

Bargaining for Health Care Reform

REPRODUCTIVE JUSTICE HITS A ROADBLOCK

The march towards health care reform has been difficult. With only Democrats in support of President Obama's bill, he was left without bipartisan back-up in making legislative history.

During the eleventh hour, following the passage of the bill, the president met with U.S. Rep. Bart Stupak and other anti-choice Democrats to reach an agreement. The agreement was to issue an executive order—a bargaining point to get pro-life Democrats, like Stupak, to vote for the bill. The order adheres to the Hyde Amendment, which restricts all federal funding of abortions.

"But nothing's changed," says Eric Gray, the communications director for the Democratic Party of Georgia. He says the Hyde Amendment is nothing new: federal funding for abortions had been restricted since 1976 when Congress passed the amendment to ban Medicaid coverage for abortion.

Still, there is something about this executive order that makes the Hyde Amendment stronger than before. In the past, the amendment was not law; rather, it was an add-on to an annual appropriations bill that has always been passed. Because it is now a part of an executive order, the only way it can be changed is by the president himself. Many reproductive justice organizations are now asking supporters what can be done to tackle this barrier.

"It wasn't what [Obama] wanted to do, but what he had to do," says Gray. "The choice

was either to not do the executive order and not have the bill passed by four or five Senators, or do it and have it passed."

The new order was a blow to many reproductive justice activists, and feminists are in disbelief that a pro-choice president would enact such anti-choice legislation.

Many pro-life activists claim that the order means nothing and won't stand up in the courts. But these complaints have not decreased the size of the obstacle that the order has placed in the path of women's reproductive justice. The National Organization

for Women (NOW) and NARAL (National Association for the Repeal of Abortion Laws) Pro-Choice America have both issued press releases

questioning the use of this particular bargaining point. NOW says that the bill projects the message "that it is acceptable to negotiate health care reform on the backs of women."

NARAL has stated that "the legislation includes an onerous provision that requires Americans to write two separate checks if the insurance plan they choose includes abortion coverage." NARAL claims that this "bureaucratic stigmatization" could cause insurance companies to stop coverage of abortions.

I met Kelly Happe in her office in March. She's a professor in women's studies at the University of Georgia who teaches a course

on biology and the politics of women's reproductive health. She began our interview by explaining to me that access to abortion is a civil rights issue: that because only women can get pregnant, the government has an obligation to protect women's reproductive rights. But it hasn't. She said that the fact that women's rights were leveraged in order to pass the health care bill reveals much about the standing of women in this society.

"We don't think of other rights in this way," said Happe. "Restricting access to abortions is not understood as hindering women's rights. So it's easy for people to think that it's plausible to sacrifice abortion rights for health care reform."

The Feminist Women's Health Center is an organization in Atlanta that works to educate and train both women and men in order to empower them to go out and speak about reproductive justice rights. The center holds "local advocacy days" for volunteers to go to the capitol and lobby both the House and the Senate, depending on what legislation is pending.

"There's a lack of education on legislation and policies that affect reproductive rights, so we want to train and educate as a way of empowerment," says Lauren Williams, the legislative coordinator at the Feminist Women's Health Center.

Aubrey Denmon is a graduate student in public health policy and management at UGA. Kelly Happe told me that Denmon had conducted an analysis of the health care bill with an emphasis on women's reproductive rights. I met with Denmon and she explained to me her concerns that access to reproductive health options across the board would be compromised in the process of the health care debate.

Denmon described a delicate dance of finding a good compromise that would help the uninsured without limiting women's reproductive options. She said that each state decides whether it wants to set up a plan that covers abortion, and that there's no guarantee that women will even be able to get a plan that covers one. Denmon cited a list of women this will affect, including those on Medicaid and receiving assistance from Indian Health Services, Peace Corps volunteers, women on disability, military personnel and all federal employees.

"Why can't we just trust women to know what's best for them?" asks Denmon, expressing disappointment in Obama. "This abortion issue represents cultural-wide paternalism. Personally, I would rather have seen him be a strong proponent for women. I wish he would have used the opportunity to say, 'This is an important health care service, and we're going to protect it.'"

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