thebodyshop

Reproductive Health & Wellness Program

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Women's History	Month: The second	woman to serve	on the US	Subreme Court

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FRESH FROM THE BODY SHOP VOLUME 3 ISSUE 2

MARCH 2015

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Women's History Month Spotlight: Ruth Bader Ginsburg

If you haven't heard already, Ruth Bader Ginsburg was a little bit tipsy at this year's State of the Union address. Citing a dinner with the other justices before the speech that was just so good it needed wine, the justice nodded off just a bit during the speech. But if anyone has earned the privilege of being intoxicated at the State of the Union, it is Ruth Bader Ginsburg. Elle Magazine recently had an article entitled Ruth Bader Ginsburg is the Beyoncé of the Supreme Court and She Knows It. It's wild to imagine that Bader-Ginsburg was at one point known as "the silent justice." Clearly that is no longer the case — now she is fondly referred to as the Notorious R.B.G. She apparently needed her clerks to fill her in on the meaning of her new nickname, as she was not familiar with the late rapper her fans were referencing. Have you ever heard of a Supreme Court Justice having adoring fans? There are t-shirts, coffee mugs, and a blog dedicated to Notorious R.B.G. One of the bloggers explained, saying "The kind of raw excitement that surrounds her is palpable. There's a counterintuitiveness. We have a particular vision of someone who's a badass — a 350pound rapper (Notorious B.I.G.). And she's this tiny Jewish grandmother. She doesn't look like our vision of power, but she's so formidable, so unapologetic, and a survivor in every sense of the word1." People are even dressing their babies up as Ruth "Baby"-Ginsburg for Halloween. So where is all of this praise coming from?

As the second woman to ever be appointed to the Supreme Court, and one of three women currently serving (the highest number in history), RBG is the leader of the current liberal dissent vote.

She is now in her eighties, having survived two bouts with cancer and a blocked artery, and many have called for her to retire in her advanced age while there is a Democrat in office. She has made it very clear that she has no intentions of doing so, saying "And who do you think Obama could have nominated and got confirmed that you'd rather see on a court?1."

Younger generations of women are recognizing her unyielding passion for eliminating gender based discrimination and women's rights. As a lawyer she argued many cases before the Supreme Court. For example, in a landmark gender equality case in 1973 she successfully defended a female Air Force lieutenant who refused to comply with a mandate that she prove her husband's reliance upon her before they could receive spousal benefits - wives of men in the Air Force were automatically granted benefits without this proof.²

Her dissent in the 2007 case Ledbetter v. Goodyear led to the passage of the Lilly Ledbetter Fair Pay Act. Ledbetter was a female manager for Goodyear Tire, who after years of service with the company, learned that she had been making significantly less money than men in the same position within the company. The Court overturned the decision that she should receive back payment, stating that the statute of limitations (180 days) had expired because she did not report the lost income after each paycheck. The dissent written by Ginsburg stated that she could not have complied with the statute of limitations if she did not know she wasn't being paid fairly. She called on Congress to correct the mistake the Court had made, and it became the first piece of legislation signed into law by President

Obama.

Her stance on abortion is clear. She argues that women with the means to travel will always have access to abortions in this country, but the restrictions that continuously come up are extremely problematic for poor women. She pointed this out in a recent MSNBC interview, stating that even before Roe v. Wade was passed, there were four states that allowed women first trimester termination if they desired it. Any woman who could afford to travel to one of these states could certainly get an abortion even if Roe v. Wade were overturned, but the problem is for those women who don't have the resources to travel.1

Last year, her dissent written for the Hobby Lobby decision was so popular that one man who turned it into a song became an internet sensation. Ginsburg argued that the male justices didn't understand what their decision truly meant for the women it would impact. In an interview, she explained with an analogy, explaining that we can move our arms until "it hits the other fellow's nose...It's the



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OP-ED Sexual health in the news

Within the political realm, the topics of abortion, rape, contraception, and reproductive health in general have led to many discussions (and many laughable clips) over the past few years. Politics and discussion of a woman's control over her body don't tend to mix well, and there have been a few stand out examples of political figures being completely misinformed about how the human body works, how hormones work, and motivations for taking control of our own reproductive life planning.

The first came after Georgetown Law student Sandra Fluke's testimony before an unofficial Congressional hearing on the availability of contraception. Talk radio host Rush Limbaugh referred to her on air as a "slut" and a "prostitute." He went on in insinuate that she was having so much sex that she needed to take more birth control pills.⁵ If you have been reading with us since the beginning of this newsletter, you know that is absolutely **not** how birth control works. Pills don't work that way, IUDs don't work that way, Depo doesn't work that way. There is no conflation between frequency of use of hormonal birth control and the amount of sex one has. Nor is it any of Rush Limbaugh's business. Or anyone else's for that matter, but I digress.

The next example involves Todd Akin (R-Mo.), a former congressman running for the U.S. Senate, speaking during an interview in his home state of Missouri. The former congressman's stance on abortion was that it should never be legal in any circumstance, including cases of rape, incest or to save the life of the woman. When asked about his stance, he told the reporter, ""First of all, from what I understand from doctors, it (pregnancy from rape) is really rare. If it's a legitimate rape, the female body has ways to try to shut that whole thing down...But let's assume that maybe that didn't work or something. I think there should be some punishment, but the punishment ought to be on the rapist and not attacking the child."6 Needless to say, there is no such mechanism in the female body to "shut down" the ability to become pregnant when raped. These comments were ultimately Akin's undoing, and he lost the election to Senator Claire McCaskill (D -Mo.). Not only were his comments incorrect, but they were also insensitive and callous, minimizing the physical and emotional trauma experienced by survivors of rape.

There have been other instances, but the most recent raises concerns about something significantly less controversial, albeit very important, that we are avoiding teaching when we avoid teaching sex ed in schools. Idaho lawmaker Vito Barbieri was participating in a hearing on the state's telemedicine regulatory laws.

The question of prescribing abortion pills over these channels has been an ongoing debate, and currently only Idaho and Montana allow this practice.⁷ Lawmakers are trying to pass a bill in Idaho that would ban this practice, and during Dr. Julie Madsen's testimony against the bill, she brought up the fact that telemedicine can be helpful, citing the ability to have patients swallow a small camera in pill form to diagnose digestive issues. This is where the problem arose. Barbieri then asked Dr. Madsen, "Can this same procedure then be done in a pregnancy? Swallowing a camera and helping the doctor determine what the situation is?" Dr. Madsen replied, "It cannot be done in pregnancy, simply because when you swallow a pill it will not end up in the vagina7." That's right. In 2015, a state representative asked if a remote gynecological exam could be performed by swallowing a camera. If one of our lawmakers is taking literally the old saying that babies "grow in mom's tummy," I can't imagine what our school children be-

Many states are simply preventing basic sexual health education, and others may not be requiring accurate information. Many sexuality education tactics used in schools include fear mongering (I know mine did) and completely avoid discussion of what healthy relationships look like, how to protect yourself from unintended pregnancy, and what it means to understand your anatomy. A professor who writes for Reproductive Health Reality Check pointed out that she was teaching a human sexuality class to college juniors and seniors, and it became very clear that even the young women in the class did not know the correct terms for the parts of their body that she was talking about in class. She felt compelled to put up a drawing of female external genitalia and had to teach women over the age of 20 that they "had three holes 'down there'" and that they were not urinating out of their vaginas.7 This is truly disturbing. While lawmakers claim to be protecting children from sex by not teaching them about it in schools, what message are we sending by not teaching young people how their bodies work?

While each of these issues stems from a different and very politically charged discussion, the most recent mishap brings to light another issue: the damage that is being done by not providing comprehensive, age appropriate sexual education in schools starting at a young age. No matter your views, we must recognize that even if young teens do choose to abstain from sex in high school (or even younger,) we have to prepare them for adulthood by teaching them basic anatomy, how to have a healthy relationship, and how to have a healthy respect for their bodies on the most basic level.

Endometriosis awareness

March is national Endometriosis awareness month. It is estimated that around 5 million women experiencing symptoms suffer from this condition in the US, with more who are asymptomatic, and the most common symptom is lower abdominal pain.8 This condition causes the cells that normally line the uterus to grow outside of the uterus, including on the fallopian tubes, ovaries, abdominal wall, inside the vagina, on the cervix, and on the outside of the uterus. While intense or chronic pain is the most common symptom, endometriosis can cause digestive issues, infertility, extreme pain during and after sex, and formation of scar tissue capable of binding organs together. These endometrial cells behave just as those inside the uterus do, which means they cause extra bleeding during the menstrual cycle in places where bleeding does not usually occur.

Controlling endometriosis is important for quality of life, but there is no cure. Doctors will often use extended or continuous cycle hormonal birth control pills or hormonal IUDs to both protect against pregnancy and to prevent painful bleeding associated with having a monthly menstrual cycle. These options can either eliminate periods completely or reduce bleeding to a few times a year. There are hormone therapies available for women who are attempting to get pregnant that cause a temporary menopause, but make getting pregnant easier once the hormones are stopped. Severe cases can require surgery for those in extreme pain or for whom the fertility hormone therapy does not work.

The cause of the disease is still unknown, and many women suffering from the disease find it extremely frustrating to cope with. It can often be frustrating and somewhat alienating, since the condition is associated with stigmatized subjects like sex, menstruation, infertility and pain and is not usually understood by the general public. Women often have difficulty explaining to others exactly what is going on and how they are feeling because many people don't want to talk about reproductive health issues in public. Doctors feel frustrated that they are unable to promise a cure, or even

much relief, especially if restrictions are in place over the contraception available to a woman that could minimize symptoms. This is yet another example of the need for easy and unrestricted access for all women to the contraceptive method of her choosing.



Notorious R.B.G.

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same way with speech. Same way with religion. You can exercise your right freely until the point where it is affecting other people who don't share your views." She went on, saying "I certainly respect the belief of the Hobby Lobby Owners. On the other hand, they have no constitutional right to foist that belief on the hundreds and hundreds of women who work for them who don't share that belief. I had never seen the free exercise of religion clause interpreted in such a way."4 She argued that access to contraception allows women to control the future that they envision for themselves, and that employers should never be able to take that away.

Justice Ginsburg is surprised by her new celebrity, though she has indicated that she is "slightly distressed" that people are tattooing her face on their biceps. She has said in interviews that she is amused and pleased by the reactions she's receiving, but maybe not so amused with the tattoos...

She does, however, have some advice for the younger generations of women who admire her. She said "I would like them to have the enthusiasm that we had in the '70s—determining that the law should catch up to the changes that have occurred in society, changes in the way people whatever, the realization that no one should be held back, boy or girl—because of gender, artificial gender barriers. That everyone should be – in the words of a wonderful song that Ms. Magazine popularized, everyone should be free to be you and me."



MEN'S HEALTH

TEAM MEMBER SPOTLIGHT: AMBER LACKEY, RN

Name: Amber Lackey Hometown: Cincinnati, OH

Favorite movie/book and why: The Giving Tree because I compare myself to the tree with how selflessly I give to others and how much of an impact it can have on the people I give to.

What do you do at the body shop? RN

What do you love about working in reproductive health?

The connection that you build with the patients and the education you provide on caring for yourself.

When you're not at the body shop, where might we find you? Hanging with my 2 amazing little boys!



Family Planning Saves Lives!

A recent study published in the journal Human Reproduction analyzed the number of unwanted pregnancies that could be avoided each year by improving access to modern contraception. This study analyzed 35 middle and low income countries that contain about onethird of the world's population, and determined that nearly 15 million of the 16.7 unwanted pregnancies in these countries could be avoided if women were provided easy and well -informed access to modern methods. 10 These are defined in the study as pills, progestin only pills, implants, IUDs, injectables, male and female condoms, sterilization, and lactational amenorrhea, while withdrawal and calendar/ cycle tracking methods are defined as traditional methods. Women were categorized as using modern, traditional, or not using a method at all. Reasons for non use were included but not limited to lack of access, high cost, distance to the provider, fear of side effects, opposition of either the woman or her partner, and underestimation of the risk of becoming pregnant.

The authors determined that women who were most likely to experience an unwanted pregnancy were the poorer and less educated

women among the samples in each country. They also pointed out that in some of the countries they studied, an unwanted pregnancy can mean increased risk of "death, disease, disability or lower educational or employment opportunities." In addition, the likelihood of abortion increases with an unwanted pregnancy.

Therefore, by increasing the ease of access to contraception and educating both women and their partners on the benefits of use, while helping each woman find the best method for her, we can both improve the health and wellbeing of women around the world and reduce the number of abortions worldwide. The researchers determined that many misconceptions and myths surrounding birth control could be cleared up with counseling, and that a large percentage of women either opposed use or underestimated their risk of pregnancy. By improving access, lowering cost, providing culturally sensitive counseling, and clearing up misconceptions, millions of women worldwide could prevent unwanted pregnancies and stay as healthy as possible.

The Men's Health Initiative performs health education seminars at local community-based organizations. We currently have seminars on the following topics:

Reproductive Anatomy, Pregnancy, and Sexuality • STIs and Protecting Yourself • Relationships and Communication • Family Planning • Fatherhood • Puberty • Bullying

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REPRODUCTIVE HEALTH & WELLNESS PROGRAM

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RHWP Hotline: 513-357-7341

Appointment scheduling through the CHD Call Center: 513-357-7320



The Reproductive Health and Wellness Program (RWHP) or the body shop, is a five-year grant awarded by the Ohio Department of Health to the Cincinnati Health Department and is funded by the federal Title X program. The primary objective of this program is to provide access to contraceptives and reproductive health services to the men and women of Hamilton County, especially to the most underserved populations, so as to reduce the number of unplanned pregnancies, unwanted pregnancies, and ultimately, the number of poor pregnancy outcomes. Through these direct services, education and outreach, the program also hopes to cultivate a culture of responsibility, well-being, and empowerment in regards to sexuality and reproductive health. To date, we've enrolled nearly 7,000 individuals, and continue to grow, learn, and serve.

For additional information regarding the project, please contact Dr. Jennifer Mooney at:

jennifer.mooney@cincinnati-oh.gov

Even if you aren't Irish, you may get lucky on St. Patrick's Day!

Don't forget your method of birth control, and of course... always use a condom!

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