Sprinkle:

An Undergraduate Journal of Feminist and Queer Studies

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Editorial:

"Not Your Average Cupcake"

Sprinkle has made its way from Canada to California, and we are incredibly excited. While Cal Poly may not have a Sexual Diversity Studies program, we have a vested interest in fighting for equality. The Gender Equity Center, Pride Center, Multicultural Center, Safer, Triota, the Ethnic Studies Department and the Women's and Gender Studies Department at Cal Poly all serve as outlets for students to explore and address current issues surrounding equality. We have caring professors, and dedicated students who work together to make a positive change. Because of this we have rebranded the journal to: An Undergraduate Journal of Feminist and Queer Studies. We will strive to provide the quality and professionalism that *Sprinkle* has shown through the past four volumes.

Sprinkle(s), in California, elicit thoughts of a gourmet cupcake shop that has a cupcake ATM. Put money in a machine and receive a cupcake. Happiness abounds. Cupcakes are sweet, fluffy, and delicious. *Sprinkle*, the journal, tackles heartbreaking issues of oppression that we see throughout marginalized groups in this society. This is not to say that the journal will not bring you the happiness of a cupcake -- it will! Not only does this volume tackle issues of oppression as they relate to law and policy, it offers ideas and solutions to make meaningful changes to today's society. The "sweets" we can offer you come from the change we can see by challenging these laws and policies head on. After all, the wonderful prospect of laws is that they *can* change.

Reading the manuscripts submitted by the authors was truly a treat for us. We were in awe at the vast array of ideas and the passion that radiated from the submissions. From articles about silencing the LGBT community, to reasons why rape still plagues our society, to the struggle of

women to maintain bodily autonomy and fight the media's problematic portrayal of reality: there is a desire for change. We thank all of our authors for their passion and interest in these issues.

As Associate Editors of Vol. 5, we would like to thank the entire editorial board for working hard during a stressful quarter. This could not have come together without your dedication.

We would also like to thank Dr. Meyer for guiding us through the process of bringing this journal to Cal Poly. She was inspired by our Intro to Women's and Gender Studies class to bring this journal here, and we had no idea that this amount of excitement and fulfillment could come out of working on this journal. Dr. Meyer has given us hope that we can start making changes at Cal Poly. Despite the fact that we have a lot of great centers that do an immense amount of work around these issues - it is still not at the forefront of the student experience. Dr. Meyer has given us an outlet for students to share their ideas in an academic way that remains personal and meaningful. We cannot thank her enough.

The definition of sprinkle, as stated by Merriam-Webster, is "to scatter or drop in particles." We hope that this journal scatters some hope and ideas within yourself that inspire you as it has inspired us. We thank you for your support and interest in this journal.

Jerusha Beebe and Gabrielle Koizumi
Associate Editors

Editorial:

Sprinkle Evolution: New look, new name, new home

We are so excited to bring you another edition of *Sprinkle*. The journal went through a brief hiatus as I moved from Montreal to California Polytechnic State University in San Luis Obispo. My position here is primarily in teacher education, so in my first year (2012-2013) I had limited contact with students working seriously on questions related to feminism and queer theory. In my second year, I benefited from some of the shifts in my program which freed me up to teach two sections of WGS 301 – Introduction to Women's and Gender Studies. Through my work with the students in these classes I knew it was time to revisit this journal and make space for these students, and others like them, to have a broader audience for their ideas and their writing.

I am proud to note that some of the original editors of the journal have gone on to do some wonderful things including: completing an internship at *Bitch* magazine, going on to graduate school, and being a staff writer at *The Huffington Post.* These students have told me how valuable it was for them to have this publishing experience and I am so proud of where this journal has been able to lead them.

I am grateful to have had the opportunity to work with yet another amazing group of dedicated, thoughtful, and hard-working students. Since Cal Poly is on a quarter system, this team had only 10 weeks to pull this issue together. Considering this is the first time any of them have worked on a project like this, I am very proud of the final product. I am also excited about our 'makeover'. Our previous visual identity was fun and a good start, but we now have a new logo and a new name that better reflects the direction and vision for this journal. By expanding out of

sexual diversity studies into feminist and queer studies we open up opportunities for a greater audience and broader array of topics to be included.

As you read the pieces in this publication, I hope you will continue to stretch the ways you think, understand, and examine issues related to feminism, law and policy. There are so many contemporary issues that impact many people's lives that can benefit from a feminist analysis. I encourage you to engage in dialogue with each other via posting comments on the Freire Project website or on our Facebook page. The strength of an online journal in a Web 2.0 world is that these ideas can continue to evolve through critical conversations and feed into the next publication.

We hope these articles will inspire and provide support for more scholarly work and community action in this field. Thank you for reading and sharing *Sprinkle* with your friends, professors, and social networks. We look forward to seeing you online!

Elizabeth J. Meyer
Editor-in-Chief

"Your Lifestyle is Disgraceful": The Silence and Exclusion of LGBT Identified People

No More No Promo Homo Laws

By: Devon Fernandez

ABSTRACT. This article addresses the issue of various "No Promo Homo" laws that are being enacted in several school districts across the country. "No Promo Homo" laws are laws that are put in place to prevent the positive discussion of the Lesbian, Gay, Bisexual, and Transgender (LGBT) community in schools. The author critiques the reasoning and flawed logic behind these laws and explores the consequences that the laws may produce. The author concludes the article by advocating for laws that enable more inclusive education, such as California's FAIR Education Act. Her main stance is that children from all walks of life should feel safe and protected at school.

Introduction: What Are No Promo Homo Laws?

"You have a teacher talking about his gayness…That's child abuse." Senator Michelle Bachman uttered this obscene comparison during a conference in 2004 (Bakay, 2011). To compare discussing the normalcy of homosexuality to things like beating a child or impairing them mentally is ludicrous. However, many people hold the same exact views as this senator. There are people in our country who so strongly believe that being a lesbian, gay, bisexual, transgender, or queer (LGBTQ) person is so inappropriate that they are enacting laws preventing any discussion about these people or their stories in public schools. These laws, commonly referred to as "No Promo Homo" laws, have been proposed in many states and actually enacted in several of them all across the country. Some states have chosen to prevent the portrayal of homosexuality in a positive light. Others have chosen to make it illegal to discuss homosexuality at all (Bonauto, n.d.). Through the analysis of various arguments for and against these laws and through the explanation of the actual effects

of these laws on children, I will demonstrate how harmful they are. School is a place where children should be able to learn about the world and how to be a productive member of society. Productive members of society do not discriminate against people based on who they love. LGBTQ discussion should not be an issue that is ignored by schools and the laws that are making it this way need to be repealed.

States with No Promo Homo Laws

Currently, there are eight states that have some form of a No Promo Homo law. These states are Alabama, Arizona, Louisiana, Mississippi, Oklahoma, South Carolina, Texas, and Utah (Gay, Lesbian, and Straight Education Network, n.d.). They are all quite similar in nature. As an example, Arizona's Revised Statute 15-716 states "no district shall include in its course of study instruction which portrays homosexuality as a positive alternative life-style" and Louisiana's RS 17:281 states "no sex education course offered in the public schools of the state shall utilize any sexually explicit materials depicting male or female homosexual activity". Tennessee is currently attempting to take it one step further with their revised version of the "Classroom Protection Act" (more commonly referred to as the "Don't Say Gay Bill"). This bill would not only make it illegal for schools to discuss homosexuality, but would also require staff members to out gay children to their parents (Ford, 2013). Being "outed" before you're ready can be incredibly detrimental to a child who may not even be sure how they identify yet. No one should be instructing children on whom they are or who they need to be. They need to discover it for themselves. States such as Tennessee view homosexuality and other non-heterosexual lifestyles as immoral. The justifications for these laws vary from state to state and person to person, but common reasons include religious or moral principles. Many of the states that have enacted these laws have a very high religious population. Others just don't understand homosexuality and how natural it is. However, the legality of

this is questionable. Should people be allowed to make laws based on religious rationale? Isn't censorship in this way unconstitutional? While this is a bit of a gray area, ultimately these laws are unconstitutional on the basis of the First Amendment. Restricting discussion of an entire group of people violates our right to free speech and they are incredibly discriminatory (Waldman, 2011).

Fighting Back

Encouragingly, many people, organizations, and states have stepped up in the fight against these types of laws. Back in 2009, the Anoka-Hennepin school district in Minnesota enacted a "Sexual Orientation Curriculum Policy" which stated that teachers must remain neutral when discussing topics about sexual orientation (Buzuvis, 2012). This, among other factors prevalent in the school district, led to an alarming amount of suicides between 2009 and 2011. Many of the children who committed suicide were either gay or thought to be gay by their peers. While it is unfortunate it had to take several children's deaths for people to realize how wrong this law was, luckily people in the community did begin to speak out against it (Horner, 2013). Eventually, this led to the policy being repealed and replaced by a more inclusive policy called the "Respectful Learning Environment Policy" which states that school staff members shall be respectful of all viewpoints and not try to persuade students to believe one thing over the other. Another example of people taking action against this kind of discrimination involves a state-wide decision to make it so children of all identities feel included. California's Fair, Accurate, Inclusive, and Respectful (FAIR) Education Act not only fights LGBTQ discrimination, but actually makes it mandatory for schools to discuss the history and current events of LGBTQ people (Equality California, 2010). The inclusion of LGBTQ issues in the school curriculum results in students understanding more about people who may be different than they are and could make them feel more comfortable and empowered if

they identify as LGBTQ. Ignoring an issue won't make it go away but educating oneself on an issue could be enlightening. While many of the arguments against LGBTQ curriculum have to do with a fear for how children will grow up, research has shown that learning about LGBTQ topics actually boosts morale in schools and results in less bullying. An organization backing the FAIR Education act called Equality California reported that, "The Preventing School Harassment Survey in California found that schools where the majority of youth report having learned about LGBT people in the curriculum, only 11% of students report being bullied, but that number more than doubles to 24% if the majority of students in a school say they haven't learned about LGBT people" (p. 2). While not many states require schools to teach about LGBTQ topics, there are several that are actively trying to prevent discrimination and bullying towards LGBTQ students. Currently there are 15 states with "Safe Schools Laws" or laws that specifically target bullying on the basis of sexual orientation or gender identity. These states are Arkansas, California, Colorado, Connecticut, Illinois, Iowa, Maine, Maryland, New Jersey, New York, North Carolina, Oregon, Rhode Island, Vermont, and Washington (GLSEN, n.d.). While we are on the right track, with more states having Safe Schools Laws as opposed to No Promo Homo laws, we still have a long way to go. Until our entire country has an all-inclusive curriculum and every student feels safe and accepted at their school despite their sexual orientation, our fight is far from over.

The Effects on Children

When deciding upon legislature to implement in schools, the first thing we need to think about is the students. Are the children attending these schools with No Promo Homo laws benefiting at all or are these laws merely providing comfort for homophobic parents? As addressed above, treating homosexuality as nonexistent only promotes bullying towards those who identify as such. This lack of

acceptance could lead to students avoiding their problems through many unhealthy outlets such as drugs and alcohol or even suicide, like the children of the Anoka-Hennepin school district (Meyer, 2010, p. 5). We can combat children feeling unnatural and unwanted by having authority figures making it known that they accept them for who they are. There is no doubt that we currently live in an androcentric and heteronormative society and similar to how we are socialized to fit into our gender norms we are socialized to believe heterosexuality is the norm and anything that strays from that is weird and unnatural (Lorber, 1994). As Charlene Gomes (2003) stated in her article entitled "Partners as Parents", "the fear that children will turn out to be gay assumes that being gay is in and of itself detrimental to the child" (p.384). If we teach our children from a young age that we will accept them and love them no matter what, they will feel like they can come to us with issues instead of hiding them and finding alternative "solutions". Ignoring something does not make it go away, but that is what No Promo Homo laws are trying to make us believe. For the most part, those who constructed these policies believe that by discussing homosexuality, children will automatically become homosexual. It doesn't work that way. By allowing schools to discuss these topics we won't be turning our kids gay, but we will be making it so those who may be questioning who they are or who already identify as gay feel safe at school.

Conclusion: No More No Promo Homo

Laws preventing positive discussion of the LGBTQ lifestyle are oppressive and unconstitutional. These "No Promo Homo" laws have more of a negative effect than a positive one for the children and staff that are forced to endure them. Instead of pretending those who identify as LGBTQ don't exist, states should be following in California's footsteps by properly educating students on the topic in order to prevent uninformed judgments. The earlier we

address these topics, the more likely children will grow up being accepting of people who are different than they are. With the alarming suicide rate due to bullying, this is something we need to be concerned about. Doing this will also make it so those who identify as LGBTQ at a young age or those with family members who identify as such will feel more comfortable in school environments. Children deserve to feel safe at school. And I don't mean only straight children or only Catholic children or only children who come from a privileged background. All children deserve this basic right, but this is an impossible goal to reach as long as "No Promo Homo" laws exist.

Devon Fernandez is a third year Child Development major and Psychology minor at California Polytechnic State University in San Luis Obispo, California. She grew up in the Bay Area and has always been an active ally for the LGBTQ community. As an aspiring elementary school teacher, she is hopeful that one day, children of all identities and backgrounds will feel safe and accepted at school.

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Off the GRID: Examining the Ban on Gay Blood in the United States

By Conner J. McMains

ABSTRACT: As a reaction to AIDS decimating the gay community in the 1980s and HIV concurrently infiltrating the blood supply, the FDA barred any male who has had any sexual contact with another male since 1977 from any blood drive or donor center in the US for life. Today, the pre-screening process intended to keep HIV-positive individual away does not take into account heterosexual risk-taking and is exceptionally easy to bypass. The FDA has clearly defined the next step for itself to reform the process by expressing the need for sufficient empirical evidence that men who have sex with men (MSM) are safe candidates for donation, but limited research initiated by the Department of Health and Human Services (HHS) which supervises the FDA is in its infancy. Indeed, stagnant research may cause the national blood supply to face jeopardy and will perpetuate discrimination against the gay community, but the FDA may view these as necessary casualties as it waits for the right time to change. Considering the FDA's position in a greater pool of civil rights issues, others such as marriage equality would be open to reform much more readily. Therefore it is in the FDA's best interest to allow other wrinkles in LGBT civil rights to be ironed out first, in order to dampen the scrutiny that may arise in retaliation to the ban's withdrawal.

According to the American Red Cross, only 38 percent of individuals living in the US are passable to donate blood: nearly 0 percent of these eligible individuals are homosexual men (American National Red Cross, 2013). Because any male who has had sexual contact with another male even once since 1977 is forbidden from donating blood, the 5 million patients nationwide who need blood products miss out on crucial units that could save their lives. There is almost always a blood shortage in the US, but gay men are denied the privilege to help because they have been marked

unclean by a simple yes or no question regarding sexual history. After the disease emerged in the 1980s, the FDA redesigned their screening process to leave out gay men in order to protect the blood supply from HIV, the virus having infiltrated the blood used for transfusions. Referred to as GRID (gay-related immune disease), HIV was killing off not only a substantial portion of the gay community, but also patients who relied on blood products, so the move to bar gay men from donating blood was necessary at the time. There are now precautions in place to protect against HIV infection on that scale—every unit is subject to rigorous testing before use—yet the FDA clings to the dramatic measure and insists blood banks turn away gay men. Interestingly, however, the same pre-screening questionnaire used to turn away sexually active gay men overlooks heterosexual risk-takers, who may be at greater risk for contracting or transmitting HIV than many gay men nowadays. With this in mind, if the precautions in place can protect the blood supply from someone who has come into contact with the virus 366 days ago, then there is a striking misalignment between the level of necessary caution regarding gay men and the measures taken to screen them. The FDA's once critical decision is now just an overreaction that discriminates needlessly against an entire community.

Looking back on the FDA's circumstances in the past, the lifetime ban on blood products from men who have sex with men (MSM) arose with understandable caution after thousands became infected with HIV. On July 16, 1982, the Center for Disease Control and Prevention (CDC) reported that three hemophiliac patients had been infected with HIV from units of blood (Bogdanich, 2003). By the 1980s, epidemiologists began to suspect that the disease was spreading through the blood supply; however, there was not sufficient equipment available to screen out HIV from units of blood taken from donors. Unmitigated, the virus then infected between 10,000 and 15,000 of the 25,000 Americans suffering from severe hemophilia: less than 2,000 were still alive in 2010, according to the CDC (Zajac, 2010).

With the consensus that, "as a group, [MSM] are at higher risk of HIV and other infections that can be transmitted through transfusions," a lifetime ban on blood from the MSM population was instated to protect the blood supply from this at-risk population (Jonas, 2005). But knowing today, that "The American Red Cross performs laboratory tests for multiple infectious disease markers on every unit of donated blood," including HIV, and that these tests "are upgraded or replaced with more sensitive technologies as [they] become available," this exclusion seems completely arbitrary (American National Red Cross, 2013). If all blood is subject to testing, HIV-positive units can be detected and discarded, and the Red Cross is still spending money on testing fees per pint. Thus, without even a financial benefit, there does not appear to be any more convincing reason for the FDA to keep question 34 on the pre-screening document aside from upholding some misplaced discriminatory pressure on gay men (American Association of Blood Banks, 2008).

Since the FDA stands behind unconventional logic to support their ban, it is starting to look like they have made a conscious effort to discriminate against gay men, refusing blood that the MSM population could provide. If we pay attention to the way that the FDA regulates blood collection, we notice that restrictions are not difficult to circumvent—anyone can donate blood if they lie—and so not only is the policy unfounded, it is unenforceable. One can deduce the screening procedure's laxity just by reading the website for the American Association of Blood Banks (AABB); they state, "During pre-donation screening, a blood bank employee will ask you some questions about your health, lifestyle, and disease risk factors," proving that donation centers accept a verbal account of one's sexual history or HIV status as a sufficient prerequisite to blood donation (American Association of Blood Banks, 2008). The pre-screening questionnaires, if not conducted verbally, are mere paper forms, and the subsequent physical exam includes a simple blood-iron test as the most invasive assessment. Phlebotomists have to take virtually anyone's word

regarding sexual history, and there is no pre-screen for existing STIs or blood-borne diseases, so a policy as seemingly aggressive as a lifetime ban from donating blood takes about as much effort to disobey as it does to check the *no* box. Because "there is no single question about having heterosexual unprotected sex," even when "HIV has spread into the heterosexual population," the disproportionate stigma on MSM is no longer acceptable since HIV is now more than just a gay infection (Conway, 2012; Head, 2013). The FDA must undergo an attitude adjustment if we would like to remove the unfair expectations surrounding the sexual habits of the gay community.

Since there is still paranoia surrounding gay blood, donor centers and blood drives are still required to be wary, but they do not adequately defend themselves from individuals who lie about their sexual history to donate blood. Kate Conway, writer for XOJane.com, is one such blood-donation fabulist. Writers for XOJane.com are living through the very things they write about: Conway provides frequent commentary on gender identity and equality. She "had been playing around with [MSM] guys since high school," but has been "lying inadvertently to the good old ARC for years," in order to donate blood, confirming that the Red Cross does not effectively investigate donors whom they would otherwise deny. In her opinion, mendacity is acceptable because not only is it easy, "HIV detection abilities have skyrocketed since the 1970s," (Conway, 2012). The detection abilities she is referring to allow scientists to screen HIV-positive blood "within days of infection," (Christensen, 2012). Even though she does not fall into a banned-for-life population, Conway would at least have to refrain from donating for a year after having sexual relations with an individual at risk for HIV. Blood donor centers are not on their guard when she comes in, but the advances in technology used to monitor her blood will protect the blood bank against whatever hidden threat she may pose, regardless of her medical or sexual history (American National Red Cross, 2013). In the same way, a gay man could

donate blood regardless of his HIV status and he would still minimally threaten the national blood supply, despite the fact that the policy in place is meant to stop him.

In light of the fact that the FDA's persistence in banning gay blood is inarguably prejudiced, many others strongly oppose their policy and have provided convincing reasons why it should be lifted. Though the Red Cross and the AABB are the ones who outwardly enforce the ban, they simply enforce a policy enacted by their supervising agency. Senator John Kerry from Massachusetts, in staunch opposition to the ban, reports in a letter to the Secretary of the Department of Health and Human Services (HHS) that "blood banks…have called the current ban 'medically and scientifically unwarranted," in order to illuminate that the very organizations the policy is designed to protect are against it. To add an air of disparity to the issue, Kerry adds, "Still, healthy gay and bisexual men continue to be banned for life, while the FDA allows a man who has had sex with an HIV-positive woman to give blood after waiting only one year. This double standard is inconsistent and indefensible." By pillorying the ban with the term 'double standard,' Kerry denounces the slap on the wrist for equally high-risk donors, in comparison to a lifetime disqualification for a man who has had sex with a man, regardless of HIV status. To finish the statement, Kerry makes it seem as though excluding healthy MSM takes precedence over saving lives by stating, "Our current policies turn away healthy, willing donors, even when we face serious blood shortages" (Congressman Mike Quigley Campaign, 2012). Kerry has accentuated the simplest yet most important reason that gay men should be allowed to donate blood: we need it.

Regardless of whom the AABB allows to proffer pints, we have seen that the ban itself is relevant neither to the safety of the blood supply nor to the viability of the Red Cross or AABB, so we must take into account the context of the issue to understand why it is still being enforced. Various other authorities have targeted this policy, deeming the artifact "suboptimal," but the FDA operates under the

pretense that it would be remiss to lift the ban because "there is a risk, however marginal, that the virus will go undetected (Vanacore, 2012). They have been requesting more information for years so that they may reconsider, but research aimed at declassifying gay blood as dangerous is still in the "planning stages," (Wetzstein, 2012). This research moves at a glacial pace not because it is painstaking and labor-intensive, but because there is still progress to be made in demystifying LGBT individuals to the general population. Before the public changes its mind about homosexuality, associating a topic as frightening as blood with the remaining prejudice toward the LGBT community can cause problems until at least one of these two items is desensitized. People will likely remain squeamish. If the FDA was to suddenly begin accepting and distributing units from individuals still thought by some to be "unclean", the organization would likely meet some resistance (Robinson, 1996). As a result, it is in the FDA's best interest to wait until other issues regarding the LBGT community can be sorted out before bringing blood into the picture.

Fortunately, the momentum toward equal rights for gays and lesbians continues to build, and with that comes some hope that blood donation may change soon. Even former Secretary of State Hillary Clinton adds to the gay civil rights movement, having publicly endorsed same-sex marriage. On March 18, 2013, she voiced the opinion of a growing number of Americans that "Gay rights are human rights" and vice versa (Jackson, 2013). Nine states are already on board with Clinton, and California will hopefully move forward when the Supreme Court releases its ruling on *Hollingsworth v. Perry* in June 2013, deciding whether same-sex marriage is constitutional. In addition to marriage equality, adoption for gay couples is in the works in *Fisher-Borne v. Smith,* arguing on behalf "of six same-sex couples seeking the right to obtain second parent adoptions for their children" ("Same-Sex Couples," 2012). When even the NBA can rejoice in athlete Jason Collins' recent coming-out, we see that topics regarding civil rights for gay and lesbian

Americans are pervading courtrooms and the news, and the public is beginning to change its mind ("NBA's Jason Collins," 2013). So by using other pertinent LGBT-related issues as a buffer, the FDA can strategically time its amendment to the presently discriminatory blood donor questionnaire, sensibly screen homosexual men, and consequently augment the blood supply without fueling a hysteria that every pint will be crawling with HIV. Thus it is not a question of *if* the FDA will reform the blood donation exclusions, but *when*.

While we wait for the FDA to ride the current of other LGBT-related good news, the best area to focus support is actually on these other LGBT issues, so that we can facilitate the FDA's next move. Since the ban on gay blood donation has been thoroughly denounced by this point, there is not much else to be done in terms of activism and awareness regarding blood in particular. We now understand the Red Cross and the AABB are not actually anti-gay, so allied protesters can stop withholding their blood in protest, because kindhearted and sexually responsible heterosexuals will have to donate most of the blood in the meantime (Hernandez, 2012). But by backing the same-sex marriage debate, endorsing adoption for same-sex couples, and fighting discrimination in school and the workplace, we can help the rest of America better understand a forthcoming decision to accept gay blood and quell and the resulting opposition. Hopefully the FDA will even follow the example set by other countries, such as Chile, whose Health Ministry decided on April 24, 2013 that "sex between people of the same sex ceases to be considered a danger," and potential donors must now wait 12 months and have engaged in a monogamous relationship during that time (Trovall, 2013). As we watch other countries break ground in civil rights, we still sit complacent with our delayed progress. Many Americans are quick to criticize those who supported racial segregation 1960s, but some of these very individuals still throw around derogatory terms, or cringe when they realize that their barista, or even their phlebotomist, of the same gender may be attracted to them.

The problem has been, and still is to an extent, that we have difficulty recognizing injustice until we have been removed from it. Now that we are beginning separate from an era in which oppressing homosexuals was commonplace, we will be able to look back on our behavior, realize the error in our ways, and ease into a new "normal."

Conner McMains is a third year undergrad studying Neuroscience at USC. He hopes to attend medical school after graduation and pursue a career in anesthesiology. He notices injustices regarding the LGBT community from a health sciences perspective.

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Breaching the Wall: Fighting Barriers to End Sexual Violence

Rape: A Need for Clarity

By Jerusha Beebe

ABSTRACT. Rape laws have been changing recently on the FBI level. Many feel that this is a step forward to bringing inclusiveness around issues of rape. Rape laws continue to vary from state to state and some laws concerning rape are still around from the 1800's, which leaves many victims and survivors of rape without a voice in the justice system. This paper argues that there is a need to enact a Uniform Act for individual states to adopt so that there is a universal understanding of rape and an opportunity to change societal views about rape.

Introduction

January 6, 2012, the FBI changed the definition of rape. It was once defined as "the carnal knowledge of a female, forcibly and against her will." Now it stands as "the penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim" (U.S. DOJ, 2012). This was a victory for people around the United States who didn't feel that their experience of rape was real because of the original definition. Anyone who is penetrated orally or anally, women who are raped by other women, anyone who is penetrated with an object - they all have a voice now. Or do they? While the FBI definition has changed, state laws haven't. This paper will examine the problems associated with rape laws that vary from state to state, propose a solution, and look at how this solution would affect the way rape is treated, prosecuted, and understood in the United States. A feminist perspective will be used throughout to help understand why sexual assault and rape is such an important issue to address and how patriarchal ideas of femininity and masculinity have influenced how we

respond to rape. I firmly believe that creating a Uniform Act for each state to adopt will help clarify rape, make rape easier to prosecute, and provide a sense of safety for all citizens of the United States who have been raped or know someone who has been raped.

The Problems

There are several problems that arise from having rape laws that vary from state to state. In this paper, there will be a focus on the standard FBI definition rape instead of statutory rape. However statutory rape should be addressed at another time, as having the age of consent vary from state to state breeds confusion as well. The main problems that need to be addressed include: a lack of inclusiveness within the definition of rape, a lack of understanding surrounding the word consent, and too many laws that are outdated and need to be reviewed.

Living in a society that views men as the default and women (and those outside the binary) as second breeds a lot of norms and expectations for both sexes. Men are expected to be strong, be the provider, and to always want sex. Women are expected to take care of the children, do the domestic work, and be submissive (Shaw & Lee, 2012, pp 112-116). These types of roles assigned to men and women directly affect how rape is viewed. If society views men as always wanting sex, how would society view a man who was raped by a woman? If society views men as being strong, how would society view a man who was overpowered and raped by another man? Rape, in some states, is still defined as penetration of a vagina (First-Degree Rape, 2004). However, statistics show that 10% of rape victim/survivors are men (Who are the Victims?, n.d.). How can these men get recognition for what happened to them? There are codes that acknowledge that this can happen to men, however the codes specify it as something other than rape - sexual assault or sodomy. Separating and qualifying what is and isn't rape within the law can cause confusion on what is and isn't rape

in everyday life. This applies to women and men who don't fit the definition of rape as vaginal penetration as well. Anal rape, oral rape, and rape with an object all qualify as rape under the new FBI definition. The idea that rape can happen to anyone, regardless of gender, needs to be understood to be able make a change.

Consent is often briefly addressed in laws, but most state laws include the phrase "by force" or "forcible compulsion" or some other variation of force (First-Degree Rape, 2004) (Rape in the First Degree, 1975). The force mentioned means the threat of death, kidnapping, harm, or something similar. The new FBI definition of rape does not have a force component but instead only mentions consent. Consent is defined by California law as "positive cooperation in act or attitude pursuant to an exercise of free will. The person must act freely and voluntarily and have knowledge of the nature of the act or transaction involved" (CPC § 261.6, 2013). California seems to have the most inclusive working definition of consent, so that will be used as reference. Having consent defined by a fear of death or infliction of pain if one doesn't cooperate takes away from the reality of rape - someone is taking away the choice to own one's body with or without force. Debra Anne Davis wrote an article about how she was raped by a stranger but never fought back; she even flirted with him (2004, pp. 534-537). He never told her he would kill her and never said he would hurt her. She just went along with it because she was afraid and she didn't want to be rude. That is not consent. While there was no threat of death, there wasn't consent either. When I was raped, I didn't consider it rape because my boyfriend at the time was the rapist. He didn't threaten to kill or hurt me but he had broken me down so much that I felt I had to have sex with him or he would leave me. Other times I was asleep and too afraid to tell him no when I realized what was happening. That was not consent. However, these definitions of "forcible" rape make people like Davis and myself question whether or not what

happened to us was rape or not. Consent and force need to be redefined to be able to make a change.

California recently declared a man not guilty of rape because of a law still in the books from 1872 (Martinez, 2013). He had impersonated a woman's boyfriend and had sex with her while she was asleep. The law on the books says it only counts as rape if the man had impersonated a husband, not a boyfriend. California is not the only state with this law. Utah has a similar law that states there is a lack of consent when a perpetrator knows that the victim thinks they are their spouse (Sexual Offenses, 2003). Do politicians need to go through the trouble of checking each state's laws to find if they have outdated rape laws and then go through the process of trying to change them? Or is there an easier option? Outdated laws need to be removed to be able to make a change.

The Solution

Shaw and Lee describe law as the "formal aspects of social control that determine what is permissible and what is forbidden in a society" (2012, pp. 564) This means that citizens have the power through laws to say that rape of any kind is not okay. One simple way to get rid of all of the problems listed above is to draft a Uniform Act on Rape. Uniform Acts are drafted by a special committee as proposed state laws. States then vote if they want to adopt the law or not (Uniform Acts, n.d.). The Uniform Act on Rape should include the FBI definition of rape and California's definition of consent as the basis for what rape is. Some people might argue that laws need to have qualifications for acts of rape that are more intense than others - such as bodily harm or threats of death. I agree. However, the point with the Uniform Act is that it provides a solid ground for defining rape. There would no longer be a separate code for sexual assault or sodomy as it would be included in the base definition of rape. Sentencing times could increase as the intensity of the crime increases, but there would no longer

be the feeling of decreased importance if a rape doesn't meet the legal definition of rape as it varies today. Sexual harassment or any other sexual crime not defined as rape may or may not be included but would most likely continue to be at the state's discretion.

The committee would need to go through the laws of every state and make sure to include all of the different ways rape can be committed for good measure, but would also need to critically examine laws that are outdated. The committee would also decide on a loose sentencing structure (to allow for the individual circumstances of each case) to help guide what would be an expected amount of time in jail for the crime. This process would be long but as such would incite public controversy and talk. This would further help spread discussion on rape and show that the United States cares about victims/survivors.

The Outcome/Conclusion

Having a Uniform Act on Rape would promote discussion and an understanding that rape of all forms is not acceptable. It would force states who still define rape as vaginal penetration to discuss why those laws are the way they are. Having a base definition of rape would make victims/survivors feel comfortable speaking out because they would have the government behind them agreeing that what happened to them was rape. All genders and all experiences would be accounted for. People would be able to discuss rape in every state and know that they are all receiving the same information and knowledge. People would know that wherever they live, they wouldn't have to worry about how they would be treated if they were raped. This might make people more comfortable coming forward. We know that rape is underreported (Shaw & Lee, 2012, pp. 504), and maybe having this act would help people show just how prevalent it is. Most importantly, it would provide comfort. Rape is a terrible crime that is often swept under the rug through victim blaming and little qualifiers that

make it "not count." When victims/survivors have the support of their government and fellow citizens through the Uniform Act on Rape, our country will finally be united and ready to incite change.

Jerusha Beebe is a third year Psychology major, minoring in Women's and Gender Studies and Ethnic Studies at Cal Poly, SLO. Ze is a proud intersectional feminist who hopes to make a difference in the world of sex education and in the lives of rape survivors and victims. Ze plans to move to the East Coast to get hir doctoral degree and continue living a happy life with hir cat.

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Sexual Assault Reporting in College

By Nicole Glass

ABSTRACT: Despite the efforts of lawmakers, teachers, administrators, and volunteers, sexual assault still runs rampant on college campuses. While a number of laws, such as Clery Act and Title IX, have been put in place to deter these acts of violence and make it easier for survivors to report, more progress needs to be made to ensure student safety. The inadequacies in these laws concerning reporting may mask the prevalence of sexual assault and harassment on college campuses. The Campus SaVE Act, as passed under the Violence Against Women Act, addresses some of these inadequacies and is a step in the right direction for the United States and its schools. However, it is not perfect, we must stay diligent in passing laws that support sexual assault survivors.

When I was going through the process of choosing a college, there were a lot of factors to look at. Would I go to the school with the best sports team? How about the most research positions? Should I look at the most beautiful location? But there was one factor to consider that often goes overlooked: the prevalence of sexual violence on campus and the resources available to me as a student. The early twenties, the age of most college students, may be one of the most dangerous times to be a woman in terms of sexual assault. It is estimated that 1 in 5 college aged women will be victims of a rape, and the number jumps to 1 in 4 if you factor in attempted rape (National Statistics about Sexual Violence on College Campuses, 2010). It is a frightening statistic, one that deserves more attention on the national stage.

The best way to figure out what can be done to decrease these incidents is to first examine the current laws in place to protect students. Then we must evaluate any new laws that will be implemented. Careful scrutiny showed that while acts such as the Clery Act and Title IX are important

pieces of legislation in terms of identifying and preventing sexual assault, the SaVE amendment in the newly passed Violence Against Women Act and legislation like it are still necessary to keep the rate of progress towards safer campuses steady.

Clery Act and Reporting Rates

There have been a number of federal laws put in place to combat the pervasive sexual assaults on college campuses by informing the public about reported abuses. One of these laws is the Campus Security Act, also known as the Clery Act. Under this act, colleges receiving federal student aid are required to: have a public crime log, disclose on-campus crime statistics in public areas, send out warnings about potential threats on campus, and to construct and implement an emergency response system, among other requirements (Security on Campus.Org, 2012). The reasoning behind passing the Clery Act is sound, as all students have the right to know about the reported crimes on campus. However, the incompleteness of the report could increase the expectations of students and their families about on campus safety. According to RAINN (rape, abuse and incest national network), most sexual assaults go unreported. In fact, only 46% of rapes/sexual assaults ever get reported (Rape, Abuse, and Incest National Network, 2009). Additionally, not all of these reported rapes are conveyed to police officers, and are thus at risk of not being counted in the Clery Report.

The Clery Report is the tri-annual report put out by every school, as called for by the Clery Act, detailing the number of reported crimes by nature of the crime. California Polytechnic State University explicitly states on its Clery Report for 2012, "Anonymous reports of offenses reported to professional counselors are not included in these statistics," indicating that even if the sexual assault was reported to a counselor, it was still not included in the Clery Report (Campus Crime Statistics, 2012). The Clery Act needs

to be amended so that all reported sexual assault crimes, including crimes not reported directly to the campus police, are reflected in the report. Even if the exact details of the case are unknown or unavailable, it should be included in the Clery Report. There is a way to maintain a survivor's right to privacy without completely disregarding the fact that an incident occurred. Because the safety of students is concerned, it would be better to have a statistic for sexual assault that may be higher than the actual number of incidences than lower. Until this part of the legislation is revised, the report is useless for trying to get a feel for the prevalence of assault on any one campus. The Clery Act is not the only flawed legislation effecting reporting rates on college campus, another being Title IX.

Title IX

When people think of Title IX, often the first thing that comes to mind is equity amongst men and women's sports teams. This is not the sole purpose of Title IX, in fact the legislation addresses many key issues having to do with sexual harassment and sexual assault. For instance, the amendments include a compulsory plan be devised by the individual schools that allow students to file complaints of sex discrimination. One very interesting piece of this complaint system is that the "preponderance of evidence standard" can be used to evaluate it (U.S. Department of Education, Office for Civil Rights, 2010). This means that the person looking at the complaint is allowed to use the knowledge that it was more likely than not a true complaint, instead of using the court standard of innocent until proven guilty. This is a definite step in the right direction, especially in our current culture of victim blaming and doubt. A problematic mandate highlighted in Title IX is that:

> Even if a student or his or her parent does not want to file a complaint or does not request that the school take any action on the student's behalf, if a school knows or reasonably should know about possible sexual

> harassment or sexual violence, it must promptly investigate to determine what occurred and then take appropriate steps to resolve the situation (U.S. Department of Education, Office for Civil Rights, 2010).

This law is not specific enough for the schools to really be held responsible for a negligent attitude in creating a safe environment for their students. It also violates the survivor's rights by launching into an investigation against his or her will. This piece of the amendment takes power away from the survivor, when the school should be focusing on empowering the survivor.

VAWA: Campus SaVE May Save Campuses

A provision in the recently passed Violence Against Women Act (VAWA), which has been reauthorized in 2013 for the first time since 2005, is the Campus Sexual Violence Elimination Act, or SaVE (Shaw & Lee, 2012, pg.505). The main goal of this piece of legislation is to amend the Clery Act, as to broaden the scope of reportable offenses and have more services for survivors of sexual assault. First, it addresses a key deficiency in the preexisting reporting program for campus security by adding intimate partner violence to the list of crimes the campus police must address in their report. Intimate partner violence covers "stalking, dating violence, sexual violence, or domestic violence" (Security on Campus, Inc., 2011). Including stalking and domestic violence is important because on average, 1 in 12 women are stalked in their lifetime (Shaw & Lee, 2012, pg.506). Of those women, 81% were also physically assaulted (National Statistics about Sexual Violence on College Campuses, 2010). The additions to the report may help balance out the statistics so that it will more accurately reflect the number of sexual assaults and harassments actually occurring on campus. This would give prospective students a slightly more accurate representation of how prevalent violent incidents are on or near campus. SaVE also ensures that each and every college campus has programs

set up to make the process of coping with sexual assault easier and the legal process more transparent.

It is possible that the reporting number of sexual assaults is so low because some survivors are nervous about going through the complicated legal process. Another worry is that the details of the complaint and subsequent trial will be made public and the survivor will undergo what has been termed "victim blaming". Victim blaming is when the survivor of a violent crime, for example rape, is accused of provoking the crime. For crimes of a sexual nature, the acts of the perpetrator are often blamed on the clothing choices, attitudes, or inebriation of the survivor. The Campus SaVE Act ensures that survivors are told all of their legal rights and the school provides for any restraining orders obtained.

Programs that are ensured by Campus SaVE are aimed at preventing of sexual assault by creating rigid requirements for awareness programs on every campus (Security On Campus, Inc., 2011). Awareness programs may seem like a roundabout way of getting at the issue of sexual assault and harassment, but getting a campus educated about sexual assault may very well be the best way of preventing it. Programs like the ones being required by SaVE can help students overcome bystander effect (phenomenon where each person in a group that is bearing witness to a crime thinks that another member of the group is going to intervene, and so does noting to help the victim), can give fairly clear definitions of consent to anyone who is still confused, and most importantly can bring the issue of sexual assault to the forefront of the student issues stage. SaVE helps college campuses progress by smoothing some of the issues with reporting past incidences, providing support for those still going through the ramifications of sexual assault, and trying to make sure that future assaults are thwarted through education. While Campus SaVE is not perfect, and is certainly not a fix-all for sexual violence, it is a step in the right direction.

Conclusion

When you sit down to learn more about what is being done to reduce the number of women and men who are being victimized by sexual assault, what do you find? Well, you may find a lot of half solutions, and a lot of proposed ideals. One bright spot on this bleak canvas is that there are pieces of legislation, such as VAWA, Title IX, the Clery Act, which greatly aid the prevention of sexual assault on college campuses. Are these laws perfect? No, there are some major issues, especially with Title IX and the Clery Act, which deserve another looking over on the national stage. We should be a society that always strives for improvement, and if we take a look at the SaVE Act, we can see improvements are being made. These are improvements that could make life a little better for a sexual assault survivor, or could spread education that may even save someone's life one day, if it hasn't already.

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Rape and Rape Culture on College Campuses

By Jillian Ray

ABSTRACT. This paper analyzes the connections between college campuses and rape culture by defining rape culture, looking at what factors may cause rape culture to persist in postsecondary schools, and exploring rape myths. The paper also focuses on providing an overview of the current campus policies regarding rape and sexual assault in both a broad sense, as well as zeroing in on policies of California Polytechnic State University San Luis Obispo. This paper also proposes a call for action for more victim-oriented action in sexual assault policy, and expresses the need for a culture shift in order for substantial changes to be made.

"My women students… are perfectly aware of the risks of going unescorted to the library at night. At the same time, they are appalled by my suggesting that such gender-based restrictions on their access to university facilities deny them an equal education" (Hogeland, 1994). This quote accurately describes the lesser-known link between Title IX of the Education Amendments of 1972, and students' rights regarding sexual assault and rape on college campuses. About one in four women are raped and about ten percent of sexual assault victims are male ("The Rape Crisis Center," n.d.). In a study among college women out of the 350 rapes a year on a campus with 10,000 female students, only ten percent described it as rape, and only five percent reported it (Shaw & Lee, 2012). Because the presence of rape culture is prevalent on many campuses, most rapes go unreported, and in the cases that are reported disciplinary actions are rare. Rape culture on college campuses adversely affects victims of rape and sexual assault. In order to improve campus' approaches to dealing with rape and sexual assault, there needs to be a more structured, detailed, and defined

policy on how colleges are to take action when a rape or sexual assault is reported. There should be a more victim-oriented follow-through that involves disciplinary action against the perpetrator, help for the victim, a shift in culture and strong preventative measures.

Rape Culture and College

Rape culture can be defined as when "people are surrounded with images, language, laws, and other everyday phenomena that validate and perpetuate, rape. Rape culture… make[s] violence against women and sexual coercion seem so normal that people believe that rape is inevitable" ("What is rape culture," n.d.). Rape culture is alive on any college campus, most obviously seen in the sheer number of unreported rapes for fear of humiliation, shame, and skepticism. Rape culture is women being told to always travel in groups at night, asked what they were wearing the day or night of an assault, if they were drinking, or partying. Victim blaming, telling a woman she was "asking for it," is a facet of rape culture, and rape culture promotes victim silence. Rape culture is also the act of denying attention for male victims, simply because they are male.

A contributing factor to rape culture is the presence of rape myths. Rape myths set a foundation of victim blaming, because they "include notions such as the idea that "no" really means "yes;" that women can resist rape if they wish; that in most cases the victim is promiscuous; and that women falsely report rape to protect their reputations or because they are angry at someone" (Burnett et al., 2009). These myths normalize rape and trivialize the victims' feelings, and are often perpetuated through social media, where seemingly innocent pictures and captions—also known as "memes"—reinforce dangerous ideas about women and sexual assault victims. Within our own patriarchal society people are often willing to believe that a woman is exaggerating her experience because women are deemed over-emotional. Furthermore, the unwillingness of

society to accept women as sexual beings causes the alleged promiscuity of a woman to mean that she probably "wanted it." Such rape myths set upon men as well, though from a different angle. Society expects men to be unemotional and strong, which can be largely damaging to male victims who fear scrutiny for coming forward. This type of culture, is why "rape is the only violent crime in which the victim is not de facto perceived as innocent" (Shaw & Lee, 2012). Rape myths are often perpetuated unknowingly, so it becomes important to seek and spread accurate information.

On college campuses, rape culture and rape myths can be fostered by the actions of student run activities, whether it is intentional or not. The California Polytechnic State University San Luis Obispo student run newspaper, Mustang Daily, ran an article on their website accusing the campus sexual assault awareness and crisis center, referred to as "Safer," of creating controversy on their own Facebook page. The author of the article criticized Safer's posts because of their supposed "political undertones" when linking to feminist articles, and articles about current rape related policies (McMinn, 2013). A commenter on the article made an important point, distinguishing the term "feminist" as a party independent concept. This situation reveals some of the effects of rape culture on a college campus. The idea that a sexual assault resource center would link to an article regarding current rape policy is fundamentally proper. For that to be construed as controversial by school media highlights the deep-seated connection between silencing the talk on rape and rape culture. The hushing of dialogue on issues regarding rape, sexual assault, and other similar issues can often be a source of victim blaming because of the lack of information available on the subject and the shame that silence can often imply.

Another contributing factor to victim blaming, especially on college campuses, has to do with the presence of alcohol. A classic hallmark of college is the huge parties riddled with alcoholic beverages, and by extension, underage drinking. Often, fraternities throw these parties where the

objectification of women starts at the door, where members allow women to enter free of charge and force men to pay. The fraternity atmosphere "fosters discussion and beliefs about women and sexuality that are different from those outside the fraternity" and "often creates a double standard wherein men who have sex are 'studs,' and women who have sex are 'sluts'" (Burnett et al., 2009). The stigma attached to sexually active women who drink is largely negative. Throughout the patriarchal society we live in, double standards and subsequent rape culture stems from a past when "women who had sex were (and still are, at times) referred to as "damaged goods"—because they were literally just that: something to be owned, traded, bought, and sold" (Valenti, 2009). Not only does this standard adversely affect women, it also has damaging effects on men. Men are framed as sex crazed, and assumed to always want sex, even though that is not the case. The same double standards effecting women also propagate stereotypes and gender-based social norms that keep male victims from wanting to come forward. This view on the sexually active youth contributes to the poor treatment and objectification of rape and sexual assault victims.

The connection between rape culture and use of alcohol fosters more feelings of shame and guilt in victims because they are seen as partially responsible for being attacked due to American society's tendency to lean toward individual responsibility. Alcohol often blurs lines when it comes to sexual violence, despite the fact that one cannot legally consent when intoxicated. When the victim cannot remember the attack due to blacking out, or both persons were drunk during the action, the situation becomes more complicated. Indiana University student Margaux J. reported her rape by a fellow student, wherein she and "the alleged assailant—a taciturn, stocky athlete who had seen IU's disciplinary process before—faced a two-member panel in a separate conference room, his father beside him" (Lombardi, 2010). During the proceeding, it was known that both students were intoxicated. Margaux "was clearly drunk and

essentially powerless; he, while drinking, was not" and he was found guilty of only sexual contact without consent. Despite the fact that the "school administrators rank the disciplinary charge among the most serious at IU… [and] considered this... as severe as sexual assault," the penalty was suspending the student for one semester, and was later extended to three semesters. Alcohol's innate ability to lower inhibitions and hinder memory causes problems in court or other disciplinary proceedings that can end up being a "he said, she said" situation with little evidence to go off of. Not only is it the effects of alcohol on a person's mind and body that causes problems for rape and sexual assault victims, but society's perception of college age drinkers and the stigma attached. This stigma allows for people to write-off victims under the assumption that they just "regret it" and can't deal with the consequences of their actions, or that they are just college students doing what college students do. The persistence of rape culture is part of the reason why the policies regarding reported rapes on college campuses are so flimsy.

Current Policy

The policies regarding rape and sexual assault on college campuses are often sub par, and end up further traumatizing victims. They are generally too broad, with little direction for the university. California Polytechnic State University's policy regarding sexual assault only goes so far as to define the types of sexual assault, consent, where to report the assaults, and list support options ("University organization," 2009). The language of these policies is largely made up of overarching statements that do not seem to have anything solid beneath them. However, the Office of Student Rights and Responsibilities listed the potential proceedings that may happen if a claim is filed with the Title IX coordinator. Steps include an investigation by both the Title IX coordinator and the Office of Student Rights and Responsibilities (OSSR), where the complainant and charged

can present information and witnesses. If a violation of the Standards for Student Conduct is breached, a disciplinary charge will be given or a formal hearing will take place ("Sexual misconduct," 2012). Yet, I could not find anything stating how investigations would take place, how long it would be before investigations begin, or how long in between investigations by the Title IX coordinator and the OSSR investigations.

The "Dear Colleague" letter, sent out by the United States Department of Education, Office for Civil Rights, provides more explicit instructions and recommendations on how to handle sexual assault and rape on campuses. The letter provides a detailed explanation on how school campuses must supply a "notice of the grievance procedures… adequate, reliable, and impartial investigation of complaints… designated and reasonable prompt time frames… [and] notice of outcome…" (Ali, 2011). Within these explanations, the letter mentions that no school can allow the perpetrator more opportunities than the victim to present information. Moreover, the school must specify the time frames wherein the investigation is conducted, give a written outcome of the complaint, and allow both parties to file an appeal. Prior to the "Dear Colleague" letter, one issue that caused confusion was the ability to disclose certain information about the decision in the case. Under the intersection of Title IX, the Family Educational Rights and Privacy Act (FERPA), and the Clery Act, a school is allowed to disclose information about the disciplinary proceedings and sanctions put on the perpetrator to the victim if it directly relates to them (transferring classes or residence halls, stay away orders, suspension, etc). Postsecondary schools can disclose "to anyone… the final results of a disciplinary proceeding" if it involves sexual violence (Ali, 2011). Overall, while there have been improvements in the policies and procedures of follow through of sexual assault and rape on campuses, there are still colleges that lack victim oriented plans.

While the possible punishments for sexual assault and rape can range from "a stay away order, reasonable modifications of class schedules and other on-campus activities, counseling referrals or other educational activities, community service, disciplinary probation, suspension, or expulsion" it is likely that little or no punishment is enacted ("Sexual misconduct," 2009). For example, a study recently conducted on Yale University found that students who are found accountable for sexual assaults on campus face few, if any disciplinary actions, "while student victims face a depressing litany of barriers that often assure their silence or leave them feeling victimized a second time" (Lombardi, 2011). Students of universities can face potential expulsion for reasons such as plagiarism and cheating, and use or possession of a firearm or weapon. However, rape is rarely grounds for expulsion, forcing the victim to potentially run into their attacker, possibly causing a dangerous situation that can be cause for much mental distress and trauma. The top results produced from a Google search for "united states expulsion from college" included articles about a woman facing expulsion from her college for reporting her rape and speaking out publicly, the school claiming she was creating an intimidating environment for the alleged rapist—despite never revealing his name (Baker, 2013). When a person found responsible for rape or sexual assault is not immediately expelled, and instead, the victim is blamed and put through more intense trauma and struggle, there is clearly something wrong with our cultural view on rape. It is not enough to only push for more strict legislation, but "a major challenge hampering the effective implementation of laws and policies is the lack of political will and commitment to gender equality" (Manuh & Bekoe, 2010). There needs to be a shift in the cultural definition of rape and sexual assault in order to build a victim-oriented approach and dealing with rape and sexual assault.

Victim Oriented Action and Prevention

According to a former Amherst College student, in her account of her rape and subsequent dealings with the university, she reflected that at Amherst (and surely other campuses as well) "rapists are given less punishment than students caught stealing. Survivors are often forced to take time off, while rapists are allowed to stay on campus. If a rapist is about to graduate, their punishment is often that they receive their diploma two years late" (Epifano, 2012). Because situations like these are becoming more publicized, the drive to help victims has recently increased, as well as the creation and growth of victim-centered organizations. The "Start by Believing" campaign and the "Rape is Rape" phrase coined by FORCE ("What is rape culture," n.d.) encourage a cultural shift away from victim blaming and a broadly accepted definition of rape, respectively. However, not only is there a need for a shift in post-rape attitudes towards victims, but a preventative attitude shift that encourages a message of "don't rape" to men, rather than "don't get raped" to women, as well as more encouragement towards bystander intervention. The "focus for anti-violence work for most organizations is now prevention, with an overarching theme centered on working with boys and men" (Manuh & Bekoe, 2010). The Campus Sexual Violence Elimination Act (Campus SaVE) "would expand… prevention awareness and bystander intervention education… better protect the rights of victims by guaranteeing such support services as counseling, legal assistance, and medical care on campus... [and] set up minimum, national standards for all colleges and universities to follow in responding to… sexual violence" (Lombardi, 2011). Coupling with a shift in culture (potentially through media, feminist campaigns, and more victims speaking out), Campus SaVE can bring the focus on prevention, while also on victim oriented support and disciplinary actions on campuses.

Conclusion

Overall, the only way rape and sexual assault on campus can begin to be tackled is through a shift in both our culture, and the strength in our policies. Rape culture on campuses can begin to be dismantled with the help of prevention groups, campaigns advocating the protection of victims, and personal change among students. There is no denying that rape, victim blaming, and college policies regarding the investigation and disciplinary actions for rape and sexual assault cases are still problems now. However, under the guidance of Title IX, the "Dear Colleague" letter, and hopefully the Campus SaVE Act, colleges can better protect victims and prevent rape and sexual assault. So "why should we be quiet about sexual assault? 'Silence has the rusty taste of shame.' There is no reason shame should be a school's policy" (Epifano, 2012). Rape culture has forced victims on campuses silent for too long, and it is time we have a serious shift in college culture.

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The Gender Current: Media's Influence on Gender in America

Class, Gender, Race, and School Shootings: An Intersectionality Study

By Tara Rajan

ABSTRACT. How do class, gender, and race relate to school shootings? This essay explores the overlap of class, gender, and race, and how this has led young, middle-class, White men to be the predominant perpetrators of school shootings. Simultaneously, Zero Tolerance Policies, or state laws implemented for the control of dangerous items in schools, are analyzed and critiqued for their misuse and lack of effectiveness in the prevention of school shootings.

Generate an image of a person who you would associate with a criminal. Specifically, think of the appearance of a school shooter. What does the person look like? Is this person an African-American male? Historically, school shootings reveal that the perpetrators of school shootings have been white, middle-class, young men. Yet, society shapes our perceptions to make us immediately wary of people of color. These institutionalized notions are perpetuated through unfairly imposed and ineffective gun policy laws, like the Federal Gun-Free Schools Act of 1994 and state instituted Zero Tolerance Policies. By studying the cases of school shootings- which are the result of the intersection of young, White, middle-class male identities- it becomes evident that Zero Tolerance Policies have backfired by targeting one group- the lower-class, urban, non-White population. Analyzing this trend makes it clear that the administration of Zero Tolerance Policies must be carefully monitored, that there is an imperative need for increased education about gender, and a necessity for the breakdown of race and class distinctions.

Effectiveness of Zero Tolerance Policies

Because gun violence in schools has been occurring consistently for at least the past thirty years, Zero Tolerance Policies were passed in 1995 in an attempt to make schools safer. The Gun-Free Schools Act of 1994 (GFSA) required that as of October 20, 1995, federally funded schools must expel any student possessing a lethal weapon or drugs in school, and apply a fitting punishment for any lesser weapons (Gun-Free Schools Act, 1994). States are required to implement Zero Tolerance Policies within the regulations outlined by GFSA. According to the California Department of Education (2012), Zero Tolerance Polices "send a 'get tough' message to the community that violent behavior, incidents, and crime would not be tolerated."

However, studies show that Zero Tolerance Policies are actually detrimental to student success because they are often misused. Proponents of Zero Tolerance Policies, like Christopher B. Gilbert, Houston school district attorney, rationalize the overprotective nature of the policy by arguing that "if we vary from the rules, that's when the rules fall apart" (Education Reporter, 2009). But according to Losen & Skiba's research of Zero Tolerance Policies (2010), a "broad array of school code violations - from violent behavior to truancy and dress code violations" can trigger the implementation of Zero Tolerance Policies, and more often than not, students are harshly penalized for menial misdemeanors. As reported by the Education Reporter Newspaper (2009), there have been cases in which students have been suspended for possessing plastic butter knives, drill-team rifles, nail clippers, asthma medication, cough drops, or mouthwash, or simply drawing a picture of a gun. Weeklong suspensions are only a part of a string of reprimands, sometimes including disciplinary school or court hearings.

Data also suggest other incidents of unfairness, regarding suspension rates. Findings show that there is an imbalance in the reasoning for suspension among children of different races. White children have been suspended for reasons such as "smoking, vandalism, leaving without

permission, and obscene language," whereas African-American students have been documented for less concrete reasons such as "disrespect, excessive noise, threat, and loitering" (Losen & Skiba, 2010). More findings by Losen & Skiba from the 1970s report a 3% suspension rate for Whites and 6% for Blacks. After Zero Tolerance Policies were introduced, these rates increased in both cases, but disproportionately: the White suspension rate grew by less than two percentage points, as opposed to the growth of nine percentage points for Blacks (Losen & Skiba, 2010). These examples support the case that Zero Tolerance Policies are often employed with racial undertones.

The Incidences of School Shootings

Though Zero Tolerance Policies are not inherently discriminatory, they certainly suggest otherwise, especially when considering serious incidences of weapon use in schools. School shootings, not including those on college campuses (which were previously counted separately), averaged about one per year between 1974 and 2006 (Scott-Co, 2008, p. 13). This statistic may seem low, but it shows continuity.

One of the most notorious school shootings of our history is the Columbine Massacre. Eric Harris and Dylan Klebold, two White, middle-class, teenagers injured twenty-one students, murdered twelve students and one teacher, and finally committed suicide in 1999 with a range of firearms at Columbine High School in Colorado. Their case has sparked numerous questions about their supposed hatred for the "popular" kids, and the nature of violent media that supposedly influenced them. Over the next thirteen years, several other school shootings have taken place, the most recent of which occurred in Sandy Hook, Connecticut, December 2012. Twenty-year-old Adam Lanza, who was also White, middle class, murdered his mother, then proceeded to open fire over twenty students, six faculty

members, and finally committed suicide at Sandy Hook Elementary School.

The existence of various mental conditions certainly plays a psychosocial role. Adam Lanza, is suspected to have had Asperger's Syndrome, among other mental conditions. Similarly, Klebold was known to have been on medication for a psychiatric disorder. These conditions affect social skills and the ability to communicate with peers. In many of the school shooting events, the perpetrators used passive means of communication-- notes or videos-- hinting at their plans, but these were ignored.

Regardless of disabilities or mental conditions though, there were deeper social conditions at play for these young men. Michael Kimmel's article, "Masculinity, Mental Illness, and Guns: A Lethal Equation?" (2012) brings light to the fact that Klebold, Harris, and Lanza, as well as other recent mass murderers like Jared Lee Loughner (Tucson), James Eagan Holmes (Aurora) and Wade Michael Page (Oak Creek), were all young, white, middle-class men. One glance at the faces of these boys makes it clear that they are not the commonly targeted person-of-color, lower-class stereotype that is typically prosecuted under Zero Tolerance Policies. This trend is a very specific culmination of intersectional factors.

First, though seemingly unrelated, school shootings and gender go hand in hand. According to Michael Kimmel, gender specialist, "gender is the single most obvious and intractable variable when it comes to violence in America" (Kimmel, 2012). Society imposes various gender norms to the binary categories of male and female. Gender pressures are especially prevalent in the school setting, where children struggle to establish their identities. Television, movies, music, video games, and other aspects of the media teach boys that "machismo, involv[ing] breaking rules, sexual potency contextualized in the blending of sex and violence, and contempt for women" should be their aspiration (Shaw & Lee, 2012, p. 113). "Gender is so pervasive that in our society we assume it is bred into our genes," says Judith

Lorber in "Social Construction of Gender" (1994, p. 126). These assumptions are made as a result of the perpetuation of media messages.

Those who lie between the two gender extremes often suffer confusion from lack of identification with either end of the spectrum. Those who are part of the majority or agent groups tend to oppress those who are not included in the inner circle, and at schools, this takes the form of bullying. Signs of femininity among males are the most prominent signals for bullying. The victims often do not retaliate, because of "their profound fear of appearing weak or—god forbid!—feminine" (Wexler, 2010, p. 141). Klein's studies of school shootings explains how bullying escalates to extreme violence:

> "Having internalized 'the hatred of their own feminine attributes . . . [low- status boys used] symbolic masculinity (violence and domination) to prove that they too can conform to social expectations'" (Klein, 2006, as cited in Kantola et al., 2011).

Hence, considering the female qualities of weakness, passivity, and subordination, girls have fewer gender expectations, and as a result, have exhibited fewer incidences of school shootings (Collins, 1993, p. 62).

Next, class is another layer of the identity. For example, wealthy, white males are triply privileged compared to Black people. This explains why those in power feel so upset when "lower" groups challenge their status. Those who have more have more to lose: "when members of the ruling group feel threatened and besieged," explains Kellner "they often seek identities that take on aggressive and extreme forms" (Kellner, 2008, p. 91). Thus, White upper- to middle- class men have felt robbed by the comeuppance of groups like African-Americans, or when equated with a lower group, such as females or homosexuals. The school shooters, mainly middle class, had grown up in environments accustomed to being in power; being bullied, they felt their power dwindling.

Economic class also plays a role in determining access to weapons. Harris and Klebold used semiautomatic weapons, stockpile bombs and explosives (Kellner, 2008, p. 121). Many of the other cases of gun violence, including the incidences in Sandy Hook, Aurora, and Tucson involved assault weapons and explosives. Urban, lower class violence often involves handguns, but these do not generate the same amount of devastation as expensive assault weapons. This layering of gender pressures, disabilities, class, and racial constraints, along with the availability of guns is a terribly potent combination.

What do we do next?

Will schools forever be subject to impending doom by young, white, middle class boys? Absolutely not. Primarily, gun laws need to change. No one, especially adolescents, should have access to such powerful weapons. Next, isolating the intersectionality issue is crucial. We have witnessed several times over the power of gendering and bullying, and we now know, more than ever, that innocent lives are at the hands of gender ranking. The media is often guilty of portraying femininity as weak and undesirable, and demeaning people of color by throwing them under a negative light.

The message needs to be reversed. Boys need to know that lack of interests in sports, girls, or violence are not signs of weakness. Femininity is not something abhorrent. Those who were prone to bullying would then be accepting of those who may not necessarily fit the gender stereotype, and those who were bullied could feel comfortable in their own skin. Though it may be far-fetched to expect the media to change, schools, at least, need to teach the notion of gender equality from early on.

Additionally, regulations need to be less harsh on those who commit menial and fairly insignificant infringements. Zero Tolerance Policies have inhibited students from bringing pencil sharpeners or inhalers from

school, but not real guns. Penalizing students with suspension is superfluous in the case of these insignificant transgressions. Moreover, suspension is fairly pointless as a punishment in general. Students learn nothing from being able to sit at home, potentially wreaking more havoc, and missing out on education in school. A gradual system of punishment would be acceptable, where several administrators first review whether the item in question is truly dangerous; then discipline could be administered accordingly. Possession of illicit drugs may incur a disciplinary method of educational courses about drug use, whereas possession of dangerous weapons would deserve a more serious punishment that may indeed end up on the record.

Furthermore, Zero Tolerance Policies need to deter those who are prone to committing heinous crimes. It is questionable whether the law was written with a certain racial group in mind; if so, history proves that it was written for the wrong group. The occurrence of school shootings has increased since 1995 when the law was passed. Statistics suggest that another mindset in need of deconstruction is that African-Americans are the instigators of all violence. This mindset perpetuates the stereotype that African-Americans are the more violent ethnicity.

Steps have been taken in the right direction to make schools more positive environments for children. The Safe Schools Improvement Act of 2011 reports that "according to a recent poll, 85 percent of Americans strongly support or somewhat support a Federal law to require schools to enforce specific rules to prevent bullying" (Safe Schools, 2011). Under this proposed legislation, schools are required to be more cognizant of bullying and harassment in schools and creating programs to take preventative measures against mistreatment.

At first glance, one would not relate the tragedies of school shootings with feminist issues, but they are, in fact, inseparable. Boys are led to prove their power as middle-class, White males, and express their oppression in extreme

ways, exhibiting extreme violence. Zero Tolerance Policies aim to eliminate dangerous materials in the school arena, but are not successful due to the fact that the administration of the rule is misguided. With reasonable administration, they could provide the protection from dangerous weapons, according to their original intent. Zero Tolerance does not solve gender issues, but at the same time, it is critical that they should not generate other problems. Educating students about gender equity is crucial, as are recognizing disabilities, and undermining racist stereotypes and classist ideas. These reforms in education and legal policy will not only reduce the incidence of school shootings, but also create a more positive environment for all people.

Tara Rajan is currently a third year student at California Polytechnic, San Luis Obispo. She is an undergraduate student of architecture, but took Introduction to Women and Gender Studies for the first time with Dr. Elizabeth Meyer. After being introduced to the topic of intersectionality, she found it to be a subject of interest and decided to pursue further study about it, leading to this paper.

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Eating Disorders: Who Should be Held Responsible

By Lindsay Barone

ABSTRACT. There are numerous reasons for an eating disorder to manifest. Society and the pressure it puts on how people "should" look is one of them. Males and females have a warped perception of what they should look like due to the many unattainable portrayals the media bombards everyone with through television, magazines, and Internet. Having a beauty ideal that even the supermodels can't live up to leads to insecurities and negative health behaviors such as excessive working out, starving oneself, or purging. Eating disorders are a huge problem for people and insurance companies don't always cover the essential treatments needed for people who suffer with eating disorders. This causes people to continue to suffer with a disorder that will ultimately result in them dwindling away until there is nothing.

Introduction

The majority of individuals suffering from eating disorders are female. The Eating Disorders Coalition states that, "14 million [individuals] are affected by anorexia, bulimia, and binge eating disorder[s]" (Kulkarni, 2012). Although the medical costs for fighting these disorders is substantial, insurance companies do not always cover the treatments necessary to help patients fully recover. Eating disorders can be considered a direct result of what society thinks is beautiful, or in other words, "the beauty ideal." Men and women, primarily women, have an extreme amount of pressure on them to fit into this unrealistic "ideal," that has unfortunately now become a societal norm. This is due to the fact that we live in a patriarchal society with institutionalized norms for femininity that push disciplinary

body practices on young girls, which in turn causes them to develop the belief that they need to become thin, white, hairless, and able-bodied "women" in order to have any value. This type of oppressive environment can lead to many different emotional and mental illnesses, and an eating disorder is often one of them.

Having the desire to be thin is a prominent facilitator for eating disorders. A major contributor to the spread of "the beauty ideal" is the media. The unattainable airbrushed bodies, which take up a large portion of the television, magazine, and internet space in our everyday lives contribute greatly to the insidious nature of this problem. This analysis focuses on the discussion of our senseless and sexist "beauty ideal," the eating disorders it often inspires, as well as the possible ways the Affordable Care Act legislation can help to alleviate the suffering of individuals through the appropriate funding of necessary treatments. The analysis will also provide evidence to prove that in our contemporary Western culture, where women are constantly being objectified and bombarded by the American idea of beauty, insurance companies should fully cover the treatment of eating disorders that result.

The Beauty Ideal

The American Ideal of beauty for women is that they should have large breasts, and be young and able-bodied (Shaw & Lee, 2012). This puts undue emphasis on the body and how it is supposed to look in order to be considered normal. Not everyone is born with this unrealistic body type, and the fight to force your body to be molded by these particular sexist cultural constraints can lead to deadly results. For example, Courtney Martin wrote in her article, Love Your Fat Self, "Sizism remains the only truly socially acceptable form of discrimination on the planet" (p. 265). Letting sizism be an "acceptable" form of discrimination is causing unhealthy thinking and lifestyles amongst a large majority of the population – especially our young women.

In the article "Beating Anorexia and Gaining Feminism," Grossman talks about her experience with being anorexic and how it manifested in her life through self-objectification. She illustrates by explaining how she would constantly compare herself to her peers. Consequently, she came to the conclusion that, "If I can't be beautiful, I thought, I will be thin. I'll be the thinnest, in fact, I'll be tiny and adorable and very, very good" (2010/2012, p. 241). Due to this intense desire to fit in, and to be wanted and accepted by people, she forced herself to go to extreme measures in order to reach this goal. This reality is an unfortunate truth for many girls. For instance, Martin (2008) wrote about an ELLE girl magazine poll of 10,000 readers in which 30 percent of the girls that responded indicated that they would rather be thin than be healthy (p. 266). This logically can lead to disordered eating behaviors, and then eventually, full-blown eating disorders.

A Closer Look at Eating Disorders

An eating disorder can be exhibited in a variety of ways. Anorexia is a major eating disorder, which involves the individual starving him or herself. Bulimia is another primary eating disorder, which consists of the individual binge eating along with compensatory behaviors such as vomiting, and/or the use of laxatives. Binge eating disorder is another subset of these medical conditions in which the individual participates in binge eating, but there are no compensatory behaviors following the binge (Shaw & Lee, 2012). These conditions take a huge toll on society with about 1 percent of the population being diagnosed as anorexic, 4 percent as bulimic and 3.5 percent being diagnosed with binge eating disorder (Kulkarni, 2012).

Bulimics are typically average weight when compared to anorexics. Those suffering from anorexia tend to be substantially underweight for their respective height. Anorexics also have the highest fatality rate when compared to all other psychiatric disorders (Pollack, 2012). However,

no matter what the specific disorder, all of them can result in, "serious physical and emotional complications, resulting in up to 20% of people with serious eating disorders to die from the disorder. . . "(Shaw & Lee, 2012, p. 230). Shaw and Lee (2012) also noted that scholars often claim eating disorders can signal a woman's need to obtain self-control. This can arise from not having control in other aspects of their life due to living in a society that has middle-aged white men dictating what is normal. Adding to this main principle behind eating disorders, is the fact that women feel that they do not measure up to societal norms. As a result, they feel pressured to change themselves physically in order to fit in with the "cultural standards of beauty and attractiveness" or "cultural themes" that are placed upon them. These unrealistic norms are thrown at women from all directions and at all times, which results in dysfunctional thinking and perceptions about how the body should look. Consequently, women spend millions of dollars buying the products that will help them conform, filling the pockets of the men in power who gave society these over-fantasized unhealthy perceptions.

Women victimized by these warped, patriarchal ideas can need more then just psychological help to recover. For example, individuals diagnosed with an eating disorder often need a treatment plan designed for their specific medical necessities – both psychological and physical. Individual as well as group counseling, psychotropic medications, in concert with the assistance of a nutritionist and dietitian are all typical types of therapies known to combat the many issues that someone with an eating disorder can have. Still, insurers claim that they do not cover eating disorders to the extent that they cover other health issues like cancer because they claim "experts have not identified clear protocols for treatment, and that little research has been conducted on how best to treat the mental and physical aspects of an eating disorder" (Kulkarni,2012). At this point, treatments depend on the individual proving the complexity of their own medical condition, making it

very difficult for people to gain the necessary insurance coverage to access treatment. As a result, the majority of the time patients must pay out of pocket to receive these critical treatments, or worse, they have to drop out of the treatment all together, which can lead to tragic consequences.

The Affordable Care Act Can Help

The affordable care act signed by president Obama in 2010, "ensures that all Americans have access to quality, affordable healthcare and will create transformation within the health care system…" (Deocratic Senate, 2012). This act extends the age young adults receive healthcare coverage under their parents plans. Shaw and Lee (2012) noted "in Western society, these disorders primarily affect young (age 15 to 25 years) women" (p. 230). This is the age range where all young adults, especially women, are highly susceptible to the unhealthy life style they feel pressured to live, to fit into and to be wanted by our society. The U. S. department of Health and Human Resources (USDH&HR) (2013), website, explained that the extension of coverage to 26 years, is regardless of marital status, living situation, enrollment in school, or finances. This extension provides individuals with the ability to be covered under their parent's health plan longer, and can therefore extend the length of time they can receive appropriate treatment. In turn, this will increase the likelihood of recovery. Another way the Affordable Care Act will be beneficial to individuals is the fact that it provides a dieting preventative service for no payment or co-pay when these important services are provided by an in network provider (USDH&HR, 2013). These preventative services teach individuals healthier ways to eat, as well as how to be proactive in the pursuit of their overall health. After all, this is supposed to be the primary goal of any decent health care system.

Conclusion

The fact that insurance companies do not always cover a disorder that is specifically known to females and to be brought on by the pressures of society is keeping women at a more vulnerable level compared to their male counter parts. Insurance companies blame the experts for not having enough research, but meanwhile girls bodies are being "eaten alive" by the existing patriarchal mechanisms that dictate our cultural norms. This further causes women to have horizontal hostility toward other women because of the competition factor that our "norms" have created. This is just another example of how our misogynous society pits women against each other. Once society stops being blinded by the misperceptions put into our heads by the institutionalized system, women will possibly begin to live healthier lives.

Living in a society that is more focused on appearance, causes a distraction from the true essence of the human soul. Furthermore, society's beauty norm has absolutely nothing to do with health, and yet these are the "ideals" that most influence the way we eat and live our day-to-day lives. To help combat the body image issue our culture's beauty ideal has fashioned, *"Seventeen* magazine, has made a vow to never alter or change a girls body or face shape" (Haughney, 2012). They claim that they "never have, [and] never will." In addition, the magazine has more recently pledged, "to not hire underage models, and to have better working conditions" (Haughney, 2012). With the media possessing an enormous amount of influence on the thinking of today's generation, having a more honest portrayal of the models that young girls are basing their own bodies on is a step in the right direction. This will hopefully begin to shift the beauty ideal into something more real, and hence, more healthy and positive for women. Still, until that important shift in direction takes place, insurance companies need to pay for the treatment of life threatening eating disorders with the same willingness and vigor that they pay to cure cancer. Anything less implies that the health and lives of young women are simply disposable.

Lindsay Barone was born in Westlake, California in 1989, then moved to Salinas, California in 1993, where I grew up for the majority of my life. I would not wanted to have grown up in anywhere else. The diversity and culture in Salinas, though not my own, have really opened my eyes to the variety of people and how wonderful everyone, no matter what shape, size, etc can be. I graduated from Salinas High in 2008 and started at Cal Poly in the fall after to study Psychology, where I became interested in eating disorders and how they come to be.

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Bodily Autonomy: Women's Fight for Control of Their Bodies

Emergency Contraception: Whose Decision is it Anyway?

By Sophie Worthington

ABSTRACT: Since its emergence as a method of birth control, emergency contraception has been highly controversial. It is surrounded by misinformation, which limits women's legal access to this drug. Often accused of being an abortifacient, this form of birth control functions no differently than the daily birth control pill, both working to delay or prevent ovulation, not by terminating an established pregnancy. Unfortunately, studies show there is a lack of information within the pharmacist community, which is hindering the accessibility of this resource to women legally entitled. Legislation is also restricting access to this time-sensitive drug by means of "Conscience Clauses." We must protect the right of the American woman to make the best choice for her body by increasing the availability of emergency contraception through accurate education, for these women and the pharmacists that provide it, and increased access through legislation.

Since its emergence as a method of birth control, emergency contraception has been highly controversial. To be clear, emergency contraception "refers to the use of hormonal medications within 72 to 120 hours after unprotected or under protected coitus for the prevention of unintended pregnancy," (Committee on Adolescence, 2005, p. 1038). Many religious groups consider it abortion, which goes against their beliefs, while the scientific community considers it to be just another form of hormonal birth control that helps prevent a pregnancy from occurring, but does not terminate one that has already begun. Unfortunately, there is a plethora of misinformation among the general public and pharmacists alike that inhibits the availability of this resource to women who are legally entitled to easy access. We must protect the right of the

American woman to make the best choice for her body by increasing the availability of emergency contraception through accurate education, for these women and the pharmacists that provide it, and increased access through legislation.

Defining Pregnancy and Plan B

I want to focus my arguments on the on-going debate regarding the emergency contraception method known as Plan B and the misinformation that surrounds it. In her article, Karen Frantz, the policy and advocacy associate at The American Humanist Association, explains that scientifically, pregnancy is defined as, "the implantation of a fertilized egg in the wall of the uterus," (p. 6). Many people do not know that roughly 60% to 80% of all fertilized eggs are lost through menstruation without recognition. Furthermore, in the article, "The Politics of Emergency Contraception," the authors, all of whom are Doctors of Medicine, explain how Plan B, or rather Levonorgestrel, the drug name for progestin, the hormone it contains, "prevents pregnancy largely by delaying or preventing ovulation," (Wood, Drazen & Greene, 2012, p. 101). By introducing progestin, which is naturally released when a woman has conceived, it tricks the body into thinking it is already pregnant.

> Levonorgestrel does not cause abortion; it does not terminate an established pregnancy and should not be confused with the abortifacient mifepristone (RU-486) (p. 101).

"Mifepristone is taken orally and is a non-surgical option for ending a pregnancy up to 49 days after the beginning of the last menstrual period," (Silliman, Fried, Ross & Gutiérrez, 2004, p. 344). With this understanding, Plan B is not a form of abortion but simply another form of hormonal birth control. Like the daily birth control pill it does not terminate

an established pregnancy but simply prevents ovulation or the implantation of a fertilized egg into the uterine wall.

Attacks on Availability

Despite scientific and federal policy definitions coinciding for years, many state governments, organizations and people have their own ideas of what pregnancy and abortion is (Gold, 2005). At a state level, the definition of what constitutes a pregnancy may vary, but this has never infringed on the legal availability of emergency contraceptives. However, "such restrictions are a long-standing goal of at least some antiabortion and anti-contraception activists". Institutions such as religion, which "are social organizations that involve established patterns of behavior organized around particular purposes," work very hard at incorporating their beliefs into the United States government and can be very persuasive (Shaw & Lee, 2012, p. 49). In 2008, the United States Department of Health and Human Services in Colorado tried to define abortion as, "any of the various procedures . . . that results in the termination of the life of a human being in utero between conception and natural birth, whether before or after implantation," (Frantz, 2008, p. 6). This would have condemned hormonal birth control pills, and other methods of birth control preventing implantation, which women have been utilizing for decades, as abortion (p. 7). These redefinitions are twisting public policy towards personal opinion and away from science and practicality.

Misconceptions

In addition to the confusion among the general public and policy makers, the misinformation within the pharmacist community results in reducing the availability of these resources to women who need them even further. Since 2009, legislation involving emergency contraception requires over-the-counter access for girls seventeen and

older and by prescription for girls under the age of seventeen (National Conference of State Legislatures, 2012a). In a 2010 study conducted by Grande and Kangovi, researchers called pharmacies across the country, posing as seventeen-year-old girls who had recently participated in unprotected sex. When asked if they could purchase emergency contraception that day, 19% of the pharmacies said that they couldn't under any circumstance. Of the pharmacists called in the study who had emergency contraception readily available, only 50% in lower income areas and 62.8% in higher income areas gave the accurate minimum age to obtain the treatments over-the-counter, while all others gave a higher age (Grande & Kangovi, 2012, p. 363). Whether the pharmacists were just not educated enough on the subject or were withholding this information for other reasons is unknown. Either way, it restricts the ability of girls of legal age to receive these treatments.

Conscience Clauses

The refusal of many pharmacists to fill these types of prescriptions can be detrimental to the women who seek these resources. Despite all the evidence that claims otherwise, some pharmacists believe that these types of treatments are not contraceptives, but abortifacients. To protect their consciences, they refuse to provide emergency contraceptives to women based on their moral, ethical or religious beliefs. An example of such incidences is a pharmacist by the name of Gene Herr, who, after praying and consulting his pastor on the issue, refused to provide a rape victim with Plan B explaining to her that if she, "had conceived, the morning after pill would take the child's life, so he could not fill it," (Ackerman, 2006, p. 154). In some states there is legislation, called "Conscience Clause Laws", which protect these pharmacists' beliefs and jobs by allowing them to refuse to fill these types of prescriptions. The extent of the protection varies but the list of these states includes: California, Colorado, Florida, Georgia, South

Dakota, Tennessee, Idaho, Maine and Mississippi (National Conference of State Legislatures, 2012b). California's conscience clause (California SB 644 Chapter No. 417) "prohibits a health care licentiate from obstructing a patient in obtaining a prescription drug or device… except in specified circumstances, including on ethical, moral, or religious grounds asserted by the licentiate (National Conference of State Legislatures, 2012b).

Consequences

When looking at this issue from a freedom of belief point of view, it is understandable why pharmacists holding these kinds of beliefs can be conflicted, and why some may want to refuse to fill these prescriptions altogether. However, this is a valuable resource that is meant to be legally available to women, and considering the fact that the effectiveness of Plan B is time sensitive, it should be unlawful to refuse this service to women of legal age or with a doctor's prescription. The pharmacists have chosen this profession, which includes dispensing contraception. In my opinion they do have a "duty" to provide these treatments to their patients. In "Pharmacists and the 'Duty' to Dispense Emergency Contraceptives," Spreng declares, "after all, a woman does continue to have other legal options, such as medical or surgical abortion and carrying the child to term,"(Spreng, 2008, p. 224). I do not consider these options acceptable alternatives. Medical and surgical abortions are more expensive and much harder on the woman, physically and emotionally. And "after all," options such as medical and surgical abortion are the true abortions, which the pharmacists denying women access to Plan B, so fundamentally oppose.

Societal Ripples

Carrying an unwanted child to term is also problematic on many levels. In "Rethinking Radical Politics

in the Context of Assisted Reproductive Technology" Jennifer Parks argues that sex is a class division and the burden of childbirth has enabled men to subordinate women and institutionalize reproduction in the interests of men (p. 334). She has a point, maintaining pregnancy is expensive; it can force the woman to stop working and takes a huge toll on the mother's body. On top of that, our country is already filled with children whose parents are unable to care for them, which brings in a whole new ethical dilemma. According to the 2009 AFCARS Report cited in "Foster Care Statistics," there are 463,000 children living in foster care (Children Uniting Nations, n.d.). This system is in no way perfect; with less than 3% of the children attending college and 40% of our homeless shelter residents having been through the foster care system. According to a study featured in Shaw and Lee's Women's Voices Feminist Visions, "about 1.7 million of the approximately 3 million unintended pregnancies a year might be prevented if EC were more readily available," (p. 299). If we can increase knowledge and access to resources such as Plan B, maybe we can address more problems than are initially apparent and use intersectionality to our benefit.

Manipulation of Information

The pharmacists who are refusing to provide Plan B prescriptions and their supporters tend to be largely ill-informed on how the medication actually works. In her article, Spreng states that, "evidence supports the claim that oral contraceptives taken daily or on an emergency basis are abortifacients" (p. 216). This is an incredibly misleading statement. Here, emergency contraceptives and birth control pills are being lumped together and labeled as abortifacients, which is completely untrue. The article they reference for this claim is referring to a method called the "Yuzpe method." This combination of daily birth control pills was created in the 1970s, which in their high concentration could act as an abortifacient. However, emergency contraceptives,

such as Plan B, are a completely different type of treatment. Ironically, the source Spreng uses to support the claim, "oral contraceptives . . . are abortifacients," states quite the opposite. It offers yet another view declaring that emergency contraception "prevents a pregnancy from starting and does not disrupt an established pregnancy" (Grimes & Raymond, 2002, p. 180). The main objection these pharmacists have to providing Plan B is that they are facilitating abortion, yet this position does not provide adequate or accurate evidence that proves Plan B causes abortion. Instead, they selectively choose and manipulate their evidence to support their points, and the alternatives they do suggest are extreme and ill informed.

Emergency contraceptives, such as Plan B, are an extremely valuable resource that should be readily available for women. In today's society, it seems ridiculous to restrict this access, and I have yet to come across a valid reason for why it should not be provided to women of the legal age. We should be working to better inform women and pharmacists alike on how emergency contraceptives work, what legislature surrounds them and how to use other forms of birth control appropriately, so that emergency contraception is only a "plan b". We cannot afford to shape public policy that has the power to effect lives, the way that emergency contraception legislature can, without being accurately informed on the subject. With so much potential to decrease the numbers of unintended pregnancies, abortions, incidences of child abuse and even homelessness, and with virtually no evidence that Plan B causes abortion, it seems frivolous that, as a country, we are still struggling to grasp the idea of emergency contraception.

Sophie Worthington was born and raised in San Francisco's Bay Area and is pursuing Animal Science degree as well as a Biology minor at Cal Poly San Luis Obispo. She loves wildlife, hiking, backpacking, travelling to places she's never been before and enjoying the company of her friends and family. If she could be any bird she would be an Anna's Hummingbird.

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"It's a TRAP!": The Erosion of Roe v. Wade through Clinic Regulation

By Beth Luttrell

ABSTRACT. Though abortion has been legal throughout the United States since 1973, abortion clinics in several states are being threatened by harsh regulations. These regulations, called "TRAP laws" (Targeted Regulation of Abortion Providers) by detractors, create legal barriers for clinics and women seeking abortion. Often, legislators pass these laws under the pretense of protecting the health of women, despite the fact that abortion is already a safe procedure. As abortion services become more restricted throughout the country, women must travel further to receive access what the court has deemed a fundamental right. Further, closing clinics cuts off the access to other health services that they provide to women.

When Eleanor Cooney was a young woman, she wanted an abortion. For Cooney, a college student in pre-Roe America, this was easier said than done. The young freshman travelled across the United States and paid multiple "physicians" large sums of cash, only to face uncertainty, intimidation, failures, and a couple eager-handed doctors (2004, pp. 314-318). The Supreme Court of the United States' landmark ruling in the 1973 case Roe v. Wade eliminated much of the hardship faced by women like Cooney. In a 7-2 decision, SCOTUS declared that, so long as the fetus could not survive outside the womb, abortion was a fundamental right (Roe v. Wade, 1973). However, in some parts of the country, recent legal efforts to shut down abortion clinics have made the procedure seem nearly as inaccessible today as it did to Cooney so many years ago. Since Roe v. Wade, legislatures have been pushing what pro-choice advocates call TRAP laws, which stands for "Targeted

Regulation of Abortion Providers" (Center for Reproductive Rights, 2007). While opponents claim that these laws, which place extra burdens and health codes on abortion providers, are designed to access to abortion, the laws' proponents claim that the primary objective is protecting the health of women seeking abortion. Are these laws truly in the best interest of the patients? Though sponsors of these bills claim they are considering the health of women, their politics indicate clear anti-abortion agendas. Instead of promoting health, these targeted clinic regulations chip away at Roe v. Wade by financially burdening – and hopefully closing – clinics. This creates an unsafe environment for women, who must travel or resort to unsafe methods to obtain abortions, and restricts access to other critical health services, including birth control and STD screening.

Development in the Legality of Abortion

Before abortion was legalized throughout the United States, many women sought extralegal options that endangered their lives. There were many stories similar to one told by Margaret Sanger, about a young mother who was not given the knowledge to prevent pregnancy, nor the means to end one safely. When her doctor's suggestion to keep her husband on the roof to prevent pregnancy proved insufficient, she visited a back-alley abortionist and died (1931, pp. 310-311). The expansion of women's rights over the years following Sanger's tragic account represent triumphs for liberal feminists, who seek to work within the system in order to change it (Shaw and Lee, 2009, p. 11). Finally, in the 1973 case Roe v. Wade, the Supreme Court ruled that the right to privacy gave women had the right to abortion. However, this legal decision did not signal the end of the abortion debate.

Unable to outlaw abortions completely, state legislatures have sought to limit access by regulating the manner in which they are performed and adding red tape for those who wish with to obtain abortions. Many of these

strategies have been reaffirmed as constitutional by the Supreme Court. A major blow to Roe occurred with the Supreme Court's ruling on Planned Parenthood v. Casey (1992). In this case, the court ruled that the state of Pennsylvania was allowed to impose specific regulations against abortions, including requiring parental consent for minors and a 24-hour waiting period. This legal decision opened the doors to further state regulations against abortion, including consent laws and regulations of the clinic itself (Shaw, 2004, 305).

The Purpose of Regulations

One of the benefits of legalizing abortion was providing women with safely regulated environments in which they could undergo the procedure. It is therefore important to determine whether or not clinic regulations are put in place in order to genuinely further the goal of safety. Many proponents of clinic regulations claim that women's health is a top priority. The titles of bills regulating abortion and clinics, such as Texas' "Women's Right to Know Act" and Alabama's "Women's Health and Safety Act," superficially suggest that they support women's rights. However, words can be disingenuous. Looking at the sponsors and content of the bills themselves as well as at facts about prior bills can help make this determination.

In February 2013, the Alabama House of Representatives passed a bill that would force abortion providers to meet the same standards as hospitals. The Republican sponsor of the bill, Mary Sue McClurkin, has explicitly stated that the purpose of the bill is to provide a safe environment for women to receive abortions. Opponents, on the other hand, say that this will close down clinics (Wilkinson, 2013). The bill states that any clinic that does not meet the strict standards for administration of care, staffing, and facilities may have its license revoked (AL-HB 57, 2013). This lends credence to detractors' claims. Similarly restricting laws have made even further steps in

the state of Virginia. The staunchly pro-life Governor Bob McDonnell passed laws that create new architectural demands for hospitals. These changes, which include larger hallways, waiting rooms, and even parking lots, will have to be made by the latter part of 2014 if the laws are formalized (Nolan, 2013; Lohr, 2013). The pro-life group Virginia Society for Human Life has backed these laws, while pro-choice groups claim an effort to shut down clinics (Lohr, 2013). The pro-life leanings of supporters and the arbitrary nature of some of the mandated changes indicate that clinic closure may be a goal. Past cases can help determine what will happen to the bills being considered and what will happen if they pass.

The Effects of Regulatory Bills on Clinics

The effects of Texas' 2004 "Women's Right to Know Act" provide a model of how strict regulation impacts abortion clinics. As a provision of this bill, a woman seeking an abortion at 16 weeks or later must go to a hospital or ambulatory surgical center (Colman et al, 2011, 775). While this may seem like it would be in the best interest of the woman to have the procedure done in a more strictly regulated environment, other provisions suggest that there are different motives at work. The act requires that, twenty-four hours before an abortion, a woman receive materials informing her about alternatives to abortion and mandatory child support options. Additionally, she must hear the heartbeat of the fetus, and have the image of the sonogram described to her (Colman et al, 2011, 775). Whether the intent was to give women a chance to "bond" with the fetus by hearing evidence of life, to shame women that go through with the abortion, or some combination, it is clear that lawmakers intend to limit the amount of abortions that take place. Indeed, after this law was enacted, 54 of Texas' clinics could not meet the standards of an ambulatory surgical center and the amount of out-of-state abortions from Texas increased dramatically (Colman et al, 2011, 776). Chasing

women away from abortions does not meet the legislative goal of helping patients or the unstated goal reducing abortions.

Though bills with similar goals often die in committee, the mere fact that they are introduced shows that opposition to Roe v. Wade is alive and well. In 2011, the Pennsylvania health committee introduced House Bill 574, which required abortion facilities to meet the same standards as an ambulatory surgical facility. These standards included stricter fire safety codes and a mandated registered nurse in the presence of a patient at all times, and a licensing fee of $250 (PA-HB 574, pp. 2-4). The restrictions would have imposed financial burdens on the state's clinics and the harsh new standards would have forced Pennsylvania clinics to modify their structures quickly or be forced to shut down. Of the bill's seventy-three co-sponsors and one sponsor, thirteen were Democrat and thirteen were women, but only one was both a woman and a Democrat. With the exception of the two co-sponsors that did not vote at all, all that voted "yea" on this bill voted the same way on House Bill 1977, which would have prohibited any insurance that was obtained as a part of Obama's Affordable Care Act from covering abortion (Project Vote Smart, 2011). These facts point to a clear anti-abortion agenda. However, it is clear that there are a large number of supporters for anti-abortion measures in the House of Representatives, and each additional vote can erode Roe v. Wade even further.

The Effects of Regulations on Patients

The closure of clinics would not stop abortion from occurring. As in the Texas case, more women would travel out of state to receive their abortions. Because of the costs associated with travelling, closure of clinics has a disproportionate impact on women that are socio-economically disadvantaged: poorer women are less likely to have the means or funds to leave the state. At worst, women may resort to the harmful methods that killed the young

mother than Margaret Sanger had once known. However, the closure of clinics would affect more than just women's access to abortion services. Most of Planned Parenthood and other clinic's services are directed at pregnancy prevention, STD testing and treatment, PAP smears and breast exams, and other women's health services (Planned Parenthood, 2013). These services are very important for promoting and maintaining the health of women. Even clinics that do not provide services as extensive as Planned Parenthood, such as Red River Women's Clinic – North Dakota's sole remaining abortion clinic – provide access to birth control and family planning information (Red River Women's Clinic, 2013). These services facilitate one of the most effective means of reducing abortions: reducing unwanted pregnancies.

Conclusion

While some bills dictating administration regulations and building codes for clinics die in committee, the ones that make it into law have a severe impact on women seeking abortions. The claims that clinic regulations are meant to protect the health of the patient do not hold up to scrutiny. Abortion in the United States is a safe procedure, and creating new regulations limits access to safe havens for those who wish to undergo this medical procedure. These laws might not immediately push conditions back to those faced by Margaret Sanger or even Eleanor Cooney, but these laws are baby steps towards a repeal of Roe v. Wade. Any legal challenge to these bills could lead to a Supreme Court case in which the court decides to overturn Roe entirely. This would give states complete control over the regulation of abortion and completely end access to the procedure in many states. To prevent the passage of these laws, those who believe that abortion is an issue of women's rights and not the right to life of a fetus must vote in elections, protest, and write to their congresspersons. They must also speak up

in public in order to change minds and inform people of the deception that occurs in the name of safety.

Beth Luttrell is a senior at Cal Poly who is majoring in History and minoring in Law and Society. As one who believes it is important to examine feminist issues from historical and legal perspectives, she is honored to be both an editor and contributor for this special edition of Sprinkle. After graduation, she hopes to take a year off before attending law school.

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Abortion: Past and Present
The Laws and Policies Limiting Women's Rights

By Krista Le Piane

ABSTRACT: It isn't unrealistic to assume that women have been trying to prevent pregnancy on some level since the development of society. However, only in the 19th century did legislators begin to regulate accessibility of abortion. This fight began with the stamp of safety but was always intertwined with issues of morality. In 1973, Roe v. Wade made abortions legal in the first three months of pregnancy, but with new barriers and arguments appearing every day, legislation legalizing abortions are still at risk. Limiting access to abortion is a modern, oppressive phenomenon and arguments against it put the rights of an unborn fetus before those of the mother and are therefore misogynist symptoms of a patriarchal society.

The Fight for Control Over Women's Bodies

The limiting of abortion did not occur until the 19th century (Shaw & Lee, 2012, p. 302). Prior to this time, abortions were a common occurrence through the use of pills, powders, and objects. In "The Way it Was," Eleanor Cooney (2004) explains the way in which abortion was treated in the early 1800s: "...what a woman did with her early pregnancy was considered a purely domestic matter. Until 'quickening,' when the fetus was perceived to be alive and kicking, it wasn't even considered a pregnancy" (p. 316). Cooney explains that taking action to return to the normal cycle wasn't seen as abnormal or cruel. Abortion was seen as so much of a domestic matter that before 1820, there were no states with anti-abortion laws and the Catholic church didn't even take a stance on it (Shaw & Lee, 2012, p. 302).

In 1821, the first abortion restrictions were seen and by 1840, 10 US states had enacted laws that limited

abortions, but half of these only restricted abortions after "quickening" (Shaw & Lee, 2012, p. 302). Even with these restrictions, abortion rates skyrocketed and it is estimated that between 1840 and 1860 there was one abortion for every five or six live. In 1860, the Catholic church took a firm stance against abortion even though legislation limiting abortions were not intended to be based on morality.

Between 1860 and 1880, abortion even prior to "quickening," became illegal in some states and both the patient and physician could be convicted for it (Shaw & Lee, 2012, p. 302). The motivations for these laws were mixed as many of them were sought out by physicians whose concerns included morality, science, and finances. Many were concerned about the ethical implications of abortions, while some began to question the medical significance of "quickening" and were concerned about the dangers of abortion. Others were concerned that they were losing income to midwives and apothecaries who were also able to perform these procedures.

The issue of abortion also divided women. Women who worked were more likely to be oppose anti-abortion laws, while those who stayed at home and relied on the income of a husband were likely to be in support of them (Rosen, 2000, p. 667). Before women began working outside of the home, birth control and abortions were looked down on as methods only employed by the lower class (Sanger, 1931, p. 311). As women began to take control of their incomes, they wanted to legally be able to access abortion if it became necessary. Thus, abortion and feminism have been intertwined since the fight for women's rights began.

Accessibility had been previously limited by state laws, but the 1873 Comstock Act hit abortion hard. This federal law made it illegal to send lewd information and materials by mail, limiting the accessibility to information about and materials for abortions. After the passage of this law, abortions quieted down. There's no doubt that dangerous, illegal procedures still occurred, but no further federal action occurred until a century later, in 1973.

Roe v. Wade

In 1973, the Supreme Court's Roe v. Wade decision that a Texas anti-abortion law was unconstitutional overturned all state bans on abortion. This Supreme Court decision established the trimester system used in pregnancy today. It also stopped states from prohibiting or making abortions difficult to obtain before the fetus could be expected to survive outside of the womb. According to Roe, a fetus was not considered a person with full rights to personhood, but instead a "potential life" that should be completely protected only when it could live a viable life without medical assistance (Summary of Roe). Abortions after this point of unassisted viability were only allowed if the pregnancy threatened the life of the mother. This decision did not, by any means, make abortion accessible, it only legalized the procedure in certain circumstances (Mears, 2013). Roe doesn't imply that states should support abortion, only that they need to provide services for women in certain unrestricted circumstances.

In Ruth Rosen's article "Epilogue," she states, "The Catholic Church...quickly mobilized to reverse [the Roe] decision. By 1977, Congress has passed the Hyde Amendment, which banned the use of taxpayers' money to fund abortions for poor women" (Rosen, 2000, p. 667). In the 1989 Webster v. Reproductive Health Services case, the Supreme Court upheld the states' right to prevent public facilities with public employees from assisting with abortions. It also allowed states to prevent abortion counseling if public funds were involved and allowed states to require parental notification of abortion. The 1992 Planned Parenthood v. Casey decision allowed parental notification, mandatory counseling, waiting periods, and limitations on public spending for abortion. All of these legal decisions served to chip away at Roe, weakening it in preparation for the right bill to come around.

This bill came in 2002 when President George W. Bush passed the Partial Birth Abortion Act, preventing a specific late-term abortion procedure that was previously only used in the most critical situations where the life of the mother was at risk. This act makes late-term abortions illegal under all circumstances, even in cases of rape and incest. This marked a significant advancement in the pro-life movement: a federal law that limits abortion. Prior to the PBAB, no post-Roe law limited any type of abortion across the United States. These sly jabs at the Roe decision serve to weaken it in an attempt to slowly but surely wear away the rights of women while hiding behind a deceiving banner of protection and concerns about health.

Implications of Abortion Legislation

Although anti-abortion legislators would claim otherwise, since the legalization of abortion in 1973, the safety of these procedures has increased tremendously. Women's Voices, Feminist Visions claims, "By 1990, the risk of death from legal abortion had declined to 0.3 deaths per 100,000. (This rate is half the risk of a tonsillectomy and one-hundredth the risk of an appendectomy)" (Shaw & Lee, 2012, p. 304). In fact, ten times more deaths occur during live childbirth than during a legal abortion. It is also estimated that 1 in 3 women in the United States will have had an abortion by the age of 45 (Roe at 40, 2013).

Abortions are incredibly common and safe, but they are still under fire. People who oppose abortion claim that life starts at conception and that a fertilized ovum, a zygote, and a fetus all have the same legal rights as a full-grown person. However, forcing a woman to become a mother against her will should be against the law. If abortion is made illegal, the intrinsic right of a woman to control whether or not she has a child will be taken away. There aren't any laws forcing men to be fathers, but many--largely male--members of Congress believe it is okay to force their moral and religious beliefs on innocent women. These

legislators claim to just support human life, but at the end of the day, they truly don't care if an unwanted child goes on to have a good life. Very often, the people who support anti-abortion also, "call for restrictions in the social, medical, educational, and economic support of poor children" (Shaw & Lee, 2012, p. 301). This shows that the restriction on abortion has little to do with caring for life and instead is about injecting morality into legislation. Sure, it's about ensuring that every child has an equal chance at life, but according to the legislators, that life doesn't have to be of any quality. Anti-abortion laws are created by men and enforced on women, restricting their right to decide to be mothers while completely ignoring the well-being of an unwanted child. Because of this, these laws, by nature, are a misogynistic symptom of a patriarchal society.

The Fight for Accessibility Wages On

Abortion rights are still being fought for today. In 2011, more state abortion restrictions than ever recorded were passed (Roe at 40, 2013). More than half of all women in the United States currently live in a state that is hostile to abortion. A decade ago, this number was closer to one-third. This increasing hostility against abortion legislation doesn't show any signs of going away.

In March of 2013, Arkansas passed a law that changed the definition of "fetal viability" to the detection of a heartbeat (Meacham, 2013). The heartbeat of a fetus can be detected just 12 weeks into a pregnancy, or at the end of the first trimester, and this law prohibits all abortions after this point. In the same month, North Dakota passed a law that completely prohibits abortion after just 6 weeks of pregnancy. At this point in gestation, there is no way the fetus could be expected to live outside of the womb even with medical assistance.

Mississippi and North Dakota also passed laws in March of 2013 that require all doctors performing abortions to be able to admit patients to a nearby hospital (Meacham,

2013). This legal restriction cripples the abortion clinics in these states because they survive on being able to fly doctors in who are more willing to perform these procedures. Since these doctors do not reside in Mississippi or North Dakota, they are not granted admitting privileges.

Lawmakers in North Dakota are planning to put several amendments on the ballot in the 2014 mid-term elections (McVeigh, 2013). These laws would serve to further attack Roe at its very core.

While experts say that none of these laws would hold up to a legal challenge, they are put in place to test the boundaries of Roe in the hopes of gaining enough public support to federally overturn the decision.

Conclusion

Several studies have shown that between two-thirds and three-fourths of all women looking for an abortion would still continue with the procedure if it were illegal. It's important to remember that although legal abortions are statistically safer than live childbirth, illegal abortions are incredibly dangerous and deadly (Shaw & Lee, 2012, p. 301). Abortions have occurred for ages and the legislation of them is a fairly recent issue. After the landmark Roe decision, several Supreme Court cases have allowed states to place restrictions on abortion. These restrictions only increase the chances that a woman will opt for a dangerous, illegal procedure. With this in mind, it's hard to not see the restriction of abortion as a misogynist issue. It's more important than ever before to stand up and speak out about the rights a woman has over her own body. In silence, we support those who wish to take our rights away and only together can we uphold them.

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about fairness and equal rights, but her exposure to feminism has allowed her to funnel these feelings into productive and excited arguments. Krista spends her spare time cooking for people she loves and dreaming up a better future. While she is looking into a life in animal behavior, Krista knows that her care for human rights will always be a driving force in her life.

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Shackled to Patriarchy

By Gabrielle Koizumi

ABSTRACT. Shackling of undocumented pregnant women by prison officials in Arizona demonstrates that patriarchy and oppression permeate throughout American society. This paper looks to examine the intersections of gender and immigration status within the prison system. A case study analysis of Alma Chacon and Miriam Mendiola-Martinez experiences provides concrete details of oppression at work in the prison system. In addition, a comparative study of California and Arizona's shackling practices for pregnant convicted criminals illuminates the progress or lack thereof that is being made on prison reform. The shackling of pregnant immigrant detainees highlights instances of prejudice, oppression, androcentrism and patriarchy in America's prisons.

The practice of shackling pregnant prisoners or detainees has been the topic of widespread publicity as 33 states permit the use of restraints on pregnant inmates (Constantini, 2012). While being held of immigration related offenses in Maricopa County jail, Alma Chacon and Miriam Mendiola-Martinez were shackled during childbirth (Fernandez, 2009). As neither woman was a convicted criminal, they did not receive the same protection as pregnant women who are charged with a crime. If a woman goes into labor and is held on immigration related offenses, her treatment is at the discretion of the local authorities (Constantini, 2012). California and Arizona both have anti shackling protocols for pregnant prison inmates, but the experiences of Chacon and Mendiola-Mendez reflect the oppression felt by undocumented immigrants in the United States. A comparison of California and Arizona's shackling polices sheds light on the oppressive nature of the prison system, despite recent reforms in California. Furthermore, a

feminist and intersectional analysis of Chacon and Mendiola-Martinez' experiences address the issues of patriarchy and oppression in terms of gender and citizenship status.

Chacon and Mendiola-Martinez' stories bring to light issues of androcentrism and prejudice. The treatment of female prisoners demonstrates the overarching prevalence of androcentrism in today's society. Androcentrism is defined as using the male experience for the norm in society (Shaw, 2012, pp 284). As the treatment of female prisoners was initially derived from the protocol for male inmates, the issues specific to women such as pregnancy were overlooked. This androcentric slant to prison regulations jeopardizes the safety of pregnant inmates and their babies. The immigration status of Chacon and Mendiola-Martinez highlights the racism and prejudice within the United States. Their cases demonstrates how, "systems of inequality like racism, sexism, classism interconnect and work together to enforce in equality and privilege each mostly supporting the other" (Shaw, 2012, pp.47). The concept of intersectionality shines through as issues of immigration, class and gender intertwine to ultimately be a detriment to the health and safety of a mother and her child. Chacon and Mendiola-Mendez' stories brought media attention to the treatment of pregnant undocumented women in prisons.

Shackling in the Media

Stephen Colbert's The Colbert Report in 2011 satirized the issues of shackling pregnant women held on immigration related offenses. He ironically comments that the officials were "too soft on illegals" and had yet to "scoop out all vestiges of human kindness" (Colbert, 2011). His mocking of the shackling of pregnant mothers demonstrates how truly immoral and ludicrous this practice is. Colbert's description of "manacled mamacitas" came as a reaction to the cases of Chacon and Mendiola-Martinez in Arizona and serves as the prime example of how immigration status

influenced the case. His use of Spanish words highlights the racial prejudice that contributed to their treatment.

In 2010, Chacon reported that she was shackled by prison guards during childbirth. Chacon remembers her hands and feet being shackled in even though the paramedic told the guards that the restraints were not necessary. When Maricopa County Prison was questioned about these allegations, Maricopa County Deputy Jack McIntyre responded that women could fake labor and escape which is why shackles are necessary during delivery (Fernandez, 2009). McIntyre's response acts as a crutch for officials to ignore inequality and patriarchy in the prison system by hiding behind security protocols.

Mendiola-Martinez, also held in Maricopa County, experienced harsh treatment when she was forced to wear shackles throughout her delivery and recovery. Eventually, a female officer intervened during Mendiola-Martinez' emergency c-section and had the shackles removed. After the birth of her son, Mendiola-Martinez was shackled again and forced to walk through the hospital still bleeding from her surgery (Lemon, 2012). Currently, she is suing Sheriff Joe Arpaio for the systemic civil rights violations against Latinos. In 2008, the 8th Circuit US Court of Appeals found shackling during childbirth to be cruel and unusual punishment and in violation of 8th amendment rights (Constantini, 2011). Chacon and Mendiola-Martinez' experiences took place after this ruling and demonstrate the oppression within the prison system. The shackling of these two women was in direct violation of the US Court of Appeals, yet disciplinary or criminal action has not been taken against prison authorities in Maricopa County. The experiences of Chacon and Mendiola-Martinez demonstrate that oppression based on gender, race and immigration status work together to create a dangerous and horrific environment for expectant mothers in prison.

Arizona's Practices

In addition to the horrific treatment of pregnant detainees, Arizona's protections for convicted pregnant women are very minimal. The Arizona Corrections Manual prohibits the use of the electronic immobilization belt on pregnant inmates and the use of restraints during the delivery or recovery stage of pregnancy (Arizona Department of Corrections, 2012). The Arizona Department of Corrections provides only the most basic allowances for expectant mothers and subjects them to many other indignities and dangers. For example, a guard, man or woman, must be present in the delivery room with the inmate at all times. The Corrections Manual has very loose requirements for the treatment of pregnant inmates; leaving it largely up to the guards and prison administrators. By only providing minimal protections for pregnant prisoners, the Arizona prison system the influence of patriarchy within the justice system. The safety of mother and child fall by the wayside in prison/jail. Arizona prison authorities are more concerned with maintaining control over their inmates than the safety and health of mother and child.

The publication of Mothers Behind Bars provides a comparison between the policies of California and Arizona prison systems. In 2010, Arizona received an F in prenatal care and a D in shackling policies from the Mothers Behind Bars; while California received a C in prenatal care and a B in shackling policies (The Rebecca Project. 2010). Arizona's F implies that the state contributes absolutely nothing to prenatal care and has awful shackling policies. In contrast, California offers medical exams, prenatal care, prenatal nutrition counseling, HIV testing, prohibits the use of restraints in labor, delivery and transportation. California prisons provide nursery programs in which the child may stay with his or her mother for at least 2 years and works to foster mother child relationships. (The Rebecca Project, 2010). By comparing these two geographically similar states one can see the wide range of treatment pregnant inmates do or do not receive.

California's Practices

Unlike Arizona, California has made meaningful changes for pregnant mothers within the prison system. California recently passed Assembly Bill 2350 proposed by Toni Atkins which outlawed the use of restraints on pregnant prisoners throughout the pregnancy, labor, delivery and recovery unless there was a perceived danger to the staff, inmate or public (Atkins, 2012). This bill puts the welfare of the mother and child at the forefront. The passage of this bill is monumental.

California's interactions with pregnant women in the prison system are some of the best in the country. For example, California penal code 5007.7 states, "pregnant inmates temporarily taken to a hospital outside the prison for the purpose of childbirth shall be transported in the least restrictive way, once declared by a physician to be in active labor shall not be shackled by wrists, ankles or both unless necessary for the safety and security of the inmate, staff or public" (Department of Corrections, 2005). According to the California Department of Corrections Operations Manual, pregnant inmates receive medical exams, extra nutrients and are transported to the hospital via ambulance for delivery rather than a prison transport (CDCR. 2005). The treatment of pregnant inmates in California is greatly improving. Despite the protections for convicted criminals, California has a murky history in regards to the treatment of undocumented individuals.

Recently in California's history, legislation has attempted to deny undocumented individuals many basic rights. An article from Women's Voices, Feminist Visions demonstrates the prejudice that existed in California in the mid-1990s. The author writes, "Images of hyper fertile Mexican women crossing the border to bear their children on US soil, so that their children could secure social benefits helped to pass restrictive legislation such as Prop 187 in California which denied undocumented immigrants educational and health benefits" (Silliman, 2004, pp345).

The author highlights how images of immigrant fertility in California influenced lawmakers to pass exclusive legislation California's recent treatment of immigrants demonstrates the deep prejudice towards in immigrants in American society

These issues of shackling pregnant inmates address the sense of patriarchy and misogyny that permeate through today's society. The androcentrism present in shackling practices creates a disturbing atmosphere within the prison system that looks to oppress women. After comparing the protocol of Arizona and California, one can see that reform is slowly being enacted. However, neither state provides safeguards for women held on immigration offenses. This lack of protection for immigrant women will only lead to more cases such as these until the root of the problem is addressed; patriarchy and oppression. The struggle of detained pregnant immigrants speaks to the larger issue of oppression within society. Until the intersections of inequality are adequately addressed America's women remain shackled to patriarchy.

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From Education to Employment: Factors Influencing Breastfeeding Rates in the U.S.

By Bridge McKye

ABSTRACT. Breastfeeding has been shown to positively affect the health of both infants and mothers, as demonstrated by multiple studies. Despite the positive effects of breastfeeding many mothers never initiate breastfeeding, or begin to supplement with formula. There are many factors that affect breastfeeding rates in the U.S., particularly social and political influences. This paper explores how individual and social identity plays into breastfeeding rates as well as how key legislation either supports or inhibits breastfeeding. The Surgeon General's Call to Action to Support Breastfeeding, The Affordable Care Act, and the Family and Medical Leave Act are discussed and analyzed. This analysis indicates barriers to breastfeeding that can be improved through alterations of current legislation as well as additional support programs.

Introduction

Throughout human history breastfeeding has been a fundamental aspect of pregnancy and childcare. Milk production is a natural part of pregnancy and birth and it is just as natural for infants to use the nourishment readily available to them. Breastfeeding has significant physical and mental health benefits for mother and child as well as some financial benefits. However, it is not as common as most health professionals would like. Breastfeeding rates are complicated and are impacted by a wide variety of social and political factors. Several policies in the United States work to either promote or restrict breastfeeding. Through understanding these factors, legislation with a negative

impact on breastfeeding can be improved upon and breastfeeding can gain more support.

Breastfeeding Benefits

Since there are policies in place that relate directly to breastfeeding, it must be an issue of some importance. Why is breastfeeding so valued? The answer lies in the multiple studies that have shown a correlation between breastfeeding and infant health. According to the Surgeon General (USDHHS, 2011), breastfeeding is "one of the most effective preventive measures mothers can take to protect the health of her infant and herself" (Executive Summary, P. 1). Infants who are breastfed have lower rates of infections, asthma, diarrhea, allergies, ear infections, obesity, and diabetes (Department of Health, 2012). Mothers also benefit from breastfeeding through decreased chances of breast and cervical cancer (Surgeon General's Call, 2011). Breastfeeding strengthens the bond between mother and child and one study has even suggested that this bond leads to fewer behavioral problems among children (Perry, 2011). All of these findings imply that breastfeeding should, if possible, be a priority for mothers.

In order to achieve these health benefits infants need to be breastfed continuously for a length of time. The World Health Organization (WHO) recommends that infants be breastfed exclusively for six months. After six months breastfeeding should be continued for up to two years as a supplement to solid foods. Basically, the longer a child is breastfed the greater the health benefits for both mother and child (Department of Health, 2012).

Factors Inhibiting Breastfeeding

As one might imagine, these guidelines are not achievable for everyone. The nationwide breastfeeding initiation rate is 75%. This is a promising number, but not all

of these women are able to continue breastfeeding exclusively or breastfeeding at all. Only 13% of all U.S. mothers breastfeed exclusively for six months. There are many reasons this number is so low. One of the main reasons women cannot or do not breastfeed is lack of support from family, medical professionals, and society. Insufficient knowledge about breastfeeding, lactation problems, embarrassment, and employment also greatly affect breastfeeding rates (Surgeon General's Call, 2011).

Women rely on health care providers for education and instruction in breastfeeding and are therefore very vulnerable to hospital procedures regarding breastfeeding. Often it is up to the individual doctor whether or not to educate a new mother about breastfeeding. Women who breastfeed successfully in the hospital are much more likely to continue breastfeeding than mothers who aren't able to. Any bottle feeding done in the hospital brings down the likelihood of exclusive breastfeeding. In addition, formula companies often use hospitals to their marketing advantage through free formula samples for new mothers. Unfortunately, women often interpret this as medical endorsement of bottle feeding. Free formula packs lower exclusive breastfeeding rates by almost half (Langellier, Chaparro, & Whaley, 2012).

In addition to hospital practices, women of different sexualities, racial, ethnic, religious, age, and socioeconomic groups all have different experiences through pregnancy, birth, and infant care. As Bonnie Dill (2009) explains "Intersectionality has brought the distinctive knowledge and perspectives of previously ignored groups of women into general discussion and awareness, and has shown how the experience of gender differs by race, class, and other dimensions of inequality" (p. 27). These complex identities affect breastfeeding as much as any other area of a woman's life. Studies have shown that oppressed groups such as African American mothers and low- income mothers have significantly lower breastfeeding rates than white mothers or higher-income mothers. These different identities can

affect key areas such as health care, social and family norms, and income. For example, women belonging to minority groups are less likely to have quality health insurance and are consequently treated differently by health care providers. Poor health care leads to inadequate breastfeeding education and support. Low-income mothers, such as women participating in the Women, Infants, and Children (WIC) program, are more likely to receive formula packs from the hospital than higher income mothers (Langellier, Chaparro, & Whaley, 2012).

Depending on a mother's race, culture, or other identities society has different expectations for her mothering. These expectations can shape how a woman mothers, including whether or not she breastfeeds. Just as white, middle and upper class women are more likely to have good health insurance, ideas of mothering "tend to be created around a mythical norm that reflects a white, abled, middle-class, heterosexual, and young adult experience" (Shaw and Lee, 2012, p. 370). In reality, mothers are very diverse and many do not have this experience. In her article on Black women breastfeeding, Allers (2012) speculates that low breastfeeding rates among African American mothers could be connected to the history of slaves being used as wet nurses.

Legislation

Due to the health benefits of breastfeeding, there have been several programs recently that are aimed at improving breastfeeding rates. These programs focus on improving breastfeeding rates among mothers from oppressed social groups as well as among mothers with a more privileged background. One of the most important of these programs is the Surgeon General's Call to Action to Support Breastfeeding, which was initiated in 2011. This call to action identifies twenty different actions that would improve support for breastfeeding. These twenty actions can be broken down into actions that can be taken by six

different groups: mothers and their families, communities, health care institutions, employers, research and surveillance groups, and public health organizations. Rather than changing any state or national policies, this call to action focuses on gaining support from individuals, programs, and institutions (Surgeon General's Call, 2011).

Other legislation has changed breastfeeding policies in hospitals, places of employment, and in public. The Affordable Care Act of 2010 changed health insurance policies on breastfeeding as well as implementing new rules for working breastfeeding mothers. Before the act was passed, health insurance companies were not required to cover any expenses related to breastfeeding. Under the act, health insurance must cover breastfeeding counseling, support, and supplies. Though breastfeeding can be cheaper than buying formula, the cost of a breast pump is limiting for some mothers. The coverage of these costs in addition to improved counseling should lead to higher rates of breastfeeding initiation and success (Affordable Care Act, 2010).

The act also requires employers to allow breastfeeding women unpaid break time to express milk whenever they need to. Employers with fifty or more employees are required to have a private, clean area other than a restroom for mothers to express breast milk. This is extremely important for women who are breastfeeding while working. Many women today cannot afford to leave their job after the birth of a child. The only way they can breastfeed and work full or part time is to pump milk during the work day. This new policy allows for work breaks for up to one year after the child's birth (Affordable Care Act, 2010). This should enable women to meet the WHO standards of breastfeeding.

While the Affordable Care Act targets medical and work issues related to breastfeeding, numerous state laws work to give women the freedom of breastfeeding in public. Forty-five states allow women to breastfeed in any public or private location where they are otherwise allowed to be. In

addition, twenty-eight states exempt breastfeeding mothers from indecency laws. Twelve states exempt breastfeeding mothers from jury duty and another five states have implemented breastfeeding awareness education programs (Breastfeeding State Laws, 2011).

Enabling women to breastfeed in public is important for exclusive breastfeeding. If women are expected to only breastfeed in the home, they are much more likely to supplement with formula when they are in public. These laws are also important because women often feel embarrassed when breastfeeding in public. In our culture, breasts are highly sexualized and usually not associated with infant nourishment. As a result, women are not willing to expose their breasts in public (Brumberg, 1997). A few states require special areas (other than a bathroom stall) for breastfeeding (Breastfeeding State Laws, 2011). This allows women to breastfeed in public without feeling exposed.

While the above policies all encourage breastfeeding, the maternity leave policy in the U.S. stands in the way of breastfeeding. Even if a woman begins breastfeeding, she is often not able to continue exclusive breastfeeding because of her employment situation. In today's society it is very common for mothers to work either part or full time. More than half of mothers with infants work and their pay contributes significantly to their family income (Shaw and Lee, 2012). The maternity leave these mothers receive is determined by the Family and Medical Leave Act of 1993. Under this act, new mothers are allowed a twelve week, unpaid leave for the birth and care of a newborn child. These twelve weeks are significantly shorter than the six months that are recommended for exclusive breastfeeding. The return to work leads to significant decreases in exclusive breastfeeding. Women who return to work twelve weeks after a birth are 54% less likely to exclusively breastfeed at six months and 27% less likely to breastfeed at all at six months (Langellier, Chaparro, & Whaley, 2012).

Since this leave is unpaid, women might not be able to afford taking the full twelve weeks off (Family and

Medical, 1993). Though breastfeeding eliminates the additional cost of formula, it might not make up for the money lost from not working. Others might be able to take the time off, but must return to work after the leave. Again, this is heavily influenced by intersectionality and certain groups are more likely to need the extra income than others. This act most negatively impacts low-income mothers, mothers of color, and single mothers (Shaw and Lee, 2012). There are a few privileged women who have a high enough family income to give up their job to care for their child. Even if this is possible, not all women would be willing to sacrifice their careers. Today, many women highly value their careers and the power it gives them within their household. Feminists have fought a long battle to gain the right for women to work outside the home in the field of their choice for fair wages (Shaw and Lee, 2012).

Conclusion

Since breastfeeding is such a complicated issue, it is important to take many factors into consideration when analyzing breastfeeding rates. A mother's income, beliefs, role in the family, race and ethnicity, employment, and sexuality all intersect to produce a wide range of breastfeeding expectations and experiences. It is clear that breastfeeding has significant advantages for both mother and child. What is not so clear is how we can raise breastfeeding rates. Based on the policies and statistics discussed in this paper, certain trends appear. It is clear that education and support are extremely important for breastfeeding mothers and must occur in the hospital, home, workplace, and community. Since a minority of mothers in the country breastfeed by WHO standards, campaigns to "normalize" breastfeeding in our society are still needed. It seems that the next step in improving breastfeeding rates is to continue support programs and improve maternity leave policies. If individuals, communities, and government groups

work together breastfeeding rates, and public health in turn, can be improved.

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