

Emergency Contraception and Abortion Law

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☞ OR, YOU HAD SEX WHEN YOU DIDN'T WANT OR PLAN TO

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Are you interested in be-
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Newsletter Editors:
Ashley Dunahoo
Elizabeth Gromisch

A Message from Director Laura Lockwood:

The Women's Center – now known as the **Women & Gender Resource Action Center (I)** – is a resource for the campus in regards to issues concerning birth control and reproductive choice (x2408). If you're pregnant, or thinking about using birth control, I'm available for support, information and referrals. The **Health Center (x2018)** is an excellent resource on campus for birth control, Emergency Contraception, and questions regarding these issues and health concerns you may have. If you are looking for on-going counseling regarding any of these issues, the **Counseling Center (x2415)** employs professional therapists who can provide guidance and help. Free condoms are available at the Health Center and the Women & Gender Resource Action Center. If you are seeking an abortion, **Planned Parenthood, 1030 New Britain Avenue, West Hartford, 953-6201**, is a good choice. There is also **Hartford GYN**, but it is on public property as opposed to Planned Parenthood, which is on private property. This means protesters are permitted to be closer to the facility in Hartford, which may make an already difficult trip more trying. I encourage you to speak to your partner/hook-up/girlfriend/boyfriend before sex about birth control. It should be the responsibility of both parties. Condoms should always be used to prevent STD/AIDS transmission. Condoms should not be the sole method of birth control, as they break. EC should not be used as a regular birth-control method. You will enjoy sex more if you feel completely safe and protected, and have communicated about this with your partner. Have a wonderful break!!

All the best, Laura Lockwood

What You Need to Know: from the Basics to Politics

by Elizabeth Stannard Gromisch, compiled from interviews and materials from Shanta Evans and Samuel Chen of Planned Parenthood

It can be confusing getting the facts straight about emergency contraception (EC). Is it like an abortion (big no)? Where can I get it? How can I get it? So, with some help from Shanta Evans and Samuel Chen from Planned Parenthood, we got the facts sorted out, so you have what you need to know about EC.

How does EC stop a pregnancy from occurring? How does this affect a woman's body?

EC works in two ways to prevent a pregnancy from occurring: 1) it keeps the ovary from releasing the egg, and 2) it thick-

ens the cervical mucus which stops the sperm from getting to the egg. It is also thought that EC can keep the fertilized egg from attaching itself to the lining of the uterus, but this has not been proven. However, what is most important to note is **this is not an abortion**. EC does not end a pregnancy, and will not work if the woman is already pregnant. There is no evidence that EC will harm a fetus, but it should not be used if a woman is already pregnant.

EC does not have any lasting effects on a woman's body; she can get pregnant later without any effects from taking the pill.

There are some side effects, but they happen to a small percentage of women.

What are the potential side effects of EC?

EC does not have the same serious risks that exist with some birth control pills: blood clots, heart attacks, and stroke. The potential side effects of EC are: dizziness, headaches, breast tenderness, and nausea. Vomiting and bleeding between periods are possible, but rare for a progestin-only pill, like Plan B.

However, EC will affect a woman's next period: it can be

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Emergency Contraception at the Health Center

by Martha Burke, APRN

Emergency contraception (EC) is a medication used when a female is trying to prevent a pregnancy after having sex. The nickname "Plan B" is accurate in that it should not be used as a primary source of contraception, but rather as Plan B if Plan A is feared to have been unreliable and there is a risk of unwanted pregnancy.

The hormonal ingredient in emergency contraception is

commonly found in oral birth control methods, but the dosage and timing of the hormone work in a special way to prevent a pregnancy from happening after unprotected intercourse (UPI) (i.e. broken condom, missed pills, forgotten protection, etc.).

Plan B is effective in preventing an unwanted pregnancy but has NO protection against any type of sexually transmitted disease.

Before October 2006, emergency contraception was available only through prescription from a health care provider. The F.D.A. has recently approved the over-the-counter status of the product and, after mid to late January anyone over the age of 18 can purchase it directly from a pharmacist.

Trinity College Health Center has stocked and prescribed

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Pharmacists Saying "No," How This Affects EC Access

by Elizabeth Stannard Gromisch

In many states throughout the US, pharmacists have been denying women access to emergency contraception (EC) based on "moral objection." Currently there exists no legislation that requires pharmacists to supply EC, so regulation of pharmaceutical distribution relies on an individual state's decision. In Alaska, California, Hawaii, Maine, Massachusetts, New Hampshire, New Mexico, Washington and

Vermont, a woman can get the EC pill without a prescription, but it is dependent on a pharmacist trained to dispense EC to be present. In other states, a woman can have a prescription, but there is a possibility that she will be turned away by a pharmacist who refuses to distribute it on moral or religious grounds.

While the decision by the FDA will make EC "over-the-counter," there is still the prob-

lem with whether the pharmacist will fill the prescription. In addition to pharmacists, Connecticut has been concerned with access to EC in hospitals. Currently, coalitions of public health advocates, medical and health professionals, victim advocates and community organizations, like the Emergency Contraception Access Campaign, are fighting for legislation in Connecticut that

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Emergency

by Elizabeth Stannard Gromisch

What she thought would be a beautiful, endless pleasure, culminated in a moment of complete shock and fear. The warmth that once filled her body is now replaced with shivering cold. Even though she is held by the one man she believes she loves, she feels completely alone.

"Honey..." his voice fades as she stares up at the ceiling. 'How did this happen? We did everything right...except...that last moment when he took it off.' "It feels better this way," he says, and continues through her protests. No words escape from her lips, as her mind wanders deep into the darkness, wondering how something so beautiful could kill her inside.

* * *

Phone call after phone call, and absolutely nothing. Just one recording after another that the office is closed, and the nearest one is over an hour away. She lays curled up on the couch, counting down the hours until he comes home. He, too, cries silent tears, knowing he can't be enough to soothe her fears after what he has done. As he walks through the door and sees her huddled form, he pulls her in, whispering softly that everything will be okay. Tears fall once again, drenching the shoulder that pulls her closer into the embrace.

The drive to the pharmacy feels like it takes hours, even though they are only minutes away. As they walk towards the back of the store, she feels her eyes drawn to the floor, rather than seeing the scene in front of her.

"Do you have any EC pills?" The pharmacist's face quickly turns from a welcoming smile to a look of disgust.

"Do you have a prescription?"

As she rifles through her purse for her insurance card, she answers him: "I thought this was one of the pharmacies that gave EC without a prescription..."

"I'm sorry, but I can't help you."

She collapses, crying in the front seat of the car, unsure of her next move. He keeps his eyes steadfast on the road, promising he will take her to Planned Parenthood tomorrow. Tomorrow. Another day of worrying, and wondering whether or not this will work.

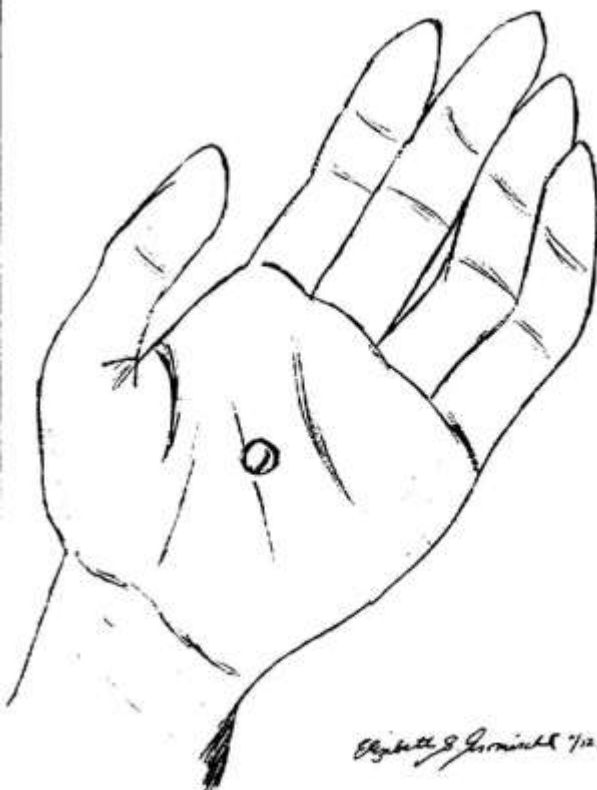
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They sit there in the office, surrounded by fliers and posters promoting a woman's right to choose. She looks around the room, wondering if the other women are there for the same reason, and thinking the same thing about her. Her hand moves down the forms mechanically as he rubs her leg in assurance. They wait silently for her name to be called, and he asks the attendant if he can come into the room with her. Once they sit down in the room, the attendant asks if they have any questions about the EC pill that the handout did not answer. They are not asked how it happened. There is no testing; no lectures. Just a pack of two pills and a cash payment of \$40, so their parents wouldn't find out from their bank statements.

He hands her a water bottle once they are back in the car.

"Well, here it goes."

She stares at the tiny round pill lying in her hand. 'So, this is the one thing that has caused my worries, and shall put an end to all of them.'



Elizabeth Stannard Gromisch 7/12/12

"So this is the one thing that has caused my worries, and shall put an end to all of them."

Abortion Law In South Dakota

by Ashley C. Dunahoo

On February 22, 2006, the South Dakota legislature passed a bill banning all abortions except those necessary to save the life of the mother. No other exceptions were made, even in cases of rape or incest. Governor Mike Rounds signed the bill into law only twelve days later; it was to go into effect in July.

However, implementation of the law was stalled when Campaign for Healthy Families, a group organized as a direct response to passage of the law, was able to gain the 16,728 signatures necessary—they actually managed to collect around 38,000—to put it off to November 7, when the citizens of South Dakota would decide the fate of Referred Law 6 in a ballot referendum.

The debate between pro-choice and pro-life has long been a heated one in this country. Pro-choice activists see *Roe v. Wade* as one of the cornerstones of the women's rights movement. Many pro-life followers, on the other hand, believe that the legality of abortions makes family values inconsequential. Republican State Senator Bill Napoli of South Dakota said in an interview, "When I was growing up here in the wild west, if a young man got a girl pregnant out of wedlock, they got married, and the whole darned neighbor-

hood was involved in the wedding...I mean, they wanted that child to be brought up in a home with two parents...And so I happen to believe that can happen again." (The Online NewsHour, PBS). He voted in favor of the bill for the sake of families.

Traditional Judeo-Christian beliefs on the subject have long been quite clear: abortion is murder and therefore a sin. Followers of such religions feel that their views are backed up by recent scientific studies, which have presented evidence about unborn fetuses, fetal pain, and the psychological and physical damage incurred by abortion patients. This evidence is used in an effort to show that abortion may not only be murder of a human life—according to these studies, life begins at conception—but is also a danger to the woman. It is the viewpoint of those in favor of Referred Law 6 that the information that came out of these scientific studies was not available when the Supreme Court ruled on *Roe v. Wade* in 1973. In light of the new information, they hope that the law in South Dakota will be brought to the Supreme Court; in fact, its creators admit that it came to fruition in order to challenge *Roe v. Wade* in an effort to overturn it.

Despite what these studies hope to sug-

gest, there was both a statewide and nationwide outcry when Governor Rounds signed the bill. It was easy for the Campaign for Healthy Families to get more than twice the number of signatures needed, and well before they were required. Cecile Richards, the president of the Planned Parenthood Federation of America, said, "It's a sad day for the women of South Dakota. We had really hoped that the governor would weigh women's health as more important than politics" (The New York Times, 2006 March

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Free Speech: College Students Speak Up About Abortion on Facebook

- "I don't think we're actually stupid enough to pass that law. I know I'm not. But, if everyone else decides to take a day off from thinking, I think there will be a lot of women leaving South Dakota." Jillian Haak, South Dakota '10
- "If abortions are legalized, at least partially, the people who don't want abortions don't have to get them, so they win. The people who need abortions can get them, so they win. It's a win-win situation." Zachary Cohn, RIT '11
- "Since the Supreme Court has gotten rid of O'Connor as a swing vote, Bush and the conservatives now have the upper hand and they could oust *Roe v. Wade* completely and leave abortion laws up to the states." Corinna Gilson, New Hampshire '07
- "Oh but poor South Dakota, they just want their day in the Supreme Court. They don't care about personal freedoms, just their personal beliefs." Jason Turcotte, NEU '11
- "Since when are women objects to be controlled by jurisdiction? Sure, there are laws that control a person's body regarding psychoactive drugs, suicide and the like, but I had no idea that a woman was so insignificant such that our wombs are under arrest." Lauren Koppelman, UMBC '08
- "I'm not sure I have enough energy to compose a comprehensive argument/complaint, and frankly extreme outrage and utter disgust are kind of getting in the way. Anything we can do to help/change it?" Anya Lamb, Stanford '10
- "I personally know several people who have had abortions so I definitely support the woman's choice and definitely not banning it of all things. I definitely prefer the fetus/embryo going towards stem cell research where it is really needed badly." Brittany Schneider, UNC Wilmington '07
- "If the Supreme Court rules based on scientific findings and those scientific findings are no longer correct, then the ruling should be appealed. Until the ruling is appealed, I feel that South Dakota is violating a woman's right to choose." Dan Schmuck, Ursinus '07
- "Every person has an entitlement to be pro-life or pro-choice, but that does not give the state or national government the right to make that choice for us." Elizabeth Gromisch, Trinity '09
- "Honestly, I'm frightened by the direction this country is taking with women's rights. Things better change, and soon." Ashley Dunahoo, Trinity '07

Sisterhood is Global by Ashley C. Dunahoo

Latin America: Chile

In Chile, abortion laws are so tough that a woman can go to jail for having an illegal abortion. If abortion is not an option, that leaves emergency contraception (EC) to prevent an unwanted pregnancy. But an extensive study in 2003 revealed the major difficulties of making EC available in Chile. More than anything, there is the strong presence of the Catholic Church, which professes the belief that both abortion and taking birth control of any kind are sins. The Catholic Church is joined by the political right. These groups view EC as a micro-abortion that only encourages what they see as immoral sexual behavior. In addition, conservative groups largely control the mass media, so even if EC was made accessible, it would not be widely advertised, and knowledge of its use and availability would be limited. In September 2006, things were altered significantly when Maria Soledad Barria, the Health Minister of Chile, announced that Barr Laboratories' EC Plan B would be obtainable—for free and sans parental consent—to girls aged 14 and older. This decision makes EC available to all socio-economic classes, rather than only to those who could afford it. Not surprisingly, the Catholic Church reacted negatively, stating that this will stir up sexual activity at a younger age, resulting in the spread of AIDS and venereal diseases, as well as creating more unwanted pregnancies. Chile's President Michelle Bachelet responded that the government only wishes, "...to offer a range of alternatives, which people can choose between—according to their own family values and principles." (www.kaisernetwork.org)

The Middle East: Iran

The Iranian Parliament voted in April of 2005 to make abortion more accessible, but abortion law would remain extremely restrictive. The original law makes abortion illegal in all cases except to save the life of the mother. The new bill would make abortion available when the fetus presents deformities because of physical or mental handicap, and would be available for the first four months of the pregnancy. This bill's main purpose was to alleviate the financial burden of unwanted children upon their parents. However, to obtain such an abortion, three separate doctors would have to verify that the fetus is, in fact, physically or mentally challenged. In addition, the mother of the child would not be able to obtain the abortion on her own, even with doctor approval; she would also need the consent of the child's father. Iranian law still makes no concessions in respect to pregnancies that result from rape. After the Parliament passed this bill, it was sent to the Iranian Guardians Council in May of 2005, which determines if a given bill coincides with Islamic law. The Council ruled that it contradicts Islamic law—sharia—to abort a child with a mental or physical handicap only because birthing and raising the child would be a financial burden. Thus, except for those to save the mother, all forms of abortion remain illegal in Iran. As in all countries where abortion is strictly regulated, illegal abortion is common: studies indicate that 70,000 women worldwide die each year from unsafe, illegal abortions. Government policy in Iran has yet to acknowledge these numbers or make any effort to change them in their country through new reproductive laws.

Southeast Asia: The Philippines

Reproductive rights are extensively restricted in the Philippines. Abortion is illegal in all cases except to save the life of the mother. In addition, emergency contraception pills were available from April 2000 until January 2002, when even they were outlawed. Following this ruling, anyone who uses, sells, or even imports EC is subject to heavy penalties and criminal charges. The incredibly strict abortion laws in the Philippines—written into the country's 1987 constitution—exist because of the government-recognized belief that life begins at conception rather than when the fertilized egg is implanted in the womb. Thus, they believe EC is an abortifacient because it may prevent the implantation (it has not yet been proven that it can). EC was declared unconstitutional. Pro-life groups across the globe were pleased to hear this news, but pro-choice groups continue to attempt to reverse this decision. The Winter 2005/2006 edition of "The Emergency Contraceptive Newsletter," reports meetings in the Philippines about possible actions which can reinstate the legality of EC in the country. The hope is that widespread education about EC—aimed toward "health professionals, policymakers, pharmaceutical companies, private volunteer organizations, youth and grassroots organizations"—will theoretically lead to a reversal of past policies, allowing for EC to become mainstream in the country. As of this writing, there has been no change in the laws regarding reproductive rights of women in the Philippines.

The African Continent

Among those regions in the world with the most sweeping anti-abortion laws are Latin America, South Asia, and Africa. Twenty-one countries in Africa have laws in place which restrict all abortions except for those which will save the life of the mother. There are no concessions for rape, incest, and the health of the mother or child. As a result of these incredibly restrictive laws, women desperate to end their pregnancies resort to a number of dangerous methods to illegally abort, such as using a coat hanger. The World Health Organization indicates that approximately 4.2 million unsafe abortions occur in Africa every year, causing 30,000 deaths. This makes up almost 43% of the worldwide deaths resulting from unsafe abortions. Ipas and the Guttmacher Institute, two United States based organizations, arranged a four day conference in March 2006 in Addis Ababa, Ethiopia. The purpose of the conference was to discuss ways in which reproductive laws in Africa can be altered to protect the health and lives of women. Sixteen African countries participated, bringing together a total of more than 140 government officials, researchers, and health practitioners. These individuals came together to determine how research on abortions could influence public policy across the continent. Several countries already have more liberal laws in place. These include the conference host-country, Ethiopia, which has legalized abortions when the mother's health is in danger, rather than just her life. Additionally, it is one of the few countries in Africa in which emergency contraceptives are available, lessening the need for abortion. There is also South Africa, which legalized all abortions in 1997. The hope is that much of the rest of Africa will follow in the footsteps of Ethiopia and South Africa.

What You Need to Know: from the Basics to Politics Continued from Page 2

early or late, lighter or heavier, shorter or longer. It is also possible that it can be normal. There will be more irregularities in menstrual flow if EC is taken more than once during a menstrual cycle.

Are there problems with using EC multiple times?

EC can be taken multiple times. However, if that is happening, EC is no longer "emergency contraception" and is acting as birth control. At this point she should talk to her gynecologist about getting on a more reliable birth control method.

How should EC be taken?

Take the first dose as soon as possible after unprotected sex, up to 120 hours after ejaculation. If taking EC in two doses, take the second dose 12 hours after the first one. For Plan B®, both pills can be taken at the same time with food; however, she should talk to her health care provider about the best way for her to take EC. There is a possibility of vomiting when taking EC: she may want to take an anti-nausea medication. If she vomits the first pill, make sure to take an anti-nausea medication an hour before taking the second pill. If she vomits the second dose, do not take anymore pills: it will not decrease the risk of pregnancy. For more information on the specific EC pills, and how to take them, visit the Planned Parenthood website: <http://www.plannedparenthood.org>.

Why does effectiveness of EC diminish over time?

The risk of pregnancy is reduced by 89-75% when the first dose is taken within 72 hours after ejaculation. While EC can be taken up to 120 hours, the effectiveness diminishes; it cannot be taken after 120 hours. It is not known yet why EC's effectiveness ends after 120 hours, but the Guttmacher Institute is currently doing research on the subject.

When in a woman's cycle is it most important to take EC after unprotected sex?

While it is advised that a woman should take EC after all unprotected sex, it is most important if the sex occurs 7-14 days before a woman's period, when a woman is most fertile. During this time, she should take EC as soon as possible, so a pregnancy does not happen.

Are there any other options for emergency contraception besides the pills? If so, what do they cost? What are the health benefits/downsides?

Certain birth control pills can be used as emergency contraception, and carry the same

risks as when used daily. She should talk to her health care provider about whether her birth control pills can be used, and at what dosage. The other option is having a copper IUD (intrauterine device) inserted within 5 days after unprotected sex. Its effectiveness is 99.9%, and can stay in place for 10 years. The emergency use of IUDs holds the same side effects and benefits as IUDs used for birth control. The cost of the IUD, exam, and insertion is \$400.

What is the procedure for getting EC at Planned Parenthood?

You can get EC three ways: come into a Planned Parenthood office (especially if the woman is not a patient yet of Planned Parenthood) and fill out the health record forms. The staff at Planned Parenthood will not ask the reason why EC is needed; remember, Planned Parenthood is not going to turn a person down because of why she needs the pill. The second is using Planned Parenthood's new online appointment option. If a Planned Parenthood patient has a prescription, it will be shipped right to the patient. The final option is calling Planned Parenthood, and talking to someone. If a woman cannot leave to pick up EC, Planned Parenthood will have it sent to her. Also, through this option, Planned Parenthood can have the prescription sent to the woman's pharmacy. For more information on getting EC through Planned Parenthood, visit their website.

What are the costs for EC, and how is it determined on a case-by-case basis?

The cost of EC varies on how much the woman can pay. If she chooses not to use insurance, the price is based on a sliding scale. At Planned Parenthood, it ranges between \$30-\$33, which includes a one-year prescription. There is an initial visit cost attached, which involves the explanation of taking EC. The price varies at different pharmacies.

How many patients and visits does Planned Parenthood get? How many request EC?

According to the Planned Parenthood of Connecticut's annual report for 2005-2006, the West Hartford center had 5,243 patients with 6,380 visits. Since the start of Planned Parenthood's online appointment option in April 2005, there has been an average of 300 requests for EC a month.

Where is the nearest Planned Parenthood clinic to Trinity College?

The West Hartford clinic: Hilda Standish Center, 1030 New Britain Avenue, West Hartford 06110. It is on the Q2 bus line: the big brown building right before the bridge, on

the right, coming from Trinity.

How readily available is EC at Planned Parenthood? Where else is it available?

EC is always available at Planned Parenthood, as well as Trinity College's Health Center, private doctors, women's health centers, and hospital emergency rooms, as long as they are not religiously affiliated and thus oppose the use of EC. Organizations like Planned Parenthood are now fighting for all rape victims to have access to EC, regardless of the hospital.

What are the options when Planned Parenthood isn't open?

Planned Parenthood is open on Saturdays from 9-12, when Trinity's Health Center is closed. However, neither is open on Sundays. If a woman needs EC on a Sunday, do not wait: ask Campus Safety to drive her to the pharmacy. Because it is closed on Sundays, Planned Parenthood is busiest on Mondays as early as 10 am.

How has the FDA's decision to make EC OTC affected Planned Parenthood?

Since the FDA's decision only applies to women 18 or over, Planned Parenthood will still be offering the option for EC for minors with the required prescription. However, while the EC pill will be "over-the-counter," it will still be behind the counter with medications like Sudafed and require women to show a government issued ID. Planned Parenthood is happy that the FDA finally ended its foot-dragging on this issue, but is still troubled by the restriction imposed on teenagers.

Do men come in with women to pick up EC? How are men affected by the FDA's decision?

It depends on the situation, but some male partners do come in for either support, or for cultural reasons. The FDA's decision only allows women 18 and older to buy EC; in the future, newer legislation may allow men to purchase it for their partners.

We at the Women & Gender Resource Action Center encourage men and women to discuss birth control methods before having sex, and for both to be responsible about birth control.

Resources:

Planned Parenthood of Connecticut <http://www.ppcct.org>

Planned Parenthood of America <http://www.plannedparenthood.org>

Center for Reproductive Rights <http://www.reproductiverights.org>

Guttmacher Institute <http://www.guttmacher.org>

Thanks to Shanta and Samuel for all of their help!

Emergency Contraception at the Health Center Continued from Page 2

Plan B for over three years now. An appointment is necessary, but brief, to ensure proper utilization of the medication and, to offer examinations for sexually transmitted diseases if the UPI was with an unknown or potentially infective partner. The cost at the Health Center is \$10. As soon as it is available OTC, the manufacturer is planning on raising the cost to between \$18 and \$25.

If you cannot get to your own health care provider for a dose in the 72 hour period, you can get the name of providers close to you anywhere in the country by calling a hotline 1-888-NOT-2-LATE.

If you have any questions please contact the Health Center at extension 2018.

Pharmacists Saying "No," How This Affects EC Access Continued from Page 2

would ensure that women – especially rape victims – have access to EC in hospitals. This movement includes religiously oriented hospitals, whose Emergency Room staff have been denying EC access for rape victims.

The Women & Gender Resource Action Center is encouraging the Trinity College community to be engaged in this campaign. At the end of this newsletter, there is

a tear-off form for anyone who would like to become involved in the EC Access Campaign, or would like more information on the current legislative progress of EC access. Please fill out the form, and place it in campus mail.

Together, we can be another voice for female reproductive rights!

Abortion Law in South Dakota Continued from Page 4

7). It is not an overstatement to say that this became the political debate driving elections in South Dakota. Whether a candidate was in favor of or against the bill was crucial to his or her campaign.

The biggest debate in this issue is over the fact that no exceptions were made in the cases of rape and incest. Proponents of the law said that a woman could still go to the doctor shortly following her rape or incestuous encounter and make use of drugs that will prevent her from becoming pregnant. But what about women who are too ashamed or traumatized to go to the doctor? State Senator Napoli said that there should not even be thought of terminating the pregnancy in cases of "simple" rape. Simple rape? Does this exist? Is rape itself any less traumatizing than a rapist did not beat a woman into unconsciousness after she is violated? What about the rights of a child who is the product of incest? If pro-life activists wish to stick to science, then let us not forget that developmental defects abound in children of incest.

Ultimately, people on both sides of the issue agree that South Dakota had gone too far. Even the Republican, fundamen-

talist Christian President Bush went on record saying that, "That, of course, is a state law, but my position has always been three exceptions: Rape, incest, and the life of the mother." (www.breitbart.com). If the vote was in favor of Referred Law 6, Cecilia Fire Thunder, who is president of the Oglala Sioux Tribe in South Dakota, vowed to open a Planned Parenthood clinic on her land within her tribe's reservation, because the state would not be able to touch it.

But she was never given the chance. On November 7, 2006, South Dakota voters rejected Referred Law 6: 185,934 voters, approximately fifty-six percent of those who weighed in on the issue, voted no. The challenge to Roe v. Wade long awaited by many pro-life followers and activists will not come from South Dakota.

Yet, the struggle is not over. Several states before South Dakota have tried to put restrictive abortion bills through their legislatures and failed, including Alabama, Georgia, Indiana, Kentucky, and Mississippi. In addition, there are six states still considering laws that go against Roe v. Wade to varying extremes. These are Louisiana, Missouri, Ohio, Rhode Island,

South Carolina, and Tennessee. Louisiana's proposed law would only go into effect following a reversal of Roe v. Wade by the Supreme Court or an amendment to the constitution allowing states to ban abortions. But the other states have more far-reaching goals; the bills undergoing consideration in Ohio, Rhode Island, and South Carolina will make all abortions illegal, in cases of rape, incest, or even to save the life of the mother.

These direct assaults on Roe v. Wade have only just begun. No other state has taken abortion restrictions as far as South Dakota, but the battle over abortion will wage on following the defeat of Referred Law 6. With that in mind, it seems the only way to properly end this article is this: To Be Continued...

Keep in Mind...

In terms of cost, Emergency Contraception is \$10 per prescription, and the Pill is \$10 to \$15 per package. For the costs of other types of birth control please contact the Health Center at x2018. An abortion, on the other hand, costs approximately \$550.

By the Way...

If you are interested in becoming more involved, Planned Parenthood has internship opportunities. To find out more, visit www.ppct.org, or contact Trinity's Planned Parenthood interns Kimberly Shannon and Gwen Hopkins.

A Message from Co-Editor ESG:

It's not just in the newspapers and US News and World Reports...but EC is making headlines in popular women's magazines! Glamour and Cosmopolitan, to name a few, have been mentioning the political debate about emergency contraception, as well as how it works. So next time you're flipping through, searching for the newest beauty tip, keep a look out for the latest developments!

Just In Case...

Campus Safety's student drivers will drive any Trinity student to off-campus medical appointments and to the pharmacy. If you need to get EC when the Health Center is closed, call extension 2222.

Dear Reader:

The Newsletter Editors want to hear any comments or feedback you have about the Newsletter and its contents. Please send your letters to:

Elizabeth.Gromisch@trincoll.edu, and Ashley.Dunahoo@trincoll.edu.

Thank you!

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Anti-Sweatshop Clothing Exchange Coordinator: Sandi Gollob '07

Peer Counselors: Chris Giacalone '07, Rayn Sakaguchi '07, Meaghan Kilian '07, Monica Sundri '08, Marla Stancil '07, Tanya Bulloch '08

"Coming-Out" Network: David Calder '07, Jared Hoffman '07, Isis Irizarry '10, Kristen Chin '07, Hillary Bennett '07, Julie Wilkinson '07, Vaughn Miller '07, Alex Truelson '07

Women and Gender Resource Action Center Mission Statement

"The Women & Gender Resource Action Center is a place of advocacy, support, and welcome for all members of the Trinity and surrounding community. Through educational, social, and cultural programming, it seeks to promote women's self-determination and empowerment; awareness of gender inequities; understanding among people of different economic classes, cultural backgrounds, religions, and gender identities; and the creation of a campus environment conducive to respectful interaction between women and men."

Trinity College Women & Gender Resource Action Center

2nd floor, Mather

(860) 297-2408 Fax: (860) 987-6219

Laura.Lockwood@trincoll.edu

www.trincoll.edu/StudentLife/

DiversityGender/WomensCenter

Are you interested in becoming involved in the Emergency Contraception Access Campaign? The Women & Gender Resource Action Center would love to hear from you! Please include your name, school mailbox, and any ideas you have of how the Women & Gender Resource Action Center can get more involved.

Name: _____

School Mailbox: _____

Comments: _____

Please deposit in campus mail