

The Vagina Battles and National Wellness

| Stephan A. Schwartz |

As I write this, I am witnessing something I would not have thought possible. The central discussion of the Republican primaries is not jobs, or war, or foreign affairs, or even the economy. It is contraception. Can it be possible that in the second decade of the 21st century we are debating once again whether contraception should be legal and available to all women? We can and we are.

You can get the flavor from the words of Rick Santorum: “One of the things I will talk about, that no president has talked about before, is I think the dangers of contraception in country.” And also, “Many of the Christian faith have said, well, that’s okay, contraception is okay. It’s this not okay. It’s a license to do things in a sexual realm that is counter to how things are supposed to be.”¹

“Counter to how things are supposed to be.” Think about the judgment that lies beneath those words. And Santorum is hardly alone in his sentiments. Newt Gingrich and Mitt Romney echo them; indeed, they all seem to be vying to outdo each other in restricting women’s access to reproductive health services.

Each of them supported the Komen Foundation in the strange struggle it went through with Planned Parenthood, an institution the Theocratic Right has sworn to crush. This part of the reproductive

trench warfare is so well known I will simply note it here.

By the time you read this, contraception will probably have passed from the hot spotlights in the center ring of Presidential politics. But I doubt very much that the vagina battles will have stopped.

Senator Marco Rubio (R-FL), who at the moment is considered a rising conservative star and leading contender for the Republican vice-presidential nomination, has just introduced Senate Bill S.2043, which he has artfully styled, the “Religious Freedom Restoration Act.”² The net-net of this bill, its intent, is to cut off access to birth control coverage for millions of women by making it possible for any employer to eliminate contraception coverage in their health plans, simply by stating they have religious or even just beliefs against such coverage. Right now, the Bill has 26 cosponsors in the Senate, and a parallel bill has been introduced in the House by Representative Jeff Fortenberry (R-NB), which has 148 cosponsors. Senate Minority Leader Mitch McConnell (R-KY) has said he supports it. I doubt that it will become law, unless a Republican wins the White House, but that isn’t the point. It is the intention to which I wish to draw attention.

In Mississippi, one the most conservative states in the Union, a personhood referendum was killed twice but that hasn’t deterred conservatives in Colorado, Kansas, Ohio, and Virginia from pushing “personhood,” essentially arguing zygotes have the same rights and privileges as fully developed individuals. The bills are so crafted that they also would render most forms of nonmechanical birth control—the Pill principally, and certainly the “morning after” pill—illegal.

In Virginia, the House of Delegates have linked “personhood,” via a parallel bill, with a requirement that before a woman could exercise her right of choice to terminate a pregnancy, she would have to endure a medically useless “transvaginal ultrasound” examination, a law already in place in Texas. How strange it is that people who constantly argue about big government intruding into their lives find it perfectly acceptable for the government to compel a physician to thrust an electronic shaft into a woman’s vagina whether she wants it there or not. What’s even stranger is that this transvaginal bill was introduced by a woman, Republican delegate Kathy J. Byron.³ I found this hard to believe until I remembered that Female Genital Mutilation is a practice kept alive by deeply conservative women. Only an enormous outcry from the media, and the women of Virginia stopped the vaginal insertion section in the Virginia law, but the unnecessary ultrasound exam was kept and the bill is now law.

The ostensible reason for this physical penetration is that if women have to undergo such an ultrasound, they will choose not to have abortions. But, as with almost everything else in this strange war against women, the data shows the Theocratic Right position is at loggerheads with facts easily available. Tracy Weitz, an assistant professor of Obstetrics, Gynecology and Reproductive Sciences at University of California–San Francisco, almost two years ago, in 2010, presented a lecture entitled *The Misuse of Science in Abortion Restrictions* that is based on two studies that will be released later this year as part of her university’s project: Advancing New Standards in Reproductive Health (ANSIRH). Weitz explained that “women had differ-

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ent responses to ultrasounds. Some women were happy to see the image of their fetus, some were sad and others had no emotional response. *But seldom did the sonogram deter the woman from going through with the procedure*⁴ [emphasis added]. She went on to state what virtually every reproductive health care professional around the world knows, “Women do not have abortions because they believe the fetus is not a human or because they don’t know the truth.”

Indeed, she explained, 60% of patients who elect to have an abortion are already mothers. Women, she said, “have abortions because of the material conditions of their lives.”⁴

Yet despite this, as Tarina Keene, executive director of NARAL (National Abortion and Reproductive Rights Action League) Pro-Choice Virginia stated at the time, “The General Assembly is dangerously close to making Virginia the first state in the country to grant personhood rights to fertilized eggs.”⁵

This is an intended purposeful attack on the wellness of women, grounded demonstrably in ideology and theology, and it represents a complete break with the social policies that have governed society through more than three decades. Here is a little vignette to give a sense of where we have come from.

Sarah Johnson (I have changed her surname) was a 23-year-old woman who married the boy she had gone steady with for three years immediately after they had both graduated from college. Within six months she was pregnant, but it was ectopic and, with considerable bleeding, she spontaneously aborted. Her OB-GYN counseled the couple to wait before trying to have a child again. During this interim she and her husband, in preparation for the future family they hoped to have, moved from their flat in Manhattan to a lovely Dutch-hip roofed house on a pretty street in Greenwich, CT. When she got there she went to the new physician to whom she had been referred to renew her prescription for the newly marketed “pill”, and was astonished to discover that in Connecticut every aspect of contraception was illegal. An 1879 law, still on the books, prohibited, “any drug, medicinal article or instrument for the purpose of preventing conception.”⁶ And the law stipulated that “Any person who assists,

abets, counsels, causes, hires or commands another to commit any offense may be prosecuted and punished as if he were the principal offender.”⁷

Doctors could not write the script, and pharmacists could not fill such prescriptions, even when they could be obtained. Men were walking on the moon, but you couldn’t get a condom in Connecticut. I know it is hard to believe, but that was the reality of 1964. And this prohibition against contraceptives had withstood several court challenges.

Estelle Griswold was the Executive Director of the Planned Parenthood League of Connecticut, and C. Lee Buxton was a Yale Professor of Medicine. In 1961, the two of them opened a Planned Parenthood Center in New Haven, with Buxton as Medical Director, and Griswold as its Executive Director. In November 1961, they started providing information, instruction, and medical advice to married persons as a means of preventing conception, ending the scourge of back-room abortions that were then killing an untold but large number of women. They quickly discovered that women needed not only contraceptive guidance, they also needed general reproductive health care, and very early they set Planned Parenthood on the track it has followed ever after. Fees were usually charged, if they could be paid, but no one was turned away.

They hadn’t been offering these services long before they were arrested, thus beginning a chain of litigation that went all the way to the Supreme Court. In 1965, the court ruled, 7 to 2, in their favor, in the process establishing a right of *marital* privacy. Note *marital*. This landmark decision initially covered only married people. It took another round of litigation and appeal before, in 1972, in (*Eisenstadt v. Baird*), the court extended privacy and permitted the purchase of contraceptives by anyone.

A year later, in 1973, in *Roe v. Wade*, the Court extended it still further and said the states could not ban most abortions. With contraception and reproductive healthcare available, and abortion as a last resort, the women’s movement to gender equality began, and this linkage is important to keep in mind I think, because it is gender equality that is behind much of the drive to now limit what had been achieved with such effort in the 60s and 70s, of the last century.

One of the reasons I think this new contraception debate is taking place is that if you are younger than about 55 years of age you really have no idea what the world was like before contraception became generally available. However, you may find out because this is a trend of gathering momentum, and it is spreading out to areas previously considered settled law. Here’s a federal example: *The Violence Against Women Act* was reauthorized in 2005 by unanimous consent in the Senate and with 415 votes in favor in the House⁸ and signed by George W. Bush. As I write, it is up for reauthorization. This time, Republicans have a problem with it. The bill—which is actually cosponsored by Idaho Republican Sen. Mike Crapo—received no Republican votes in the Senate Judiciary Committee.

Let me be absolutely clear where I stand on this. It is my conviction that each individual has ultimate sovereignty over his or her own body. It is an unalienable right embraced under all three stipulated goals of the Declaration of Independence, “Life, Liberty, and the pursuit of Happiness.”⁹ If a person does not own his or her own body, they do not really own anything. Acknowledging that, one must be prochoice, which is not the same thing, let me hasten to add, as encouraging abortion. Furthermore, I think parenting should result from a considered intention, not a biological miscalculation. This requires good sex education and easy access to contraceptive drugs and devices. Family planning is a part of individual, familial, community, and national wellness. The first thing women do in developing countries when they have even the tiniest measure of wealth beyond absolute subsistence is to seek birth control. They understand that family wellness and prosperity requires moving beyond animal fecundity.

I have written before about this correlation between social values and social wellness.¹⁰ Let me be very clear here: My arguments, although I have to cite political positions and parties, are not inherently politically partisan. They are scientific and data based, and the data show overwhelmingly that Theocratic Rightist social policies produce pathologies, not national wellness. Every month the evidence for this just becomes clearer and clearer. It is particularly easy to see in teen sexuality studies. In January 2010 the Guttmacher Institute reported:

For the first time in more than a decade, the nation’s teen pregnancy rate

rose 3% in 2006, reflecting increases in teen birth and abortion rates of 4% and 1%, respectively.

These new data from the Guttmacher Institute are especially noteworthy because they provide the first documentation of what experts have suspected for several years, based on trends in teens' contraceptive use—that the overall teen pregnancy rate would increase in the mid-2000s following steep declines in the 1990s and a subsequent plateau in the early 2000s. The significant drop in teen pregnancy rates in the 1990s was overwhelmingly the result of more and better use of contraceptives among sexually active teens. However, this decline started to stall out in the early 2000s, at the same time that sex education programs aimed exclusively at promoting abstinence-only and prohibited by law from discussing the benefits of contraception-became increasingly widespread and teens' use of contraceptives declined.¹¹

Between 1995 and 2002, overall, there was an 86% decline in the incidence of teen pregnancy. Eighty-six percent. Then, the Theocratic Right came to dominate Federal policy development and fought to impose abstinence-only sex-education. By 2009 when Barack Obama eliminated many of these programs by defunding them, the rate of teenage girls giving birth in the United States had risen for a second year, reversing the 14-year decline.

In the face of that, what can they be thinking in Wisconsin? Republicans there aren't just going after contraception; they are trying to overturn the state's Healthy Youth Act, which requires comprehensive sexual education. They want to return to abstinence-only education, and once again a conservative woman is in the lead. Wisconsin State Senator Mary Lazich introduced the repeal effort, a bill that passed the Wisconsin Senate 17-15 just before the 2011 holiday break. Now a companion bill with nearly identical language must pass in the Assembly, which looks probable at this point. If does pass both bodies, Governor Scott Walker, a Republican, is expected to sign it.¹²

The bill, AB 337, as I write, is making its way through the Assembly and is expected to pass. To the horror of healthcare professionals who deal with teen pregnancies and sexually transmitted diseases, it specif-

ically removes from the existing law discussion of puberty, pregnancy, parenting, body image, gender stereotypes, or contraceptive education. It is a virtual road map to increased incidence of unwed teen pregnancies, sexually transmitted diseases, and . . . abortions. That is the weird part of this war. If abortion is the issue, and eliminating abortions is the goal, then the facts would argue that as a part of standard healthcare we should be providing comprehensive sex education to young people and making contraception easily available. In every country in the world that does that, the abortion rate goes down. Women only get pregnant when they really want to have a child and feel they are in a position to give it a decent start in life. So if this isn't really about abortion, or contraception what is it about?

Suppose a law were passed that said, overpopulation is a problem we must face up to so each male, after fathering two children, would be required by law to undergo a vasectomy. To monitor this, the act of being listed on a birth certificate twice would instigate a government notification to report to the vasectomy clinic nearest to one's home, for this simple, painless procedure. Failure to comply would result, if convicted, in a five-year jail sentence. Can you see that becoming law? I can't. Even in China the law was the limit on children, not the way this had to be achieved.

This assault on women and their sexuality has its mirror in the Wahabist sect of Islam which is more extreme in its affect, to be sure, but the intent of both is the same. Indeed, the Theocratic Rightist position, be it Christian, Jewish, or Muslim, although the trappings may change, is remarkably consistent across the globe: women are dangerous to men sexually, and need to be controlled. They should not hold deciding authority over their bodies, and their place in society should be circumscribed. How can so many different cultures have so consistent an intent? That I think is the central question.

There is at the base of all of this an existential truth: the only way one can enter into incarnation is through a woman. Women carry in their body the teleporter that allows consciousness to become matter. No man can perform this feat, and all men, at a deep level of their psyche, know this.

How we choose to react to that truth reveals to us who we are as a people. Democ-

racies are zero sum games by design of the Founders. There is a vote. One side wins and gets to shape policy. Those of us who concern ourselves with national wellness, whether at the individual, familial, community, or national level, must link in shared intention for the Vagina was to end. National wellness, more than healthcare, more than education, more than any one thing, a synthesis greater than the individual parts, cannot be achieved until we acknowledge that an individual absolutely owns and controls his or her own body. And we will never prosper making war on one gender. Success in the future will go to those nations that place national wellness above all other considerations. National wellness, by definition should be gender neutral, unless there is a compelling distinction, like pregnancy and giving birth. And in those cases the decision of the woman must prevail. Anything less creates a form of servitude.

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