A Note from the Staff

The *Guttmacher Policy Review* staff and readership suffered a tremendous loss on April 4, 2013, when Cory L. Richards, the Guttmacher Institute's Executive Vice President and Vice President for Public Policy, died at the age of 64 following a brief illness. A member of our staff for almost 40 years, including 25 as part of Guttmacher's senior leadership, Cory left a profound mark on our organization and on those who were fortunate enough to work with him.

A cornerstone of Cory's legacy is the *Guttmacher Policy Review*, which he founded in 1998 (as *The Guttmacher Report on Public Policy*) and edited until his death in 2013. The quarterly journal containing analyses of sexual and reproductive health and rights issues quickly became an indispensable tool for those working in the field, and remains so today, with close to half a million online views in 2012. The *Guttmacher Policy Review,* known internally as *GPR*, exemplifies the Institute's goal of connecting research to policy analysis and turning both into action. It also echoes Cory's insistence on looking beyond the immediate political fray to highlight and shape issues before they emerge as central to the public debate or to reframe arguments around entrenched conflicts. Cory positioned *GPR* to provide the sort of analysis that few organizations had the capacity, historical depth and expertise to undertake. For instance, articles frequently discuss both the domestic and international dimensions of an issue, shedding light on how one context influences the other. Articles also often take the "long view" to provide context for current debates—both tracing an issue's origins and history, and trying to anticipate the potential implications of policy changes far into the future. With his combination of a nuanced understanding of policy issues and an unflagging ability to focus on the big picture, Cory was an intellectual force during editorial meetings, as well as when working with authors—driving and challenging them and, ultimately, enriching their work.

Cory was a beloved friend, mentor and visionary. We dedicate this issue of the *Guttmacher Policy Review* to him and his indelible legacy. The compilation of vignettes on page 2 is our attempt, however insufficient, to provide our readership with a sense of his influence on this journal and, through it, the world around us. The staff—still, *his* staff—dedicate ourselves to upholding this legacy.

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A Tribute to Cory L. Richards, Editor of the *Guttmacher Policy Review,* 1998–2013

For the past 16 years, journal articles written by the Guttmacher Institute's policy staff—each shaped and edited by Cory L. Richards—have informed the work of policymakers, media, advocates and others, including being cited by members of Congress, by administration officials and even in a U.S. Supreme Court opinion. Although it is impossible to do full justice to the breadth and depth of Cory's contributions to the Guttmacher Policy Review *over the years, these vignettes of individual articles, themes and bodies of work provide a glimpse of his brilliant legacy.*

Promoting Universal Themes

- A hallmark of *GPR* is its focus on topics that transcend national borders and speak equally to audiences in the United States and globally. These universal truths include the simple fact that, in all parts of the world, improving access to and effective use of contraceptives reduces unintended pregnancy and the need for abortion. In response to persistent attempts to ban access to safe and legal abortion, multiple *GPR* articles over the years emphasize the strong evidence that unintended pregnancy, not legality, is the main driver of abortion rates ("Facts and Consequences: Legality, Incidence and Safety of Abortion Worldwide," Fall 2009; "New Data on Abortion Incidence, Safety Illuminate Key Aspects of Worldwide Abortion Debate," Fall 2007; and "Contraceptive Use Is Key to Reducing Abortion Worldwide," October 2003).

- Other articles that highlight universal themes, especially in discussing the thorniest of issues, include an analysis of the world population hitting the seven billion mark. The article cuts through the clutter of macro-level dilemmas decried by many observers and points to a micro-level solution: that helping women in all parts of the world achieve their childbearing goals is the way to address the needs of the people and the planet at the same time ("The World at Seven Billion: Global Milestone a Reflection of Individual Needs," Summer 2011). And on the issue of adolescent sexuality, *GPR* documented and applied evidence from industrialized countries to come down firmly in support of pro-

viding young people in developing countries with access to age-appropriate comprehensive sexuality education ("Advancing Sexuality Education in Developing Countries: Evidence and Implications," Summer 2011).

- Reaching back into history or looking outside U.S. borders for context to illuminate the domestic debate is another characteristic of *GPR*. In 2003, on the occasion of the 30th anniversary of the *Roe v. Wade* Supreme Court decision, two articles appearing in back-to-back issues did just that. The first tells the story of the United States before *Roe* and how legalized abortion has literally saved women's lives and protected their health. The other makes the case that one need not look back 30 years—but merely outside U.S. borders—to see the suffering women endure when safe abortion is highly restricted or otherwise inaccessible and their only option is a procedure that is medically unsafe. Together, these two stories demonstrate the universality of the need to preserve and protect access to safe abortion in the United States and to promote it in the developing world, where it remains largely against the law ("Lessons from Before Roe: Will Past be Prologue?," March 2003; and "Envisioning Life Without Roe: Lessons Without Borders," May 2003).

Defending the Vulnerable

- Through the years, *GPR* has always put special emphasis on addressing the needs, concerns and rights of the disadvantaged both in U.S. society and globally. Chief among these issues on the domestic side has been the Hyde Amendment, which prevents federal health insurance programs for the poorest and most vulnerable U.S. women from including coverage for abortion care—and, as *GPR* noted in 2007, effectively makes these women "pawns in the congressional debate over abortion" ("The Heart of the Matter: Public Funding of Abortion for Poor Women in the United States," Winter 2007; and "Rights Without Access: Revisiting Public Funding of Abortion for Poor Women," April 2000). The injustice of the Hyde Amendment is mirrored in U.S. foreign policy, where, under a provision called the Helms Amendment, the United States does not pay for safe abortion services at all. *GPR* has outlined the stark impact of the Helms Amendment and other abortion restrictions on women in poor countries who, without access to safe abortion care, have no choice but to risk their health and life to obtain a clandestine, usually unsafe, abortion ("Access to Safe Abortion in the Developing World: Saving Lives While Advancing Rights," Fall 2012; and "Facts and Consequences: Legality, Incidence and Safety of Abortion Worldwide," Fall 2009).

- An article on immigration reform in the edition that would be the last Cory edited exemplifies his aim that analyses should be actionable. The article, published just as the U.S. Congress embarked on debating immigration reform, urges policymakers to heed the strong public health and fiscal arguments for eliminating legal obstacles to affordable public and private health insurance coverage for immigrants. Among many other benefits, the article argues that such policy changes would improve immigrant women's ability to obtain the full scope of contraceptive services and supplies, comprehensive maternity care and a range of other preventive health services ("Toward Equity and Access: Removing Legal Barriers to Health Insurance Coverage for Immigrants," Winter 2013). The principles laid out in the article are endorsed by a wide range of groups representing the interests of immigrant women and is serving as the intellectual foundation for legislation currently being developed for introduction in the U.S. House of Representatives later this year.

- *GPR* also has a long-standing commitment to addressing the sexual and reproductive health needs of adolescents, another particularly vulnerable population. Since 1998, *GPR* has published more than 20 articles on adolescents in the United States and around the world. Many of these articles focus on sex education. Earlier articles convey to the public and members of Congress how rigid the federal abstinence-only-until-marriage programs were. Other articles track the body of evidence showing that abstinence-only-until-marriage programs do not work and leave young people ill-prepared to protect themselves from unwanted pregnancy and sexually transmitted infections ("Abstinence Promotion and Teen Family Planning: The Misguided Drive

for Equal Funding," February 2002; "The Case for a New Approach to Sex Education Mounts; Will Policymakers Heed the Message?" Spring 2007; and "Winning Campaign: California's Concerted Effort to Reduce Its Teen Pregnancy Rate," Spring 2010). This body of work helped lay the groundwork for significant policy changes starting in 2009, when the Obama administration worked with the U.S. Congress to shift most funding dedicated to abstinence-only programs toward evidence-based, medically accurate and age-appropriate programs.

Debunking Deception

- *GPR* articles often cleanly and succinctly—and with a traceable impact—expose how opponents of reproductive health cynically exploit serious problems to advance a separate ideological agenda. For example, a recent article on son preference and sex-selective abortion bans anticipated action in the U.S. House of Representatives on a bill intended to outlaw sex-selective abortions ("A Problem-and-Solution Mismatch: Son Preference and Sex-Selective Abortion Bans," Spring 2012). The article reports that such abortions, although common in some countries, are rare in the United States, and concludes that the proposed ban has "everything to do with undermining abortion rights and nothing to do with fighting gender discrimination." Published just as the House began considering the legislation, the article was picked up in several major news outlets, including Capitol Hill journals, and lays out an evidence-based case that advocates relied on heavily in their successful campaign to prevent the bill's passage. The article still serves as a resource as the issue continues to resurface in state legislatures around the United States.

- Another example of this genre analyzes coercive governmental policies in reproductive decision making ("Governmental Coercion in Reproductive Decision Making: See It Both Ways," Fall 2012). The article points out that policies that prevent women from childbearing, such as China's one-child policy, and those that compel women into childbearing, such as state-level abortion restrictions in the United States, both violate the same set of women's human rights—that is, the right to decide freely whether and when to bear children. The article was hailed by advocates as a much-needed resource to help frame the issue of coercion, and provoked numerous and furious reactions among antiabortion groups scrambling to respond.

- *GPR* has also regularly engaged in myth-busting, by taking on conspiracy theories and setting the record straight with facts and evidence-based analysis. For instance, *GPR* challenges cynical claims by some abortion rights opponents that abortion providers target African Americans. It highlighted the basic fact that high abortion rates among African-American women are the result of their high unintended pregnancy rates, which in turn reflect pervasive health, social and economic disparities ("Abortion and Women of Color: The Bigger Picture," Summer 2008). The article was cited by Ranking Democrat John Conyers (D-MI) during a House of Representatives Judiciary Committee hearing on a bill to ban "race and sex selection" abortion to debunk the conspiracy theory behind this harmful bill.

- Likewise, *GPR* has debunked junk science on the supposed health impacts of abortion. For instance, a 2007 article takes on the false claim that abortion causes harm to women's mental health. The analysis lays out the complex scientific evidence refuting this assertion in a way that is easy to grasp for nonexpert audiences ("Abortion and Mental Health: Myths and Realities," Summer 2006). U.S. Supreme Court Justice Ruth Bader Ginsburg cited this article in her dissent in *Gonzales v. Carhart* (2007), a case where the court's majority upheld a ban on so-called partial birth abortions in part on the grounds that these abortions could harm women's mental health. *GPR* has also exposed how antiabortion activists have successfully pushed for state abortion restrictions that co-opt legitimate medical principles like the informed consent process to force physicians to provide their patients with misinformation, including discredited claims on supposed links between abortion and mental health and breast cancer ("Misinformed Consent: The Medical Accuracy of State-Developed Abortion Counseling Materials," Fall 2006; and "State Abortion Counseling Policies and the Fundamental Principles of Informed Consent," Fall 2007).

Leveraging Evidence

- Analyses published in *GPR* often serve to synthesize scientific findings and embed them in a policy context. Toward that end, a number of *GPR* articles delineate the significant benefits to women, families and societies of investing in sexual and reproductive health programs. On the domestic side, *GPR* has repeatedly discussed strong evidence that investments in publicly funded family planning services—primarily through Medicaid and the federal Title X family planning program—not only benefit women and families, but also offer taxpayers a significant return on their investment at about $4 in savings for every $1 invested ("Wise Investment: Reducing the Steep Cost to Medicaid of Unintended Pregnancy in the United States," Summer 2011; "The Numbers Tell the Story: The Reach and Impact of Title X," Spring 2011; and "Doing More for Less: Study Says State Medicaid Family Planning Expansions Are Cost-Effective," March 2004).

- Likewise, *GPR* has made the case for why the United States, along with other governments, foundations and nongovernmental organizations, should prioritize family planning investments in developing countries. These articles explain that such investments not only avert significant numbers of maternal and infant deaths, but also take pressure off already strained public health systems, empower women and girls, reduce poverty and promote development ("London Summit Puts Family Planning Back on the Agenda, Offers New Lease on Life for Millions of Women and Girls," Summer 2012; "Family Planning and Safe Motherhood: Dollars and Sense," Spring 2010; and "Back to Basics: The Rationale for Increased Funds for International Family Planning," Summer 2008).

- Other articles lay out a wide swath of evidence in easy-to-grasp terms to make the case for insurance coverage of contraception without patient cost-sharing ("Contraception: An Integral Component of Preventive Care for Women," Spring 2010; and "The Case for Insurance Coverage of Contraceptive Services and Supplies Without Cost-Sharing," Winter 2011). The articles walk through the health, social and economic benefits of contraceptive methods and of pregnancy planning and spacing; the financial barriers to effective contraceptive use and the role of insurance coverage in breaking down those barriers; the potential costs and benefits of coverage without cost-sharing; and precedents and recommendations from government agencies and health professional associations. The information and arguments from those articles and from more extensive Guttmacher Institute testimony prepared for the Institute of Medicine's Committee on Preventive Services for Women have been cited repeatedly by the Institute of Medicine, the U.S. Department of Health and Human Services and numerous health care advocates as the federal contraceptive coverage policy has been debated, adopted and implemented.

- Another signature issue for *GPR* has been to forcefully articulate the case for the ongoing need for and role of the Title X program in an environment where Medicaid is contributing the bulk of funding for publicly subsidized family planning services for low-income women ("Stronger Together: Medicaid, Title X Bring Different Strengths to Family Planning Effort," Spring 2007). The article not only influenced how many in the field talk about the unique role of Title X in serving the contraceptive needs of millions of U.S. women, but also guided an Institute of Medicine panel that was assessing the program's management and effectiveness. That panel started out thinking that there might not be a need for Title X anymore, given Medicaid's more prominent role, but ultimately provided a resounding endorsement of continuing and strengthening the program.

Broadening the Agenda

- Exploring issues that had not previously been central to the field of sexual and reproductive health but that overlap with the field in important ways has been another hallmark of *GPR*. For instance, a 2009 analysis highlights that women and girls are often especially vulnerable during and after crises, such as natural disasters or military conflict, and that addressing their sexual and reproductive health needs must be a priority for U.S. policymakers alongside other crucial interventions ("The Reproductive Health Needs

of Refugees and Displaced People: An Opening for Renewed U.S. Leadership," Summer 2009). Other articles explore the linkages between environmental issues and reproductive health, noting the growing evidence that pollution and chemical toxins can have a far-reaching yet often little-understood effect on a range of reproductive health outcomes ("BPA-Free and Beyond: Protecting Reproductive Health from Environmental Toxins," Winter 2010; and "Environmental Justice Campaigns Provide Fertile Ground for Joint Efforts with Reproductive Rights Advocates," Winter 2006).

- A series of articles during 2004–2008 track the evolution of the debate and policymaking on religious and moral objections to providing reproductive health services, referrals and information ("New Refusal Clauses Shatter Balance Between Provider 'Conscience,' Patient Needs," Summer 2004; "Rights vs. Responsibilities: Professional Standards and Provider Refusals," Summer 2005; and "Provider Refusal and Access to Reproductive Health Services: Approaching a New Balance," Spring 2008). They analyze the ever-expanding demands of conservative activists, the erosion of respect among lawmakers for providers' responsibilities and patients' needs, and how those trends run counter to the standards adopted by health professional associations. *GPR*'s focus on this issue proved prescient in 2008, when the Bush administration adopted controversial new regulations reinterpreting and expanding the scope of long-standing federal "conscience" laws ("Proposed 'Conscience' Regulation Opposed Widely as Threat to Reproductive Health and Beyond," Fall 2008). Such articles helped inform a broad public outcry against the regulations that culminated in their reversal by the Obama administration in early 2011, and they continue to inform public debate over religious exemptions, including the ongoing debate over the federal contraceptive coverage requirement.

- *GPR* analyses also elucidate for policy audiences the important relationships between pregnancy planning and HIV infection. This includes defining the contributions reproductive health providers can make by integrating HIV prevention services into their programs, addressing the reproductive health needs and aspirations of those living with HIV, and laying out the case for contraception as an HIV prevention intervention ("The Role of Reproductive Health Providers in Preventing HIV," October 2004; "Meeting the Sexual and Reproductive Health Needs of People Living with HIV," Fall 2006; and "Hiding in Plain Sight: The Role of Contraception in Preventing HIV," Winter 2008). **www.guttmacher.org**