

"In truth, 'complications from an abortion are both rare and rarely dangerous.'"

– Ruth Bader Ginsberg, in her SCOTUS concurring opinion striking down Texas' HB2.

Voice for Choice

Newsletter of the Kentucky Religious Coalition for Reproductive Choice

Summer 2016

Whole Woman's Health v. Hellerstedt: What Will it Mean for Kentucky?

by Ann Taylor Allen, Board Member, KRCRC

On Monday, June 27, 2016, the Supreme Court decided a case entitled *Whole Woman's Health v. Hellerstedt*. Pro-choice groups hailed the 5-3 decision as the biggest victory for abortion rights in a generation. A victory in Washington, however, will not automatically bring change to Kentucky, where we have yet to see how the decision will be interpreted.

At issue in *Whole Woman's Health* was a bill, HB2, that passed the Texas State Legislature in 2013. HB2 required physicians who performed abortions to obtain admitting privileges at a hospital within thirty miles of the clinics where they worked, and the clinics themselves to meet the same standards as ambulatory surgical centers.

This is only the latest example of a strategy that the anti-choice movement has adopted over the past thirty years. In 1992, a Supreme Court decision entitled *Planned Parenthood v. Casey* permitted states to regulate abortion, provided only



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VOLUNTEERS NEEDED!

KRCRC needs YOUR help for our fair booth!
Free admission & parking for volunteers.

Fair dates: August 18-28.

Back by popular demand:
our fun **Spinning Wheel of Reproductive Health!**

For details and to volunteer, contact Carol at info@krcrc.org.



August is "Re-Up" Month!



Is your Kroger card working for KRCRC? With 2 simple steps, you can be helping KRCRC fight for reproductive rights each time you shop – at no cost to you!

1. Go to www.kroger.com/communityrewards. Create an account or sign in.
2. Follow the instructions to select an organization. KRCRC is #11048.

If you've signed up for us before, thank you! But Kroger "zeroes out the books" each August 1st. Please take a couple of minutes to make sure your Kroger purchases are working for us all year!

What's KRCRC Been Up To?

Since our last newsletter in January 2016, KRCRC has been busy! Here's a roundup of the last seven months:

JANUARY

“Vessel” Film & Discussion

On January 24 at The Temple in Louisville, KRCRC and A Fund Inc. celebrated the anniversary of *Roe v. Wade* by co-sponsoring a showing of the film *Vessel*. The film follows the career of Dutch physician Rebecca Gomperts and her organization, Women on Waves, as they seek to make medical abortions available to women in many parts of the world.

Following the film, two local experts led a discussion and Q&A on how access to medical abortion (the “abortion pill”) may affect the future of abortion in the U.S. and Kentucky. Dr. Christine L. Cook, professor of Obstetrics and Gynecology at U of L, offered a medical perspective, and Dr. Jamie Abrams, professor at the U of L Brandeis School of Law, discussed the legal implications.

An audience of over 90 enjoyed the film and participated actively in the Q&A session.



Above: A Fund's Kate Cunningham and KRCRC's Carol Savkovich listen as The Temple's Rabbi Gaylia Rooks speaks.



Left: Professor Jamie Abrams listens as Dr. Christine Cook speaks.

FEBRUARY

Blessing of the Clinic

By Carol Savkovich, KRCRC Board Co-Chair

On the morning of February 4, a group of 10 clergy members and over 40 attendees (including at least 6 staff members of the clinic) took part in a Blessing of the new Planned Parenthood Health Center at 842 S. 7th St. in Louisville.

The event was organized and jointly sponsored by KRCRC and the Concerned Clergy for Choice of Kentucky. Attending clergy (most in clerical robes) and speakers represented a variety of denominations, including Methodist,

Baptist, Presbyterian, Unitarian Universalist, Jewish, and Metropolitan Community Church.

The brief service included a Call to Worship (Rev. Elwood Sturtevant), Responsive Reading (led by KRCRC board chair Carol Savkovich), Pastoral Blessing (Rev. Mark Baridon), Musical Blessing (Barb Friedland on guitar led the group in a song), and a Sending Forth (Rev. Millie Horning Peters). Planned Parenthood staffers found the clinic blessing very meaningful, and thanked the attendees.



Photos by Amber Duke, ACLU of Kentucky

FEBRUARY

Reproductive Rights Rally in Frankfort

On February 23, reproductive rights supporters, many wearing pink in support of Planned Parenthood, crowded into the Capitol Rotunda in Frankfort for a boisterous Reproductive Rights Rally, organized by ACLU of Kentucky.

Many KRCRC supporters were among those who traveled to Frankfort to make sure Gov. Bevin got our message. KRCRC vice-chair Rev. Millie Peters was among the speakers.



Above, supporters of reproductive rights proudly show their signs.

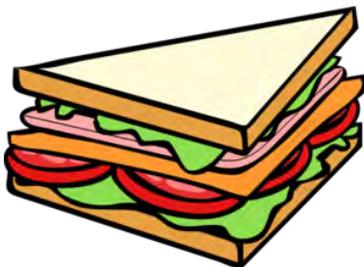


At left, a rotunda decked out in pink (in support of Planned Parenthood) listens as ACLU's Derek Selznick addresses the crowd. Tamarra Wieder of Planned Parenthood stands to his left.

MARCH

Clinic Appreciation Day

Once again in early March of this year, KRCRC provided lunch and thank-you cards to clinic workers at Louisville EMW and Planned Parenthood, and to Lexington EMW. As we all know, the staff members of these clinics work under very trying conditions, and deserve a great deal of appreciation.



MARCH

Affiliate Leaders Gathering in Washington, DC

In early March, KRCRC co-chairs Rev. Millie Peters and Carol Savkovich attended a conference of RCRC affiliate leaders from around the country. Representatives from 12 states were in attendance. After a day of sharing experiences and strategies, the affiliate leaders were able to sit in on a meeting of the larger RCRC Coalition Council. Millie and Carol both came back with new ideas and renewed energy.



What's KRCRC Been Up To?

MARCH

Misoprostol Workshop

In mid-March, over 20 activists attended a one-day workshop on the drug misoprostol and its use for medical abortions. Attendees included several KRCRC board members, and members of allied organizations.

The workshop leader was an independent activist for reproductive rights, based in the Rio Grande valley in south Texas, an area where misoprostol can be easily obtained from Mexican pharmacies just across the border. He shared useful information about correct usage for medical abortion, possible side effects, and how to obtain misoprostol by mail.

Attendees gained information about misoprostol that they may be able to pass on to women who need it, if opportunity arises. Instructions for the use of misoprostol are available on the websites of Women on Web and the World Health Organization.



MAY

KRCRC Board Retreat

In mid-May, KRCRC board members gathered for a day-long retreat to consider our goals for the next two years.

Emerging from our work were these goals:

- **Expand our social media network**, possibly by obtaining a Social Media Intern through U of L.
- **Increase KRCRC's presence and visibility throughout the Louisville metro area and beyond, by staffing tables at community festivals and events.** Our tables will feature our Spinning Wheel of Reproductive Health, as well as KRCRC handouts.
- **Train clergy in pastoral care and counseling about reproductive options** (parenting, adoption, abortion) **and reproductive loss** (abortion, miscarriage, stillbirth, adoption). **Publicize KRCRC's capacities to refer for faith-based counseling and pastoral care.**
- **Work with allied organizations and area lawyers to draft a proposal creating some form of "safe zone" legislation for abortion clinics in Kentucky.**

MAY

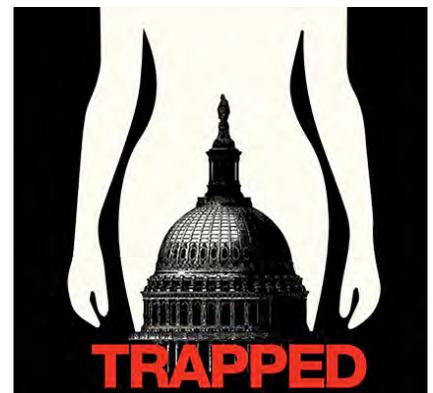
TRAPPED

On May 17, Planned Parenthood Advocates of Indiana and Kentucky, ACLU of Kentucky, Metropolitan Louisville Women's Political Caucus, A-Fund, KY Religious Coalition for Reproductive Choice, KY Health Justice Network, Jessica Loving, U of L Medical Students for Choice co-sponsored a showing of the movie *Trapped* (www.trappeddocumentary.com/).

Trapped follows the clinic workers and lawyers – including those who took their case to the Supreme Court – who are fighting to keep abortion safe and legal for millions of American women, many of whom are poor and uninsured.

The showing, which took place at Village 8 Theaters in Louisville, attracted an enthusiastic crowd of about 175, almost filling the theater. Following the screening, Attorney Mikki Adams, Sen. Morgan McGarvey and Dr. Ashlee Bergin led a brief discussion and Q&A session.

Several of the sponsoring organizations, including KRCRC, had tables in the lobby, and many viewers picked up literature and signed up for communications from these groups. All in all, a great success!



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An excerpt from The Public Health Implications of the FDA Update to the Medication Abortion Label

By Rachel K. Jones and Heather D. Boonstra, Guttmacher Institute
First published online on Health Affairs Blog, June 30, 2016

On March 29, 2016, the U.S. Food and Drug Administration (FDA) approved updated labeling for mifepristone (also known as the abortion pill or by its brand name, Mifeprex®), which is prescribed along with another medication, misoprostol, for medication abortion in the United States. The FDA's move to change the label is important in many ways. Although off-label use of drugs is generally accepted in the United States, many clinicians see FDA labels as guides to appropriate and legally defensible clinical practice. First and foremost, the label update reaffirms that medication abortion is very safe and highly effective. It also has the potential to increase access to medication abortion in this country.



An Update Based On Evidence And Clinical Practice

Scientists and medical providers have been conducting studies of alternate medication abortion regimens since before Mifeprex® was approved in 2000. Since its approval, many physicians have prescribed Mifeprex® according to the regimen in the updated label, so the label is now aligned with standard medical practice, which has been proven safe and effective. Over the past 15 years, it has been used in more than 2.75 million abortions in the United States, and serious complications have been extremely rare.

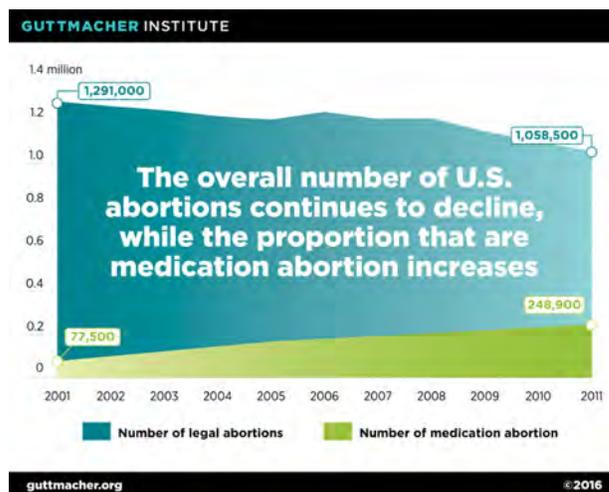
One of the most significant changes to the mifepristone label is an increase in eligibility from 49 days' to 70 days' gestation. This change is supported by substantial evidence demonstrating that the mifepristone/misoprostol regimen is safe and effective through the 10th week of gestation. This change has significant implications for access to medication

abortion: Under the original protocol, just 37% of all U.S. abortions were eligible for mifepristone, but as a result of the updated protocol, the proportion of all abortions now eligible has doubled to 75%.

Improving Access To Medication Abortion

In addition to increasing eligibility for medication abortion, the mifepristone label update will likely strengthen an existing trend towards earlier abortions. According to data from the Centers for Disease Control and Prevention, the timing of abortions has shifted to earlier in the first trimester over the past decade, likely due in part to the availability of medication abortion. Additionally, although the overall number of abortions in the U.S. has been declining since the 1990s, the share of abortions performed using medication has increased, from 6% of all abortions in 2001 (one year after mifepristone was approved) to 23% of abortions in 2011 (the most recent year for which data are available).

Other mifepristone label updates also reduce barriers to medication abortion. In particular, the changes make the procedure more affordable. A regimen involving one mifepristone tablet is substantially less expensive than one involving three. Additionally, because the label allows a woman to take misoprostol at home and to follow up with her provider over the phone, rather than in person, she will have to make fewer trips to the clinic. The updated label also allows midlevel providers—such as nurse midwives, nurse practitioners and physician assistants—to administer medication abortion, which could increase access to this safe and effective procedure.



that the regulations did not impose an “undue burden” on a woman’s constitutional right, guaranteed in *Roe v. Wade*, to terminate an unwanted pregnancy.

On the basis of *Casey*, the anti-choice movement shifted its strategy, which once focused on overturning *Roe v. Wade*, to abolishing abortion by making it inaccessible. State legislatures, backed up by deferential courts which considered no burden undue, have enacted hundreds of so-called “TRAP” (Targeted Regulation of Abortion Providers) laws in 44 states. Providers who lack the money and other resources to comply with these requirements have closed down their clinics all over the country.

Had the Supreme Court upheld HB2, half of the clinics in Texas would have closed, and the remaining eight providers—all in major urban centers—would each have had to serve about 10,000 patients per year. Vast areas of the state would have been left without any abortion services. This would be especially disadvantageous for poor women living in rural areas, who might have to travel 200 miles or more to reach the nearest clinic.

Justice Stephen Breyer, who wrote the Court’s majority decision, argued chiefly that the Texas regulations did not serve their stated purpose—the protection of women’s health. Abortion is one of the safest of all medical procedures, resulting in very few complications. Procedures done in surgical centers are no safer than those done in other facilities, and physicians do not need hospital admitting privileges, as the very few complications that require hospitalization arise after the patient has left the clinic.

Clinics that perform procedures that are much more likely to result in complications, such as tonsillectomies or childbirth, are not subject to these restrictions. Justice Breyer concluded that the Texas regulations provided few if any health benefits, posed a “substantial obstacle” to women seeking abortion, and therefore constituted “an undue burden on their constitutional right to do so.”

Kentucky pro-choice advocates such as Derek Selznick, the former director of the ACLU of Kentucky’s Reproductive Freedom Project, hailed the outcome of *Whole Woman’s Health* as “a tremendous victory for a woman’s constitutional right to have an abortion across the country, including here in the Commonwealth.” Indeed, by insisting that the constitutional right to an abortion includes the right of access to the procedure without undue hardship or political interference, the Court has taken a major step forward.

Professor Jamie Abrams of the Brandeis School of Law at the University of Louisville points out, however, that this decision focuses on the issues raised by the specific case

before the Court. In Texas, these were (at least ostensibly) health issues. By arguing that, contrary to the claims of legislators, the Texas regulations do not in fact defend women’s health, the majority decision defines abortion chiefly as a health measure. “Women’s health” is a concept that can easily be misappropriated for political purposes. Anti-choice legislators can and do also present themselves as defenders of women’s health.

In Kentucky, a bill (SB 212) that imposed the same restrictions as the Texas bill was passed earlier this year by the Senate, though it did not survive the legislative session. Some Kentucky legislators have already said that the facts are different in Kentucky and the Court’s ruling might not apply to them. Unfortunately, comments Selznick, we can’t expect those who oppose abortion rights simply to go home.

In addition, the majority decision is narrowly drawn, focusing on just two restrictions—health regulations and admitting privileges. In Kentucky, abortion providers face a host of other problems. Governor Bevin’s suit against Planned Parenthood of Louisville charges that it lacks a license to perform abortions and that its physicians lack hospital transfer privileges—different from admitting privileges! The Governor’s executive action that resulted in the closing of the Lexington EMW clinic cited dangers to “patient safety”—different from “women’s health!”—as well as many other alleged deficiencies.

In addition, of course, the decision says nothing about requirements such as mandatory counseling, waiting periods, and parental consent for minors seeking to terminate pregnancies.

Whether *Whole Woman’s Health* can be stretched to cover some or all of these situations will depend largely on the weight given by courts to the concurring opinion, written by Justice Ruth Bader Ginsburg. Laws such as those passed by HB2, she contends, would do nothing to protect health—their sole result would be to “make it more difficult for [women] to obtain abortions.” In conclusion, Ginsburg states that ALL TRAP laws merely “strew impediments to abortion” and thus “cannot survive judicial inspection.” Thus broadly construed, this decision might justify judicial scrutiny of many different types of legislation that set up obstacles to reproductive choice.



Standing Together – Methodists of Conscience

By Rev. Millie Horning Peters, Ordained Methodist Minister
KRCRC Co-Chair; Coordinator, Concerned Clergy for Choice Kentucky



The United Methodist Church became a founding member of the Religious Coalition for Reproductive Choice 43 years ago. In May this year, the General Conference (worldwide delegation) voted to sever ties with RCRC. In June, STANDING TOGETHER - METHODISTS OF CONSCIENCE was launched.

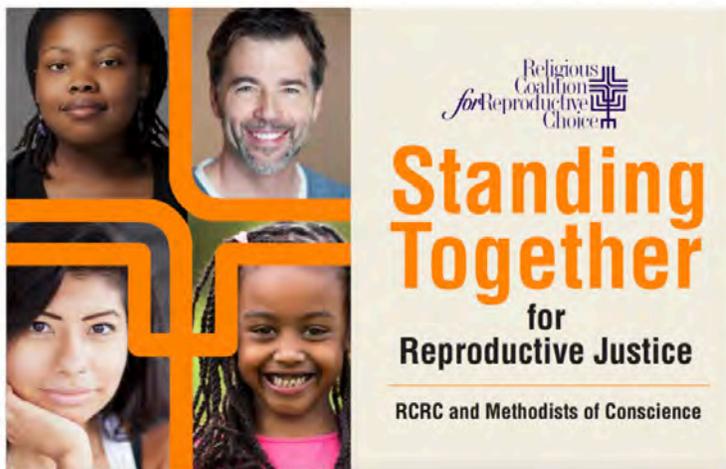
Countless progressive Methodists immediately put their best foot forward and determined to continue to speak out, stand up and work for reproductive health, rights, and justice. Annual Conferences (state delegations) across the land have passed resolutions to continue to support RCRC. Methodist Federation for Social Action chapters have affirmed their support for a woman’s choice. Progressive Methodists steadfastly continue to belong to a broad range of faith-based individuals and communities speaking out for women’s reproductive freedom.

A woman’s right to determine what happens to her own body is a sacred human right and a constitutional right.

Our journey to justice is vital to the wellbeing and economic welfare of families and communities throughout our nation. People of faith and people of conscience are STANDING STRONG TOGETHER.

Many years ago I chose to become a member and an ordained pastoral minister in the United Methodist Church. A major factor in my decision was the social justice and ecumenical spirit of the Methodist tradition. At that moment in history women were actively being appointed to pulpit ministry. Through the years a band of clergywomen supported one another, working together for women’s equality, reproductive choice, and other justice issues. Much has been accomplished. Much work remains to be done. We continue our faithful journey with courage, conviction and compassion.

On June 21, I joined the RCRC STANDING TOGETHER - METHODISTS OF CONSCIENCE Campaign. Kentucky Methodists who wish to join may go to <https://rcrc.wufoo.com/forms/xgf86bo0xsszbq/> to sign-on. An opportunity is given to participate in an upcoming online community event of METHODISTS OF CONSCIENCE.



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KRCRC MISSION STATEMENT
The mission of the Kentucky Religious Coalition for Reproductive Choice is to direct the moral power of people of faith and religious organizations to safeguard and advance reproductive justice in the Commonwealth of Kentucky. We do this through education, advocacy, counseling and support of organizations with related goals.



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for Reproductive Choice**
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RETURN SERVICE REQUESTED

The Religious Community in Support of an Individual's Right to Choose!



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JULY

What's KRCRC Been Up To? *Cont. from page 4* **Flea Off Market Booth**

Following up on a goal set at the spring Board Retreat, KRCRC staffed a booth in early July at the Flea Off Market monthly event in downtown Louisville. Your contributions allowed us to purchase a canopy tent, 6' table, and two comfortable folding chairs for use in this and future community events.

Featuring our Spinning Wheel of Reproductive Health, the Flea Off Market booth drew many interested visitors and new sign-ups for KRCRC's communications. Many thanks to our seasoned as well as new volunteers who pitched in to staff our booth!



Booth volunteers (from left) Pat G., Susan S., and Lauren K. look up a question in the Spinning Wheel binder.