OBOS Goes to Nepal: Women’s Health Activists Discuss Cross-Border Surrogacy

By Judy Norsigian

In early October, I had the honor of co-leading a workshop in Kathmandu on the growing popularity of cross-border surrogacy arrangements with two colleagues from the New Delhi-based Sama Resource Group for Women and Health and Dr. Renu Rajbhandari, founder of the Women’s Rehabilitation Centre (WOREC).

Already a booming business in India, where estimates suggest that 25,000 couples a year travel to arrange surrogacy contracts and there are about 1,000 surrogacy centers, this practice is soon expected to extend to Nepal, where poor women with limited economic opportunities will likely be attracted by the prospect.

Who Needs Facts About Women’s Health? The U.S. Congress

By Kiki Zeldes

Rep. Todd Akin may have lost his bid to unseat Sen. Claire McCaskill, but he has left a lasting legacy: Thanks to Akin, every member of Congress may soon receive a copy of Our Bodies, Ourselves.

Following Akin’s now notorious comment – “If it’s a legitimate rape, the female body has ways to try to shut that whole thing down” – the St. Louis Post-Dispatch book editor suggested he read our landmark book.

OBOS’s Christine Cupaiuolo and four members of the comics collective The Ladydrawers immediately sprang into action, driving from Chicago to St. Louis to ensure that both Akin and McCaskill received Our Bodies, Ourselves and other important sex-ed materials (dropping knowledge is a non-partisan exercise!). You can view the start of their journey, at Women & Children First bookstore, at YouTube.com/OurBodiesOurselves.

Tweeting as they went along, they caught the attention of leaders of a local Our Whole Lives, or OWL, sexuality curriculum training at the First Unitarian Church of St. Louis and stopped in to say hello. The greeting they received was warmer than what was waiting for them at Akin’s office, but they did get to talk with an Akin staff member and

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Donate by Dec. 18 at indiegogo.com/educate-congress and get your “I Educated Congress” button and other great rewards!
Winter 2012-2013 Newsletter

Stick With It!
Our Bodies, Our Votes Urges Resistance to Political Attacks on Reproductive Health

By Judy Norsigian

The presidential election is over, but the threat to women’s health remains, making it essential that we continue to monitor and respond to attacks on women’s reproductive rights and access to health services. Lawmakers need to know it’s still about Our Bodies, Our Votes.

OBOS launched the nonpartisan voter education campaign this summer in response to the escalating number of restrictive abortion laws passed by states and efforts by members of Congress to limit access to contraception and safe and legal health care.

We distributed Our Bodies, Our Votes stickers to encourage voters (especially younger voters) to learn more about the issues and to show their frustration with lawmakers. An 18-year-old high school student I met earlier this year said she thought “politics was boring” – but that changed after she recognized that her access to contraception could be compromised. She registered to vote and learned more about the candidates’ positions on these issues.

The results of the November election, which showed that younger people voted in numbers higher than had been projected, indicate that outreach efforts such as Our Bodies, Our Votes can make an impact.

Ignoring Evidence-Based Health Care
Abortion-restricting provisions are not only expensive and onerous for women, they have imposed unprecedented intrusions on the relationship between doctors and their patients.

OBOS Advisory Board member Timothy R.B. Johnson, professor and chair of obstetrics and gynecology at the University of Michigan, noted in the press release for this campaign: “These laws that deny millions of women access to reproductive health care defy science and the research that supports evidence-based medicine.”

Dr. Marcia Angell, former editor-in-chief of The New England Journal of Medicine, added: “Requiring doctors to perform procedures that are not medically indicated, or to provide false information about medical evidence, violates women’s rights and leaves doctors with an untenable dilemma: Violate state law, or betray their professional obligations to patients.”

Across the country, legislators have cut basic health services and restricted access to cancer screenings, birth control and abortion by eliminating funding for health clinics and by advocating in favor of harmful laws.

OurBodiesOurVotes.org is a hub for information on legislative attacks and reproductive health care. You’ll find information on abortion, with links to finding a provider, questions to ask when making an appointment, and the current status of state laws and policies.

A section on contraception explains how to obtain emergency contraception and refers to studies that show EC works by delaying ovulation, not by preventing fertilized eggs from implanting in the womb – a point some anti-reproductive rights politicians have used to justify denying contraception to women.

You can also order Our Bodies, Our Votes stickers ($10 for 3; available in 3” x 5” or bumper sticker size). OBOS launched a Tumblr site – OurBodiesOurVotes.tumblr.com – for people to upload and share photos showing where they put their stickers. Check it out and share your own!

Our Bodies, Our Votes is a rallying call that unfortunately will be necessary for all future elections. When you send in your year-end contribution to OBOS, let us know if you’d like a sticker. Post it as a reminder of how much we have left to do. 🌸
explain how Our Bodies, Ourselves might be useful to the Congressman. At McCaskill’s office, the regional director accepted materials on behalf of the senator and assured the intrepid travelers that their efforts to share accurate health information were appreciated.

A Campaign is Born
Followers on Twitter and Facebook were thrilled by the road trip, and that got us thinking how we might expand the effort. OBOS blogger Rachel Walden suggested pairing readers with specific members of Congress via an interactive map. Malcolm Woods, a freelance journalist and part-time college lecturer who is active politically on Twitter as @samseaborn, recommended a broader effort: fundraise to send a book to every member of Congress – and beyond.

“As a writer, I’m well aware of the power of words, and I was disheartened by the misinformation about women’s issues being spread by many politicians this election,” said Woods. “And as a father of a teenage daughter, I worried about how these claims and distortions could impact lawmakers, of course, but also how they might directly affect so many lives.

“I believe the best way to counter misinformation and ignorance is with facts,” Woods continued, “and Our Bodies, Ourselves is a tremendous science-based resource on so many of these issues. I thought sending this book to Congressional offices would serve several purposes – it might actually educate Congress, and it would promote and publicize this terrific resource.”

And with that, Educate Congress was born – a national, non-partisan effort to advance evidence-based reproductive health policy in Congress and to ensure that terms like “legitimate rape” are removed from the lexicon. The campaign kicked off in late October at the National Press Club in Washington, D.C.

Greater Need for Accurate Information
Given the outlandish and dangerous comments about women’s bodies during the past year, this campaign couldn’t be more timely. The American Congress of Obstetricians and Gynecologists (ACOG) issued two statements in the past several months correcting false information about pregnancy and abortion that was promoted by elected officials. That type of corrective action has rarely been done.

But it’s not just wildly inaccurate comments that concern us. Legislators’ blatant misrepresentations of women’s bodies, while extreme, highlight a larger, more universal problem: policies and legislation related to women’s reproductive health are not always based on accurate information. We prepared a fact sheet showing how Congress can advance evidence-based reproductive health policy by improving access to coverage, adopting proven maternity-care models, strengthening approval of medical devices and more. Sample recommendations are available online: OurBodiesOurselves.org/congress-fact-sheet.asp

Perks for You!
We’re nearing the end of the campaign (Dec. 18), and we need your help to reach our $25,000 goal to purchase and distribute books to every member of Congress and key members of the administration and government agencies whose work involves health care policy. To join us, go to: indiegogo.com/educate-congress

You can choose which representative or senator (or multiple members) receives a book from you, and add your signature to a personal letter to that member co-signed by leading women’s health experts. We’re offering great perks, including “I Educated Congress” buttons, OBOS tote bags, a “Legitimate Road Trip” poster created and signed by The Ladydrawers, copies of Our Bodies, Ourselves signed by Gloria Steinem, and more.

For every $1,000 above our $25,000 goal, five reproductive health clinics serving low-income women will receive books to distribute. If we reach $30,000, OBOS will be able to expand its work with supportive alumni to distribute copies free of charge to high school libraries and colleges. Your stories and experiences have been the basis of Our Bodies, Ourselves since the beginning; no one knows our health needs better than we do. Let’s make sure Congress has the same facts that have empowered readers for generations. ✿
From Prevention to Palliative Care: Changing the Face of HIV/AIDS Outreach in Rural Nigeria

By Eyitemi Mogbeyiteren

In 2011, three members of our outreach team were kidnapped in the Delta State of Nigeria. We were held captive for several weeks, during which we were repeatedly raped, and only released after a ransom was paid to the kidnappers. Soon after, we learned that all three of us had tested positive for HIV.

My name is Eyitemi Mogbeyiteren, and I work with Women for Empowerment, Development and Gender Reform. Our goal is to ensure that poor grassroots women in the South-West region of rural Nigeria have information on their bodies and health, adapted from the trusted book Our Bodies, Ourselves, so they make choices that protect their reproductive and sexual needs and dignity.

HIV is rarely talked about in our community, and people living with the virus are inevitably discriminated against and cast out by their friends and family. Over the years, our organization has worked hard to unravel myths about the virus – its transmission, prevention and treatment – and fight the terrible stigma and isolation faced by those infected. But as more people become ill, we continue to see families despair and grieve as their loved ones die without medicines, care and support. Drugs cost approximately $15,000 per person in my community – an amount that is beyond the grasp of many people!

After being diagnosed, I experienced a lot of the same discrimination and isolation. I was shunned in my community and my family stopped speaking to me for a long time. With my own health failing, there were many moments when I felt I could not live, could not stand people saying things about me. It felt like the end of the road, until I decided to raise my voice and change the fear and shame into something positive.

We are now expanding our HIV/AIDS outreach to include palliative care – care that relieves not only the physical but also the emotional, spiritual and socially generated suffering faced by a person infected with the virus. It is one of the most valuable services that can be offered to someone with terminal illness and their family. Unfortunately, it’s availability in my community is zero!

Using Our Bodies, Ourselves as our tool yet again, our plan is to train ourselves on this holistic and critical model of care, and bring our services to our women via support groups and home visits. We will also develop a training manual for other caregivers, including family and community health workers, so they can comfort their loved ones and clients.

And, to get word out, we will organize an “itinerant exposition” on board a bus. This vehicle – our Anti-Rape, Anti-Kidnap and HIV/AIDS Bus – will carry 12 activists around the country for 18 months, unleashing our materials, our knowledge and our passion. It will allow us to serve women beyond our community, to empower them with information on HIV/AIDS and self-defense skills to protect them from rape and kidnap.

And if we are able to raise the funds, we will distribute the drugs needed to prolong life – drugs that are the right of every human being to access, drugs that are impossible to find in my community.

Eyitemi Mogbeyiteren is the coordinator of Women for Empowerment, Development and Gender Reform in Nigeria, one of OBOS’s global partners.

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of earning money by bearing children for others. In some parts of India, women are now offered fees ranging from $5,000 to $7,000, amounts that represent up to 10 years of earnings for people in rural areas.

The workshop, hosted by WOREC, OBOS’s global partner in Nepal, brought together women’s right activists from across the country to better understand the growing market in cross-border reproductive health care, its implications for Nepal, and the most effective strategies to educate and empower women.

**Surrogacy Legislation in India**

Participants included two nurses from the Kathmandu-based IUI (intrauterine insemination) clinic, several health counselors, a psychosocial counselor for women with fistulas, a family planning coordinator, the editor of a quarterly women’s magazine, several members of Women’s Human Rights Defenders, a nursing professor, an advocate with Save the Children, and a staff person from a rural women’s radio station in eastern Nepal. Languages used during the workshop were primarily Hindi and Nepali, with English translation offered as needed.

Sarojini and Preeti, our colleagues at Sama, provided an excellent overview of surrogacy in India, including a description of assisted reproductive technology (ART) legislation now being hotly debated in Parliament. One provision in the controversial bill would require that a woman entering into a contract surrogacy agreement undergo an embryo transfer rather than be inseminated with the intended father’s sperm.

Since insemination would be much safer, many workshop participants felt that a choice should be offered. An embryo transfer places the woman at greater risk by exposing her to powerful hormones that prepare her body for the pregnancy and to surgical procedures required to physically transplant the embryo into her uterus.

The proposed law assumes that a woman using her own eggs will be more likely to change her mind at birth and decide she wants to keep the baby than a woman who becomes pregnant with an embryo created with another woman’s eggs. There is poor evidence to support this assumption.

**Preparation in Nepal**

By their very nature, commercial surrogacy arrangements are created by contracting couples and agencies whose primary interests typically do not reflect the needs and concerns of women recruited as gestational mothers.

This is why groups like Sama and WOREC are advocating for public policies that will protect gestational mothers and ensure they receive evidence-based information about risks and benefits in a manner they fully understand. Policies must also ensure follow-up care and effective recourse if things go wrong.

The women at the workshop want to be better prepared in case a similar bill is introduced in Nepal. Sarojini, Preeti and I shared practical information about the various ART techniques involved in surrogacy and explored, with our Nepali colleagues, ways to preserve the health and rights of women agreeing to be surrogates. Most participants were quite unfamiliar with the whole topic of ARTs and asked many questions about the medical, social and economic impacts.

**Why Language Matters**

We also screened two documentary films about surrogacy – *Made in India*, by New York City-based filmmakers Vaishali Sinha and Rebecca Haimowitz, and *Would Like to See Baby Bump Please*, a new film just released in India by Sama – and discussed the importance of using language sensitive to all the parties involved in a surrogacy arrangement.

For example, the term “reproductive tourism” carries the image of couples vacationing in their pursuit of parenthood. In most cases, these trips are stressful and a far cry from the typical tourist experience. Using alternative language such as “cross-border commercial surrogacy” is one way to avoid such innuendo.

Similarly, referring to a gestational mother as a “surrogate mother” or “gestational carrier” can belittle and objectify her central role as the woman carrying a pregnancy for nine months and then giving birth. Many at the workshop preferred the descriptive, less diminishing term “gestational mother.”

At the end of the workshop, we developed a number of recommendations for moving forward (see box on page 6). **Continued on Page 6.**
Meeting Local Activists
After the workshop, I traveled with Renu to Udaipur in eastern Nepal, where she introduced me to many younger women at the WOREC center, including some who contributed to WOREC's set of six Nepali health booklets, recently adapted from Our Bodies, Ourselves. I also visited a group of young women who are the sole staff for a radio station in Udaipur, where egg cartons provide the sound proofing in their recording studio. They frequently address women's health topics in their programming and invite community conversations about sexuality, domestic violence and the environment.

Although I had met Renu briefly when she traveled to Boston for OBOS's 40th anniversary symposium in 2011, the many hours of chatting while we drove over mountainous terrain cemented a special friendship I now treasure. I have a new appreciation of her remarkable leadership over the past several decades and was deeply impressed by her efforts to pass the torch to a younger generation.

A trip to a fairly remote mountain village was particularly inspiring. The women had successfully lobbied for village development council funds to create a small multipurpose women's center. Though a bit run-down, it was getting a lot of use and clearly a sign of how effective some women's groups have been over the past decade.

The provisional constitution for the country still has not passed, but its contents – including funding for legal abortion – offer great hope for the future of women's reproductive rights and justice in Nepal.
Jarrett Barrios Joins the OBOS Board of Directors

OBOS recently welcomed Jarrett Barrios as its newest board member. Jarrett was the first openly gay and Latino man to serve in the Massachusetts Legislature. While a state senator, he was proud to author witness protection legislation, the gang-prevention “Shannon Grant” program, and legislation to protect victims of domestic violence. He currently serves as CEO of American Red Cross of Eastern Massachusetts and was a past president of the Gay and Lesbian Alliance Against Defamation (GLAAD).

Jarrett has long advocated for social justice and the protection of human rights, including reproductive rights. He also serves as a board member of the Planned Parenthood Action Fund and the Robert F. Kennedy Center for Justice and Human Rights, both based in New York.

Jarrett graduated Magna Cum Laude from Harvard College and received his J.D. at Georgetown University Law School. He is the proud father of two sons.

Left: An excerpt from the “Legitimate Road Trip” poster created by The Ladydrawers. View the full comic strip at indiegogo.com/educate-congress. A signed edition is available for donors at the $200 level.

The Educate Congress campaign deadline is days away, and we need your help to raise our goal of $25,000! Visit indiegogo.com/educate-congress today!
By the Numbers: Reproductive Health & Rights

Reproductive health has been the subject of frequent attacks, culminating in a flurry of unscientific and inaccurate information before the election. The good news? These attacks motivated many Americans to cast their ballot in support of reproductive rights in November. Here’s a look at some facts, including many that were in the news this past year.

Number of abortion-restricting provisions in legislative bills enacted in 2011: 92

Previous single year record (2005): 34

Number of states that require sex education programs to provide information on contraception (including DC): 17

Number of states that require sex education programs to be medically accurate: 12

Number of states that require counseling before an abortion: 35

Number of states that use mandated counseling to warn, inaccurately, that abortion is linked to an increased risk of breast cancer: 5

Number of states that require a waiting period, usually 24 hours, between counseling and when the procedure is performed: 26

Number of new Congressional members (113th congress): 95

Number of new Congressional members who are pro reproductive rights: 43

Estimated number of women who have been sexually assaulted at some point in their lives: 1 in 5

Number of Congressional candidates who made inaccurate/outlandish statements about women’s bodies within weeks of the election: 4

Number of those candidates elected/re-elected: 0

Sources: 1-5. Guttmacher Institute; 6. Roll Call; 7. NARAL Pro-Choice America; 8. National Intimate Partner and Sexual Violence Survey, National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention; 10-11, OBOS research

Help us protect women’s hard-earned reproductive rights by donating to OBOS. Join us in advocating for safe and effective contraception and access to abortion services for all women – GIVE TO OBOS TODAY! www.ourbodiesourselves.org/support.asp