Kaiser Family Foundation has teamed up with *Seventeen*, the nation’s top teen magazine, to create SexSmarts, a campaign to provide young people with information and resources on sexual health issues. The on-going campaign, begun in 2000, addresses a range of topics from decision making about sex, including how to say no, to the real facts on HIV and other sexually transmitted diseases. It includes special articles in the magazine, a monthly column and resources at seventeen.com, and other consumer education materials. Under the partnership *Seventeen* (a Hearst magazine) and Kaiser also survey teens quarterly about their knowledge and attitudes about sex and sexual health. These nationally representative survey snapshots help to frame the SexSmarts campaign, and the results are distributed to thousands of media and youth advocates nationwide.” <http://www.kff.org/entpartnerships/seventeen/index.cfm>.

As recently as fifteen years ago, homosexuality was a big silent ghost in most American junior high and high schools—lots of people were thinking about it, but no one was talking about it. Luckily, all that’s changing today. We now know that there are significant numbers of students who are LGBTQ (lesbian, gay, bisexual, transgender or questioning their sexuality). In fact, experts estimate that between 10% and 20% of kids fall into one of these categories. . . . Unfortunately, lots of LGBTQ teenagers still feel very isolated. That’s because homophobia—an irrational fear of homosexuals—still exists in many places and many forms. . . . Harassment of homosexuals is as closed-minded, cruel and illegal as harassment of any other kind.

Readers who need support are referred to Parents, Families and Friends of Lesbians and Gays (PFLAG), a national nonprofit organization.

Advocates quoted or cited

- ▶ Carolyn Wagner, PFLAG
- ▶ Debra Haffner, Sexuality Information and Education Council of the United States
- ▶ Planned Parenthood of America

Website opportunities

Magazine websites are increasingly important vehicles for communicating with the RJ constituency. Although it is beyond the scope of this research to examine and analyze all the websites maintained by the publications we chose to include, a few examples will suffice to give a sense of the possibilities.

- ▶ EbonyJet.com’s “The Big Ideas” daily blog⁶

Blogger Eric Easter explains: “We’ve decided to take a little different route than some other sites. Rather than put the magazine on the web and put some new stuff on top of it for good measure, we’re using the strength of the classic brands to launch what is fundamentally a new online magazine where the vast majority of the content will be created solely for the web. The voices will be new, the style different, the opinions provocative. Got something you want us to talk about? Drop a note. Eric Easter/ eeaster@ebony.com”

- ▶ AsianWeek.com’s “Emil Amok” blog⁷

Written by *Asian Week* columnist Emil Guillermo, this blog covers issues that affect “the broad APA community.” Guillermo was just named Northern California’s “Best Blogger on Ethnic Perspectives” by the New America Media Group, the premiere association of ethnic media organizations.

- ▶ Indiancountrytoday.com’s blogs⁸

The website carries several blogs, including one maintained by Pretty Bird Woman House, a woman’s shelter and education program on the Standing Rock Reservation.

6 <http://www.indiancountrytoday.com/opinion/blogs>

7 <http://www.indiancountrytoday.com/opinion/blogs>

8 <http://www.indiancountrytoday.com/opinion/blogs>

Discussion

This research suggests that ethnic and women’s magazines and periodicals are potential vehicles for communicating RJ values to a broader public and, more specifically, to audiences that comprise the RJ constituency. With the exception of the two magazines we selected as vehicles for communicating with low-income women—*Parade* and *USA Weekend*—all the publications carried articles that addressed issues of concern to the RJ movement, and some of them contextualized the issues and described systemic causes, challenges, and solutions. A number of conclusions can be drawn based on this preliminary research.

1. Overlap with magazine departments. All the publications targeting women, including the ethnic women’s magazines, have regular departments devoted to one or more of the following: love and sex, relationships, health and fitness, and pregnancy and parenting. (The magazine websites are organized around the same categories.) While it is true that the articles appearing in those sections are usually oriented toward self-help and personal responsibility, a number of the publications we examined publish in-depth features about serious issues. Department editors and reporters need a steady stream of content to fill their pages (and websites).

2. Disparities are a favorite topic. Many of these publications like to report on new studies about health and other disparities based on race, ethnicity, immigration status, and gender. In our relatively limited sample, we found many references to such studies, for example, a Centers for Disease Control study about the disproportionate rate of physical dating abuse among African Americans and Hispanics; a Kaiser Family Foundation study about the higher rate of new HIV/AIDS diagnoses among young African Americans; and another Kaiser Family Foundation study showing higher rates of emergency contraception use among Asian American women. Reporters often turn to advocates, including leaders of the RJ movement, for comment and explanation. If RJ leaders become better known to reporters, they will be sought out more frequently.

3. There are journalists who write from a reproductive justice perspective. One example is Mariela Rosario, the online editor for *Latina Magazine*. Her articles, covering such subjects as HIV/AIDS, the sexual abuse of women immigrating to the United States, and the use of prescription drugs to induce abortions, are consistently substantive and policy-oriented. Another is Mariane Pearl, a contributor to *Glamour*, whose “Global Diary” series for that magazine includes the interview with Asetoyer. Pitching stories to these journalists would be a worthwhile endeavor.

4. Human-interest stories are a staple. Most of the feature articles we found began with a human-interest story. A 2,000-word piece in *Ebony* about teens with HIV began: “Ashleigh was 9 years old when she found out she had HIV.” A 2,000-word feature in *Latina Style* about sexual assault and the road to healing began: “As she recalled the story of being sexually assaulted as a child, Maria began to cry.” A 3,400-word article in *Self* about unplanned pregnancy opened: “The evening began in Chicago at Bin 36, the wine bar that had become Kortney Peagram’s favorite retreat from her merciless workdays.” Reproductive justice organizations have a wealth of human-interest stories that could become fodder for strong feature-length articles. However, advocates should be careful to connect these individual stories to systemic causes and solutions.

5. Celebrities can help. Finding a celebrity to carry a story can be a major asset in approaching these magazines. Supermodel Christy Turlington Burns, described as “*Marie Claire*’s new contributing editor-to-Capitol Hill,” reports on her work with CARE to “raise awareness for women who don’t have access to clinics or basic necessities for a safe birth.” *Glamour* ran an interview with Nicole Kidman that focused on her activism as a Goodwill Ambassador for the UN Development Fund for Women, in which Kidman said, “If you take care of the woman in the family, the whole family prospers. But when the mother falters, the family falls apart.” The cover story for the October 13 issue of *Jet* was “Dedicated to Change: Kerry Washington; Hollywood Star Combines Her Love for Acting with Activism.” The article reported:

Washington, co-star of the new movie *Lakeview Terrace*, does care about being socially responsible, and her off-screen commitment to environmental, political and social causes is as dynamic as her performances in nearly 30 movies. “I’m not afraid of terms like activist or humanist or womanist. I’m honored to be associated with those words,” she says. . . . She’s raised money to help stop violence against women, lobbied Congress for more arts funding and campaigned for Democratic presidential candidate Barack Obama. She joined the V-Day movement, an organization against women’s abuse, after seeing a production of Eve Ensler’s award-winning play *Vagina Monologues*. . . . “It’s very rare that we meet somebody who is not the survivor of abuse or don’t know somebody who is, be it physical or mental.”

6. Reaching low-income women. The magazines we chose that have a lower-income readership were *Parade* and *USA Weekend*, neither of which yielded much content in our scan. But several of the ethnic magazines we included do reach lower-income women. As Asetoyer observed, copies of both *Indian Country Today* and *News from Indian Country* are passed along to multiple readers on reservations. *Jet* magazine’s readership is more female than male, and it has one of the lowest median incomes among news magazines: \$27,000 is the median income for female *Jet* readers, as compared to \$36,000 for female *Newsweek* readers, for example. The median income for female *Latina Magazine* readers is \$21,500.⁹

9 http://www.mediamark.com/mri/techguide/fall2006/tg_fo6_age_hhi.htm.

III. Reproductive Justice Media Scan and Analysis

NATIONAL AND REGIONAL NEWSPAPERS

Executive Summary

This analysis represents the third step in a year-long communications planning process initiated by the Ford Foundation, The Opportunity Agenda, and a cohort of reproductive justice (RJ) organizations. For this report we looked at a selection of national and regional newspapers to learn about how the mainstream print media has covered the RJ movement's policy advocacy. Our goal was to assess whether RJ spokespeople were being quoted or cited and, if so, what messages they were communicating through the media.

We selected 12 advocacy campaigns and efforts and scanned 17 national and regional newspapers using the Boolean search technique. We drew several preliminary conclusions based on the scan:

- ▶ With one exception, reporters for mainstream print media outlets are generally not yet turning to RJ spokespeople for quotes in stories about specific issues and campaigns that the movement is working on.
- ▶ However, RJ issues and concerns do have the capacity to grab the media's attention, if a persistent and strategic effort is made.
- ▶ To gain credibility and attract the attention of reporters, RJ advocates need to "make news."

Reproductive Justice Media Scan and Analysis: National and Regional Newspapers

This analysis represents the third step in a year-long communications planning process initiated by the Ford Foundation, The Opportunity Agenda, and a cohort of RJ organizations. The first step was the completion of a survey of the RJ movement's communications goals, activities, and capacity. This was followed by four detailed case studies focusing on successful communications campaigns and efforts led by RJ organizations.

For this report we looked at a selection of national and regional newspapers to learn about how the mainstream print media have covered the RJ movement's policy advocacy. Our goal was to assess whether RJ spokespeople were being quoted or cited and, if so, what messages they were communicating through the media.

Methodology

1. Selection of advocacy efforts:¹

- ▶ Campaign against Proposition 4 (parental notification measure, California)
- ▶ Advocacy on behalf of Vietnamese nail salon workers' right to a healthy workplace (California)
- ▶ Campaign against Amendment 48 (fetal personhood, Colorado)
- ▶ Campaign against South Dakota abortion ban (regional and national)
- ▶ Advocacy against mandatory HPV vaccines for immigrant women (national)
- ▶ Advocacy to win sexual assault policies and procedures in Indian Country (regional and national)
- ▶ Campaign to repeal the Hyde Amendment (regional and national)
- ▶ Advocacy to protect the rights of victims of human trafficking (regional and national)
- ▶ Bringing the issue of self-induced abortions among Latinas to light (national)
- ▶ Campaign to pass the Immigrant Children's Health Improvement Act (national)
- ▶ Advocacy to ban the shackling of incarcerated women during childbirth (national)
- ▶ Effort to raise public awareness about human rights and genetic technologies (national)

2. Selection of publications:

Campaign against Proposition 4

- ▶ San Francisco Chronicle
- ▶ Los Angeles Times
- ▶ Fresno Bee
- ▶ Sacramento Bee

Advocacy on behalf of Vietnamese nail salon workers

- ▶ San Francisco Chronicle
- ▶ Los Angeles Times
- ▶ Sacramento Bee

Campaign against Amendment 48

- ▶ Denver Post
- ▶ Colorado Springs Gazette

¹ For a description of the media advocacy work done by the National Advocates for Pregnant Women in connection with the prosecution of a pregnant woman for suffering a stillbirth (the Hernandez case), see case study, "Changing the Story."

South Dakota abortion ban

- ▶ Bismarck Tribune
- ▶ Washington Post
- ▶ New York Times
- ▶ Los Angeles Times
- ▶ Wall Street Journal
- ▶ USA Today

Mandatory HPV vaccines for immigrant women

- ▶ Washington Post
- ▶ New York Times
- ▶ Los Angeles Times
- ▶ Wall Street Journal
- ▶ USA Today

Sexual-assault policies and procedures in Indian Country

- ▶ Bismarck Tribune
- ▶ Daily Oklahoman
- ▶ Tulsa World
- ▶ Anchorage Daily
- ▶ Washington Post
- ▶ New York Times
- ▶ Los Angeles Times
- ▶ Wall Street Journal
- ▶ USA Today

Repeal of Hyde Amendment

- ▶ Washington Post
- ▶ New York Times
- ▶ Los Angeles Times
- ▶ Wall Street Journal
- ▶ USA Today
- ▶ Chicago Tribune

Human-trafficking victims' rights

- ▶ Washington Post
- ▶ New York Times
- ▶ Los Angeles Times
- ▶ Wall Street Journal
- ▶ USA Today
- ▶ Seattle Times

Self-induced abortions

- ▶ Washington Post
- ▶ New York Times
- ▶ Los Angeles Times
- ▶ Wall Street Journal
- ▶ USA Today

Immigrant Children's Health Improvement Act

- ▶ Washington Post
- ▶ New York Times
- ▶ Los Angeles Times
- ▶ Wall Street Journal
- ▶ USA Today

Banning the shackling of incarcerated women during childbirth

- ▶ Washington Post
- ▶ New York Times
- ▶ Los Angeles Times
- ▶ Wall Street Journal
- ▶ USA Today

Human rights and genetic technologies

- ▶ Washington Post
- ▶ New York Times
- ▶ Los Angeles Times
- ▶ Wall Street Journal
- ▶ USA Today

3. Boolean search terms:²

Proposition 4 AND	Asian Communities for Reproductive Justice
AND	California Latinas for Reproductive Justice
AND	Dolores Huerta Foundation
AND	ACCESS AND Destiny Lopez ³
Prop 4 AND	Asian Communities for Reproductive Justice
AND	California Latinas for Reproductive Justice
AND	Dolores Huerta Foundation
AND	ACCESS AND Destiny Lopez

Amendment 48 AND	COLOR
AND	Colorado Organization for Latina Opportunity and Reproductive Rights

Abortion ban AND	South Dakota AND	Native American women
Abortion ban AND	South Dakota AND	American Indian women
Abortion ban AND	South Dakota AND	Native American Women’s Health Education Resource Center
Abortion ban AND	South Dakota AND	National Advocates for Pregnant Women

HPV vaccine AND	immigrants AND	National Latina Institute for Reproductive Health
	AND	National Asian Pacific American Women’s Forum
Gardasil AND	Immigrants AND	National Latina Institute for Reproductive Health
	AND	National Asian Pacific American Women’s Forum

Rape AND	Native American women
Rape AND	American Indian women

² The Boolean search technique is used to carry out effective searches by eliminating unrelated documents from search results. Using AND with two search terms narrows the search to documents in which the terms appear together. Using OR broadens the search to include documents that have either of the search terms. In this scan we used AND to narrow the search to articles in which the issue and the organization appear in the same document.

³ We added “Destiny Lopez” as a search term in order to avoid picking up articles that used the common word “access.”.

Rape	AND	Native American Women's Health Education Resource Center
Sexual assault	AND	Native American women
Sexual assault	AND	American Indian women
Sexual assault	AND	Native American Women's Health Education Resource Center

Hyde Amendment	AND	National Women's Health Network
Hyde Amendment	AND	African American Women Evolving
Hyde Amendment	AND	National Latina Institute on Reproductive Health
Public funding	AND	National Women's Health Network
Public funding	AND	African American Women Evolving
Public funding	AND	National Latina Institute on Reproductive Health

Human trafficking	AND	National Asian Pacific American Women's Forum
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Self-induced abortion	AND	National Latina Institute on Reproductive Health
Misoprostal	AND	National Latina Institute on Reproductive Health

Immigrant Children's Health Improvement Act	AND	National Asian Pacific American Women's Forum
Immigrant Children's Health Improvement Act	AND	National Latina Institute on Reproductive Health
ICHIA	AND	National Asian Pacific American Women's Forum
ICHIA	AND	National Latina Institute on Reproductive Health

Shackling	AND	Childbirth	AND	Rebecca Project
Shackling	AND	Childbirth	AND	National Advocates for Pregnant Women

In vitro fertilization AND		Generations Ahead
Octuplets	AND	Generations Ahead
Octamom	AND	Generations Ahead

4. Scan results:

We conducted the Boolean search from January 2006 to March 2009:

Campaign against Proposition 4

- ▶ Articles mentioning “Proposition 4” or “Prop 4” = 50
- ▶ With “Asian Communities for Reproductive Justice” or “California Latinas for Reproductive Justice” or “Dolores Huerta” or “Destiny Lopez” = 0

Advocacy on behalf of Vietnamese nail salon workers

- ▶ Articles mentioning “nail salon workers” = 4
- ▶ With “Asian Communities for Reproductive Justice” or “National Asian Pacific American Women’s Forum” = 1

“Also testifying was Nhung Pham, 55, who works at Nail Today in Oakland. She is part of an informal group of salon workers brought together by Asian Communities for Reproductive Justice. ‘We share stories about our aches and pains, and some have even shared stories about miscarriages,’ she said. Many of the workers speak little or no English, impeding ‘our ability to understand the health and safety inspections and citations process,’ Pham said.”

— Elizabeth Fernandez, “Casualties of Manicures; Toxic Chemicals at Nail Salons Endanger Workers, Experts Say at Packed City Hall Hearing,” *San Francisco Chronicle*, November 16, 2007, Metro section, p. B1.

Campaign against Amendment 48

- ▶ Articles mentioning “Amendment 48” = 35
- ▶ With “Colorado Organization for Latina Opportunity and Reproductive Rights” or “COLOR” = 0

South Dakota abortion ban

- ▶ Articles mentioning “abortion ban” and “South Dakota” = 119
- ▶ With “Native American women” or “American Indian women” or “Native American Women’s Health Education Resource Center” or “National Advocates for Pregnant Women” = 2

“‘Women in South Dakota who seek abortions already have limited options,’ said Charon Asetoyer of the Native American Women’s Health Care Education Resource Center in Lake Andes. A Planned Parenthood clinic in Sioux Falls is the only place in the state where abortions are provided. ‘It’s a sad state of affairs that

we have only one choice for abortion right now,' said Asetoyer. 'But if you have to go out of state, the cost of making that trip will be prohibitive.' The closest alternative to the Sioux Falls clinic is a Planned Parenthood location in Sioux City, Iowa. Advocates say S.D. abortion ban would hurt poor women hardest."

— "Dakota Wire," *The Bismarck Tribune*, February 27, 2006, pp. 2–6B.

* * *

"Some advocates said an abortion ban would hurt poor women the most by forcing them to travel long distances to other states where the procedure is legal. 'It's a sad state of affairs that we have only one choice right now' in South Dakota, said Charon Asetoyer of the Native American Women's Health Education Resource Center. 'But if you have to go out of state, the cost of making that trip will be prohibitive.'"

— AP, *The Bismarck Tribune*, February 26, 2006, News section.

Mandatory HPV vaccines for immigrant women

- ▶ Articles mentioning "HPV vaccine" or "Gardasil" and "immigrants" = 3
- ▶ With "National Latina Institute for Reproductive Health" or "National Asian Pacific American Women's Forum" = 0

Sexual-assault policies and procedures in Indian Country⁴

- ▶ Articles mentioning "rape" or "sexual assault" = 3,000
- ▶ With "Native American women" or "American Indian women" or "Native American Women's Health Education Resource Center" = 14

"In many American Indian cultures, the beginning began with a woman. There are White Buffalo Calf Woman, Spider Woman and Celestial Woman, to name a few. The women are revered in their cultures through creation stories. Cecilia Fire Thunder, former president of the Oglala Sioux Tribe in Pine Ridge, S.D., recounted these stories and others during the United Tribes Tribal Leaders Summit at the Bismarck Civic Center on Wednesday. Stories taught life lessons. Fire Thunder cannot recall any that taught American Indian men to abuse and rape women. She spoke about efforts to end domestic violence, along with Carmen O'Leary of the Native Women's Society of the Great Plains and Linda Thompson of First Nations Women's Alliance."

— Sara Kincaid, "Summit Looks at Abuse of Women," *The Bismarck Tribune*, September 4, 2008, p. 1B.

* * *

⁴ We included organizations other than the Native American Women's Health Education Resource Center (NAWHRC) because the media advocacy around this issue was done by a coalition of Native women's organizations in which NAWHRC played a leading role. For a description of the NAWHRC's communications campaign around this issue, see the case study "The Native American Women's Health Education Resource Center's Campaign for Justice for Victims of Rape and Sexual Assault."

“‘Where next?’ is the question that women’s advocates have asked themselves as they mark the 30th anniversary of the group known as CAWS/CASAND—the North Dakota Council on Abused Women’s Services/Coalition Against Sexual Assault in North Dakota. Back in the 1970s, the group was a pioneer in advocating for the state’s first domestic violence protection order, strengthening protection laws and supporting anti-stalking legislation, said Roberta Crows Breast, CAWS/CASAND board president and director of the Fort Berthold Coalition Against Domestic Violence, at a Tuesday news conference. Dena Filler, CAWS/CASAND board member and director of the Domestic Violence Crisis Center in Minot, pointed to the availability of programs across the state, instead of just in pockets, as one of the last 30 years’ major accomplishments. Since its early days, 21 programs addressing domestic violence and sexual assault have been established in North Dakota, Crows Breast said.”

— Karen Herzog, “Women’s Advocates Look Ahead,” *The Bismarck Tribune*, January 16, 2008, p. 1B.

* * *

“WASHINGTON - Members of the Senate Indian Affairs Committee told victims of sexual assault Thursday that Congress will try to help decrease violent crimes against women on reservations. . . . The hearing is the latest in a series held by the committee to investigate the lack of law enforcement on Indian reservations. Jami Rozell, a member of the Cherokee Nation of Oklahoma, testified that she was brutally raped but decided not to press charges after a series of lawyers and officials told her she would be ‘raped again’ by the justice system. Karen Artichoker, director of a women’s resource center in South Dakota, said that violence often goes hand in hand with alcohol abuse, which is another problem on Indian reservations. ‘It is a rare Indian woman who has escaped some sort of violence in her life,’ she said.”

— Mary Clare Jalonick, AP, “Senate Hears Stories of Sexual Assault on Reservations,” *The Bismarck Tribune*, September 28, 2007, p. B6.

* * *

“American Indian women in Oklahoma are more likely to be victims of sexual assault, a study by Amnesty International says. The 113-page report, released Tuesday, shows that Indian women are 2 1/2 times more likely to be raped or sexually assaulted than are U.S. women in general. The report projects that one in three Indian women will be raped, officials said. Officials cited more common obstacles that keep Indian women from getting their day in court. Jami Rozell of Tahlequah, a Cherokee Nation member, was urged to drop the case against her alleged assailant because evidence had been destroyed in a routine storage locker cleanup. ‘Something needs to change; dropping the case was a huge letdown for me. . . . I couldn’t believe it,’ Rozell said. Indian women who work as advocates within tribal areas said many issues hamper attempts to reduce sexual assaults. They immediately cite insufficient training of local and tribal police. Juskwa Burnett, who works for the Otoe-Missouria tribe in Red Rock, said many tribal police are scheduled for training but seldom complete it.”

— S. E. Ruckman, “Indian Women at Higher Risk for Sex Attack, Study Reports,” *Tulsa World*, April 26, 2007.

* * *

“Oklahoma’s tangle of law enforcement agencies and jurisdictions keeps many American Indian women from getting justice in sexual assault cases, according to a national report released Tuesday. The patchwork of Indian and non-Indian land can create so much confusion no one intervenes, leaving sexual violence victims without legal protection, Amnesty International said in the report, ‘Maze of Injustice.’ ‘When an

emergency call comes in, the sheriff will say “but this is Indian land.” Tribal police will show up and say the reverse,’ Juskwa Burnett of Ponca City told Amnesty International. Burnett ran a rape prevention program for the Kaw Nation until it closed for lack of funding. She was among scores of survivors, activists, law enforcement officials and support providers Amnesty International interviewed in Oklahoma, Alaska and the Standing Rock Sioux Reservation in the Dakotas.”

— Judy Gibbs Robinson, “Where Do They Turn? Tribal Jurisdiction Issues Often Prevent Victims from Coming Forward, Report Shows,” *Daily Oklahoman*, April 25, 2007.

* * *

“One in three Alaska Native and American Indian women will be raped during their lifetime and it’s the federal government’s fault, an Amnesty International study reported Tuesday. Federal authorities have created a ‘maze of tribal, state and federal jurisdictions’ that slows response times and limits who can respond, according to the study. Sexual assaults and rapes on reservations and in villages sometimes get lost in ‘jurisdictional vacuums,’ allowing some perpetrators to ‘rape with impunity.’ Alaska has the nation’s highest per-capita rate of forcible rape, with a disproportional number of rape and sexual assault victims being Native women, said Denise Morris, Alaska Native Justice Center executive director, who attended the press conference. ‘My eyes fill with tears and my heart is often heavy when I think of all the individuals that I know personally who have been touched with brutal violence,’ Morris said, including a family member who never reported being raped by two people because she thought it would do no good.”

— Alex Demarban, “System Faulted for High Alaskan Native Rape Rates,” *Anchorage Daily*, April 25, 2007.

* * *

“Human rights advocates say such troubled cases involving Indian victims are common. And, American Indian women are voicing growing anger at what they call their disproportionate victimization in crimes of sexual assault, most often committed by non-Indians, and attitudes and laws that they say deter many from even reporting an attack. ‘Indian women suffer two and a half times more domestic violence, three and a half times more sexual assaults, and 17 percent will be stalked—and I’m a victim of all three,’ said Pauline Musgrove, executive director of the Spirits of Hope Coalition, an advocacy group in Oklahoma. Now Amnesty International has taken up the issue, calling on Congress to extend tribal authority to all offenders on Indian land, not just Indians, and to expand federal spending on Indian law enforcement and health clinics. In a report released yesterday, the American arm of the organization said sexual violence against American Indians had grown out of a long history of ‘systematic and pervasive abuse and persecution.’”

— Ralph Blumenthal, “For Indian Victims of Sexual Assault a Tangled Legal Path,” *The New York Times*, April 25, 2007, National Desk, p. 16.

* * *

“Norma Rendon has seen too many women blame themselves for being raped. But women need to learn to report the crime to police, she said, and understand the rape is not their fault. ‘Too often, they are not being reported,’ said Rendon, a women’s advocate at Cangleska, a shelter on the Pine Ridge Reservation in South Dakota. ‘There is so much shame that comes with being a victim.’ Only one in five adult women report being raped to the police. Meanwhile, women advocates agree that assault rates continue to escalate. Already, one in three Indian women will be raped in her lifetime, according to a 1999 report from the Bureau of Justice statistics. Rebecca St. George, a women’s advocate with Mending the Sacred Hoop, in Duluth, Minn., is working with local police on documenting sexual assaults. While she reaches out to assist women, she also counts herself among the victims.”

— Jodi Rave, “Justice Department: Indian Women Raped at Rate 2.5 Times Higher Than U.S. Average,” *The Bismarck Tribune*, March 13, 2007, p. 1B.

* * *

“The report, when it was released in 1999, could have been a call to action: American Indian women are raped, abused, stalked and murdered more than any other group in the country. It wasn’t. ‘When those statistics came out, there was no cry. There was no outrage,’ said Karen Artichoker, director of Sacred Circle, a crisis center in Rapid City, S.D. But in the years since the Bureau of Justice report was released, longtime activists like Artichoker redirected their efforts and took their cause to the nation’s leaders. And they’ve successfully blazed a trail on behalf of Indian women. Tribal leaders, through the National Congress of American Indians, have since joined with more than 30 tribal domestic violence coalitions across Indian Country. Together, they spurred Congress to action. The result: In January, President Bush reauthorized the 2005 Violence Against Women Act, which contained an important and unprecedented provision specifically aimed at making life safer for indigenous women.”

— Jodi Rave, “Grassroots Effort Brought Protections for Indian Women,” *The Bismarck Tribune*, October 1, 2006.

Campaign to repeal the Hyde Amendment

- ▶ Articles mentioning “Hyde Amendment” or “public funding” AND “abortion” = 37
- ▶ With “National Women’s Health Network” or “African American Women Evolving” or “National Latina Institute on Reproductive Health” = 0

Human trafficking

- ▶ Articles mentioning “human trafficking” = 434
- ▶ With “National Asian Pacific American Women’s Forum” = 1

“Sex crimes instantly get our attention. So it might seem counterintuitive that someone fighting human trafficking would want to divert our gaze from the most headline-grabbing aspect of that foul practice. But that is Liezl Tomas Rebugio’s intent. She wants us to move from headlines to human rights, and the abuse of those rights that leads to trafficking—in other words, to get to the root of the problem. Tomas Rebugio is the anti-trafficking-project director for the National Asian Pacific American Women’s Forum, which introduced its anti-trafficking agenda Monday in Seattle, where Rebugio works and where the idea originated. Seattle has been an active city for the anti-trafficking movement partly because Asian women here have been so active. Velma Veloria, a former state representative, is credited with leading Washington to enact the first state anti-trafficking law (2003). In a presentation Monday evening at the Yesler Community Center, Tomas Rebugio said 600,000 to 800,000 people are trafficked across international borders each year. The National Asian Pacific American Women’s Forum (www.napawf.org) argues for remedies for the conditions that underlie trafficking, including poverty, which reduces options in less-developed countries, and stereotypes of Asian women as docile and sexualized that make them a commodity. If NAPAWF can take the energy generated by sensational cases and direct it toward improving human rights, it will have done us all a service.”

— Jerry Large, “Women’s Forum Fighting Human Trafficking with Focus on Human Rights” (column), *Seattle Times*, April 3, 2008.

Self-induced abortions

- ▶ Articles mentioning “self-induced abortion” or “misoprostal” = 10
- ▶ With “National Latina Institute on Reproductive Health” = 0

Immigrant Children’s Health Improvement Act

- ▶ Articles mentioning “Immigrant Children’s Health Improvement Act” or “ICHIA” = 0
- ▶ With “National Latina Institute on Reproductive Health” or “National Asian Pacific American Women’s Forum” = 0

Banning the shackling of incarcerated women during childbirth

- ▶ Articles mentioning “shackling” and “childbirth” = 1
- ▶ With “Rebecca Project” or “National Advocates for Pregnant Women” = 0

Human rights and genetic technologies

- ▶ Articles mentioning “in vitro fertilization” or “octuplets” or “octamom” = 317
- ▶ With “Generations Ahead” = 0

5. Discussion

We can draw several preliminary conclusions based on this media scan:

- ▶ With the exception of the media advocacy done by Native American women in partnership with Amnesty International around the issue of rape and sexual assault, reporters for mainstream print media outlets are generally not yet turning to RJ spokespeople for quotes for stories about specific issues and campaigns that the movement is working on.
- ▶ But as can be seen by the amount of coverage generated by Native American women and Amnesty International, RJ issues and concerns do have the capacity to grab the media’s attention if a persistent and strategic effort is made. The issue’s frequent coverage in *The Bismarck Tribune* shows that pitching to regional media and local media can be fruitful.
- ▶ To gain credibility and attract the attention of reporters RJ advocates need to “make news.” The mention that ACRJ got in the *San Francisco Chronicle*, along with a photograph of one of the group’s salon worker activists, happened because ACRJ got onto the agenda of a “packed” City Hall hearing. The National Asian Pacific American Women’s Forum (NAPAWF) was favorably cited by a *Seattle Times* columnist because one of its spokespeople made a compelling presentation at a public meeting about human trafficking. Reports citing newsworthy research are also attractive to news outlets. The framing of issues in terms of human rights seems to have some resonance with the press.
- ▶ Some of the most effective articles connected an individual’s human story with hard numbers and a systemic cause and solution.

IV. Reproductive Justice Case Study

CHANGING THE STORY: NATIONAL ADVOCATES FOR PREGNANT WOMEN'S MEDIA ADVOCACY SURROUNDING THE CRIMINAL PROSECUTION OF THERESA LEE HERNANDEZ

This case study examines how National Advocates for Pregnant Women (NAPW) was able to use local mainstream media coverage to change the public conversation about the rights of the “unborn” and about one of society’s most demonized and marginalized groups: pregnant women who are unable to overcome their drug problems in the short term of a pregnancy. No easy task, this effort required careful framing and messaging, community education and organizing, the willingness to listen to and defer to local allies, the identification, support, and training of credible local spokespeople, and aggressive and nimble tactics that took advantage of the media hooks presented by a protracted criminal case.

Background

In 2004, Theresa Lee Hernandez, a 28-year-old Oklahoma woman, was arrested and charged with first- and second-degree murder for having suffered a stillbirth in her 32nd week of pregnancy. The state claimed that her use of methamphetamine caused the stillbirth. If successful, this prosecution would have set a precedent that would have made the state’s homicide laws applicable to the context of pregnancy.

In spite of the fact that this claim had no medical or scientific basis, Hernandez faced an uphill battle. For one thing, Oklahoma is an extremely conservative state. In 2004 the state elected Tom Coburn (“I favor the death penalty for abortionists”) to the U.S. Senate.¹ For another, a popular anti-abortion elected official, Oklahoma County District Attorney C. Wesley Lane, was taking a hard line: he opposed setting bail, announced that he would seek the longest sentence permitted by law, and took credit for the fact that he was prosecuting the first woman in Oklahoma history to be charged with murder of her unborn child. (“I will not tolerate any parent murdering their child so they can get their next drug fix,” he remarked.²) Finally, the defendant already had heavy strikes against her: she had a Latino surname; she had been convicted on a drug charge the year before; all five of her children had been removed from her custody and were living with relatives. An easy target for demonization, Hernandez was denied bail and faced the possibility of a 25-year-to-life prison sentence.

NAPW became involved with the case early on, first reaching out to Hernandez, her family and friends, and her public defender, then helping the defendant find private legal representation and helping her lawyers prepare for trial. NAPW also spearheaded a major organizing and public-education effort to prevent the state’s homicide laws from being applied to pregnant women in relationship to their fetuses and to use the case as a springboard for shifting the drug-policy paradigm from one based on morality and criminal justice to one based on science and public health. At the end of the day NAPW’s intensive organizing and media advocacy succeeded on multiple levels:

- ▶ It framed the way the media covered the case and shifted public opinion in the direction of a more humane and just approach to pregnancy and drug addiction.

1 <http://www.washingtonpost.com/wp-dyn/articles/A62348-2004Dec13.html>

2 Ken Raymond, “Drug-Addicted Mother Charged in Stillbirth,” *Daily Oklahoman*, September 9, 2004.

- ▶ It compelled the district attorney to back off of his hard-line insistence that only a life sentence for Hernandez would serve the state’s interests, and to back off altogether from prosecuting other pregnant women.
- ▶ It built bridges between the medical, public health, birthing rights, pro-choice, and drug-policy reform communities in Oklahoma and developed new RJ leadership in the state.
- ▶ It set the stage for meaningful change. On the day Hernandez was released from jail, the district attorney, David Prater, told the Associated Press that addiction is a disease, and “he intends to ask the Legislature to set up a pilot program in Oklahoma County for diverting pregnant, drug-addicted women into treatment.”

Creating and Communicating a Reproductive Justice Narrative

Early news coverage of the case was as one might have expected: sensationalistic and blaming. “Meth-Addict Mom Charged with Murder in Son’s Stillborn Death,” was the headline on www.KFOR.com, Oklahoma City’s main news channel, on the day the charges against Hernandez became public. If the goal was to prevent the state’s murder laws from being interpreted to apply to pregnant women, the strategy would have to address not only the underlying abortion issue (that is, can a state treat an unborn child as equivalent to a born person?) but also the drug-war ideology and junk science, which was were being used to justify a radical new interpretation of the state’s law. The media frame had to be changed so that Oklahoma public officials, and the Oklahoma public at large, heard and saw a story based on actual science and the prosecution’s real implications. The story NAPW wanted to tell had three components:

- ▶ Treating fetuses as persons for purposes of the murder statute, and women who suffer stillbirths as murderers, is a dangerous precedent that is bad for mothers and babies. It will undermine future maternal, fetal, and child health.
- ▶ Miscarriages and stillbirths are a normal outcome of many pregnancies, and there is no medical or scientific evidence linking methamphetamine use to stillbirths; therefore the prosecution of Hernandez is unfounded and unjust.
- ▶ Drug use during pregnancy is a health issue best addressed through education and community-based treatment, not through the criminal justice system.

As Hernandez’s trial date neared, NAPW swung into action.

Building Support among Key Allies and Identifying Spokespeople

In spring 2007, NAPW executive director Lynn Paltrow accepted an invitation to speak at the University of Oklahoma at Stillwater’s annual Earth Festival on the topic “Towards a Real Culture of Life.” She used her time in the state to begin organizing a network of support, meeting first with local birthing-rights, pro-choice, civil rights, and drug-policy reform activists and leaders. These informal meetings produced a list of contacts throughout Oklahoma, upon whom NAPW would rely in its future organizing and public-education activities. These included an Oklahoma City Law School student and a recent Oklahoma City law graduate whom NAPW eventually hired to work on the case and address the issues within the local community to ensure a community-based perspective. These efforts also enabled the organization to identify a group of highly respected medical experts who could carry the RJ message to the public.

A key part of the group’s strategy throughout was to keep a low profile. NAPW knew that in this Southern and conservative state, outside “political agitators” would not be well received. If the goal was to keep a bad precedent from being set and to discourage similar prosecutions in the future, the pressure and message had to come primarily from local leaders and community members. NAPW thus invested significant time and energy in reaching out to and engaging local leaders, providing them with research and sharing information, resources, and access to real experts.

NAPW launched the first public effort with an open letter³ to Prater, the Oklahoma County district attorney who had defeated Wes Lane in a recent election, calling upon him to drop all charges against Hernandez. By June 2007 more than 150 individuals and organizations had signed onto the letter. They included major state and national medical and public-health associations, medical experts, researchers, and health professionals, as well as a long list of active and influential members of the community (including several who had made significant contributions to Prater’s election campaign). The letter closely followed the NAPW’s “story line” and concluded with the plea: “We therefore ask you, in the interests of maternal, fetal, and child health to drop this dangerous and counterproductive prosecution.” It was posted on the Pro-Choice Oklahoma blog⁴, on *In These Times*⁵, and on *Alternet*⁶.

Because Oklahoma City is such a small community, Prater got wind of the letter before it was sent and released publicly. With a wife in the media industry who was also on the board of the YWCA—a group that was considering whether to sign the letter—he went on the offensive. His response to the open letter was negative, and the public statement⁷ he issued triggered an AP article⁸ picked up by local media. But, as NAPW had hoped, the AP story and other local media reported for the first time that there was public-health opposition to the prosecution. Titled “New DA Won’t Drop Murder Charge against Meth Addict,” the article reported:

Lynn Paltrow, the director of National Advocates for Pregnant Women, has organized a letter-writing campaign on Hernandez’s behalf. Janet Peery, the chief executive officer for the YWCA in Oklahoma City, has encouraged others to join the protest. Peery said that while it’s important to hold Hernandez accountable for drug use, it would set a “dangerous precedent” to pursue the murder charge. Critics of Prater’s decision believe that Hernandez’s prosecution will discourage pregnant women with drug-abuse problems from obtaining the care needed for themselves and their babies.

The open letter was followed by the filing of a friend of the court⁹ brief by NAPW and the Drug Policy Alliance on behalf of more than 30 public-health organizations, including the Oklahoma State Medical Association, Oklahoma Nurses Association, Oklahoma YWCA, American College of Nurse Midwives, National Association of Social Workers, and National Stillbirth Society.¹⁰ In a relatively short time NAPW had actively engaged the national and state medical and public-health communities, women’s rights and reproductive-health movements, and a stellar cast of local experts in the campaign to free Hernandez.

The Media and the Message

Throughout fall 2007 NAPW aimed its media advocacy at undermining the district attorney’s rationale for bringing the murder charge, first in an effort to have the charges dropped, then to support Hernandez’s private counsel in getting the courts to dismiss the charges, and, finally, after the defendant decided to plead guilty to second-degree murder,¹¹ to win the shortest possible sentence for her, while simultaneously making clear the political costs to the prosecutor of bringing new charges against other women in the state. The message was echoed in all local media coverage, and local leaders and medical experts were the chief messengers.

3 http://advocatesforpregnantwomen.org/issues/in_the_states/open_letter_to_the_oklahoma_county_district_attorney_1.php

4 <http://prochoiceoklahoma.blogspot.com/2007/07/from-national-advocates-for-pregnant.html#links>

5 http://www.inthesetimes.com/article/3285/equating_stillbirths_with_murders/

6 http://www.alternet.org/story/59887/is_a_stillbirth_an_act_of_murder_maryland_law_says_so/?comments=view&cID=714856&pID=714547

7 <http://www.districtattorneyprater.com/p21-ap:-june24,-2007---new-da-won't-drop-murder-charge-against-meth-addict>

8 <http://www.kotv.com/news/local/story/?id=130131>

9 http://advocatesforpregnantwomen.org/main/publications/brief_bank/hernandez_public_health_amicus_brief.php

10 The amici included several reproductive justice organizations: the National Latina Institute for Reproductive Health, National Women’s Health Network, and Native American Women’s Health Education Resource Center.

11 As Lynn Paltrow explained in her December 4, 2007, letter to friends and supporters: “In spite of our best efforts, Ms. Hernandez—worn out from nearly four years in jail without contact visits from her children and dreading the possibility of a life sentence—accepted the prosecutor’s reduced plea of second-degree murder.”

NAPW's media strategy was threefold:

- ▶ Media outreach would focus on local media and be based on a local press release.
- ▶ The main spokespeople would be respected local OB/GYNs whose medically-based commentary would sharply contrast with the unscientific accusations of the DA and his supporters.
- ▶ NAPW would work behind the scenes, providing talking points to keep the spokespeople on message and coordinating messaging with other individuals and organizations who might also be called upon for comment.

As a result of this strategy, coverage of the case moved from being about a heartless meth addict murdering her unborn child to something far more nuanced and balanced. In the *Daily Oklahoman* article¹² about Hernandez's guilty plea, the lead sentence read, "Theresa Lee Hernandez is going to prison, but that doesn't mean her case will stop serving as a rallying cry for medical, public health and advocacy groups." Most of the article's focus was on the objections to the prosecution:

More than 30 organizations filed a brief this week supporting a motion to dismiss a first-degree murder charge against Hernandez. . . . It became a moot point Friday when Hernandez pleaded guilty to a reduced charge, but her supporters noted the plea did not set any precedents that could affect other women like her. They are concerned the prosecution may deter other women from seeking prenatal care and substance abuse treatment. Medical experts who protested the prosecution of Hernandez maintain there is no well-established link between methamphetamine use and pregnancy loss.

To sustain the media's interest throughout the period leading up to the sentencing NAPW organized a public forum¹³ titled, "Women, Pregnancy, and Drug Use: Medical Facts, Practical Responses, and the Well-being of Children and Families." The event was structured so as to maximize community buy-in. Much of the organizing was done by the Oklahoma lawyer NAPW had hired to help with the case, who identified local speakers with expertise in addiction, medicine, and treatment. The forum was successful: it was publicly endorsed by a range of prominent local sponsors, and speakers were experts drawn mostly from the local community.¹⁴ The forum was held at the Presbyterian Health Foundation Conference Center in Oklahoma City, and the media were invited. An article¹⁵ in the *Daily Oklahoman*, appearing on the front page of the State section, was headlined, "Effect of Drugs Challenged." It led with the following:

Deepening research shows babies who are exposed to cocaine or methamphetamine in the womb fare similarly to other babies as they age. Moreover, terms such as "crack baby" and "meth baby" are pejorative and not based in scientific research, said scientists, physicians and social workers who spoke at the Women, Pregnancy and Drug Use: Medical Facts, Practical Responses and the Well-Being of Children and Families seminar Wednesday afternoon at the Presbyterian Health Foundation Conference Center.

The article then quoted two of NAPW's medical experts:

Barry Lester, a professor of psychiatry and pediatrics who heads the Brown University Center for the Study of Children at Risk, worked to debunk the notion that prenatal exposure to cocaine and meth is extremely damaging to babies. . . . "Should a person try to spot drug-exposed babies in a nursery, they wouldn't stand

12 <http://newsok.com/article/3131059/1190388554>

13 http://advocatesforpregnantwomen.org/blog/2007/11/oklahoma_forum_flier_1.php

14 The sponsors were Drew Edmondson, Oklahoma State Attorney General; Oklahoma County Medical Society; Oklahoma Department of Human Services; Oklahoma Department of Mental Health and Substance Abuse Services; Oklahoma Healthy Mothers Healthy Babies Coalition; Oklahoma Nurses Association; Oklahoma State Medical Association; and National Association of Social Workers, Oklahoma Chapter.

15 <http://newsok.com/article/3169297/1195126712>

out,” he said. “By and large these are term babies,” he said, meaning the infants were born largely on time at an appropriate weight.

Dr. Eli Reshef, an obstetrician-gynecologist and assistant professor at the University of Oklahoma Health Sciences Center, compared prosecution of pregnant drug abusers to punishing obese mothers and those who smoke. “A smoker has more risk of harming the baby than someone who uses meth,” he said.

On November 17, a week before the sentencing hearing, KGOU, the local NPR affiliate, devoted its entire *Oklahoma Voices* public-affairs program to coverage of the case. The one-hour program¹⁶ included an interview with Hernandez’s local lawyer and portions of the forum’s panel discussion. The KGOU website posted the open letter and the PowerPoint presentation made by the forum’s keynote speaker, Dr. Barry Lester, and reported the following:

This week, Oklahoma City resident Theresa Lee Hernandez will be sentenced for the 2004 stillborn death of her child. Oklahoma County District Attorney David Prater charged Hernandez with second-degree murder after her baby boy was born dead with methamphetamine in his system. But more than 150 doctors and medical groups from across the nation—including the Oklahoma State Medical Association and the state Nurses Association—are opposing the prosecution. They say it’s “highly questionable” whether the stillbirth can be attributed to Hernandez’s drug use, and they fear that such prosecutions could deter pregnant women from seeking help when they have drug abuse problems.

The December 14 issue of *The American Prospect* carried an article by Sarah Blustein about the case and the broader issue of “fetal rights.” In “This Is Murder?”¹⁷ Paltrow had (almost) the last word:

Of course, humane people agree as to our obligation to protect the unborn. But these arrests don’t do that: Researchers have documented that taking a punitive approach to drug use among pregnant women, rather than inspiring them to get clean, actually scares them away from prenatal treatment. And what of the mother? Do the responsibilities she has in carrying a child absolve us of the responsibility to grant her certain protections and rights? Like the right to be jailed only for an actual crime or the right to be convicted on actual evidence? And what about the expectation, though not a right, of social supports for poverty or drug addiction? These supports are part of our social compact, and we owe them equally, or doubly, to pregnant women. The guilty pleas most of the arrested women have entered in these cases create no legal precedent, but, says Paltrow, the more general precedent that’s being set is “that a fetus is a person to be provided with a perfect environment by the pregnant woman—even though . . . [the pregnant woman] is not entitled to one.” It is possible to help both mother and fetus. But not if a troubled woman is considered a demon, or a walking womb.

On December 19, just days before the sentencing, NAPW successfully pitched an op-ed¹⁸ by Dana Stone, MD, to the *Daily Oklahoman*. In her opinion piece Stone, an ob/gyn in Oklahoma City and the state chair for the American College of Obstetricians and Gynecologists, reviewed the medical literature and wrote:

Contrary to our assumptions about Hernandez’s case, there is no medical evidence that links methamphetamine use to her baby’s death. The reason for her stillbirth will remain unknown—as is the case for 50 percent of these losses. The evidence indicates that instead of using our resources to prosecute women for drug use during pregnancy, we should establish treatment options that enable women to stay healthy and have the best chance of delivering a healthy baby. Neither health care nor justice is promoted if women who suffer stillbirths are treated as murderers.

16 http://www.kgou.org/ok_news_archive.php?nid=440&yr=2007&nstype=Oklahoma%20Voices

17 http://www.prospect.org/cs/articles?article=this_is_murder

18 <http://newsok.com/article/3182436>

On December 21, Hernandez, who was facing a possible 25-year-to-life sentence, was sentenced to 15 years in prison by Oklahoma County District Judge Virgil Black. Judge Black suspended an additional ten years of her sentence and indicated that he would reconsider the sentence and the possibility of a significant reduction of the sentence after she had served a year of her sentence and availed herself of the programs in the state prison. NAPW's community activists organized, so that dozens of people were at the hearing to support Hernandez. NAPW prepared press packets and outlined talking points. Local activists and leaders went to the hearing armed with press packets emphasizing the public-health issues in the case. In addition, the two local doctors who had spoken at the forum also attended the hearing; NAPW had helped prepare them to be the primary spokespeople on the case.

Coverage of the sentencing again emphasized the medical community's fierce opposition:

- ▶ The AP story¹⁹, published in *The Norman Transcript* and in papers across the state, concluded as follows:

Prater has been criticized by medical experts and public health and child-welfare advocacy groups who contend there is no medical evidence that meth use causes stillbirth and that the criminal prosecution of Hernandez sets a dangerous precedent. . . . Dana Stone, an Oklahoma City doctor and the state chairwoman for the American College of Obstetricians and Gynecologists, said there are no studies that show a causal link between meth use and stillbirth. "I'm just sad that this case ever came to a criminal court," Stone said. "It just seems to me like it's a medical issue. We, as taxpayers, should spend our money on something that would be useful, on something that would be treatment for these patients, rather than spending our money on keeping her in prison."

- ▶ A *Tulsa World* article²⁰ carried the headline "Health Officials Decry Prosecution" and led with:

A judge sentenced a woman to 15 years in prison Friday for delivering a stillborn baby after using methamphetamine during her pregnancy. Medical and public health groups say her criminal prosecution sets a dangerous precedent and will discourage pregnant women with addictions from getting help. . . . [Judge] Black followed the sentencing recommendation of District Attorney David Prater, who has been criticized by medical experts and public health and child-welfare advocacy groups. They contend that there is no medical evidence that meth use causes stillbirth. . . . A friend of the court brief filed in September and supported by more than 30 state and national groups and dozens of medical experts and health professionals argued that shifting pregnancy loss from a medical arena to a criminal one "has devastating implications for maternal and fetal health."

- ▶ The *Tulsa World* also carried an editorial²¹ entitled "Shocking Case: Stillbirth Leads to Prison Term," which condemned the prison sentence and concluded with one of the NAPW's core messages:

Theresa Hernandez's behavior is shocking, even abhorrent to most people. Her drug problem is obviously serious and she undoubtedly needs intensive treatment. But a 15-year sentence for an alleged crime that she surely did not intend to commit will almost certainly result in more tragedies. Oklahoma has sent the nation a message that addicted women should go into hiding rather than into treatment.

19 <http://normantranscript.com/local/x519003351/Woman-gets-15-years-in-stillborn-case-involving-meth>

20 http://www.tulsaworld.com/news/article.aspx?subjectID=12&articleID=071222_1_A18_hAwom86863

21 http://www.tulsaworld.com/opinion/article.aspx?subjectid=61&articleid=071222_7_A20_hStil75101&archive=yes

NAPW helped local experts get their letters to the editor published in the local papers.

- ▶ On December 24, 2007, the *Tulsa World* published a letter by Dr. William Yarborough, Associate Professor of Medicine at Oklahoma University College of Medicine:

To the Editor:

Your excellent December 22nd editorial (“Shocking Case”) condemning the sentencing of Theresa Hernandez to 15 years in jail for suffering a stillbirth allegedly as the result of her drug addiction, quotes District Attorney David Prater saying that “Hernandez had numerous opportunities to seek drug treatment.” But the opportunity to seek treatment and the opportunity to get treatment, particularly a kind that works, is very, very different. Mr. Prater failed to acknowledge that though 3,000 pregnant Oklahoma women are in need of substance abuse treatment, available facilities are limited to fewer than 250 beds. Even those who can get access may be forced to wait weeks for such a bed, putting them at risk for relapse. Suggesting that people deserve long jail sentences for failing to get non-existent treatment is both cruel and misguided.

Yours,
Dr. William Yarborough, MD, FACP

- ▶ The *Daily Oklahoman* published the following joint letter on December 25:

To the Editor:

RE: “Mother of stillborn baby sent to prison” (December 21st), the 15-year jail sentence handed down to Theresa Hernandez is a travesty that flies in the face of the past 25 years of scientific research. There is no credible evidence linking methamphetamine use during pregnancy with stillbirth. Moreover, the procedure used to determine the amount of methamphetamine in the fetus does not hold up to medical scrutiny.

We now know that drug addiction is a disease, that with treatment these mothers can care for their children and children can overcome drug effects. Families can be preserved.

We also know that punishment does not work. Did we learn nothing from the “rush to judgment” that occurred in the 1980s with cocaine and so-called “crack moms” and “crack babies”? Mothers were arrested for using cocaine during pregnancy but courts (with one exception) did not uphold these prosecutions, which also had no basis in scientific evidence. Still, record numbers of children were removed from their mothers and the number of children in foster care reached all time highs.

The Hernandez decision means that we are making the same mistake with methamphetamine that we made with cocaine. We need to ask why, in the case of women who use drugs during pregnancy, would we take this giant step backward? The crime here is ignoring science.

Yours,
Dr. William Yarborough, MD, FACP

Dr. Barry Lester, Ph.D.
Director, Brown Center for the Study of Children at Risk
Pediatrics Department, Women and Infants Hospital of Rhode Island

Victory

Hernandez's sentencing modification hearing was scheduled for November 19, 2008. To reinvigorate the medical community's support, pressure the district attorney, and help ensure that the media's coverage of the hearing would emphasize NAPW's narrative, the organization provided support for a second public forum just a week before the hearing date. Titled, "Experts in Oklahoma Discuss Responses That Work: A Continued Conversation on Pregnancy, Parenting and Drug Use," the forum was cosponsored by the Oklahoma City chapters of the National Association of Social Workers and the American College of Obstetricians and Gynecologists, the YWCA Oklahoma City, and the Oklahoma State University's Gender and Women's Studies program.²²

The sentencing hearing underscored the importance of these efforts. At the hearing, the district attorney joined the defense in requesting that Hernandez's 15-year sentence be suspended, and Judge Black agreed. As Paltrow explained in her open letter to "amici, activists, and allies" (posted on several websites, including the U.S. Criminal Law Blog and the Real Cost of Prisons Weblog):

Ms. Hernandez' release was not typical. Even in cases where a conviction is completely overturned, prisoners are almost always returned to prison for processing—something that can take weeks or even months—before they are finally released. In Ms. Hernandez' case, the judge ordered that her handcuffs be removed right in the courtroom and that she be allowed to leave straight from the courthouse to her awaiting family and friends.

The drama of her swift release made for good copy and great visuals. Media coverage reprised the NAPW's messages:

► Channel 9 KWTW showed Hernandez leaving the courtroom with her supporters on the evening news:²³

Anchorwoman: "The case created a firestorm with doctors and women's advocates who rallied to the woman's side."

Reporter at courthouse: "Medical experts questioned whether the drug use actually caused the death of the baby. The prosecutor heard those pleas and today asked that the prison sentence be suspended."

Kathleen Wallace (an Oklahoma City University law student and NAPW legal intern): "It is bad precedent to charge pregnant women with a crime when what they did was try and take their pregnancy to term in spite of a drug addiction."

David Prater, DA: "Drug and alcohol addiction is something that most people don't understand and that people need help in dealing with their drug and alcohol addiction."

Reporter: "Because of this case, Prater is now working to put a pilot program in place to divert pregnant women on drugs into treatment instead of locking them up. And state lawmakers will be asked to fund the program once it is developed."

22 To watch a video of one of the panelists, Judy Murphy, cofounder of Moms Off Meth (MOM), go to <http://www.youtube.com/watch?v=WZOHHz4NDhI&feature=related>. (It appears in three 10-minute segments.)

23 <http://www.news9.com/global/video/flash/popupplayer.asp?clipId1=3154913&at1=Station+2&vt1=v&ch1=Meth+Mom+in+S+illborn+Case+Leaves+Prison&cd1=123133&credirUrl=www.news9.com&activePane=info&LaunchPageAdTag=homepage&clipFormat=flv&rnd=39546125>

- ▶ The AP story²⁴ published in the *Tulsa World* as well as several other regional newspapers reported:
An Oklahoma City woman convicted of second-degree murder for delivering a stillborn baby after using methamphetamine during her pregnancy was released from prison Wednesday after serving less than one year of her sentence. . . . Supporters of Hernandez applauded as she exited the courtroom. . . . During the past five years, more than 100 pregnant women in 26 states have been arrested and criminally charged for taking meth and other drugs, according to an advocacy group, the National Advocates for Pregnant Women. Oklahoma County prosecutors had been criticized by medical experts and public health advocacy groups who contend there's no evidence that meth causes stillbirth.²⁵
- ▶ Ten days after Hernandez's release the *Tulsa World* ran an editorial²⁶ that is worth reprinting in its entirety:

HERNANDEZ CASE HIGHLIGHTS TREATMENT ISSUE

Theresa Lee Hernandez, a former methamphetamine user who made national headlines after delivering a stillborn baby, is out of prison.

Were any lessons learned? We can only hope.

The Oklahoma City woman, who had been convicted of second-degree murder in the case, was released from prison when a judge agreed to a prosecution request to suspend the rest of her sentence.

The baby boy was stillborn in April 2004, and Hernandez spent three years in jail before finally being sentenced last year. She served less than one year of that sentence and will be on probation for 10 years. She also must complete three months of inpatient treatment.

The prosecution of Hernandez was harshly criticized by advocates and medical experts who argued there is no evidence the drug use caused the stillbirth. Advocates also expressed concerns that prosecution of pregnant women who use drugs could deter them from seeking treatment.

According to National Advocates for Pregnant Women, more than 100 pregnant women in 26 states have been charged for taking drugs during their pregnancies in the last five years.

One can only guess how many others might have gone into hiding, avoiding not only the law but treatment as well.

District Attorney David Prater said he felt obligated to pursue the murder charge because he believed the baby's death resulted from the drug use.

He noted that the case brought together many stakeholders who have since advanced efforts to improve treatment availability for pregnant women. He said he will ask the Legislature to fund a pilot program that would divert such women in need into treatment.

Surely anyone and everyone would want these mothers-to-be to receive obvious urgently needed treatment, and that prosecutions would occur only under limited, extreme circumstances.

24 <http://www.thekansan.com/news/x776453009/Okla-woman-in-stillborn-case-leaves-prison>

25 For example, *The Kansan* and the *Joplin Globe* (Missouri).

26 http://www.tulsaworld.com/opinion/article.aspx?subjectid=61&articleid=20081129_61_A16_hHerna419447&archive=yes

A Lasting Impact

There can be little doubt that the NAPW's media advocacy was a significant factor in preventing the case from establishing a dangerous legal precedent, enabling Hernandez's counsel to negotiate a favorable plea agreement, and winning an early release. Changing the story by proactively offering the media a different narrative based on RJ and real science is undoubtedly the principal reason why there have been no additional prosecutions of pregnant women in the State of Oklahoma. In fact, Prater has publicly stated that as long as he is district attorney he will not bring another one of these prosecutions. Instead, the focus of policymakers has shifted to increasing treatment options.

V. Reproductive Justice Case Study

NO ON PROP 4: ASIAN COMMUNITIES FOR REPRODUCTIVE JUSTICE AND CALIFORNIA LATINAS FOR REPRODUCTIVE JUSTICE UNITE TO FIGHT AN ANTI-ABORTION VOTER INITIATIVE IN CALIFORNIA¹

Background

In May of 2008, Proposition 4—the Abortion Waiting Period and Parental Notification Initiative—qualified for the California ballot. If passed, the initiative would have amended the state constitution to require a 48-hour waiting period and parental notification before a minor could get an abortion. This was the third time anti-abortion forces had successfully placed a parental notification measure before the state’s voters. Similar measures were voted down in 2005 (Prop 73) and 2006 (Prop 85) by fairly comfortable margins.² This time around, Prop 4 supporters had a multi-million dollar budget and the support of Governor Schwarzenegger.

In 2005, California Latinas for Reproductive Justice (CLRJ) and Asian Communities for Reproductive Justice (ACRJ) initiated efforts to activate communities of color and allied social justice and immigrant rights organizations in California to mobilize voters of color in California. This resulted in voters and allied organizations coming together *for the first time* to defeat what was previously thought of as a “traditional” reproductive rights (i.e., pro-choice) measure.

In 2006, the Campaign to Defeat Prop 85 invited ACRJ, CLRJ and other reproductive justice (RJ) groups to participate as members on their leadership body. That year, CLRJ served as statewide co-chair of Latina/o outreach, and ACRJ focused its efforts on raising awareness among its constituency.³ Through their work, the CLRJ and ACRJ leadership saw the value of a “movement building” approach to defensive ballot measure campaigns. Not only were they conducting effective voter education that would help defeat the measure; they were building their base, training new leaders, and creating alliances with other social justice movements, thereby strengthening the RJ movement in California. In the process of summing up the 2006 campaign experience, Eveline Shen and Rocio Cordoba decided that if a future battle over parental notification ballot had to be fought they would work together to turn it into a movement-building success story.

By late-2007 it was clear that another parental notification ballot measure was in the works. While both the ACRJ and CLRJ participated in the mainstream coalition’s pre-campaign planning, they decided to simultaneously reach out to other RJ organizations in the state in order to use the “No” campaign to “build the capacity to move a proactive agenda in California that achieves reproductive justice for all communities.”⁴ They convened a meeting of nine RJ organizations to create some infrastructure for the campaign, and the Reproductive Justice Alliance was born.⁵ This leadership group would confer frequently during the course of the campaign and would plan a range of joint activities and events. Communications would play a key role.

¹ Written by Loren Siegel for The Opportunity Agenda, January 2009.

² 52.8% to 47.2% in 2005; 54.2% to 45.8% in 2006

³ See ACRJ’s “Winning Reproductive Justice” for more about the 2006 campaign.

⁴ ACRJ’s “Prop 4 Victory Brief”

⁵ ACCESS/Women’s Health Rights Initiative (Oakland), ACT for Women and Girls (Tulare County), Asian Communities for Reproductive Justice (Oakland), Black Women for Wellness (Los Angeles), California Latinas for Reproductive Justice (Los Angeles), Coalition to Abolish Slavery and Trafficking (Los Angeles), Dolores Huerta Foundation (Bakersfield), Khmer Girls in Action (Long Beach), National Asian Pacific American Women’s Forum (Tacoma Park, MD)

Messages That Resonate

CLRJ and ACRJ knew that the messages developed by the mainstream campaign would emphasize the right to privacy and use the language of “choice”—values that were not strongly embraced by their constituencies. So, message development was a critical first task. CLRJ built on its efforts over the prior two parental notification initiative campaigns in developing values-based messages for the Latino/a community: “These messages were directly informed by Latina community leaders—including Promotoras, farm workers, and young women—who participate actively in CLRJ’s education and mobilization efforts.”⁶ The results of the Latino/a focus groups and the poll commissioned by the mainstream campaign served to reaffirm CLRJ’s messaging map.

ACRJ’s messages were developed through focus groups with students in its SAFIRE program (Sisters in Action for Reproductive Empowerment) and discussions with Vietnamese community members through its POLISH program (Participatory research, Organizing and Leadership in Safety & Health). All the RJ messages, reflected in multi-lingual voter education materials that were distributed throughout the state and in press releases, were based on the values of family and community and emphasized what youth *really* needed to be safe and healthy. These materials were distributed both by hand and electronically to thousands of voters:

- ▶ “Protect Our Daughters and Sisters!” —bilingual flyer produced by CLRJ and ACCESS⁷
- ▶ “Protect our youth, families & communities!”—multilingual voter flyer produced by ACRJ in Korean, Khmer, Vietnamese, and Chinese.
- ▶ “Vote No on Prop 4 to Protect Our Youth, Families, and Communities”—ACRJ’s Prop 4 Voter Toolkit
- ▶ “Youth need health care, NOT laws that create barriers to health care; Youth need sexual health education, NOT laws that take money from schools and services; Youth who are pregnant need support, NOT unrealistic laws that make it harder for youth to get help from adults”—Three Reasons to Vote No on 4 flyer by ACRJ.
- ▶ “Proposition 4: Denying Youth Access to Health Care”— Mobilize the Immigrant Vote’s voter guide⁸ in English, Spanish, Chinese, Korean, Tagalog, and Vietnamese. Developed based on messaging advice from CLRJ and ACRJ.
- ▶ “If you were in my shoes”— YouTube Video by SAFIRE girls.
- ▶ “Stand with CLRJ & Say NO to Props. 4, 6, 8 and 9! Protect our Youth. Respect our Families. Support Our Communities.”— CLRJ Voter Guide
- ▶ “The reality is: Proposition 4 would endanger the health and safety of the Latino community by limiting our daughters’ access to caring counseling and professional medical care.”— Latina Leaders Speak Out Against Prop 4, press release issued by CLRJ and ACCESS

Pushing the “Campaign for Teen Safety”

In the early stages of the campaign, ACRJ and CLRJ participated in the message development process of the Campaign for Teen Safety⁹, the broad coalition formed by Planned Parenthood that included the California Nurses Association, the California Academy of Family Physicians, the American College of Obstetricians and Gynecologists, the California Teachers Association, and the ACLU. The Campaign had access to substantial resources, including a media budget, and it was planning outreach to the Latina/o community. Rocio Córdoba served on the Campaign Steering Committee and pushed for values-based, culturally resonant messages. In her “Proposition 4 Reproductive Justice Outreach and Mobilization Plan,” she described one of CLRJ’s strategic communications and media objectives as follows:

6 “Prop 4 Victory Brief”

7 www.whrc-access.org/pdf/NoOnProp4_4.pdf

8 http://mivcalifornia.org/docs/November_2008_Voter_Guide

9 <http://www.ppactionca.org/issues/teen-safety.html>

“Objective 1: Provide consultation and expertise to the Campaign for Teen Safety in developing culturally-based frames and bilingual messages that resonate specifically with the Latina/o community, with a focus on Latina women. Co-facilitate the Los Angeles Field Campaign message training concerning the Latina/o message map.”

As the Campaign for Teen Safety ramped up its messaging work in the spring of 2008, CLRJ was asked to comment on the Latina/o polling questionnaire and data, Latina/o focus groups transcripts and the internal messaging memo from the Campaign’s communications consultants (Lake Research). Rocio provided a detailed advice memo based on CLRJ’s “longstanding experience with the Latina/o community...our expertise in promoting Reproductive Justice advocacy with a wide range of Latina/o constituents...and lessons learned from playing an active and leading role in the prior two parental notification campaigns to defeat Propositions 73 and 85, respectively.” The memo explained:

“We believe strongly that any research, messaging and implementation strategies addressing Latina/o voters must start from a cultural frame that focuses on priority Latina/o community values. These include, but are not limited to, the strength of family, health and safety, opportunity, education, health access, and self-determination. As such, starting from a ‘pro-choice’ frame, or measuring responses according to a choice continuum, is not particularly relevant to this constituency.”

As time went on, however, it became clear that the mainstream campaign was going to move in its own direction, and so the Reproductive Justice Alliance decided to direct its efforts towards strengthening its own culturally resonant campaign.

Developing New Leaders

As ACRJ noted in its Prop 4 Victory Brief: “One of the unique approaches to electoral organizing by reproductive justice organizations in this cycle was the strong emphasis on developing young leaders as key agents for change in our communities.” ACRJ focused on training and activating new leaders from among the participants in its two community organizing projects, SAFIRE and POLISH. CLRJ targeted the alumni of Latinas Empowered for Action (LEA), its Reproductive Justice leadership development program, to build skills and provide advocacy opportunities for community-based and young Latinas.

► The SAFIRE Girls

SAFIRE is ACRJ’s high school youth organizing program. Each year it trains 40-60 young Asian women aged 14-18 from low-income, immigrant, and refugee families as leaders and organizers for RJ. SAFIRE’s participants played a major role in communicating the “No on Prop 4” message to their peers, their parents, and their communities. They created their own media outreach team, which was interviewed by newspaper editorial boards and national and local radio programs. They worked with ACRJ’s staff to create a No on Prop 4 Youth Toolkit—a 20-page booklet with illustrations and quotes from teens that described in plain language what would happen if Prop 4 passed, why it needed to be defeated, and what actions youth could take to turn out the “No on 4” vote. It included a section called “Let’s Start Talking” (see Appendix I) that gave “some tips on communicating clearly about Prop 4”—how to respond to statements like, “I don’t believe in abortion,” and “Teens shouldn’t be having sex in the first place.”

On October 4th, the SAFIRE girls hosted a lively youth electoral organizing conference in downtown Oakland. The conference theme emphasized the impact on young people of three propositions on the ballot: Prop 4, Prop 6 (an “anti-gang” measure), and Prop 8. Its message and logo were: “Youth + Power = Change; Love Youth, Respect Youth, VOTE 4 Youth.”

The day before the conference, an article ran in the Oakland Tribune titled “Are You Young? You Need to Attend this Conference.” The piece quoted ACRJ organizer Dana Ginn Paredes: “Paredes said these measures are of particular concern to youths. ‘They were super outraged about these ballots,’ she said. ‘They don’t need unrealistic laws to make it harder for them.’” The “Youth + Power = Change” conference, which was endorsed by Oakland Councilmember Nancy Nadel and Alameda County Supervisor Keith Carson, was a success. Three filmmakers from Smashcast, a group of students from the Bay Area who produce new media, created a five-minute video¹⁰ about the conference, now available on YouTube, which shows a high level of engagement and enthusiasm among the 150 high school students that attended.

The conference was reported in Asian Week¹¹, the oldest and largest English-language newspaper serving the Asian/Pacific Islander community. Headlined, “Bay Area Youth Rally Against State Propositions,” the article included quotes from an ACRJ staffer and a SAFIRE girl—*both of whom stayed on message*:

“There are issues on the ballot that directly affect **the health and opportunities** of youth,” said youth organizer Amanda Wake. “Even though some of us can’t vote, it is still our job to understand how initiatives like Proposition 4, 6 and 8 **affect our communities** and to take **action** to ensure they don’t pass.”

“Youth like me **need health care, education, opportunities and support, not unrealistic laws that make it harder for youth to thrive**,” said participant Maly Choeun, adding that she intended to encourage her family to register to vote and to vote “no” on Propositions 4, 6 and 8.

On October 8th, the National Radio Project aired a segment of their half-hour weekly magazine show, *Making Contact*, heard on 200 radio stations nationwide, called “Parental Notification: Protecting Our Youth?”¹² The show opens with a SAFIRE meeting and is narrated by a SAFIRE girl who delivers a strong RJ message:

“My name is Heidi. I’m a 17 year old high school senior. I’m part of SAFIRE, which stands for Sisters in Action for Issues of Reproductive Empowerment. It’s a program for high school students that trains young Asian women like me to become leaders and organizers for reproductive justice. Every week we meet at Asian Communities for Reproductive Justice, or ACRJ. This is our first meeting this fall and we’re talking about Prop 4. This is the third time that the parental notification initiative is on the ballot in California. Basically, this initiative seeks to change California’s constitution and ban abortion for anyone under eighteen until a doctor notifies their parents or legal guardian. **We think this measure threatens the health, safety and rights of young women, especially communities of color and immigrant communities.** That’s because youth from low income communities and communities of color are less likely to have health insurance. Sometimes free and confidential sexual health services is the only thing they’ve got. If these young people are afraid their parents might find out then they will have no health care at all.”

For their “closing act,” the SAFIRE girls organized their own Halloween “Trick or Vote” activity as part of a national effort —“The largest get-out-the-vote canvass...in costume.” Flyers were distributed by hand and electronically inviting students to “Door knock for candy & votes.” Before heading out into the community, food was consumed, literature distributed, and participants were assigned to teams. SAFIRE youth knocked on over 600 doors that night before returning to the East Side Arts Alliance for their Halloween costume party bash.

10 <http://www.youtube.com/watch?v=h9qSIkmxn6o>

11 <http://www.asianweek.com/2008/10/10/bay-area-youth-rally-against-state-propositions/#more-8798>

12 <http://www.radioproject.org/2008/10/parental-notification-protecting-our-youth/>

► POLISH

ACRJ’s POLISH program works with Vietnamese nail salon workers to increase their reproductive health and safety, and the program has developed a core of activists. These women are low-wage workers and mostly recent immigrants. ACRJ looked to them for messaging advice and then trained them to deliver a culturally resonant “No on 4” message to members of the Vietnamese community. With support from ACRJ staff, POLISH participants engaged in extensive phone banking. Most of the voters contacted said they had never before been called about an election, much less been spoken to in their own language by an advocate. Although many of the POLISH women were hesitant at the beginning about participating in the phone banking, they became increasingly confident as they found their messages resonating. By the end of their efforts, 80 percent of the voters they reached reported that they would vote “No” on Prop 4.

► LEA

Through regional trainings, Sacramento advocacy programs, and intensive follow-up throughout the state, CLRJ has prepared several hundred young Latinas—students, community activists, and Promotoras de Salud (Health Educators)—to be advocates for RJ. CLRJ decided to recruit and deploy its LEA alumni in the “No on 4” campaign and developed a web-based social networking organizing strategy to activate, inform, and coordinate the campaign work. CLRJ set up a private Facebook group, “Don’t Vote Against a Sister! No on Prop 4!” as the go-to site to learn about messaging, events, and other ways of getting involved, and LEA alumni were invited to join. Once they joined, CLRJ invited them to conduct outreach, phone banking, and participate in messaging training and community forums, among other opportunities.

The Facebook page, which was updated daily in the weeks leading up to the election, led off with a series of messages tailored for a young Latina audience:

- “Proposition 4, the dangerous so-called Parental Notification Initiative, is back on the ballot for the third time.
- “Proposition 4 would keep a scared, pregnant young woman from accessing caring counseling and professional medical care when it’s most important.
- “If our sisters or daughters are afraid of talking to us about a pregnancy, they might take matters into their own hands without the support of family members or other trusted adults. Their lives and safety are too important to take that risk.
- “We need to stand in solidarity to protect the health and safety of young women and vote NO on Prop 4.
- “You have the power to talk to your sisters, brothers, friends, parents, relatives, classmates and other Facebook friends about the dangers of Prop 4. Your voice matters!”

This social networking experience yielded important lessons on how this technology can be harnessed to communicate with the base. CLRJ reported on the experience:

“Setting up a Facebook Group was a targeted and efficient way to inform LEA alumni about Proposition 4 and the many opportunities available for them to get involved to defeat the initiative. Through our first experience with Facebook, CLRJ learned different tools available on the site in order to get its messages out to the Group. For example, CLRJ found it was important to conduct daily activity in order to make a greater impact. Facebook sends each Facebook profile news feeds with updates about its Facebook Friends as well as any new posts by the Groups, Causes, etc. that it joined. Posting often would allow CLRJ’s messages to continually appear in a Facebook profile’s news feed.

“In the future, it will be useful to expand the Group’s membership beyond LEA Alumni by allowing LEA Alumni to invite their Facebook Friends to join the group. The Facebook group’s security settings did not provide that option.

“Ultimately, CLRJ’s Group was a learning experience for CLRJ to explore how it can use the Facebook site more effectively in order to engage and mobilize LEA Alumni in CLRJ’s future advocacy efforts.”¹³

Strengthening Alliances

The Reproductive Justice Alliance made outreach to community of color voters, including Latina/o voters, a high priority. Latinas/os constitute 15 percent of likely voters in California—a significant bloc. Although 64 percent of Latina/o voters are registered Democrats, abortion is a wedge issue.¹⁴ CLRJ knew that its messages would resonate with the Latina/o community and recognized the importance of collaborating with allies who were planning Get Out the Vote (GOTV) activities and had ties to the Latina/o community. CLRJ had many partners in the Latina/o, immigrant, youth and social justice community from years of alliance-building, and that history made it possible for the RJ message on Prop 4 to stick and be carried by hundreds of volunteers from different movements.

► The “No on the 6” Campaign

This voter education/GOTV campaign was spearheaded by the Labor/Community Strategy Center, a Los Angeles-based “multi-racial think tank/act tank” and founder of the bilingual Bus Riders Union (BRU), a mass transportation grassroots organization with 3,500 dues paying members. The campaign targeted six ballot initiatives,¹⁵ including Prop 4, and was a hub for the GOTV activities of many progressive organizations. The “No on the 6” Campaign invited Rocio Cordoba to speak at its October 28th press conference. Standing at a lectern behind a poster reading: “KEEP TEENS SAFE, VOTE NO ON PROP. 4,” Rocio emphasized the rights and services that young Latina women need, including comprehensive sexual education and laws that support health and safety, not laws that attack their human rights. “No on the 6” posted the video of Rocio’s presentation on YouTube¹⁶.

“No on the 6” volunteers distributed the bilingual flyer produced by CLRJ and ACCESS with the message, “Protect Our Daughters and Sisters.” CLRJ invited BRU’s lead organizer to speak at an “Engage Her” voter education event, and BRU leaders participated in a CLRJ community forum in Inglewood. CLRJ staff conducted canvassing and visibility events with BRU organizers, and CLRJ was interviewed in a post-election radio program hosted by BRU on KPFK, the Los Angeles Pacifica radio station. This collaboration got the message out *and* raised awareness among important allies about the importance of the RJ framework. The Labor/Community Strategy Center acknowledged the contributions of the RJ movement and its own determination to fight future parental notification initiatives on its website:

“The Strategy Center and Bus Riders Union have been supportive in the movement to defeat (at three different times) the Right’s attempt to undo a women’s right to choose, to endanger the lives of young woman and further limit the reproductive rights for women, especially women of color. **We have the most utmost respect for our fierce allies in this fight that taught us a lot about the principles of reproductive justice** – California Latinas for Reproductive Justice, Black Women for Wellness, Khmer Girls in Action, Asian Communities for Reproductive Justice, and more. We are ready to defeat any reincarnation of this ballot initiative.”

13 CLRJ Communications/Web 2.0/Materials developed/Voting Guides—Internal Summary (December 2008).

14 See the Sacramento Bee article, “Prop 4, 8 campaigns battle fiercely for crucial Latino vote”, October 26, 2008 to get a sense of what the Vote No on 4 campaign was up against.

15 No on the 6 targeted Props. 4, 6, 8, 9 and two local initiatives, R and 1A.

16 <http://www.youtube.com/watch?v=vBksbFqbNgM>

► **Reaching out to Immigrants**

Rocio Cordoba explains that, “In the past our biggest challenge was reaching immigrant communities. This time around, because of the consistent day-to-day work of our Field Director, Gabriela Valle, we were invited early on by Mobilize the Immigrant Vote¹⁷ (MIV), a major statewide initiative to get new voters. We helped them analyze the initiatives. Our Field Director spoke at a massive forum they had, then smaller meetings of immigrants’ rights, economic justice and youth organizing groups.”

The MIV California Collaborative was started in 2004 as the first-ever statewide campaign in California to organize a multi-ethnic coalition of community-based organizations working within immigrant communities and building their capacity to register, educate, and mobilize their constituents for electoral participation. One hundred and thirty organizations have endorsed MIV’s seven-point articulation of the most pressing issues of low-income immigrant communities in the state. This articulation includes the aim to: “Provide low-income immigrant women and girls with access to culturally-appropriate information necessary to make informed decisions about their reproductive health and rights. Reproductive health needs to be an integral part of our state’s safety net.”

In 2008, working with 29 community-based organizations, MIV ran a massive GOTV campaign targeting immigrant voters and distributed 164,000 voter guides in six languages across the state (Chinese, English, Korean, Spanish, Tagalog, and Vietnamese). ACRJ and CLRJ worked closely with MIV on messaging, and as a result, the section on Prop 4 carries a culturally appropriate RJ message:

“**Proposition 4**

Denying Youth Access to Health Care’

“Right now, a young woman under the age of 18 years can go to a health care provider to terminate a pregnancy if she chooses to do so. This is a right that young women have under the California Constitution. Prop. 4 would change the law and require a health care provider to notify the parents or guardians of a young woman at least 48-hours prior to terminating a pregnancy.

“We recognize that this issue may be controversial and very personal. We also believe that it is being used to divide our communities. In our discussions with community members statewide, people agreed that encouraging greater communication within a family is a good goal. However, this initiative does not provide parents with the tools to communicate with their kids or funding to educate youth about their reproductive health. There were also concerns that this initiative would increase obstacles to accessing reproductive health services and could force young women to turn to unsafe options. We believe that women should have greater access to preventative healthcare as well as the right to make their own choices regarding their reproductive health.

“**We recommend: NO on PROP. 4**”

► **Making Inroads with the Asian Pacific Islander Movement**

California is home to many progressive API organizations that work on a range of social justice issues, but in the past, they’ve been reluctant to take on the abortion controversy. However, ACRJ’s organizing work in the API community and its cross-issue approach paid dividends in 2008. Eveline Shen explained:

“One way we look at progress over last three initiatives is how other social justice organizations are taking on RJ issues. The first time there were very few social justice groups in the Bay Area that wanted to take it on because they looked at it as a narrow reproductive rights issue. We had to fight to get on the agenda. This time Chinese for Affirmative Action, a very longstanding civil rights group in San Francisco, held a

17 http://mivcalifornia.org/docs/2008_Campaign

pre-election press conference and invited us to speak along with a slate of initiatives that impacted civil rights, so we were speaking along with representatives of the housing movement, the healthcare movement, and the LGBT movement. It was a great experience and an indication of the success of our organizing.”

► Using Ethnic Media to Amplify the Message

ACRJ and CLRJ both reached out to important ethnic media outlets to deliver the RJ message to their constituencies:

“In this election, reproductive justice organizations and our allies used local and ethnic media as vehicles for explaining the real impact of Prop 4 and other harmful ballot measures. We earned significant media attention through coordinated press conferences, radio, and print interviews, and organizing press to attend our events and activities. Together, we garnered over 30 media stories in local, ethnic, and mainstream media.”¹⁸

Other highlights of ACRJ and CLRJ’s successful campaigns are worth noting. They include:

- Rocio Cordoba participated in live election night coverage for Telemundo, which reaches 93 percent of U.S. Hispanic households (ACCESS was interviewed on Univision, the other major Spanish-language TV station).
- CLRJ’s Field Director was also interviewed on a Spanish language radio program that serves the farm worker population in the Central Valley, “Radio Campesina.”
- Eveline Shen was a speaker at a September 26th press conference sponsored by Chinese for Affirmative Action that was reported in four Asian-language newspapers, and two ACRJ youth leaders met with the editorial board of *Ming Pao*, a San Francisco-based Chinese-language newspaper.
- One of ACRJ’s young adult participants debated an older Chinese man in Mandarin live on Channel 26, a major Chinese station with 40 million nightly viewers.

Outcomes

In addition to helping defeat Prop 4 by a four-point margin (52%-48%),¹⁹ ACRJ and CLRJ’s met other important campaign goals:

- They developed, tested, and refined RJ messages around the wedge issue of abortion that resonate in communities of color.
- They trained new leaders to serve as effective messengers and media advocates.
- They increased support for the RJ framework and message among a wide range of social justice movements, organizations, and activists, including the mainstream pro-choice movement.
- They entered into the Web 2.0 world through video production and social networking.
- They engaged the ethnic media.

Today, California’s RJ movement is in a stronger position to influence public policy going forward.

18 Prop 4 Victory Brief

19 Young Latino voters, CLRJ’s target audience, voted no on Prop 4 by a 60-40% margin.

APPENDIX I

From ACRJ's *No on Prop 4 Youth Toolkit*

The content below comes from a printed toolkit distributed by Asian Communities for Reproductive Justice (ACRJ) in 2008. The toolkit helped to mobilize opposition to California's Proposition 4, which would have required a 48-hour waiting period and parental notification before a minor could get an abortion.

LET'S START TALKING

We can help defeat Prop 4 by talking to our community about what it is, how it hurts our communities, and why they should vote against it. Prop 4 may raise fears and concerns for our communities – plus it's complicated and people have a lot of misunderstandings about it. Here are some tips on communicating clearly about Prop 4.

GETTING STARTED

Meeting people where they are at Think about the following: What are their main concerns? What is important in their lives? Begin by talking about these issues to engage them in the conversation.

TRANSITION TO YOUR MESSAGE

Make the transition to talking about supporting and protecting youth – these are the key points we want to make about why people should vote No on Prop 4.

Example:

- Their concern: The need for quality public health care for low-income communities
- Start: With all the state budget cuts, it's getting harder and harder for folks in our community to get good health care – especially youth, who have the hardest time getting health care.
- Transition: Did you know that there's an initiative on this year's election ballot that creates even more barriers to health care for young people? Let me tell you about it...

And remember...

- Engage in the conversation without being defensive or judgmental
- Allow people to fully express their feelings and opinions
- Stay on message – try not get distracted by irrelevant points

ROOM TOO SMALL? FEELING A LITTLE HOT?

When talking about Prop 4, there may be times when you feel stuck about how to respond to a judgmental statement or difficult question. To help you stay focused and remain calm in these situations, we recommend using a messaging strategy called ATM: Answer the question, then Transition to your Message. The goal of ATM is not to argue, but to hear people out and transition to your messages.

Here are some ways you can put ATM to use. Please keep in mind that these are just examples, and it's up to you to come up with the best response in each situation.

NO PROPOSITION 4 YOUTH TOOLKIT

Sample Statements And Responses

STATEMENT: “I do not believe in abortion”

A: I understand that you have strong feelings about this issue...

T: But Prop 4 is not just about abortion, it’s about the overall health of young women.

M: Young people need access to confidential medical services so they can turn to other adults, including doctors and counselors, when they can’t talk to their parents. We have to make sure that young women who cannot talk to their parents, for WHATEVER reason, receive the support they need to make healthy decisions and stay safe.

STATEMENT: “Parents have the right to know what is happening in their daughter’s life. It is their responsibility to be involved and be in control.”

A: I understand that you, as a parent, want to be involved in your daughter’s life. I would want the same for my child. It might seem like parental notification will help families communicate and make decisions together.

T: But not all teenagers are able to talk to their parents about sex because sensitive issues like these are not openly discussed in many families. The government cannot mandate good family communication. If a teenager really does not want to talk to her parents about sensitive issues like this, even a law cannot make her do so. Prop 4 would not provide parents with the resources to promote family communication.

M: And what parents want most is to keep their children safe. This means giving their teenagers the option to seek confidential medical services. In some families, if a young woman’s parents find out she is pregnant, she can face severe consequences that can threaten her safety, and even her life. If she cannot tell her parents, she may put herself in danger by taking matters into her own hands. Prop 4 would endanger the health and safety of young women in difficult situations.

STATEMENT: “Teens should not be having sex in the first place.”

A: Everyone should care about young people and how they are doing.

T: For young people to make informed, healthy decisions about their lives, they need support, counseling and accurate information.

M: Young people need access to safe and confidential counseling and medical services, not laws like Prop 4 that take money away from schools and services that support youth. Proposition 4 won’t help them understand the risks involved in the decisions they may be making.

STATEMENT: “Just because a teenager has sex and gets pregnant doesn’t mean she is able to make a mature decision about abortion.”

A: Many adults agree that a teenager should not make a decision about abortion entirely by herself.

T: That's why having safe and legal access to confidential counseling and medical services is important for a young woman who needs adult advice, but cannot go to her parents because she is afraid of what might happen if they find out.

M: Young people want the support of adults who they can trust to help. Young people will ask for help from adults who will help them stay safe but that is not always their parents. Many young people would rather talk to aunts, cousins, sisters or a teacher. Prop 4 takes this decision away.

STATEMENT: "If teens who can't talk to their parents, can they just get a judicial bypass?"

A: Yes, Prop 4 does have a judicial bypass alternative.

T: But the judicial bypass option is only included in the proposition because otherwise, the Supreme Court would consider parental notification laws unconstitutional.

M: It's unrealistic to expect a scared, pregnant teenager to navigate the judicial system and make her case before a judge, especially if she doesn't speak English well or is undocumented. This process would require a young woman to skip school or lie about where she was in order to go to court. A pregnant teenager needs a counselor, not a judge. Prop 4 would impose substantial burdens on an already overloaded court system. That's why California's juvenile court judges are against Prop 4.

STATEMENT: "Minors can't get an aspirin at school, get a tattoo, or pierce their bodies without parental consent. Why should abortion be any different?"

A: I understand that abortion is a serious issue, and it may seem like it should be given the same consideration for parental involvement as aspirin or tattoos.

T: But if a teenager really wants to get an aspirin, she will find a way to do so without her parents finding out. Or, for tattoos or piercing, she can just wait until she turns 18.

M: If a teenager needs to get an abortion and can't tell her parents, the current law will protect her health and safety by allowing her to have safe and legal access to confidential counseling and medical services with trained physicians. Pregnancy is a time-sensitive issue that can put a teenager at increased risk if she delays seeking care for even a few weeks. And waiting until she's 18 is obviously out of the question.

STATEMENT: "If abortion is so accessible, women will use it as contraception."

A: I understand your concern that women may use abortion for a purpose that it's not intended for.

T: But studies show that most women having abortions were using contraceptive methods such as the pill or condoms during the month they become pregnant.

M: The best way to prevent abortions is to make sure young women have accurate information about contraceptive methods, and are informed about how to use them correctly. For this to happen, young women need to have safe and legal access to confidential reproductive health services. Prop 4 will add obstacles to getting these important services for young women who often have misinformation and little access to accurate information. Parental involvement laws in other states haven't significantly lowered abortion rates among minors.

APPENDIX II

CLRJ E-Announcements

The content on pages V-12 to V-28 comes from email announcements distributed by California Latinos for Reproductive Justice (CLRJ) in 2008. These e-announcements urged supporters to vote against California propositions 4, 6, 8, and 9, which sought to place restrictions on abortion rights and access to contraception.

First CLRJ E-Announcement

Join CLRJ in Opposing the following Ballot Initiatives:

Vote NO on Prop. 4!

Vote NO on Prop. 6!

Vote NO on Prop. 8!

Vote NO on Prop. 9!

Latina Leaders Speak Out
Against Prop. 4!

**Stand with CLRJ &
Say NO to Props. 4,
6, 8 and 9!**

**Protect our Youth.
Respect our Families.
Support Our Communities.**

You have the power to protect and support our youth, families, and communities by voting **NO on Propositions 4, 6, 8, and 9**, and by talking to your sisters, brothers, parents, relatives, neighbors, friends, classmates and colleagues about how these initiatives threaten and divide our communities. Make your voice heard!

In Solidarity,

The CLRJ Team



**Remember to Vote on Tuesday,
November 4th!**



Say **NO** to Prop. 4: Keep young women safe!

Proposition 4, the so-called Parental Notification Initiative, is back on the ballot for the third time and **we need YOUR help to DEFEAT** this dangerous measure once again!

Prop. 4 would keep a scared, pregnant young woman from accessing caring counseling and professional medical care when it is most important.

We know Latina/o families are close and we want the best for our daughters. In reality, most young women (over 60%) who are pregnant do talk to their families.

If our sisters or daughters are afraid of talking to us about a pregnancy, they might take matters into their own hands without the support of family members or other trusted adults. Their lives and safety are too important to take that risk.

That's why we need to stand in solidarity to protect the health and safety of young women and vote NO on Prop. 4.

Background: Proposition 4 would amend the California Constitution to require physicians to notify a parent of a pregnant minor at least 48 hours before terminating a pregnancy. If a teen wishes to notify another family member, for whatever reason, Proposition 4 would require the young woman to claim a history of/or current abuse in the home. Otherwise, a minor would need to seek a judicial bypass, requiring her to navigate the court system to convince a judge of what she needs.

For more information, see:

Protect Our Daughters & Sisters! *iSeguridad Para Nuestras Hijas & Hermanas!* (CLRJ & ACCESS Latina/o [bilingual flyer](#))

CLRJ Against Props. 4 & 8 ([AOL Video and YouTube](#))

Wednesday Mornings with the BRU--Discussion on Props. 4 & 8 ([AOL Video and YouTube](#))

Keep Teens Safe! [No on Prop. 4 Campaign Site](#)

Latina Leaders Speak Out Against Prop. 4 (See statement below)



Say NO to Prop. 6: Keep 14 year-olds in our communities from being charged as adults!

Youth, especially young men of color, face harsher criminalization efforts in this country every year. Yet vital resources to create meaningful opportunities for youth in our communities are continuously at risk, or eliminated altogether.

Proposition 6 would funnel billions of dollars away from schools, health care and other essential social services to the prison, police and probation systems.

Low-income youth of color, immigrant youth and their families would be harmed most harshly by this initiative. Low-income families deserve to live without the fear of being forced from their homes by this extreme measure.

Immigrants in all communities are suffering from punitive laws and fear-based policies that are denying people their civil and human rights. This initiative would only increase discrimination against immigrant families.

Background: Proposition 6 (also known as the Runner Initiative) would change California law so that youth 14 years or older would be tried as adults. This measure would increase background checks for subsidized housing (Section 8) tenants and could result in the eviction of an entire family if anyone in the household is found with a recent conviction. It would require local law enforcement agencies to determine the immigration status of anyone arrested for a violent or "gang-related" crime and deny bail to undocumented immigrants. Proposition 6 would create 40 new crimes, longer sentences and increase overcrowding in state prisons.

For more information, see:

No on Prop. 6 Campaign Site

<http://www.votenoprop6.com/index.html>

No on the Six!

<http://thestrategycenter.org/noonthesix/index.html>

Asian Communities for Reproductive Justice

[Voter Guide](#)



Say NO to Prop. 8: Support equity and civil rights for all of our families!

Proposition 8 would amend the California Constitution to eliminate fundamental rights and allow discrimination for one group of families.

All families deserve to be treated with equity and justice under the law. This Proposition would deny fundamental civil rights to gay and lesbian families within our communities.

This proposition is about discrimination and control of how we define family and love.

Proposition 8 would not mandate churches or religious organizations to marry gay couples, nor does it require that schools teach about gay marriage.

Our communities have historically experienced discrimination and governmental attempts to control our most fundamental freedoms. We cannot allow this type of blatant attack on the human rights of our families.

Background: *Proposition 8 would eliminate the right for same-sex couples to marry.*

For more information, see:

No on Prop. 8 Campaign Site

<http://www.noonprop8.com/>

No on the Six!

<http://thestrategycenter.org/noonthesix/index.html>

Asian Communities for Reproductive Justice

[Voter Guide](#)

The Women’s Foundation of California

[Voter Guide](#)

Say NO to Prop. 9: Protect prisoners' due process rights!

California already has one of the strictest parole boards in the country; on average, less than 1% of those eligible for parole are actually granted it.

This proposition seeks to ensure that members of our community continually remain incarcerated, despite pervasive overcrowding, and continues to enrich the prison industrial complex.

Background: *Proposition 9 would restrict prisoners' rights to seek parole, deny the guaranteed right to legal counsel at parole violation hearings and prohibit the "early release" of any prisoners (including nonviolent drug offenders).*

For more information, see:

No on Prop. 9 Campaign Site

http://www.votenoprop9.com/facts_facts.html

ACLU of Southern California

[2008 Voter Guide](#)

The Women's Foundation of California

[Voter Guide](#)



Latina Leaders Speak Out Against Prop. 4!

Joint statement by CLRJ, ACCESS and Dolores Huerta Foundation

FOR IMMEDIATE RELEASE
FRIDAY, OCTOBER 31, 2008

Contacts:

Rocio Córdoba - (213) 925-6020 (Los Angeles)
Destiny Lopez - (510) 316-2285 (Bay Area)
Camila Chavez -- (661) 322-3035 (Central Valley)

LATINA LEADERS SPEAK OUT AGAINST PROP. 4

"Parental Notification Will Harm California's Latinas"

Leaders Urge Latino Communities to Break the Silence and Vote NO on Proposition 4

LOS ANGELES, OAKLAND and BAKERSFIELD, CA - The leaders of three statewide organizations working directly to advance the health, safety and human rights of Latina women and their families joined together to denounce Proposition 4 as a misguided initiative that will place the health and safety of the most vulnerable young women at risk. Rocio Córdoba, Executive Director of California Latinas for Reproductive Justice, based in Los Angeles; Destiny Lopez, Executive Director of ACCESS/Women's Health Rights Coalition, based in Oakland; and Camila Chavez, Executive Director of the Dolores Huerta Foundation, based in Bakersfield; issued the following statement:

"As Latino voters prepare to cast their ballots in one of the most critical elections this November 4th, we have joined together to highlight the urgent need to break the silence about Proposition 4 and the grave harm it would cause to young Latinas in California.

"The reality is: Proposition 4 would endanger the health and safety of the Latino community by limiting our daughters' access to caring counseling and professional medical care. While this initiative will place all California teens in danger, it would have a uniquely detrimental effect on the health and well-being of the state's Latino community.

"Latino families already face significant barriers and have the least access to basic health services. California's Latinas continue to have the highest uninsured rates among all racial and ethnic groups: Nearly one quarter of Latina women of all ages are uninsured, totaling over 1 million women. At a time when our economy has reached crisis proportions, preserving access to safe and professional medical care is essential for Latino families.

"In our community, our families are our strength. We know that our greatest responsibility is to protect the health and safety of our youth. Our daughters need access to caring counseling and professional medical care without delay when faced with a key life decision like a pregnancy.

continued

"We want our daughters to come to us, and most do. If they are afraid of talking to us about a pregnancy, for whatever reason, they might take matters into their own hands without the support of family members or other trusted adults. Their lives and safety are too important to take that risk.

"In our work with young Latinas and parents across the state, it is clear that they want and need real solutions to promote their families' health and safety. Latino families need information about reproductive health and better tools to share this information with their children honestly and openly. Latino communities need comprehensive sexuality education in the schools to teach young people how to grow up healthy and programs to provide youth with future opportunities. Proposition 4 does nothing to provide real support or access to health care for Latino families.

"Latino families do not need a law that would intrude into private family matters. The courts and the government have no place in private family discussions. Latina women, communities of color and poor women have historically experienced governmental attempts to regulate their reproductive lives. We cannot let this type of oppression take place in California. We must resist forces that seek to deny women, families and communities the right to make informed choices about their reproductive health.

"Public perceptions of Latino families will no longer be used to keep us silent. We urge Latino families to seriously consider the negative effects Proposition 4 would have in our communities. We must demand that California's laws promote the health and well-being of families, not place our most vulnerable young women in danger. We must stand in solidarity as Latino families and vote no on Proposition 4."

#

Sign on to CLRJ

and Get Involved!

Second CLRJ E-Announcement

**Join CLRJ in Opposing
the following Ballot
Initiatives:**

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Vote NO on Prop. 6!

Vote NO on Prop. 8!

Vote NO on Prop. 9!

**Latina Leaders Speak Out
Against Prop. 4!**

Dear Rocio:

**Stand with CLRJ &
Say NO to Props. 4,
6, 8 and 9!**

**Protect our Youth.
Respect our Families.
Support Our Communities.**

You have the power to protect and support our youth, families, and communities by voting **NO on Propositions 4, 6, 8, and 9**, and by talking to your sisters, brothers, parents, relatives, neighbors, friends, classmates and colleagues about how these initiatives threaten and divide our communities. Make your voice heard!

In Solidarity,

The CLRJ Team



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November 4th!**

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Prop. 4 would keep a scared, pregnant young woman from accessing caring counseling and professional medical care when it is most important.

We know Latina/o families are close and we want the best for our daughters. In reality, most young women (over 60%) who are pregnant do talk to their families.

If our sisters or daughters are afraid of talking to us about a pregnancy, they might take matters into their own hands without the support of family members or other trusted adults. Their lives and safety are too important to take that risk.

That's why we need to stand in solidarity to protect the health and safety of young women and vote NO on Prop. 4.

***Background:** Proposition 4 would amend the California Constitution to require physicians to notify a parent of a pregnant minor at least 48 hours before terminating a pregnancy. If a teen wishes to notify another family member, for whatever reason, Proposition 4 would require the young woman to claim a history of/or current abuse in the home. Otherwise, a minor would need to seek a judicial bypass, requiring her to navigate the court system to convince a judge of what she needs.*

For more information, see:

Protect Our Daughters & Sisters! *iSeguridad Para Nuestras Hijas & Hermanas!* (CLRJ & ACCESS Latina/o [bilingual flyer](#))

CLRJ Against Props. 4 & 8 ([AOL Video and YouTube](#))

Wednesday Mornings with the BRU--Discussion on Props. 4 & 8 ([AOL Video and YouTube](#))

Keep Teens Safe! [No on Prop. 4 Campaign Site](#)

Latina Leaders Speak Out Against Prop. 4 (See statement below)

Say NO to Prop. 6: Keep 14 year-olds in our communities from being charged as adults!

Youth, especially young men of color, face harsher criminalization efforts in this country every year. Yet vital resources to create meaningful opportunities for youth in our communities are continuously at risk, or eliminated altogether.

Proposition 6 would funnel billions of dollars away from schools, health care and other essential social services to the prison, police and probation systems.

Low-income youth of color, immigrant youth and their families would be harmed most harshly by this initiative. Low-income families deserve to live without the fear of being forced from their homes by this extreme measure.

Immigrants in all communities are suffering from punitive laws and fear-based policies that are denying people their civil and human rights. This initiative would only increase discrimination against immigrant families.

Background: Proposition 6 (also known as the Runner Initiative) would change California law so that youth 14 years or older would be tried as adults. This measure would increase background checks for subsidized housing (Section 8) tenants and could result in the eviction of an entire family if anyone in the household is found with a recent conviction. It would require local law enforcement agencies to determine the immigration status of anyone arrested for a violent or “gang-related” crime and deny bail to undocumented immigrants. Proposition 6 would create 40 new crimes, longer sentences and increase overcrowding in state prisons.

For more information, see:

No on Prop. 6 Campaign Site

<http://www.votenoprop6.com/index.html>

No on the Six!

<http://thestrategycenter.org/noonthesix/index.html>

Asian Communities for Reproductive Justice

[Voter Guide](#)

Say NO to Prop. 8: Support equity and civil rights for all of our families!

Proposition 8 would amend the California Constitution to eliminate fundamental rights and allow discrimination for one group of families.

All families deserve to be treated with equity and justice under the law. This Proposition would deny fundamental civil rights to gay and lesbian families within our communities.

This proposition is about discrimination and control of how we define family and love.

Proposition 8 would not mandate churches or religious organizations to marry gay couples, nor does it require that schools teach about gay marriage.

Our communities have historically experienced discrimination and governmental attempts to control our most fundamental freedoms. We cannot allow this type of blatant attack on the human rights of our families.

Background: *Proposition 8 would eliminate the right for same-sex couples to marry.*

For more information, see:

No on Prop. 8 Campaign Site

<http://www.noonprop8.com/>

No on the Six!

<http://thestrategycenter.org/noonthesix/index.html>

Asian Communities for Reproductive Justice

[Voter Guide](#)

The Women's Foundation of California

[Voter Guide](#)

Say NO to Prop. 9: Protect prisoners' due process rights!

California already has one of the strictest parole boards in the country; on average, less than 1% of those eligible for parole are actually granted it.

This proposition seeks to ensure that members of our community continually remain incarcerated, despite pervasive overcrowding, and continues to enrich the prison industrial complex.

Background: Proposition 9 would restrict prisoners' rights to seek parole, deny the guaranteed right to legal counsel at parole violation hearings and prohibit the "early release" of any prisoners (including nonviolent drug offenders).

For more information, see:

No on Prop. 9 Campaign Site

http://www.votenoprop9.com/facts_facts.html

ACLU of Southern California

[2008 Voter Guide](#)

The Women's Foundation of California

[Voter Guide](#)

Latina Leaders Speak Out Against Prop. 4!

Joint statement by CLRJ, ACCESS and Dolores Huerta Foundation

FOR IMMEDIATE RELEASE
FRIDAY, OCTOBER 31, 2008

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LATINA LEADERS SPEAK OUT AGAINST PROP. 4

"Parental Notification Will Harm California's Latinas"
Leaders Urge Latino Communities to Break the Silence and
Vote NO on Proposition 4

LOS ANGELES, OAKLAND and BAKERSFIELD, CA - The leaders of three statewide organizations working directly to advance the health, safety and human rights of Latina women and their families joined together to denounce Proposition 4 as a misguided initiative that will place the health and safety of the most vulnerable young women at risk. Rocio Córdoba, Executive Director of California Latinas for Reproductive Justice, based in Los Angeles; Destiny Lopez, Executive Director of ACCESS/Women's Health Rights Coalition, based in Oakland; and Camila Chavez, Executive Director of the Dolores Huerta Foundation, based in Bakersfield; issued the following statement:

"As Latino voters prepare to cast their ballots in one of the most critical elections this November 4th, we have joined together to highlight the urgent need to break the silence about Proposition 4 and the grave harm it would cause to young Latinas in California.

"The reality is: Proposition 4 would endanger the health and safety of the Latino community by limiting our daughters' access to caring counseling and professional medical care. While this initiative will place all California teens in danger, it would have a uniquely detrimental effect on the health and well-being of the state's Latino community.

"Latino families already face significant barriers and have the least access to basic health services. California's Latinas continue to have the highest uninsured rates among all racial and ethnic groups: Nearly one quarter of Latina women of all ages are uninsured, totaling over 1 million women. At a time when our economy has reached crisis proportions, preserving

continued

access to safe and professional medical care is essential for Latino families.

“In our community, our families are our strength. We know that our greatest responsibility is to protect the health and safety of our youth. Our daughters need access to caring counseling and professional medical care without delay when faced with a key life decision like a pregnancy.

“We want our daughters to come to us, and most do. If they are afraid of talking to us about a pregnancy, for whatever reason, they might take matters into their own hands without the support of family members or other trusted adults. Their lives and safety are too important to take that risk.

“In our work with young Latinas and parents across the state, it is clear that they want and need real solutions to promote their families’ health and safety. Latino families need information about reproductive health and better tools to share this information with their children honestly and openly. Latino communities need comprehensive sexuality education in the schools to teach young people how to grow up healthy and programs to provide youth with future opportunities. Proposition 4 does nothing to provide real support or access to health care for Latino families.

“Latino families do not need a law that would intrude into private family matters. The courts and the government have no place in private family discussions. Latina women, communities of color and poor women have historically experienced governmental attempts to regulate their reproductive lives. We cannot let this type of oppression take place in California. We must resist forces that seek to deny women, families and communities the right to make informed choices about their reproductive health.

“Public perceptions of Latino families will no longer be used to keep us silent. We urge Latino families to seriously consider the negative effects Proposition 4 would have in our communities. We must demand that California’s laws promote the health and well-being of families, not place our most vulnerable young women in danger. We must stand in solidarity as Latino families and vote no on Proposition 4.”

#

*Sign on to CLRJ
and Get Involved!*

Third CLRJ E-Announcement



California Latinas for Reproductive Justice

Let's Get Out HER Vote!

In this truly historic election, there is a great deal at stake: from our economic survival and health care for our families, to twelve statewide initiatives that will significantly impact the lives of all Californians. **Every VOTE Counts, especially the votes of Women of Color who have been silenced in the past.**

CLRJ, in collaboration with our Allies, believe it is crucial that women of color - particularly the most underserved and disenfranchised women - go to the polls and **VOTE on Tuesday, November 4th. This election is YOUR opportunity to break the silence and make YOUR voice heard!** In order to advance social and reproductive justice, your family, community, and country needs YOU to Vote on Tuesday, November 4th. We invite you to join us in sharing the **Top 5 Reasons Why Women of Color Should Vote** with every woman you care about and take her with you to the polls tomorrow!

In Solidarity,

California Latinas for Reproductive Justice
ACCESS
Black Women for Wellness
California Black Women's Health Project

Read the "Top 5 Reasons Why Women of Color Should Vote" below or [click here!](#)



VOTE TOMORROW, November 4th!

Top 5 Reasons Why Women of Color Should Vote on Nov. 4th!

1) Because HER Vote CAN make a Difference to the Future of Our Country, State, and Communities!

Over 30 million Women of Color are registered to vote in the United States. However, **70% of Asian American, 69% of Latina and 40% of African American registered women voters DID NOT VOTE.** In 2000, the presidential election was decided by 537 votes. In recent California elections, some propositions have been won or lost by less than 1% of voters. **YOUR Vote matters!** It is critical for Women of Color to vote for themselves and for the needs of their families and communities.

2) Because HER Community's Economic Survival Depends on HER Vote!

These are extremely challenging financial times. Women of Color are directly feeling the effect on the ground, from rising prices for basic needs, such as food and gasoline, to shrinking resources within public and social safety net programs. Although quality education for our youth is the foundation of our country's economic future, the educational systems within our communities are failing to provide low-income youth of color with equal opportunities for advancement. **Women of Color need to show up to the polls** to move our country, state and communities in a positive direction that will give them and their families real relief during this crisis and strengthen their communities' economic future.

3) Because HER VOTE Will Influence the Changes We Need to Build Healthy Communities.

It is up to each of us to elect representatives and vote for or against laws that impact the issues that affect our daily lives, such as ensuring we have safe neighborhoods for our children and securing our place of work from exposure to harmful toxins. Our elected leaders will be addressing a great deal of issues that affect the environment in which our families live, work, go to school and play. **Use your VOTE to make your voice heard** on these important matters.

4) Because Her Communities' Health Is At Stake!

Whether on the federal, state or local levels, our future leaders will face great challenges in making difficult decisions to meet budget shortfalls. It is up to us to ensure that our representatives reflect and vote in the best interest of our families and communities. With rising costs, **our elected officials need to hear HER voice** on how to meet her community's health needs and priorities, particularly when addressing access to affordable, quality, culturally and linguistically competent women's and reproductive health services.

continued

5) Because WE CAN and MUST Break the Silence!

Because the Voting Rights Act was passed as recently as 1965 to outlaw discriminatory voting practices that disenfranchised both men and women of color;

Because for some women, elections entailed voter intimidation and abuses, such as Jim Crow laws;

Because for some women from immigrant communities, exercising her right to vote in her home country may have meant putting herself or her family in danger;

Because for some women, her political voice in the family has gone unrecognized;

Because some young women and new citizens have just received the right to vote;

Because for some women, voting is still not a right;

Because when you go to the polls you will be voting for more than yourself. *You* will be voting for all those in *your* community who may not be eligible to vote, but will be impacted by this election's outcomes.

**DON'T LET ANYONE SILENCE YOU AND
DON'T SILENCE YOURSELVES.
HER Vote Counts!**

VI. Reproductive Justice Case Study

THE NATIVE AMERICAN WOMEN'S HEALTH EDUCATION RESOURCE CENTER'S CAMPAIGN FOR JUSTICE FOR VICTIMS OF RAPE AND SEXUAL ASSAULT

Over the course of five years, from 2003 to 2008, the prevalence of rapes and sexual assaults on Indian reservations and the federal government's dismal failure to investigate and prosecute these crimes went from being unknown to all but the victims and their families to being the subject of federal legislation. The issue's movement from obscurity to the federal policy agenda happened in large part because of the efforts of the Native American Women's Health Education Resource Center (NAWHERC) and other Native women advocates, and communications played an important role. Their success was based on a communications strategy that combined four components:

- ▶ Raising awareness within the National Congress of American Indians, the principal advocacy organization for American Indian and Alaska Native rights;
- ▶ Partnering with a human-rights organization with the resources to investigate, issue a report, and generate media coverage;
- ▶ Positioning themselves as the go-to experts on the issue;
- ▶ Engaging in media advocacy.

Background

American Indian and Alaska Native women are battered, raped, and stalked at far greater rates than any other group of women in the U.S. The statistics are shocking: one in three is raped in her lifetime, and they experience seven sexual assaults per 1,000 women as compared to three per 1,000 among White women. Most of the assailants in these crimes are not American Indians or Alaska Natives, and many are repeat offenders. Although the U.S. government has both the jurisdiction and the obligation to prosecute crimes on reservations, prosecutions are rare and convictions rarer. A major cause of this failure to investigate and prosecute is the absence of standardized sexual-assault policies and protocols within the Indian Health Service (IHS). This means that the physical evidence necessary for a successful prosecution is not collected, and victims are not given the support and after-care services provided to non-Native sexual-assault victims throughout the United States.

Several years ago Charon Asetoyer of NAWHERC and women's health advocates from other reservations decided to make this issue, which they determined was a serious human rights violation, a priority. The damage to the emotional and physical health of Native American women and girls and to the communities from which they came was painfully obvious, and victims of sexual assault were increasingly reluctant to report the crimes to the authorities because of the well-founded fear that nothing would be done.

NAWHERC's policy goal was to pass a federal law mandating standardized sexual-assault policies and protocols for all IHS service units upon which American Indians and Alaska Natives rely for medical care. (Service unit facilities range from small ambulatory care clinics to full service hospitals, and most of the facilities are located on Indian reservations). Because of the extreme ruralization and remoteness of most reservations, traveling to a hospital or health facility off the reservation quickly enough to obtain a forensic examination is not an option for sexual-assault victims.

Building support within the American Indian and Alaska Native communities

Asetoyer and her colleagues knew that winning standardized sexual-assault policies and protocols (SAPPs) would be a long haul, and that to get to square one they would need the active support of influential leaders in their own community. Their primary target was the National Congress of American Indians (NCAI). With offices in Washington, D.C., the NCAI's mission is to advocate and protect the interests of American Indians and Native Alaskans, and its broad policy agenda includes matters of health and human services. The women decided to take their issue to the 2003 Mid-Year Session of the NCAI in Arizona where a resolution to support the reauthorization of the Violence Against Women Act (VAWA) was on the agenda.¹ They made sure that the resolution passed with "Enhancements for American Indian and Alaska Native Women." The enhancement section of the resolution stated:

BE IT FURTHER RESOLVED, that the NCAI does hereby support amendments to the Violence Against Women Act to enhance the ability of non-profit, non-governmental American Indian and Alaska Native women's organizations providing services to survivors of domestic and sexual violence such as...Creation of a grant program to provide Federal support for **the development and maintenance of Sexual Assault Forensic Exam and Sexual Response Team units** to provide services to American Indian Tribes and Alaska Native villages.

Including the "enhancements" in the resolution made them the official policy of the NCAI and ensured that they would be on the organization's legislative agenda going forward. Because of her activism around the issue at the session, Asetoyer was invited to join the NCAI's Task Force on Violence Against Women.

The next step was to develop a legislative proposal consistent with the resolution and bring that proposal to the attention of the larger NCAI community comprised of 250 member tribes throughout the United States. NAWHERC worked together with NCAI Task Force and the Sacred Circle of the National Resource Center to End Violence Against Native Women to flesh out an amendment to the VAWA and published a special report—"VAWA Legislative Update"—which was sent to every tribe. The Update reprinted the new Title and appealed to NCAI member tribes to "join us in the effort to re-authorize the [amended] Violence Against Women Act."

In June 2005, Congress reauthorized the VAWA with a new Title IX entitled "Safety for Indian Women." (It wasn't signed into law by President Bush until January 2006.) But major gaps in service remained. When NAWHERC conducted a survey to determine how many of the Indian Health Service's emergency rooms had standardized sexual-assault policies and protocols in place, the results were discouraging: 30 percent of the service units had no protocol in place for the care of women who have been raped or sexually assaulted; although 70 percent of the units reported that they had a protocol, only 56 percent of those indicated that it was posted and accessible to staff members.

¹ The VAWA, first enacted in 1994 and reauthorized periodically ever since, has received the consistent support of the American Indian and Native Alaska communities.

In order to galvanize support for further action, Asetoyer created a PowerPoint presentation² about her survey findings and presented it to the NCAI's October 2005 annual convention in Tulsa, Oklahoma, and to the Funders Network on Population, Reproductive Health and Rights Annual Conference in Cuernavaca, Mexico. Her presentation called for the following actions from the U.S. government:

- ▶ Guarantee Native American women who have been sexually assaulted access to comprehensive reproductive healthcare and follow-up, especially emergency medical services within the Indian Health Services;
- ▶ Ensure that uniform policies and protocols (such as the Warm Springs protocol) on rape/sexual assault treatment, are implemented and adopted as official policy within IHS units and their contract facilities;
- ▶ Underscore and redress the denial and limitation of reproductive health services for Native Americans, which is a violation of basic treaty and human rights;
- ▶ Develop a national public education campaign for the prevention of rape/sexual assault in the Native American community.

In 2006, Asetoyer pulled together a group of Native women's health advocates and allies from national women's organizations to draft comprehensive model guidelines: Proposed Indian Health Service Guidelines For Provision of Reproductive Health Care. The guidelines (see Appendix) cover not only sexual-assault policies and protocols but also the provision of contraception and pregnancy-related care. To activate member tribes of the NCAI and other supporters to fight for the model guidelines, Asetoyer and several colleagues secured funding and wrote and directed a hard-hitting nine-minute video, "Violence Against Women is Against the Law."³ The video was screened at the NCAI's 63rd Annual Convention in Sacramento in 2006 and posted on YouTube the following January, where it has been viewed by close to 10,000 people.

Enter Amnesty International USA

It was at that time that NAWHERC's work came to the attention of Amnesty International USA (AIUSA). In 2004, AI Canada had published a report, "Stolen Sisters: A Human Rights Response to Discrimination and Violence Against Indigenous Women in Canada⁴," and AIUSA was interested in investigating similar human rights violations against Native women in the United States. AIUSA investigators contacted Asetoyer, and they formed a strong working relationship. Asetoyer assisted the investigators in identifying and interviewing victims and helped them develop a comprehensive understanding of the problem. She reviewed drafts of the report, vetted the final draft before its public release, and advised AIUSA on their policy recommendations. Asetoyer also agreed to be a media contact once the report was released.

In April 2007, AIUSA issued its 112-page report, "Maze of Injustice: The Failure to Protect Indigenous Women from Sexual Violence in the USA⁵." One of the major findings concerned the SAPP problem:

The provision of sexual assault forensic examinations (also known as "rape kits") and related health services to American Indian and Alaska Native women varies considerably from place to place. Survivors of sexual violence are not guaranteed access to adequate and timely sexual assault forensic examinations—critical evidence in a prosecution. Often this is the result of the U.S. government's severe under-funding of the Indian Health Service (IHS), the principal provider of health services for American Indian and Alaska

2 <http://www.youtube.com/watch?v=hiQM9DmW-tY>

3 <http://www.youtube.com/watch?v=mZwoJLPeGdE&feature=related>

4 http://www.amnesty.ca/campaigns/sisters_overview.php

5 <http://www.amnestyusa.org/violence-against-women/maze-of-injustice/the-report/page.do?id=1021167>

Native peoples. IHS facilities suffer from under-staffing, a high turnover, and a lack of personnel trained to provide emergency services to survivors of sexual violence. AI found that the IHS has not prioritized the implementation of programs involving sexual-assault nurse examiners (SANEs)—registered nurses with advanced education and clinical preparation in forensic examination of victims of sexual violence—throughout its facilities. Although there are no figures on how many IHS hospitals have SANE programs, officials indicated to AI that fewer than 10 had implemented such programs. Amnesty International also found that many IHS facilities lack clear protocols for treating victims of sexual violence. Health services for survivors of sexual violence—such as testing for sexually-transmitted infection, pregnancy testing, emergency contraception and culturally appropriate support services—are also inadequate.

In some cases, law enforcement have mishandled evidence from forensic examinations from health care providers, including through improper storage and loss or destruction of evidence before forensic analysis had been carried out.

Amnesty International is also concerned that survivors have sometimes been required to bear the cost of an examination or of traveling long distances to health facilities. Some survivors of sexual violence on the Standing Rock Sioux Reservation must travel for over an hour to get to the nearest IHS hospital, where they may discover that there is no one on staff able to conduct a sexual-assault forensic examination. They may be required to pay for the exam out of pocket at a non-IHS hospital, and then seek reimbursement. Alaska Native women living in rural areas may have to make an expensive trip by plane to reach the hospital or clinic, and in some cases might be required to pay between \$700 and \$800 for an examination. In Oklahoma, women must report the rape to police in order to receive a free examination. National guidelines state that victims should not have to pay for sexual-assault forensic examinations, regardless of whether they have decided to report the crime. AI believes that costs relating to such examinations should be the responsibility of law enforcement agencies since evidence gathered is an essential part of an investigation.

Going Public

AIUSA released “Maze of Injustice” at a full-court press conference. The press release⁶ emphasized the absence of SAPPs and quoted AIUSA Executive Director Larry Cox:

Native women are brutalized at an alarming rate, and the United States government, a purported champion of women’s rights, is unfortunately contributing to the problem. It is disgraceful that such abuse even exists today. Without immediate action, an already abysmal and outrageous situation for women could spiral even further out of control. It is time to halt these human rights abuses that have raged unfettered since this country was founded.

AIUSA’s website featured the report along with a video and slide show⁷ featuring victims of sexual assault and their advocates.⁸

6 <http://www.amnestyusa.org/document.php?lang=e&id=ENGUSA20070424001>

7 <http://www.amnestyusa.org/violence-against-women/maze-of-injustice/slide-show-maze-of-injustice/page.do?id=1021172>

8 For an exceptionally moving account of how important the partnership with AIUSA was to the Native women, see Honoring Our Women, by Tinnekkia M. Williams-Three Legs: “Before the release of the report by Amnesty, the voices of our Native women seemed to fall on deaf ears! Now the many voices of our Native sisters from around Indian country are being heard and more than that they are being listened to and changes are being made on an almost daily basis.” <http://www.amnestyusa.org/violence-against-women/maze-of-injustice/honoring-our-women/page.do?id=1381011>

The release of the report generated media coverage and speaking opportunities for Asetoyer and other women’s advocates. NPR’s *All Things Considered* aired a story⁹ about the report, and in-depth and highly sympathetic stories appeared in *The New York Times*¹⁰, *The Washington Post*¹¹, *The Seattle Post Intelligencer*¹² (editorial), *The Anchorage Daily News*, *Daily Oklahoman* (editorial), and *Argus Leader* (Sioux Falls, South Dakota).

On May 18, 2007, Asetoyer gave a statement¹³ before the UN Permanent Forum on Indigenous Issues, in which “she asked the Forum to include that area of human-rights violations in its report and press the United States to report on measures undertaken to resolve the shocking human rights violations in the area of sexual violence.” She was a guest on the nationally syndicated Lisa Birnbach Radio Show, and that same month the Center for American Progress published the transcript of a lengthy interview¹⁴ with Asetoyer on its website. The interview gave her the opportunity to explain reproductive justice to a very large audience of activists, advocates and policymakers:

CAP: There’s a movement, particularly among minority communities, toward what’s been termed “reproductive justice.” Do you consider your own work to be within that framework?

CA: Definitely so. We advocate for reproductive justice within our communities. The fact that the Indian Health Service could reduce the number of sexual assaults within our community if they had standardized policies and protocols in place—that is a human rights violation right there. The fact that they are not providing us with the kind of services that would help to get convictions, help to reduce the number of sexual assaults. Very much so, what we do is reproductive justice.

CAP: Could you explain for us the goals of this movement, and could you also talk about some of the strategies you use in your work toward reproductive justice?

CA: For indigenous women, it means being able to have equal access, and being the individual that makes those decisions over your reproductive health. Being able to access pregnancy termination services if you so choose, being able to make decisions on what kind of contraceptives you’re going to have, being able to access them, being able to decide the size of your family—if you want to have children, if you don’t want to have children—and not having that done for you. . . . It’s being free from oppression, it’s being free from rape, it’s being free from violence—there are just so many things that make up reproductive justice, and we’ve for years worked very hard on trying to have equal access to health care that would improve the quality of health, and it starts with reproductive health, it starts with the kind of access to services you have. Can you afford them? They should always *be* affordable. They should always be accessible. If you do not have access to the same kinds of health care that your neighbor has merely because of the difference of the color of your skin, there’s a problem. And we face that every day.

9 <http://www.npr.org/templates/story/story.php?storyId=9803207>

10 http://www.nytimes.com/2007/04/25/us/25rape.html?_r=3&pagewanted=1&ei=5087&em&en=bdeb8c70c18fc417&ex=1177646400

11 <http://www.washingtonpost.com/wp-dyn/content/article/2007/04/25/AR2007042502778.html>

12 http://www.seattlepi.com/opinion/313080_tribaled.html

13 <http://www.un.org/News/Press/docs/2007/hr4921.doc.htm>

14 http://www.americanprogress.org/issues/2007/05/charon_asetoyer.html

In July, NPR aired a two-part investigative series¹⁵ on sexual violence against Indian women: “Rape Cases on Indian Lands Go Uninvestigated” (July 25) and “Legal Hurdles Stall Rape Cases on Native Lands” (July 26). The first episode focused on the case of Leslie Ironroad, a 20 year old from the Standing Rock Sioux Reservation in the Dakotas who died from injuries sustained during her rape. NPR reporter Laura Sullivan explained:

Many of those [sexual assault] victims wind up at the Indian Health Service Center. When Ironroad arrived at the center, her injuries were so severe that doctors told the ambulance to take her two hours north to Bismarck. The health center does not have rape kits to collect the vital DNA evidence needed to prosecute attackers. They are also inadequately staffed and cannot spare an exam room for the hour it takes to complete the rape examination. For that, women must go to Bismarck, but most women don’t want to go because they don’t know how they will get back home. Staff physician Jackie Quizno says she sees rape cases several times a month. When she and other doctors turn over their information to the BIA police and federal prosecutors on the women they see, she says nothing happens. “I have only been involved in one court hearing where I was actually called to testify,” Quizno said, who has worked at the center for more than five years.

According to Sullivan, two weeks after NPR began requesting documents and interviewing officials, the Bureau of Indian Affairs reopened the investigation into Leslie Ironroad’s death: “The results are still pending.”

Things Begin to Move in Congress

The story became too big to ignore. On September 27, 2007, the Senate Committee on Indian Affairs held a hearing on “Examining the Prevalence of and Solutions to Stopping Violence Against Indian Women.” In his opening statement the Committee Chairman, Senator Byron L. Dorgan (D-SD) said:

I commend Amnesty International for bringing added public attention to what I think is a very serious issue. However, as the report notes, this is unfortunately not breaking news to women who live on Indian reservations. The problem has existed for a decade and more.

Senator Dorgan also referred to the NPR series of stories of violence against women in Indian Country. Witnesses at the hearing included the director of government relations of Amnesty International and four Native advocates, including Karen Artichoker, director of the Sacred Circle National Resource Center to End Violence against Native Women, and Tammy Young, director of Alaska Native Women’s Coalition. Asetoyer’s written testimony was included in the published transcript of the hearing. In her testimony she expressed her continuing frustration with the lack of progress:

Over the past 5 years Native American and Alaska Native women and a coalition of national organizations have been working to develop a set of Sexual Assault Policies and Protocols for Indian Health Service Emergency Rooms. In 2005 this coalition took these policies and protocols to the National Congress of American Indians and NCAI passed Resolution #TUL-05-101 in support of adoption and implementation of these standardized sexual-assault policies and protocols. When Indian Health Service is asked about SAPPs their repeated response is that they respect the sovereignty of tribes and IHS does impose standardized policies. With the passage of this resolution, which is a collective decision of sovereign Tribes, IHS still does not implement SAPPs. This is not respecting the decision or the sovereignty of Tribes, it is undermining the sovereignty of Tribes to work together.

15 <http://www.npr.org/templates/story/story.php?storyId=12203114>

Soon after the Dorgan hearing, Asetoyer was contacted by Senator Tim Johnson (D-SD) who told her he wanted to introduce specific legislation to address the SAPP problem. She referred him to the model proposal on the NAWHERC website and urged him to incorporate it into his bill. On February 26, 2008, the Senate passed the Indian Health Care Improvement Act (S. 1200), introduced by Senator Dorgan; Senator Johnson's amendment was accepted by unanimous consent. Section 714 addressed the problem directly:

SEC. 714. DOMESTIC AND SEXUAL VIOLENCE PREVENTION AND TREATMENT.

(a) In General—The Secretary, in accordance with section 701, is authorized to establish in each Service Area programs involving the prevention and treatment of: (1) Indian victims of domestic violence or sexual abuse; and (2) perpetrators of domestic violence or sexual abuse who are Indian or members of an Indian household.

(b) Use of Funds—Funds made available to carry out this section shall be used—(1) to develop and implement prevention programs and community education programs relating to domestic violence and sexual abuse; (2) to provide behavioral health services, including victim support services, and medical treatment (including examinations performed by sexual-assault nurse examiners) to Indian victims of domestic violence or sexual abuse; (3) to purchase rape kits,

(4) to develop prevention and intervention models, which may incorporate traditional health care practices; and (5) to identify and provide behavioral health treatment to perpetrators who are Indian or members of an Indian household.

(c) Training and Certification

(1) IN GENERAL—Not later than 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall establish appropriate protocols, policies, procedures, standards of practice, and, if not available elsewhere, training curricula and training and certification requirements for services for victims of domestic violence and sexual abuse.

(2) REPORT—Not later than 18 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report that describes the means and extent to which the Secretary has carried out paragraph (1).

Keeping the Pressure On

As things began to move in Congress, NAWHERC decided to launch its own radio program. Asetoyer applied for and received funding to purchase the equipment needed to produce “Let’s Call It What It Is,” a series of 17 radio shows on Dakota Talk Radio broadcast out of the center. Each program featured one or more guest speakers (including service providers) who looked at the problem of violence against Native women from various perspectives and encouraged listeners to support protective legislation.¹⁶ And in the spring of 2008, AIUSA released a “One Year Update¹⁷,” reporting on the progress that had been made and the gaps that still remained since the publication of the original “Maze” report. The report opened with the following quote from Asetoyer:

“Maze of Injustice” has brought a face to violence and sexual assault in this country that most people have never seen before. The cries from the “Grass Roots” women in Indian County are finally being heard throughout the halls of Congress. Amnesty International and Native women have worked together to bring this issue to the attention of policy makers. It is now time for those policy makers to make changes that will improve the lives of Native women!”

¹⁶ As luck would have it, just at that time the FCC announced that it was opening a two-week window of opportunity for nonprofit organizations to apply for FM FCC licenses. NAWHERC applied and received its FCC license.

¹⁷ http://www.amnestyusa.org/pdf/maze_1yr.pdf

Noting that “concrete changes are still lacking in crucial areas,” the report called for the “immediate adoption of national uniform protocols on dealing with sexual violence” and insisted that “if IHS fails to adopt strong protocols on its own, Congress should mandate these initiatives and ensure the IHS has adequate funding to implement them.”

Although a companion bill to the Senate’s Indian Health Care Improvement Act was introduced in the House, it has remained stuck in committee, and so the struggle to win a federal law requiring SAPPs continues. Asetoyer and her colleagues have continued to seek media coverage for the issue, and in July 2008 *Glamour* magazine published a feature story by Mariane Pearl about Asetoyer’s life and work. Pearl spent several days at the Center and her article, titled, “The Land Where Rapists Walk Free: Why Are men who rape Native American women getting away with it? Mariane Pearl finds out—and meets the hero who’s helping victims heal¹⁸,” explores the reasons why Native women are at such risk of sexual violence and why survivors are so frequently denied justice. Pearl writes:

These days, Charon is also traveling the country as an advocate for Native women, speaking to conferences and government officials, including the United Nations. “Our human rights are violated every day,” she says, “and there is very little being done to protect us.” . . . After years of fighting, she seems cautiously hopeful that if enough survivors tell their stories—on the radio, to the police, to the world—Native women will get the justice they deserve. “This is allowed to go on because people don’t hear about it,” she says. “Women would be appalled if they knew about this outrage.” She’s right—hearing the truth is bound to piss us off, but working together for justice will also set us free.

UPDATE

On March 11, 2009 President Obama signed the Omnibus Appropriations Act of 2009. The Act provides as follows: “In order to provide the IHS with additional tools to better address child and family violence in American Indian/Alaska Native communities, the bill includes \$7,500,000 to implement a nationally coordinated domestic violence prevention initiative. With these funds, the IHS is encouraged to further expand its outreach advocacy programs into Native communities, expand the Domestic Violence and Sexual Assault Pilot project already in operation, and use a portion of the funding for training and the purchase of forensic equipment to support the Sexual Assault Nurse Examiner program...The report [required of the IHS] should address the Service’s progress in developing standardized sexual assault policies...”

On March 25th Charon Asetoyer testified before the Interior Appropriations Subcommittee on Recommendations for Fiscal Year 2010 Appropriations for the Indian Health Service and the Bureau of Indian Affairs. She testified that, “One of the most important things you can do this year to help combat this violence is to ensure that Native women experts on this issue are consulted when the IHS and BIA establish the standardized protocol and trainings for responding to cases of sexual violence.” Charon writes: “Everyone got about 5 minutes to testify and I too thought I would get about 5 minutes; however, they gave me 30 minutes, and in fact I was the only person that was not interrupted during my testimony.”

18 <http://www.glamour.com/magazine/2008/07/global-diary>

Timeline

2003

NAWHERC and other advocates for Native women bring the high rate of sexual assaults against Native women and the lack of SAPPs to the attention of the National Congress of American Indians. The NCAI passes a unanimous resolution at its 2003 Mid-Year Session tying its support for the 2005 reauthorization of the Violence Against Women Act (VAWA) to the inclusion of “Enhancements for American Indian and Alaska Native Women,” including the “creation of a grant program to provide Federal support for the development and maintenance of Sexual Assault Forensic Exam and Sexual Response Team units to provide services to American Indian Tribes and Alaska Native villages.”

2004

In accordance with the NCAI resolution, the Sacred Circle of the National Resource Center to End Violence against Native Women and the NCAI Task Force on Violence against Women issue their Violence against Women Act legislative update, “Restoration of Safety for Native Women.” The authors propose that the VAWA be amended by the addition of a new title, “The Safety for Native Women Title of 2004.”

January 2005

NAWHERC conducts a survey of SAPPs within the Indian Health Emergency Rooms and finds that 30 percent of the service units have no protocol in place for the care of women who have been raped or sexually assaulted; although 70 percent of the units report that they have a protocol, only 56 percent of those indicate that the protocol is posted and accessible to staff members.

May 2005

NCAI President Tex Hall sends letter to Senators John McCain and Byron Dorgan, Chairman and Vice-Chairman of the Senate Committee on Indian Affairs, requesting a hearing “to review the federal government’s handling of rape and domestic violence crimes in Indian country and legislative possibilities for closing jurisdictional gaps that exacerbate the problem of violence against Indian women.”

June 2005

Congress passes the Reauthorized VAWA with the addition of a new Title IX: Safety for Indian Women.

October 2005

Charon Asetoyer makes a presentation about the survey findings before NCAI’s annual convention in Tulsa, Oklahoma, and before the Funders Network on Population, Reproductive Health and Rights Annual Conference in Cuernavaca, Mexico.

2006

Major problems remain unaddressed including the absence of SAPPs. A coalition of Native women develops a model proposal and posts it on the NAWHERC website. Asetoyer and several colleagues write and direct a nine-minute video, “Violence against Women is against the Law,” which is designed to educate and activate NCAI leaders and members to demand the adoption of standardized SAPPs by the IHS. The video is screened in Sacramento before the NCAI and posted on YouTube. Asetoyer is contacted by investigators from Amnesty International, who express an interest in investigating and issuing a report on the problem of violence against Native women.

April 2007

Amnesty International issues its 112-page report, “Maze of Injustice: The Failure to Protect Indigenous Women from Sexual Violence in the USA.” Charon agrees to be one of AI’s media contacts and begins to receive calls from reporters and producers.

May 16, 2007

The Center for American Progress (CAP) publishes the transcript of a lengthy interview with Asetoyer on the CAP website, in which she describes the SAPP problem and the solution.

May 18, 2007

Asetoyer gives a statement before the UN Permanent Forum on Indigenous Issues.

July 2007

As a result of the AI report, NPR produces a two-part investigative series on sexual violence against Indian women: “Rape Cases on Indian lands Go Uninvestigated” (July 25) and “Legal Hurdles Stall Rape Cases on Native Lands” (July 26).

July-December 2007

The NAWHERC applies for and receives funding to purchase equipment in order to produce “Let’s Call It What It Is,” a series of 17 radio shows on Dakota Talk Radio broadcast out of the center.

September 27, 2007

The Senate Committee on Indian Affairs holds a hearing on “Examining the Prevalence of and Solutions to Stopping Violence against Indian Women.” Charon is contacted by Senator Tim Johnson (D-SD), who wants to introduce legislation to address the SAPP problem.

February 26, 2008

The Senate passes the Indian Health Care Improvement Act (S. 1200) with Senator Johnson's amendment which was accepted by unanimous consent.

Spring 2008

Amnesty International releases its "One Year Update," reporting on the progress that has been made and the gaps that still remain since the publication of the original Maze report.

July 1, 2008

Glamour magazine publishes a feature story by Mariane Pearl entitled "The Land Where Rapists Walk Free: Why are men who rape Native American women getting away with it? Mariane Pearl finds out—and meets the hero who's helping victims heal." The story features Asetoyer and her work to win standardized SAPPs.

APPENDIX

In 2006, Charon Asetoyer of Native American Women’s Health Education Resource Center convened a group of Native women’s health advocates and allies from national women’s organizations to draft the guidelines below. The guidelines were meant to be a comprehensive model covering not only sexual assault policies and protocols, but also the provision of contraception and pregnancy-related care.

Proposed Indian Health Service Guidelines for Provision of Reproductive Health Care

The purpose of this policy is to provide guidance for medical professionals in the care of women’s reproductive services including timely services for survivors of sexual assault. This policy shall be adopted and enforced by the Indian Health Services headquarters (hereinafter “IHS Headquarters”) and pertain to and be followed by all Indian Health Service Units and Emergency Rooms, Direct Care Facilities and Contract Health Services (hereinafter “IHS Facilities”).

I. GENERAL PROVISIONS

- a. All IHS Facilities shall either provide or make referrals for reproductive health services on request. IHS shall pay for the cost of services resulting from all such services or referrals.
- b. IHS Headquarters shall establish standardized protocols for the delivery of information regarding all IHS coverage for reproductive health care services.
- c. IHS Headquarters shall establish a Sexual Assault Management Protocol and mandate that each IHS Facility post a copy of the Sexual Assault Management Protocol for attending medical staff to reference.
- d. IHS Headquarters shall establish standardized protocols mandating that all IHS Facilities provide reproductive health care in a culturally acceptable, gender sensitive, respectful, unbiased and confidential manner.
- e. All IHS Facilities shall strictly maintain patient confidentiality.
- f. Memoranda of Understanding between IHS Headquarters and contracted facilities shall reflect and be subject to this policy.

II. CONTRACEPTIVES

- a. IHS Facilities shall inform women seeking to prevent pregnancy verbally and in writing of the full range of FDA-approved contraceptive options, including emergency contraception.
- b. IHS Facilities shall provide women with the contraceptive method of their choice, including an advance prescription for emergency contraception.

III. PREGNANCY-RELATED CARE

a. IHS Facilities shall provide, in writing and verbally, all women who request information related to pregnancy options with the relevant information in a comprehensive, non-directive, unbiased and confidential manner. This will include information on:

- i. Prenatal care and delivery;
- ii. Infant care, foster care and adoption; and
- iii. Pregnancy termination (surgical and medical).

b. IHS Facilities shall inform women who request information about an abortion, provision of an abortion, or a referral for an abortion of the following:

- i. IHS shall pay for an abortion where the pregnancy results from rape or incest or endangers the woman's life;
- ii. Whether the Medicaid program in that state is required to cover abortions in additional situations (for example, instances of fetal anomalies or medically necessary abortions);
- iii. Whether IHS and/or Medicaid are required to cover transportation costs associated with obtaining an abortion; and
- iv. Available support services at IHS Facilities, such as counseling and aftercare.

c. IHS Facilities shall provide all needed assistance to access abortion services on-site or through contracted services to all women who request such assistance and whose pregnancy results from rape or incest or endangers the woman's life.

d. IHS Facilities shall assist women who wish to seek Medicaid coverage of an abortion in enrolling in Medicaid if eligible and in obtaining a Medicaid covered abortion.

IV. SEXUAL-ASSAULT SURVIVORS

a. IHS Headquarters will establish standardized written protocols for the delivery of information and services to sexual-assault survivors in a culturally acceptable, gender sensitive, respectful, unbiased and confidential manner for all IHS Facilities. IHS Headquarters will develop these protocols in consultation with representatives of the Native American community and national groups with expertise in assisting sexual-assault survivors. These protocols should be adapted from the Department of Justice's National Protocol for Sexual Assault Medical Forensic Examinations (available at <http://www.ncjrs.gov/pdffiles1/ovw/206554.pdf>), with the important addition that all sexual-assault survivors be informed about and offered emergency contraception.

b. IHS Facilities shall develop sexual-assault treatment services by working in consultation with representatives of the Native American community served by that IHS Facility and with local community groups involved in assisting sexual-assault survivors (e.g., rape crisis centers, rape response teams, women's domestic violence shelters/programs).

c. IHS Facilities shall offer emergency contraception to all survivors of sexual assault and provide such contraception upon request. Providers must document this offer by having each sexual-assault survivor sign a form, to be kept in her confidential patient file, acknowledging that she has been offered emergency contraception.

d. IHS Facilities shall provide screening for Sexually Transmitted Infections (STI) and Reproductive Tract Infections (RTI) and shall provide STI treatment and RTI treatment to all survivors of sexual assault.

e. IHS Facilities shall provide testing for HIV and shall inform all rape and incest survivors about PEP (Post-Exposure Prophylaxis).

f. IHS Facilities shall inform all rape and incest survivors that IHS Headquarters provides coverage for abortions where the pregnancy results from rape or incest; document the provision of this information by having each rape and incest survivor sign a form, to be kept in her confidential patient file, acknowledging that she has received this information.

V. TRAINING

IHS Facilities shall provide training to all relevant staff regarding the provision of reproductive health care and treatment for sexual-assault patients, which includes the following requirements:

a. All IHS Facility service providers shall be appropriately trained to provide services in a culturally acceptable, gender sensitive, respectful, unbiased, and confidential manner. This training shall be specific to the Nation/Tribe being served.

b. Trainings shall be revised, updated, and readministered to all relevant staff as any changes in delivery of services occur and as technological changes occur that would affect a sexual-assault survivor or reproductive health patient.

c. Every IHS Facility shall have one Sexual Assault Nurse Examiner or Sexual Assault Forensic Examiner (SANE/SAFE) on staff and/or on call.

d. All IHS Facilities' medical staff that has occasion to treat sexual-assault victims shall be familiar with medical protocol acronyms relevant to such treatment, such as SANE (Sexual Assault Nurse Examiner); SAFE (Sexual Assault Forensic Examiner); SART (Sexual Assault Response Team); Chain of Custody (protocol followed when working with the sexual-assault kit); SOR (Sexual Offense Report, specific to regions hospital); SAER (Sexual Assault Exam Report); and SO/SA (Sexual Offense/Assault).

e. IHS emergency-room medical professionals shall administer rape kits on-site without requiring travel or transfer to a contracted facility to perform the rape kit.

f. IHS Facilities shall include current information regarding the provision of information and delivery of reproductive health services and treatment for sexual-assault survivors within a staff manual.

g. IHS Facilities shall promptly inform patients and all relevant staff when new reproductive health services or services for sexual-assault survivors become available and when coverage of services changes.

h. IHS Facilities shall establish policies, procedures, and protocols for training all relevant staff regarding the provision of information and the delivery of services described under Parts II and IV above.

VI. DISSEMINATION OF INFORMATION TO PATIENTS AND IHS STAFF

IHS Facilities shall:

- a. Inform all patients and relevant staff of what reproductive health services IHS Facilities provide and what reproductive health services IHS Headquarters covers (including but not limited to abortion, emergency contraception, the full range of FDA-approved contraceptive drugs and devices, and services and treatments for survivors of sexual assault.)
- b. Amend the Patients' Bill of Rights to inform women of their right to obtain the full range of FDA-approved contraceptives (including emergency contraception), nondirective pregnancy options counseling, PEP and IHS coverage of abortions (surgical and medical) in certain circumstances.
- c. Post the amended Patients' Bill of Rights in every IHS Facility throughout all patient waiting rooms or other areas where patients are regularly received for intake and/or provided care.
- d. All policies, procedures, and protocols must be posted and accessible to medical staff, in the emergency room. Emergency-room medical personnel shall receive sexual-assault treatment protocols upon new hire and appropriate training/understanding of protocols. Staff shall be required to review policies, procedures, and protocols on a regular basis.

VII. RECORD KEEPING

IHS Facilities shall maintain and report to IHS Headquarters the following data, in a manner that maintains the confidentiality of all patient records and identifying information:

- a. The number of women who came in for health services after experiencing incest, rape, or other sexual assault, how many of those women were offered emergency contraception, and how many of those women accepted emergency contraception.
- b. The number of women who requested information about an abortion and the number who requested an abortion. For those women who requested an abortion, the number of women who:
 - i. Received a referral for an abortion;
 - ii. Had an abortion performed at an IHS Facility;
 - iii. Sought an abortion because they were pregnant as a result of rape;
 - iv. Sought an abortion because they were pregnant as a result of incest;
 - v. Sought an abortion because continuation of the pregnancy endangered their life;
 - vi. Were Medicaid-eligible and received assistance from an IHS Facility in obtaining an abortion; and
 - vii. Obtained Medicaid coverage of an abortion.
- c. The gender identity of each sexual-assault patient.

VIII. REVIEW AND AUDIT

IHS Headquarters shall require all IHS Facilities to establish a review/audit process by which it will ensure that the protocols developed pursuant to the above items are followed at all IHS Facilities. The review/audit process should include, but not be limited to, an evaluation of whether Facilities have kept records or can provide proof to establish that:

- a. Patients seeking to prevent pregnancy have received emergency-contraception information/prescription;
- b. Sexual-assault victims have been offered counseling;
- c. A sexual-assault victim's advocate was contacted and whether or not she/he was present when a sexual-assault patient was treated;
- d. The number of sexual assaults presenting annually in the emergency room;
- e. Patients have been informed that if a pregnancy resulted from a rape, IHS will provide coverage for an abortion;
- f. The number of requests for abortion and/or information requests regarding abortion;
- g. The number of abortions provided by an IHS Facility;
- h. A SANE/SAFE is in place or on-call at every IHS Facility; and
- i. SANE/SAFE training is current and comprehensive and occurs on a yearly basis.

VII. Reproductive Justice Case Study

LATINO FAMILIES FOR HEALTHCARE AND OPPORTUNITY: COLOR'S CAMPAIGN TO DEFEAT AMENDMENT 48¹

Background

Colorado is one of 17 states that allow for “initiated constitutional amendments”—amendments to the state constitution that come about through the initiative process. Anti-abortion organizations have vowed to use this process every two years to try to overturn *Roe v. Wade*, and they seized on the 2008 general election as an opportunity to present Coloradans with perhaps the most radical anti-abortion/anti-reproductive justice measure ever: the so-called Colorado Equal Rights Amendment (Amendment 48, otherwise known as the “Personhood Amendment”). The ballot title read:

Shall there be an amendment to the Colorado constitution defining the term “person” to include any human being from the moment of fertilization as “person” as used in those provisions of the Colorado constitution relating to inalienable rights, equality of justice, and due process of law?

The proposed initiative said:

Be it enacted by the People of the State of Colorado: SECTION 1. Article II of the constitution of the state of Colorado is amended BY THE ADDITION OF A NEW SECTION to read: Section 31. Person defined. As used in sections 3, 6, and 25 of article II of the state constitution, the terms “person” or “persons” shall include any human being from the moment of fertilization.

The Protect Families, Protect Choice Coalition is the statewide coalition founded in 1998 to oppose anti-abortion measures. It began planning a counteroffensive in early 2007, and COLOR actively participated in the planning process. COLOR's director, Jacy Montoya, was a named plaintiff in the legal challenge brought against the ballot initiative,² and she spoke at press conferences and other public events on behalf of the coalition. But as time went on it became increasingly clear that the mainstream coalition's organizing and communications strategies diverged from COLOR's priorities in significant ways. So in spring 2008, COLOR decided to build a parallel campaign that focused on the Latino/a community: Latino Families for Healthcare and Opportunity. COLOR closely coordinated its work with the mainstream coalition's work, but it functioned outside the coalition's orbit. The main distinctions between the two campaigns were:

¹ Written by Loren Siegel for The Opportunity Agenda, December 2008.

² On November 13, 2007, the Colorado Supreme Court ruled that the ballot measure did not violate the state's “single-subject rule” and ruled that the signature-collection phase could begin.

Mainstream campaign

Goal: Defeat of Amendment 48.

Message: It violates a woman’s right to make personal private decisions about her own body.

Strategy: Motivating traditional pro-choice voters to vote “No.”

Organizing tactics: Minimal fieldwork; focus on advertising.

Communications: Ads on mainstream television and radio.

COLOR campaign

Goal: Defeat of Amendment 48; expansion of COLOR’s base of supporters and activists; expansion of COLOR’s power and influence in Colorado.

Message: It goes too far; it disrespects families’ decision-making; it’s an attack on women’s health care; it’s *bad* for Latino families.

Strategy: Motivating Latino/a voters to go to the polls and vote “No.”

Organizing tactics: Intensive fieldwork; face-to-face contact; get out the vote effort.

Communications: Events, fliers, and ads in Spanish-language media.

The Building Blocks

The decision to run a parallel campaign meant that COLOR had to come up with its own resources. A budget was quickly developed, and intensive fund-raising was done to raise the \$113,000 needed to pay for a Latino-specific poll, a full-time campaign manager, a part-time outreach specialist, a graphic artist and copywriter, and printing and events costs.

► Message development

COLOR’s challenge was to figure out how best to communicate a “No on 48” message for voters who do not prioritize abortion rights. They commissioned a poll of 604 likely Latino voters and tested a series of pro and con messages. The poll was conducted in August in both Spanish and English by Fairbank, Maslin, Maullin & Associates, a public-opinion research firm specializing in state ballot initiatives. In their September 4 advice memo, “How to Talk to Colorado Latinos about Amendment 48,” the pollsters stated the key messaging findings as follows:

Colorado Latino voters are divided on Amendment 48. When initially asked, Latino voters support the amendment by a 46 to 40 percent margin, just shy of the 50 percent threshold required for passage. However, support and opposition levels reach parity (47% to 46%, respectively) after voters are exposed to both positive and negative messages about the amendment.

Colorado Latino voters do not see abortion as a black and white issue. Only 16 percent of Latino voters feel that abortion should be illegal in all circumstances, and only 18 percent feel that it should be legal in all circumstances. This means that nearly two-thirds (64%) fall somewhere in between the extreme positions; 38 percent believe that abortion should only be legal in case of rape, incest, or if the life of the mother is in danger, and 26 percent believe that abortion should be generally legal, but with some restrictions. However, while a majority of Latino voters do not believe in abortion personally, or only in very limited circumstances, they still believe it should be a legal option for other people to pursue.

When attempting to persuade Latino voters in Colorado to oppose Amendment 48, emphasize the following three themes:

- ▶ Amendment 48 goes too far.
- ▶ Amendment 48 does not respect the decisions of others.
- ▶ Amendment 48 puts women’s health at risk.

Another key finding was that talking about Amendment 48 together with Amendment 46, the anti-affirmative action amendment, made voters more likely to vote “No” on both issues. Based on this research, Latino Families for Healthcare and Opportunity adopted the tagline “Vote no on Amendments 48 and 46: They go too far and threaten our families and our future,” and a campaign quote that would serve as the cornerstone of its messaging strategy: “Even if I would not have an abortion myself, I respect and support other families’ decision to do what is right for them.”³

▶ **Expanding capacity**

Daniel Gonzalez, an activist experienced in campaign work who had been involved with the campaign to defeat another conservative amendment—Amendment 46, which would have banned government affirmative action programs—came on board during the summer. In addition, COLOR contracted with Ana Perez on a part-time basis to support the outreach and administrative tasks for the campaign. Their immediate charge was threefold: (1) drafting a strategic plan; (2) recruiting and training volunteers; and (3) building alliances with other social-justice organizations.

▶ **Developing a strategic plan**

Gonzalez and Montoya, in consultation with COLOR’s staff, board, and consultant, developed a detailed plan covering the lay of the land politically, campaign goals, potential partners, and a week by week timeline of benchmarks and events (see attachment). The plan had a section on communications that identified the target audience, the message, media outlets, and the collateral printed materials that had to be developed.

3 In a memo summarizing the campaign’s success, COLOR noted: “Over time, we discovered that our messages not only resonated strongly with Latinas and Latinos, but with many people who do not historically prioritize abortion as one of their issues.”

► **Recruiting and training volunteers**

Throughout the early fall, COLOR recruited campaign volunteers from among staff, board, program participants, and activists with allied social justice organizations. They hosted informal “cafecitos” in people’s homes and held several community forums and fund-raisers. Regular training sessions were held at COLOR’s office in the weeks leading up to the election, and e-vites such as the following were sent to an ever-expanding database of potential volunteers:

Date: Wednesday 9/17/2008

Time: 6:00 pm–8:00 pm

Organizer: Daniel Gonzalez (daniel@colorlatina.org)

Notes: Join COLOR for training on the messages that resonate in the Latino community to defeat Amendment 48, the so-called Personhood Amendment, and Amendment 46, the so-called Civil Rights Initiative. Our fun and interactive training is held at COLOR’s offices and includes dinner, all for free! RSVP to Daniel at 303-393-0382 or daniel@colorlatina.org.

Are you interested in learning how to speak out to your friends and family in the Latino community about Amendment 48, the so-called Personhood Initiative, in a way that resonates with Latino cultural values? Do you wonder how to talk about amendment 48 with your family members who might not choose to have an abortion themselves but who would oppose Amendment 48 if they knew how far the Amendment goes? Does spending an evening with other cool people who want to protect healthcare and opportunity for Latino families sound like fun?

The trainings proved to be very popular. Over the course of just two months, 15 sessions were held and 293 volunteers were trained. Several sessions were held for the girls and young women who participate in COLOR’s after-school programs at three middle and high schools. After the trainings two of the three groups of students decided to hold their own well-attended voter education events, which were also attended by a statehouse representative who spoke and listened to what the students had to say.

► **Building alliances and field partnerships**

Simultaneously, COLOR worked hard to reinforce old alliances and build new ones with organizations that had not historically worked with the traditional reproductive rights/health movements in Colorado. COLOR found that its message, as well as the breadth of the reproductive justice (RJ) vision and agenda, made it possible to coalesce with progressive groups and movements with significant reach and resources who were working against Amendment 46 and several anti-union ballot initiatives. Collaboration was initiated with the Colorado Progressive Coalition (CPC):

A nationally recognized, statewide, multiracial, and non-partisan coalition of 40+ community, labor, and religious organizations and 5,000 members united by a commitment to social, racial, economic, and environmental justice. CPC organizes at the local, state, and federal levels to unite communities to build a more progressive future for Colorado and beyond.

COLOR led the effort for the Protect Families, Protect Choice campaign to win the endorsement of the state AFL-CIO, whose leadership is somewhat conservative and which has always steered clear of reproductive rights and health issues. COLOR argued that the passage of Amendment 48 could put certain workers at risk: By giving “personhood” to fertilized eggs, first responders like police officers, firefighters, and paramedics would

subject themselves to criminal liability just by trying to save women’s lives. Although the AFL-CIO Executive Council did not vote for endorsement, COLOR was only two votes short of the two-thirds needed: a huge accomplishment considering that out of 50 members the council had only two women and three people of color. COLOR did win the endorsement of the local of the Service Employees International Union (SEIU). CPC, SEIU members, and other activists who were going to be canvassing on behalf of the “No on Amendment 46” campaign were trained by COLOR to deliver the “No on Amendment 48” message as well. By the time of the election, the coalition COLOR spearheaded was the largest multiorganizational 501(c)(3) canvassing effort in Colorado’s recent history.

The endorsements of CPC, Local 1928 of the SEIU, and several other organizations expanded the campaign’s capacity and reach exponentially. It meant that the staff, volunteers, and members of partner organizations would distribute COLOR’s campaign materials and deliver the Latino Families for Healthcare and Opportunity message to a far wider audience than would otherwise have been possible. Campaign coordinator Daniel Gonzalez explains:

The pro-choice groups in Colorado don’t have a presence at the door. We knew we could multiply the reach of our message by piggybacking on the door-knocking work our racial and economic justice allies were doing against several anti-worker initiatives⁴ as well as doing our own. We began by creating partnerships, and we were able to get our messages used on everything from the door literature to the voter guides these groups were using. We were given the opportunity to train their volunteers on our messages. We set up all these pieces to help facilitate a massive door-knocking effort that came together in the last couple of weeks before the election with 11 different organizations.

The Campaign

The official launch of the Latino Families for Healthcare and Opportunity campaign took place on Saturday, September 6, 2008, at a festive kickoff event. The invitation read:

Join us Saturday, September 6th from 5pm to 7pm at the Laughing Bean Cafe to celebrate the kick off of our 2008 Latino Families for Health and Opportunity Campaign. This year, we have the amazing chance to work with our friends and allies in the social justice community to defeat Amendment 48, the so-called “personhood initiative” and the deceptive Amendment 46 that seeks to take away the equal opportunity programs that help elevate Latinas and all women and people of color into better futures in jobs and education.

Join COLOR and our allies to celebrate the launch of our campaign! Appetizers and drinks will be served—along with opportunities to take action to protect Latina/o health and opportunity. We hope to see you there!

This began an intensive two months of public events, canvassing, and media outreach.

► Voter education materials

COLOR designed and printed thousands of basic campaign fliers⁵ in both English and Spanish and posted downloadable PDF files of the fliers on its website. One of the fliers focused on Amendment 48; the other combined messages opposing both 48 and 46 with a tagline: “They go too far and threaten our *families* and our *future*.” Both fliers prominently featured this quote: “Even if I would not have an abortion myself, I respect and support other families’ decisions to do what is right for them.” National Advocates for Pregnant Women

⁴ In addition to the anti-affirmative action amendment, there were two other anti-worker/anti-union amendments on the ballot: a “right to work” amendment banning union-shop contracts, and a ban on automatic union dues deductions from the paychecks of public employees. Both were defeated at the polls.

⁵ http://colorlatina.org/index.php?option=com_content&task=view&id=73&Itemid=1

assisted COLOR in the creation of a bilingual fact sheet that explained to voters what could happen if the amendment passed and the government were given power over women's pregnancies. An expanded version of the fact sheet illustrated with real stories⁶ based on cases handled by the National Advocates for Pregnant Women was posted on COLOR's website for the duration of the campaign.

► **Voter education event**

About five weeks before the election, COLOR sponsored a public event featuring a panel of experts including Lynn Paltrow, executive director of National Advocates for Pregnant Women; Susie Trujillo, a licensed midwife from Cañon City, Colorado; and Angela Moreno, a doula and cofounder of the New York-based Community Birthing Project; Indra Lusero, a local RJ activist; and Marisol Solarte-Erlacher, a community activist and expectant mother. The event drew 25 people. COLOR staff also spoke at ballot forums hosted by various coalition partners.

► **Door knocking and canvassing**

The real linchpin of COLOR's campaign strategy was knocking on doors and canvassing. COLOR believed that face-to-face contact and the chance to converse with voters would be most effective in meeting its goals, which were not limited to defeating Amendment 48 but included recruiting new members and supporters in the Latino community. COLOR set a goal for itself of knocking on 3,000 doors in Denver's Latino neighborhoods, and reached reciprocity agreements with three other organizations that were planning their own canvassing operations. COLOR's strategic plan read:

Colorado Progressive Coalition (CPC)

CPC will be canvassing turf in Adams, Arapahoe, Denver, Pueblo, and Weld Counties. They have selected precincts with higher than average concentrations of people of color and an average income of 80% of the median adjusted by county. They are targeting low propensity voters who have participated in no more than three of the last five congressional elections. They plan to contact 40,000 voters with a goal of five contacts per voter.

Commitment to CPC

COLOR will adopt 5 of CPC's precincts in West Denver for canvassing operations and carry a joint No on 48/No on 46 effort to seventy-five percent of doors and a single No on 48 message to twenty-five percent of doors

CPC's Commitment to COLOR

CPC will distribute COLOR's Latino Families for Healthcare and Opportunity Campaign materials to at least 40,000 households.

Similar arrangements were made with 9 to 5: National Association of Working Women, with a contact universe of 20,000 people, and the Latina Initiative, with its contact universe of 35,000.

In the final weeks leading up to the election, COLOR and its partners distributed 50,000 pieces of Latino Families for Healthcare and Opportunity literature and 175,000 coalition pieces carrying COLOR's message. COLOR volunteers knocked on 8,400 doors, and the number of households reached through its partners was 150,000.

6 http://colorlatina.org/index.php?option=com_content&task=view&id=71&Itemid=1

Media Advocacy

For the most part the mainstream media turned to the traditional pro-choice coalition for background, quotes, and experts, but COLOR had raised sufficient funds to allow for placing paid advertisements in the press and on the radio. COLOR's radio ad played a total of 49 times during peak driving time on several Spanish radio stations. A print ad, prepared in both English and Spanish, was placed in *El Semanario/The Weekly*, a Denver paper, as well as the *Greeley Tribune* and *El Hispania* in El Paso County. The ad showed a photograph of three generations of a smiling family and was headlined "Vote No. It goes too far and threatens OUR families and OUR future." It included the quote from the flier, "Even if I would not have an abortion myself, I respect and support other families' decisions to do what is right for them," bolstered by the following copy: "Families should be in charge of their own health care decisions. Amendment 48 would allow the government to make these decisions instead." COLOR estimates that its print and radio ads reached 625,700 people.

COLOR also pushed the mainstream coalition to adopt advertising language that would resonate with Latino voters. Jacy Montoya explains:

We were moderately successful in affecting the scripts of the ads they produced. The mainstream campaign started using a "family" message rather than solely a "women's rights" message. Our biggest impact was over a radio spot for young people, defined as under twenty-nine. It was traditional abortion-rights framing. We gave them strong input, and as result it was a better ad.

Outcomes

In addition to helping to defeat Amendment 48 by a huge margin of victory (73 percent voted "No"), COLOR's Latino Families for Healthcare and Opportunity campaign produced significant benefits for the organization and the RJ framework. COLOR's voter education and mobilization work in Latino neighborhoods brought in new supporters and volunteers and enhanced the organization's stature and influence among its own constituents. And its stature among its social-justice allies grew significantly as well. Gonzalez explains:

We branded ourselves as people who were good at framing issues, cutting things broadly, and being team players. My sense is that a lot of people want to work with us. We have more of a youth-based model than most of the folks we worked with, and folks are seeing a strong value in that. Everyone is now aware of the unique contributions we can make and relationships are ongoing. Now we're trying to figure out how to push forward and what our state legislative agenda is. We have more options than we have time.

For Montoya, the experience reaffirmed how well the RJ framework resonated with other social justice movements:

The big lesson was the importance of building ongoing relationships. You can't have people parachuting in and out. Also tapping into the resources of larger groups by framing the issue in a way that resonated with a broader set of values, we were able to tap into a network of allies that we wouldn't have been able to if we'd been using the more traditional frame.

COLOR is now in the early stages of developing priorities and programs based on the campaign experience. Organizing and policy projects that COLOR is considering are Campaign for Healthy Colorado Youth, a coalition to gain access to science-based comprehensive sexuality education for all Colorado youth; Colorado Unity, a coalition working to promote a ballot initiative for 2010 that will protect affirmative action programs; and the Higher Education Access Alliance, a group advocating for access to higher education for undocumented students. COLOR is also exploring the idea of working with its new labor allies to investigate the reproductive effects of cleaning products handled by workers in various industries.

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The **Opportunity** Agenda

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