

Abstinence Only Education Must Go Rejecting Title V Money

Voice for Choice

Newsletter of the Kentucky Religious Coalition for Reproductive Choice

FALL 2008

Save the Date! Rev. Steve Clapp Speaking at the 2009 Roe V. Wade Dinner!

**Saturday, January 17, 2009
St. Matthew's Episcopal Church
Louisville, KY**



Rev. Steve Clapp

We are delighted to welcome Rev. Steve Clapp back to Louisville, KY for a second time! Rev. Clapp spoke at our conference on comprehensive sexuality education in the Fall of 2007 and was a hit with all who attended. Clapp is the president of Christian Community, Inc, a research-based organization located in Ft. Wayne, IN. He is the author/coauthor of over 30 books on congregational life including hospitality, stewardship, and religion and sexuality. He leads many workshops and speaks at many events across the country.

Clapp's talk at the Roe v. Wade Dinner will focus on the role of the religious community in fostering sexually healthy teens and

preventing unwanted pregnancies through comprehensive sexuality education. His book, "Faith Matters: Teenagers, Religion, and Sexuality," which discusses his survey of 5,819 teens across various religious traditions, ethnic backgrounds, economic levels, and geographic locations, will be available for sale at the dinner.

Thank you to St. Matthew's Episcopal Church for hosting us this year! We look forward to being in their beautiful new gathering facility, which will be able to accommodate a very large crowd. ●

Tickets: \$30; Couples \$55; Table of 10 \$260. For tickets call: 866-606-0988 or email us at info@krcrc.org.

Clapp's writing addresses the need for faith-based Comprehensive Sexuality Education



Faith Matters by Steve Clapp, Kristen Leverton Helbert and Angela Zizak (2003)



The Gift of Sexuality by Steve Clapp (2006)

How do religious faith and congregational involvement influence the sexual values and behaviors of teenagers? *Faith Matters: Teenagers, Religion, and Sexuality*, by Steve Clapp, Kristen Leverton Helbert, and Angela Zizak, reveals the results of Christian Community's national study of 5,819 congregationally involved teenagers representing a broad range of religious traditions, ethnic backgrounds, economic levels, and geographic locations.

Results of the study indicate that teens want more information and guidance from their faith communities in preparing them for dating, marriage, and sexual decision-making. The need for a comprehensive approach to sex education is evidenced by several findings, and quotes

from the teens' anonymous written responses throughout the book highlight their feelings that their needs are going unmet.

- 31% of the boys and 28% of the girls in the 11th and 12th grades had had sexual intercourse. Of those who are having sexual intercourse, 27.4% did not use contraception the first time they had intercourse, and 19.5% did not the most recent time they had intercourse.
- When congregations provided information on contraception to teens, it did not result in teens being more or less likely to have sexual intercourse, but it did make them less likely to become pregnant.



Perspectives from the chair:

Guest journalist Kathryn Hogg is writing this month's column. She voices our concerns about the recent attempt by the Bush administration to create serious obstacles for women seeking reproductive health care services.

Anne Maron

Anne Maron, KRCRC Chair

WHILE YOU WERE WAITING for your newsletter from KRCRC, this is what we have been up to:

- Organized approximately 66 volunteers for the State Fair to run our booth from 9am to 10pm each day for 10 days.
- Helped at the A-Fund Training on August 23rd, teaching others about the telephone system used by KRCRC.
- Began organizing for our annual dinner on January 17, 2009. We have our keynote speaker, venue, and caterer in place. We will need volunteers for set-up, reservation checking, clean-up, etc.
- Met with Planned Parenthood of KY (Shirley Jones, Dir.), Americans United for the Separation of Church and State (Dr. Paul Simmons), the ACLU's Reproductive Freedom Project (Derek Selznick, Dir.), the NCJW (Sandi Friedson), the Louisville Presbyterian Theological Center (Women's Center Faculty Liaison Dr. Johanna Bos) and Dr. Ruth Greenberg of U. of L.'s Medical School to formulate the press release regarding the SIECUS Report on Kentucky printed elsewhere in this newsletter. (Also see the article by Catherine Morrison of SIECUS, who explains their report.)
- Derek Selznick composed, and the same group listed above contributed to, an op-ed on the Health and Human Services regulations that the Bush administration is trying to push through at the last minute. Our guest journalist, Kathryn Hogg, explains them for us in this issue. The op-ed appeared in the *Courier-Journal* earlier in September.
- Anne Maron represented KRCRC at Women's Equality Day at the University of Louisville on August 28th.
- Anne Maron represented KRCRC at a meeting of Americans United for the Separation of Church and State on September 4th.
- Attended the picnic celebrating the Reproductive Freedom Project where the new book *Standing Up for Reproductive Rights: The Struggle for Legal Abortion In Kentucky* was released. Fran Ellers, the author, signed a copy with a dedication to the work of KRCRC. This is a marvelous book and anyone ever involved in this work will enjoy reading it. It is available from the ACLU.
- Attended various other meetings intended to further the cause of reproductive justice, especially with a group organized by Judi Jennings of the Kentucky Foundation for Women.
- Attended a Webinar on the Black Church Initiative of RCRC to promote sexuality education in churches.
- Assembled this newsletter with help from Jessica Suhr, our wonderful volunteer graphic designer, Carol Savkovich, an equally wonderful volunteer editor and graphic designer, and Jim and JoAnn Burch who organize the team that assembles the newsletter and gets it to the post office each time. Special thanks to Gil Schroerlucke and to the Fourth Ave. United Methodist Church that provides space for this operation.

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[Proposed] HHS Regulations Remind Us Not to be Complacent

I'm probably not alone in noticing that during an election year any conversation can, without warning, turn political. During this cycle I have found myself defending my stances to friends, a doctor, a security guard, and a couple of co-workers who accused me of being a communist. It's not that anyone intends to break the social taboo against discussing religion or politics, and it's understandable that it happens at a time when we're all being asked to examine our own beliefs and make an important decision in November. Reproductive choice, for instance, constitutes a perennial "hot button" issue.



by Kathryn Hogg

Unfortunately, a lot of people don't think to educate themselves about choice, only getting fired up about it when politicians ask them to. Too often, reproductive choice is considered a synonym for abortion. The conflation of the terms is not only inaccurate, it leads to complacency among women and pro-choice voters in general. A very smart, very cynical friend of mine argued recently that I should be less concerned about reproductive choice when deciding on a candidate. His theory was based on the fallacious idea that reproductive rights are only abortion rights; he believes that *Roe v.*

Wade will not be overturned because the ramifications would be disastrous to the Republican Party. He sees the loss of abortion rights on the federal level as a loss of a powerful political tool for the Right. If they can no longer polarize the United States by invoking abortion, the public will start to notice that their economic policies are not in the best interests

of the poor and the middle-class.

In fact, reproductive choice is a much larger category than is commonly realized. It includes comprehensive sex education, access to gynecological care, access to contraceptives, freedom to choose if and when to procreate, with whom, and how. It includes facilitating parenthood for those who may need assistance with childcare or medical bills. It is about having children as much as it is about preventing pregnancy. To view reproductive choice in this way, it's easy to see how women's reproductive rights have been and continue to be threatened in increments; the damage is being done via small restrictions of access instead of an overturning of *Roe*. The restrictions affect poor women, rural women, and women of color disproportionately.

One of the most recent attacks on reproductive choice comes in the form of proposed regulations from the Department of Health and Human Services (HHS). The regulations would protect medical professionals from violating their consciences by allowing those that find abortion morally wrong to refuse to provide one, participate in one, or refer a patient to another professional that will provide one for her. This limits access for women that can't afford to go to one doctor after another, taking any number of days off work to do so. Even more dangerous is what the rule doesn't say. The HHS regulation declines to offer a practical definition of abortion, allowing leeway for doctors and practitioners to decline women who are only seeking birth control. This denial of access is a serious blow to reproductive rights.

HHS Secretary Michael Leavitt insists that the proposed regulation does nothing to affect women's legal right to abortion or contraception, and technically he may be correct. In practice, however, women seeking reproductive health services would be denied them. Access would be reduced, and while women may have the legal right to such services, their government would be actively undermining their ability to utilize that right.

As I write this, the regulation is still in a consideration phase. Many organizations are decrying the proposed regulation, including RCRC, the ACLU, Planned Parenthood and Americans United for the Separation of Church and State. Individuals are signing petitions and letters to fight the implementation of the proposed regulations. By the time you read this, the fate of the HHS regulation will be decided. If the regulations pass into effect, they will effectively restrict women's rights.

The regulation serves as a reminder that reproductive choice is being systematically challenged. It doesn't take overturning *Roe V. Wade* to keep women from controlling their own reproductive health; even now they're struggling for affordable access to routine checkups, birth

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Kathryn Hogg is a recent graduate of the University of Kentucky. She majored in English and Gender and Women's Studies, and minored in Philosophy. Kathryn lives in Louisville with her dog, Mable, and her kitten, for which she has yet to find an apropos name.

Many people in this state are opposed to Ab-only funds, and we have the signatures to prove it (380 signatures at the State Fair alone). Even those who told us they are not pro-choice are for comprehensive sexuality education. -Anne Maron

Kentucky Takes Ab-Only Funds as Health Indicators Fall

by Catherine Morrison
July 30, 2008

The Administration for Children and Families, which oversees the Title V abstinence-only-until-marriage program, recently reported at least 23 states are no longer participating in the program, with another two out at the end of fiscal year 2008. In those states, advocates have convinced policymakers to reject funds for unproven abstinence-only-until-marriage programs and instead put their resources toward a more effective means of educating young people. As we anticipate a paradigm shift away from the abstinence-only approach, we still have to consider the states lagging behind this progress. And, the reality is, the majority of states still opting to take these monies are located in the South. This trend hasn't gone unnoticed by the Sexuality Information and Education Council of the US (SIECUS).

In fact, in fiscal year 2007, nearly half, or almost \$85 million, of all abstinence-only-until-marriage monies were poured into southern states. With this in mind, we've set out to investigate the use of abstinence-only-until-marriage funds in southern states, first in Alabama, and now in our just-released report on Kentucky.

We found that some of the worst abstinence-only-until-marriage curricula are being used throughout Kentucky, and that a significant portion of state and federal funds are being directed towards crisis pregnancy centers (CPCs).

As we looked into the programs and curricula in Kentucky, the first and most startling thing we found were the statistics on adolescent sexual health. The teen birth rate is nearly 20 percent higher than the national average (49.2 per 1,000 young women ages 15-19, compared to 41.1, nationally in the same age group). Most states have experienced declines in teen birth rates, but in a single year the Centers for Disease Control and Prevention (CDC) reports Kentucky's rate rose nearly 7 percent. The nationwide teen birth rate increased by less than half that in the same year.

The trend follows in HIV statistics. The overall prevalence is low, but the disease impacts one community disproportionately: African Americans make up only seven percent of the total population of Kentucky but nearly 34 percent of new HIV cases in the state, according to the CDC.

Kentucky is in need of effective intervention to combat high teen pregnancy and HIV rates. One place the state isn't helping itself: by continuing to participate in the Title V abstinence-only-until-marriage program, which brings harmful money into the state. Since 1997, the state of Kentucky, through the Cabinet for Health and Family Services and numerous community-based organizations, has received over \$16.9 million in abstinence-only-until-marriage funds through the three funding streams. In Fiscal Year 2007 alone, over \$3 million went into these programs in Kentucky.

Where does this money end up? In Kentucky, the state spreads it far and wide, to 16 local health departments, 11 of which use fear- and shame-based curricula. The state also provides Title V abstinence-only-until-marriage sub-grants to more CPCs than any other state. CPCs are anti-choice establishments that function to dissuade women with an unintended pregnancy from choosing abortion. These centers often pose as family planning/reproductive health clinics and claim to offer "abortion information and referrals."

In looking at the curricula used by these health departments, CPCs, and other community-based organizations, five central, and disturbing, themes emerged: advancing religious messages; relying on messages of fear and shame; fostering gender myths and stereotypes; promoting the questionable practice of virginity pledges; and providing misinformation.

New Hope Center, Inc. is a grantee that received nearly \$850,000 in federal abstinence-only-until-marriage funds from both the Title V abstinence-only-until-marriage program and

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the Community Based Abstinence Program in fiscal year 2007. It operates a youth-oriented website

called “Wait For Sex,” which contains biased information and presents negative gender stereotypes. In the “State It: Men Only” section, the website explains, “Let’s face it. Waiting for sex is a real physical struggle for a guy...Pick your girlfriend wisely. She might have a pretty face and a nice body but those things don’t last. Find out before hand if she has the same values as you. Why waste your time on someone who puts no value in her future and protecting it?”

Such a presentation is detrimental to all young people by limiting their options, influencing their behavior, and coloring their expectations for future relationships.

Another startling example of these funds at work is found in the “Why kNOw” curriculum, used by many health departments. This curriculum likens sexual behavior outside of marriage to clearly harmful or immoral behavior such as smoking, drinking, using drugs, lying, stealing, and cheating. In a lesson entitled “Let’s Go Fishing,” the curriculum suggests that all of these behaviors are enticing lures, “But if we take the bait, they could lead to our ultimate destruction or death. It may not be a physical death, but just as real – the death of a relationship, a friendship, a dream or a goal.”

Delaying sexual initiation and increasing abstinence among young people in the state is an admirable goal. But abstinence-only-until-marriage programs are not the answer. Kentucky can create a brighter and healthier future for its youth by funding a comprehensive approach to sexuality education. As a first step, it must assess the evidence of what works best and end support for abstinence-only-until-marriage programming as so many other states have already done. ●

“HHS Regulations” continued from page 3

control, prenatal care, medical care and childcare. Young women and men are not being told how their own bodies work, and how to protect themselves. Pharmacists can legally refuse to dispense birth control or emergency contraception based on their own convictions, effectively hijacking the reproductive decisions that women and their doctors make. In the case of a woman in need of emergency contraception, this is especially dangerous because that drug is more effective the sooner it’s taken; that is, for each mile she travels to get to a second or third pharmacy to gain access, the less effective the drug will be. Arbitrary waiting periods for women seeking abortions are in place in many states to make it logistically difficult for a woman to gain access, and out-of-control laws that claim to be about informed consent are clearly attempts to scare women away from the procedure.

We need to remember that limitations on access significantly deteriorate reproductive freedom. We must take the issue of reproductive rights seriously when we vote in November, because the threat is very real. We must vote to provide comprehensive sex education in schools, because as the saying goes, “knowledge is power.” We should look for a candidate whose economic policies will allow more people the ability to care for their families, and who will get access to healthcare for more people. We have a responsibility to take the rights of the less privileged women among us as seriously as our own, and politicians who reduce women’s health and rights to a “hot button” political tool need to be held accountable. And when polite conversation dissolves into heated debate, let’s implore our friends to remember the issue of access, and to remember that even small encroachments on our rights affect those among us who are least able to fight back. ●

Failed programs, Crisis Pregnancy Centers receiving millions in Kentucky

Earlier this month, KRCRC in conjunction with other organizations listed below issued the following press release in response to a special report by the SIECUS Foundation.

Press Release
September 4, 2008

SIECUS Releases Special Report on Abstinence-Only-Until-Marriage Programs in Kentucky Millions of Dollars to Failed Programs and Crisis Pregnancy Centers

To see a full copy of the Kentucky report, visit www.siecus.org. For other information or with any questions, contact **Derek Selznick** at 502-581-9746 or email derek@aclu-ky.org.

*Organizational leaders contributing to this press release are as follows:

Derek Selznick, Director
Reproductive Freedom Project
ACLU of Kentucky

Sandi Friedson
State Public Affairs Person of Kentucky
National Council of Jewish Women,
Louisville Section

Shirley L. Jones, President & CEO
Planned Parenthood of Kentucky

Anne Maron, Chair
Religious Coalition for Reproductive
Choice, Kentucky Chapter

Johanna van Wijk-Bos
Faculty Liaison
Women's Center at Louisville
Presbyterian Theological Seminary

Paul Simmons, Chair
Americans United for
Separation of Church & State,
Louisville Chapter

Louisville, KY - On July 29, the Sexuality Information and Education Council of the United States (SIECUS) released a special report on abstinence-only-until-marriage programs in Kentucky. The report, which compiles data on the major federal funding sources of abstinence-only-until-marriage programs as well as vital health statistics and outcomes in the Commonwealth, paints a picture of a state that uses fear-based abstinence-only-until-marriage curricula and lags behind national averages on many important adolescent indicators related to teen pregnancy and sexually transmitted infections (STI's).

Kentucky received \$3,070,315 in abstinence-only-until-marriage funding in fiscal year 2007, including Title V abstinence-only-until-marriage funding. The Title V abstinence-only-until-marriage program in Kentucky disbursed \$817,297 in funding to 16 local health departments.

The leaders* of the Reproductive Freedom Project — ACLU of Kentucky, Kentucky Religious Coalition for Reproductive Choice, Planned Parenthood of Kentucky, the Women's Center of the Louisville Theological Presbyterian Seminary, National Council of Jewish Women-Louisville section and Americans United for Separation of Church & State-Louisville Chapter — are deeply troubled by the findings of this report.

In 2007, among those high school students who reported being currently sexually active, 53 percent of females and 67 percent of males in Kentucky reported having used condoms the last time they had sexual intercourse compared to 55 percent of females and 69 percent of males nationwide. While this number is near the national average, Kentucky lags in other areas — the teen birth rate nationwide is 41.1 per 1,000

young women ages 15-19 while in Kentucky the rate is 49.2 per 1,000 young women ages 15-19, a full 19 percent higher than the national average.

The situation in Kentucky is not improving: in a single year between 2005 and 2006, the teen birth rate rose 6.6 percent while the nationwide teen birth rate rose 3 percent in the same year. While the overall prevalence of HIV is low compared to other states, it is important to note where new infections are occurring. African Americans make up only seven percent of the total Kentucky population but nearly 34 percent of new HIV cases in the state.

Derek Selznick, Director of the Reproductive Freedom Project-ACLU of Kentucky notes, "This report paints a very grim picture of the effects that abstinence-only-until-marriage programs have on Kentucky teens' health and well being."

Comprehensive, medically accurate sexuality education has been advocated for and/or endorsed by major medical organizations, including the American Medical Association, the American Academy of Pediatrics, the American College of Obstetrics and Gynecology and the Society for Adolescent Medicine. Twenty five Governors of states from Virginia to Arizona have recognized the ineffectiveness of abstinence-only-until-marriage programs, and have now chosen to reject Title V abstinence-only-until-marriage funding.

"Kentucky needs to afford our teens the right to comprehensive information so that they have the tools to make Responsible decisions," states Shirley Jones, President and CEO of Planned Parenthood of Kentucky. "We must afford our teens respect, not shame, when they seek information to make educated, responsible decisions." ■

Quick Facts

Compliments of the Religious Coalition for Reproductive Choice

Sexuality Education

Americans overwhelmingly favor responsible sexuality education that includes accurate information about abstinence and contraception.

These Americans include:

- 76% of those who identify themselves as Protestants
- 85% of those who specify they are Presbyterian, Episcopalian, Lutheran, or United Church of Christ
- 79% of Methodists
- 57% of Baptists
- 74% of Catholics
- 62% of those who identify as born-again Christians, and
- 67% of those who identify as fundamentalist/evangelist Christians

(Source: Lake, Snell, Perry and Associates, 2000, RCRC National Survey on Religion and Choice)

Protestant and Jewish clergy also support providing responsible sexuality education in religious schools and discussing sexuality and reproductive choice from the pulpit.


- 89% agreed that sexuality education should be part of the congregation's educational program
- 95% agreed that individuals can benefit from dialogue within the congregation about sexuality issues
- 85% agreed that it is appropriate to speak about sexuality in religious schools or youth groups
- 98% agreed it is appropriate to speak about sexuality in adult education settings
- 75% considered lack of faith-based sexuality education a serious problem in their community
- 76% would be interested in a program to stimulate congregational dialogue from a faith-based perspective on human sexuality

(Source: RCRC National Clergy Survey, 1998)

People of Faith for REAL

Responsible Education About Life Act

RCRC supports the Responsible Education About Life Act (REAL) (H.R. 1653, S. 972), federal legislation to provide \$204 million to states for programs that provide honest, medically accurate, complete, age-appropriate sex education; programs that the public almost universally supports and that studies show can be effective in helping teens stay healthy. As people of faith, we believe it is a moral imperative to provide children and teens with all the information they need to make responsible and informed decisions about their health.

Tell your representatives in Congress and the Senate to sign on to the R.E.A.L. Act. You can do this by visiting the homepage of the Religious Coalition (rcrc.org) and following the links. 

National Black Church Initiative holds summit on Sexuality

by Bani Hines-Hudson

The Religious Coalition for Reproductive Choice's National Black Church Initiative conducted their 12th annual Religious Summit on Sexuality from July 9-11, 2008. The theme was "The Dawn of A New Day" and the conference was held at the historic Howard University School of Divinity in Washington, D.C.

I have been attending since 2000 and am amazed at the number of people unaware that it takes place. How is it that a Black-led progressive teaching and learning opportunity about sexuality is not well known during this conservative era of 'don't ask, don't tell, don't do'? Black clergy and laity explore many controversial topics (e.g. homosexuality, abortion, abuse, etc) that rarely get a non-traditional hearing within the Black church setting. This is done with theological examination

and attracts a racially and ethnically diverse population from around the country.



Summit participants gather in Thurmond Chapel at Howard University School of Divinity to mark the beginning of the 12th annual National Black Religious Summit on Sexuality, "The Dawn of a New Day."

Of increasing importance is the Black Church Initiative's outreach to Latino communities, reflected by their rising attendance and the adaptation of the "Keeping It Real" and "Breaking the Silence" curriculums for their use and partnership. The National Black Religious Summit on Sexuality also enjoys support across many denominations.

The Summit is most notable for reminding the Black Church to realistically

approach humans as sexual beings; to be compassionate toward women; and to embrace sexual diversity. Many would be surprised at the forthrightness of the presenters charged to "Keep it Real" and "Break the Silence" on sexuality. In addition, youth were able to participate in concurrent Summit programming thoughtfully designed to accommodate their interests, issues and leadership potential.

The large number of conference attendees made it hard to ascertain the presence of other Louisvillians or Kentuckians. Many folks who regularly attend warmly greeted each other, even as we forgot names but remembered familiar faces. Rev. Carlton Veazey, RCRC President, can be counted on to remember me best if I reference Rev. Gil Schroerlucke!

As with every year, I was glad I was 'in the mix' and proud of the unheralded leadership consistently demonstrated by this initiative. I return home recharged and ready to get back on the battlefield for breaking down the barriers surrounding sexual and reproductive justice. The National Black Religious Summit on Sexuality is an effective antidote for 'fighter's fatigue' and I highly anticipate next year's 'dose.' 🗨️

"Clapp's writing" continued from front cover

- One-third of the teens in the study are absolutely committed to waiting until they are married before having intercourse, but two-thirds of these young people think that they might have sex before marriage, and by the senior year, eight in ten think they might.
- 19% of youth responding to the survey have taken a pledge to remain a virgin until marriage, but that subgroup was not any more or less likely than other respondents to have had sexual intercourse or to have experienced or caused pregnancy.
- While many religious teens are not having sexual intercourse, they are involved in other sexual behaviors, including oral sex. 29% of the 11th and 12th grade males and 26% of the 11th and 12th grade females say they have had oral sex. Alarming, the majority of teens surveyed (55%) think that they cannot contract a sexually transmitted disease from oral sex.

In addition to expanded findings on many other aspects of teen sexuality, Faith Matters also includes suggestions for beginning the process of integrating sexuality education into a congregation, and a study guide for discussion of the book in classes or groups.

Based on the same research on teenage sexuality, *The Gift of Sexuality: Empowerment for Young People* contains factual information and clear guidance to help empower teenagers for the decisions they face about the care of their bodies, dating, sexuality, marriage, and parenting. This book can be used in a variety of ways: for private reading by teenagers; for reading by teens and discussion with their parents; and for class, youth group, or retreat use. An Adult Guide is also available. 🗨️

Christian Community can be reached at (800) 774-3360 and at www.churchstuff.com.

The Case For Buffer Zones

A note from our Chair:

As a direct result of the difficulties encountered by our own escorts in Louisville, KRCRC is joining with Rachel Seed, a photo-journalist, and the Kentucky Foundation for Women to create a video that documents the need for a buffer zone and supports the request we will make to legislators to enact a law creating one. Work on the video has begun, and we hope that we will be able to show it to you at some not too distant date.

(Please note: most of the following material came from Wikipedia)



Volunteer clinic escorts at the EMW clinic in downtown Louisville are evidence of the need for Buffer Zones.

“Governments sometimes take measures designed to afford legal protection of access to abortion. Such legislation often seeks to guard facilities which provide abortion services against obstruction, vandalism, picketing and other actions, or to protect patients and employees of such facilities from threats and harassment.” (Wikipedia)

If you have ever escorted at the EMW clinic in downtown Louisville, you can understand why such protections are desirable.

In the United States, the Freedom of Access to Clinic Entrances Act (FACE) makes it an offense to use intimidation or physical force — such as forming a blockade — in order to prevent a person from entering a facility which provides reproductive healthcare. The law also creates specific penalties for destroying or causing damage to these types of buildings.

Although this federal law exists, it is difficult to enforce. As a result, California, New York and Washington have each established their own version of FACE. Other states have instituted several different kinds of measures designed to protect clinics, their employees, and patients:

- 11 states make it illegal to obstruct the entrance to a clinic: California, Kansas, Maine, Maryland, Minnesota, Montana, Nevada, New York, North Carolina, Oregon and Washington.
- Six states prohibit making threats toward a clinic’s staff or patients: California, Michigan, New York, North Carolina, Washington, and Wisconsin. Two states, Maine and Washington, also ban harassment by phone.
- Four states ban property damage to a clinic: California, Oregon, New York, and Washington.
- One state, Maine, has enacted a noise regulation pertaining to activity outside of

a clinic, and also has made it an offense to intentionally release a substance with an unpleasant odour into the clinic.

- One state, North Carolina, prohibits weapon possession during a demonstration outside of a clinic. (Wikipedia)

Another form such legislation sometimes takes is in the creation of a perimeter around a facility, known variously as a “buffer zone,” “bubble zone,” or “access zone.” This area is intended to limit how close to these facilities demonstration by those who oppose abortion can approach. Protests and other displays are restricted to a certain distance from the building, which varies depending upon the law, or are prohibited altogether. Similar zones have also been created to protect the homes of abortion providers and clinic staff.

Bubble zone laws are divided into “fixed” and “floating” categories. Fixed bubble zone laws apply to the static area around the facility itself, and floating laws to objects in transit, such as people or cars.

Three states, Colorado, Massachusetts and Montana, have created buffer zone laws and several municipalities, such as Buffalo, NY, Melbourne, FL, and Pittsburgh, PA, have as well. For example: In Melbourne, Florida: 36 foot fixed buffer zone around a clinic, 300 foot floating buffer zone around patients, and 300 foot buffer zone around the homes of the clinic’s employees. The injunction also regulated noise levels outside of the clinic and prevented demonstrators from displaying images which could be seen from inside. It was upheld in full by the Supreme Court of Florida but came before the federal Supreme Court in *Madsen v. Women’s Health Center* in 1994. The Court upheld the fixed buffer zone, and the noise regulation around clinics and in residential areas, but rejected the floating buffer zone, residential buffer zone, and prohibition against displaying images. ●

State Fair snapshot

- 380 people signed our petition to Governor Beshear to refuse federal funds for abstinence-only education.
- 65 people were added to our mailing list.
- 586, 106 attended the Kentucky State Fair this year.
- And the corn dogs were as delicious as ever!

Melanie Phillips, Vice Chair of KRCRC speaks with Anne Maron, Chair.



JoAnn Shumate & Ellen Reed enjoy working together.



Thank you, State Fair Volunteers!

We can't do it without you!

KRCRC KY State Fair Booth Volunteers

Cecilia Adwell, Louisville, KY
 Mrs. Adwell (Cecilia's mother), Louisville, KY
 Bette Benjamin, Louisville, KY
 Joann Burch, Louisville, KY
 Diane Carlin, Louisville, KY
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 Melanie Smith, Louisville, KY
 Toma Lynne Smith, Louisville, KY
 Barbara Sterrett, Louisville, KY
 Barbara Stevens, Louisville, KY
 Ann and Madison Stuart, Owensboro, KY
 Kathy Thackery, Louisville, KY
 Nancy Tullis, Louisville, KY
 Susannah Woodcock, Louisville, KY
 Marian Ziebell, Louisville, KY
 Dawn Martin, Louisville, KY

Want to volunteer next year?

Let us know you'd like to volunteer to work the booth at the 2009 KY State Fair, and we will send you information in advance. We will start a fair booth email list so we can plan and coordinate next year's booth together! To make sure you are included, let us know now. E-mail: info@krcc.org or call: 1-866-606-0988 (toll-free).



Kentucky Religious Coalition for Reproductive Choice
 PO Box 4065
 Louisville, Kentucky 40204-0065

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Contact KRCRC at info@krcrc.org to order KRCRC Kroger Gift Cards.



KRCRC Board of Directors Meeting

October 19

(Normally the 3rd Sunday of the month.)

3:00 pm - 5:00 pm

St. Matthews Episcopal Church

KRCRC

1-866-606-0988 info@krcrc.org

KRCRC supporters are welcomed to attend a KRCRC Board of Directors meeting whether you would like to observe, participate or explore your interest in getting more involved with the work of KRCRC.

State Fair booth a great success!



See more photos, facts, and volunteer info inside.