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USA

Women Under the Gun, 2015

- IV Online magazine - 2015 - IV482 - March 2015 -

Publication date: Thursday 12 March 2015

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In the United States, as elsewhere, a woman's body is not her own. The evidence of the video-gone-viral of a woman walking in New York City, capturing the remarks that men felt they had the right to make as she passed, is a case in point [1]. College campuses are also a hunting ground for sexual predators, as women come forward to disclose various forms of date rape.

According to police records, almost one-third of female homicide victims are killed by their partners. Each year an estimated 1.3 million women suffer domestic abuse; one of every four women will experience domestic violence during her lifetime. Witnessing violence between parents (or other caregivers) is the strongest risk factor in transmitting violence from one generation to another.

Breaking this epidemic of violence against women, just as breaking with cultural assumptions about race, requires reexamination of social assumptions, a rejection of power and control over others, and the capacity to be a contributive member of society. It means power and control over one's own body and life, and mutual respect for the rights of others. That's certainly a tall order in the vindictive and violent society in which we live, and in which the majority has little effective control over their own lives.

We're constantly told about horrific abuses committed against women in Iraq, Afghanistan or Syria. Yet the current atmosphere of a never-ending "war on terrorism" can only nourish the violence there as well as in our own society.

The roots of violence against women, however, run much deeper than PTSD or brain trauma resulting from war. It is a much larger social issue, arising from a socially induced need to dominate. Class societies, and capitalism as an economic and social system in particular, need hierarchies of control and see those with a different view as deviants needing to be reined in.

We can see this also codified in a variety of legislation, including on issues of reproductive rights where they remain a major political battleground. While regulations on banks and industries are relaxed, those on women's rights are being tightened.

Like racism, violence and particularly violence against women is a mechanism of control. And the left, whether in Occupy or in our own political organizations, has found that it must also deal with these issues, through education and the development of internal processes.

Legislative Obsessions

Despite the reality that most women work outside the home, have higher college and graduate education rates than men, and are certainly witness to a wider spectrum of gender, sexuality and cultural norms than their mothers and grandmothers, women find their very personhood under scrutiny. In fact, by looking at the work of the legislative and judicial systems, one could conclude that the law is obsessed with controlling women's bodies.

This is true whether we examine what kind of sex education is mandated, whether contraceptives are part of public health and insurance coverage, how legislation deals with unintended pregnancies, what coverage exists for paid

parental leaves, and what social legislation is in place for women with children, including provisions for low-cost, high-quality child care.

Since the U.S. Supreme Court *Roe v. Wade* decision in 1973, hundreds of laws have been written, some of which have sustained judicial scrutiny. (For a survey of the state of U.S. reproductive rights in 2015, see Dianne Feeley's article at <http://www.solidarity-us.org/site/n...>)

Most importantly, the Hyde Amendment (passed annually with the budget) precludes Medicaid payment for abortion except in cases of rape, incest or where a woman's life is in danger. This amendment, along with parental consent laws, targets the most vulnerable population.

Although the majority of poor women are white, public perception, reinforced by politicians and the media, portrays them as African Americans, Native Americans or Latinas — the undeserving “other.” In our society poor women who are sexually active and become pregnant are fair game for demonization as irresponsible and lazy. That is also true for young women who become pregnant.

In 1992 the U.S. Supreme Court, in its *Planned Parenthood v. Casey* decision, ruled a variety of restrictions constitutional as long as they did not place an “undue burden” on a woman. Of course the question of what constitutes an “undue” burden has been up for grabs ever since.

Just since the 2010 midterm elections, 231 restrictions have passed state legislatures, with 70 passed in 2013 and another 26 in 2014. Most recently 26 state legislatures now require clinics where abortions are performed to meet the same standards as ambulatory surgical centers. Such legislation also forces clinic physicians to have admitting privileges at local hospitals, a difficult task when more and more hospitals have a religious affiliation.

The media-savvy rightwing lobby and their political allies frame these restrictions not as attacks against women who need abortion and contraceptives, but against providers — clinics, health care workers and the drug industry — as if they were unsafe and unscrupulous.

The right wing talks about the need to provide a pregnant woman with “information,” but loads the dice by demanding a script be read about fetal development whether or not the woman requests it. These scripts are usually scientifically bogus, designed to scare women into backing away from the procedure. A mandated ultrasound — a procedure not necessary for every pregnant woman and a bodily invasive procedure in the early stages of pregnancy — is one of the latest tactics. Driving up the cost of an abortion, there is no accurate measure of whether these new tactics persuade women to change their minds.

Abortion Battlegrounds

While doing nothing to improve patient care, these laws have been successful in forcing clinics to spend considerable funds to meet mandated standards — driving up the cost of abortion — and a number of clinics have shut down. In Texas, there were 42 clinics throughout the state before the passage of a law that had four provisions:

• Physicians at the abortion clinic must have admitting privileges in a hospital within 30 miles.

• Abortions beyond 20 weeks are banned. (This is a direct challenge to *Roe v. Wade*, which outlines abortion as a

procedure available through the 24th week of pregnancy.)

• Severe restrictions on the use of medical abortion (“the abortion pill”) are imposed.

• Clinics that perform abortion must meet the requirements of an ambulatory surgical center.

The first three parts of the law went into effect in November 2013, but Federal Judge Lee Yeakel of the U.S. Court of Appeals for the Fifth Circuit held the first section unconstitutional. Seventeen clinics remained open, although located in fewer areas of the state. The fourth provision was to become effective on September 1, 2014 “to result in 10 more clinics being forced to close” but Judge Yeakel ruled that provision unconstitutional as well.

If all the provisions were in effect, 900,000 Texas women seeking abortion would have to travel more than 150 miles from their home, and given the waiting period, would have to stay more than one day, again driving up the cost. For example, a woman seeking an early abortion through “the abortion pill” would need four clinic appointments. Providers point out that these restrictions are based on a Food and Drug Administration protocols from 2000.

In early January 2015 the Fifth Circuit Court of Appeals held hearings on the Texas law. If they rule the law to be constitutional, there will be no facility west or south of San Antonio. ([See map:](#))

By the end of January the Sixth Circuit Court of Appeals refused to reconsider Ohio’s restrictions on medical abortion. It requires that mifepristone (RU-486) can only be administered in the same exact dosage as approved by the outdated FDA protocol, and criminalizes its use after the first seven weeks of pregnancy.

By 2014 the Guttmacher Institute noted that 27 states have passed hostile legislation, with 18 considered extremely hostile. Several states, including Texas and Michigan, have already banned the use of telemedicine for abortion. Telemedicine, developed 50 years ago, is extremely important in servicing rural areas for a variety of medical conditions, from providing and monitoring prenatal care to disease management. With the development of RU-486, it too became a telemedicine procedure for early-stage abortion. Despite the lack of any data that suggesting this method is unsafe, it has been outlawed.

While the rightwing drive was successful in legislating a federal ban on a particular late-term medical procedure for abortion that some physicians considered safer than other methods “and in 2007 the U.S. Supreme Court ruled the ban constitutional” only women with severely abnormal fetuses or those unable to come up with the money earlier in their pregnancy have late abortions. Most seek the procedure as soon as they know they are pregnant. Therefore the right’s victory with this federal ban applies to fewer than one percent of all abortions. Since abortion was legalized, nine of out 10 abortions have been performed during the first 12 weeks of pregnancy.

The Hyde Amendment has had the greatest impact, with one out of four pregnant women on Medicaid forced to carry the fetus to term. But most women who have decided that they need an abortion will jump through the hoops to obtain one. It is true that the abortion rate has declined, but the birth rate has declined as well. More women at risk of an unwanted pregnancy are using birth control, and using more reliable methods.

New Points of Attack

Currently the anti-choice forces are focused on regulating clinics out of existence and fighting to reduce earlier-stage

procedures. Like Texas, other state legislatures have passed abortion bans that challenge *Roe v. Wade* with the intention of whittling down or overthrowing the 1973 decision. Denying funds to Planned Parenthood for providing abortions is another tactic, even though the organization's work ranges from providing sex education and birth control to reducing the spread of sexually transmitted infections and cervical cancer screening.

Another avenue of attack has been to target the Patient Protection and Affordable Care Act (ACA), which promised coverage to millions who have no medical insurance. True, none of the 10 essential benefits outlined for women's health cover abortion " and the Hyde Amendment continues to reign. But the ACA does mandate contraceptive coverage under Medicare as well as through insurance providers that are available on the exchanges that have been set up.

The Obama administration exempted religious institutions from contraceptive coverage for their employees, but the U.S. Supreme Court has broadened that ruling in its *Burwell v. Hobby Lobby* decision. Under this ruling, family-owned corporations are also exempt. Supreme Court Justice Samuel A. Alito Jr., writing the majority opinion, claimed that the ruling was limited in its scope, and that if the government had a compelling interest in making sure women have access to contraception it could find ways to provide the coverage. A likely outcome, you think?

The fight over women's bodies is also evident around sex education. Twenty-two states and the District of Columbia mandate sex education, with another 13 requiring education around HIV/AIDS. Only half require medically accurate instruction. In most cases contraception is addressed; all cover or stress abstinence, and 19 emphasize the importance of sex only within marriage. In the 12 states where sexual orientation is discussed, three are negative toward non-heterosexuality.

North Dakota, which has the most restrictive abortion laws, has no sex education apart from a policy to cover abstinence. A Utah law specifically prohibits teachers from responding to students' questions in any way that conflicts with a curriculum stressing abstinence and sex only within marriage. However, as women continue to demand reproductive justice, some clinics are training a new generation of physicians.

The reality is that with so many sex (mis)education mandates, U.S. teenagers are generally unprepared to know their own sexual desires or to figure out the language of another's. To lay the blame for sexual oppression and violence on a repressive world is not to deny each individual's agency " but it does help explain the mechanisms by which hierarchy and domination are reproduced.

[Against the Current](#)

[1] <http://www.washingtonpost.com/news/...>