Reproductive Rights, Health and Access Conference
Organized by the Gender, Sexuality, and Women’s Studies Program
University of Pittsburgh

Friday, March 20, 2015
University Club, Ballroom A

Co-sponsored and Supported by the
Kenneth P. Dietrich School of Arts and Sciences,
Jewish Studies Program, Department of Religious Studies, Department of Sociology, the
Humanities Center, and the School of Law
8:30 – 9:00
Registration and Coffee

9:00
Welcome

- Rachel Kranson, Conference Co-organizer, GSWS and Religious Studies
- Rachel Kutz-Flamenbaum, Conference Co-organizer, GSWS and Sociology
- Todd Reeser, Director, Gender, Sexuality, and Women’s Studies, French and Italian Languages and Literatures

9:10 -10:25
Panel 1
Politics, Law and Action
Presider: Rachel Kutz-Flamenbaum

- Suzanne Staggenborg and Marie Skoczylas, Sociology, “Abortion as a Mobilizing Issue”
- Sue Frietsche, Women’s Law Project, “The Pennsylvania Agenda for Women’s Health”
- Zakiya Luna, UC Santa Barbara, “The Reproductive Justice Movement: Is History Destined to Repeat Itself?”
- La’Tasha Mayes, New Voices Pittsburgh

10:25-11:25
Coffee Break and Roundtable Discussions
Please join one of the tables to learn about the presenters’ work and participate in a conversation.
For more information on these presentations, please see the abstracts at the end of the program.

Table 1: Reproductive Justice: a theory of reproductive freedom for all people
Presider: Pat Ulbrich, GSWS

- La’Tasha Mayes, New Voices Pittsburgh
- Bekezela Mguni, New Voices Pittsburgh
- Ashley Hall, Communications
Table 2: Rights and Contraceptives: Medical Perspectives
Presider: Sonya Borrero, Center for Women’s Health Research and Innovation (CWHRI), UPMC

- Sonya Borrero, “Potential Unintended Pregnancies Averted and Cost Savings Associated with a Revised Medicaid Sterilization Policy,”
- Tracy Kazmerski, “Use of Reproductive and Sexual Health Services Among Female Family Planning Clinic Clients Exposed to Partner Violence and Reproductive Coercion,” Children’s Hospital of Pittsburgh
- Cara Nikolajski, “Race and reproductive coercion: A qualitative assessment” CWHRI, UPMC
- Elian Rosenfeld, “Intimate Partner Violence, Partner Notification, and Expedited Partner Therapy” VA Pittsburgh Healthcare System

Table 3: Open Table on Current Topics in Abortion Rights, Health and Access
Presider: Stephanie Eckstrom, School of Social Work

11:30-12:45
Panel 2

American Religion and Reproductive Rights
Presider: Paula Kane, Religious Studies

- Samira Mehta, American Council for Learned Societies, “Responsible Sex, Responsible Parenthood: Religion, Population Control, and the Pill in the 1960s”

12:45-2:05
Lunch and Panel Presentation

Access to Abortion in the US: Implications of Targeted Regulation of Abortion Providers
Presider: Todd Reeser

- Beatrice Chen, Magee-Womens Hospital of UPMC
- Catherine Chappell, Magee-Womens Hospital of UPMC
- Audrey Lance, Magee-Womens Hospital of UPMC
- Jane McShea, LSW, Magee-Womens Hospital of UPMC
- Marta C. Kolthoff, Magee-Womens Hospital of UPMC
2:10-3:30
Panel 4

Parenthood, the State, and Reproductive Rights

Presider: Lisa Parker, GSWS and Human Genetics

- Anthony C. Infanti, School of Law, “The House of Windsor: Accentuating the Heteronormativity in the Tax Incentives for Procreation”
**Abstracts**

**Borrero, Sonya** - Center for Women’s Health Research and Innovation (CWHRI) at the University of Pittsburgh  
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“Potential Unintended Pregnancies Averted and Cost Savings Associated with a Revised Medicaid Sterilization Policy”

Objective: Medicaid sterilization policy, which includes a mandatory 30-day waiting period between consent and the sterilization procedure, poses significant logistical barriers for many women who desire publicly-funded sterilization. This analysis sought to estimate the number of unintended pregnancies and the associated costs resulting from unfulfilled sterilization requests due to Medicaid policy barriers.

Study design: A cost effectiveness model was constructed from the health care payer perspective to determine the incremental cost over a 1-year time horizon of the current Medicaid sterilization policy compared to a hypothetical, revised policy in which women who desire a post-partum sterilization would face significantly reduced barriers. Probability estimates for potential outcomes in the model were based on published sources; costs of Medicaid-funded sterilizations and Medicaid-covered births were based on data from the Medicaid Statistical Information System and The Guttmacher Institute, respectively.

Results: With the implementation of a revised Medicaid sterilization policy, we estimated that the number of fulfilled sterilization requests would increase by 45%, from 53.3% of all women having their sterilization requests fulfilled to 77.5%. Annually, this increase could potentially lead to over 29,000 unintended pregnancies averted (19,000 fewer unintended births and 10,000 fewer abortions) and $215 million saved.

Conclusion: A revised Medicaid sterilization policy could potentially honor women’s reproductive decisions, reduce the number of unintended pregnancies, and save a significant amount of public funds.

**Chanda, Sagnika** - English  
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“State Interventions in Transgender Parenthood and Pregnancy”

My paper frames the role of state intervention in the realm of transgender parenthood and pregnancy undertaken by transgender men. In 2008, Thomas Beatie, a transgender man from Oregon revealed himself as pregnant. The phenomenon of the “pregnant man” gripped the nation’s imagination as people tried to accept the idea of a socially and legally identified male pregnant with a child by dint of being biologically female (Beatie had retained his female reproductive organs). Transgender couples face myriad difficulties when it comes to parenthood, accessibility and state regulations. Most are faced with the difficulties of biological essentialism enforced in the form of identifying as “mother” or “father” instead of parent. The instance of the pregnant transgender man is an interesting example of how the issue of categorizing identity into cisgender binaries can have grave consequences. Pregnancy in the case of the transgender man becomes a metaphor for exteriorization of the body. Following Judith Butler’s politics of
surfaces as she outlines in Gender Trouble, the womb and breasts in the transgender man’s body becomes a surface signifier that renders his trans identity invisible in social and legal spaces. The performative nature of these surfaces aim to bind the body and curb the trans man’s rights and access to childbirth and parenthood without subverting to fixed gender categories. My paper, thus, through discussion of such cases ruminates on a possible analysis of the ethical and legal implications of such state and social oppression on transgender rights and visibility.

Chappell, Catherine - Magee-Womens Hospital of UPMC and Planned Parenthood of Western Pennsylvania
See Koltoff abstract

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The Women’s Law Project is a Pennsylvania-based, nonprofit women’s legal advocacy organization that has been at the forefront of the struggle for reproductive health, rights, and access for over forty years. In 2012, the Law Project collaborated with reproductive justice activists, reproductive health care providers, and pro-choice state legislators to launch the Pennsylvania Agenda for Women’s Health, an ambitious package of progressive state legislation addressing an array of barriers to women’s health and wellbeing. The Pennsylvania Agenda for Women’s Health strengthens legal protections for pregnant and parenting workers, fills the gaps in the state’s equal pay law, extends protection from sexual harassment to employees of small businesses, preempts local ordinances that endanger domestic violence victims, updates TANF grant levels to account for cost-of-living increases, corrects an injustice in certain pension plans that harms widows of state employees, and shields reproductive health care facilities from violence and threats. The Agenda has unified and energized reproductive health care advocates and is proving to be a powerful strategic response to purportedly “woman-protective” anti-abortion initiatives. This presentation will focus upon the development of the Pennsylvania Campaign for Women’s Health, its early challenges and successes, and the future of state-based multi-issue women’s equality initiatives.

Frank, Gill - Center for the Study of Religion, Princeton University
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This paper explores the religious and transnational history of abortion reform activism and illegal abortion services by focusing on the Clergy Consultation Service, the single
largest abortion referral service in the United States before Roe v Wade. This group, made up of liberal Protestant ministers, Jewish rabbis and dissident Catholic nuns and priests, organized in forty states and over fifty cities to assist between one quarter to half-a-million women obtain safe abortions. Despite facing arrest and prosecution, the CCS created a domestic and international medical referral network that shepherded hundreds of thousands of women to reliable abortionists within the United States and to providers in Canada, England, Mexico, Japan and Puerto Rico. Using oral histories, newly available archival sources and private collections, this talk focuses on the formation, use and management of alternative health networks by women, their clergy and their abortionists. In so doing, my presentation reframes historical understandings of sexual mores, religious activism, medical practice and reproductive rights in the postwar period.

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“The Impossibility of Freedom: Black Women and the Political Conundrums of Reproductive Justice”

A number of these reproductive rights organizations, movements, and rhetoric(s) function with the assumption that women can assert themselves as subjects, as agents able to lay authoritative claim to their bodies (both in the corporeal and discursively ideological sense). As opposed to studying Black women's struggle for reproductive freedom with certain assumptions regarding subjectivity and agency, I contend that Black women have never had an opportunity to fully assert their agency on reproduction as a result of the ways that Black female bodies have historically emerged as de-gendered subjectivities, or lack thereof. I contend that the concept of freedom (whether generally or in relation to reproduction specifically) functions on the assumption that agency becomes the demonstration of freedom, or the way in which a person can demonstrate their "freedom". What if we imagined Black women as representing or symbolizing infinite possibilities instead of the constrained, fixed ontological status assigned to these females as always subject, as dehumanized, as de-subjectified. What if these creatively imagined infinite possibilities becomes the site through Black female subjectivity is theorized instead of re-centering Westernized invention of Black subjectivity to further abject Black bodies, not liberate them (thinking of normative project of liberation, particularly in various strands of feminist theory). Theorizing Black women in these Eurocentric academic paradigms that do not trouble or disrupt that normative production of such rather enable their own subjection. Acknowledging the constraints imposed by these paradigms allows for possible re-readings of Black women’s lived experiences that demonstrate human agency despite imposed boundaries that intend to contain her.
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“The House of Windsor: Accentuating the Heteronormativity in the Tax Incentives for Procreation”

Following the Supreme Court’s decision in United States v. Windsor, many seem to believe that the fight for marriage equality at the federal level is over and that any remaining work in this area is at the state level. Belying this conventional wisdom, this article continues my work plumbing the gap between the promise of Windsor and the reality that heteronormativity has been one of the core building blocks of our federal tax system. Eradicating embedded heteronormativity will take far more than a single court decision (or even revenue ruling); it will take years of work uncovering the subtle ways in which heteronormativity pervades our federal tax laws and of identifying means of eliminating that heteronormativity. This article explores the unremitting heteronormativity of the federal tax incentives for procreation as they apply to compensated surrogacy, which is the only practical option for gay couples wishing to procreate. To set the stage for understanding the gap between rhetoric and reality, the article first summarizes the series of legal decisions, beginning with Windsor, that extol the equality of same-sex and different-sex couples, affirm the importance of marriage not only to same-sex couples but also to their children, and validate same-sex couples as fit parents. The article then continues the stage setting by explaining how the IRS has acted in keeping with this rhetoric by implementing the Windsor decision in a way that aims for a sexual-orientation-neutral tax system (at least insofar as the definition of “marriage” is concerned). In contrast, the article then recapitulates the longstanding heteronormativity of the tax incentives for procreation and explains the anticipated — and unremittingly heteronormative — operation of these tax incentives on compensated surrogacy post-Windsor. Because these tax incentives will, if anything, be more heteronormative after Windsor than they were before, the article concludes by suggesting that this accentuated heteronormativity may open the previously closed door to constitutional scrutiny of the application of these incentives to procreation by married same-sex couples (and, by extension, other nontraditional families). The IRS and/or the courts could, however, easily ensure that this door remains closed by abandoning past interpretations of § 213 in favor of a broader, more inclusive interpretation that is in keeping with the promise of the Windsor decision and the IRS’s actions post-Windsor.

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“Use of Reproductive and Sexual Health Services Among Female Family Planning Clinic Clients Exposed to Partner Violence and Reproductive Coercion,”

Objective: To examine the associations of recent intimate partner violence (IPV) and reproductive coercion (RC) with frequency of use of reproductive and sexual health services.
Methods: A cross-sectional survey was administered to 16-29 year old women seeking care in five family planning clinics (N=1262). We evaluated associations of recent experiences of IPV, RC, or both IPV and RC with recent care seeking for pregnancy testing, emergency contraception, and sexually transmitted infection testing using multinomial logistic regression.

Results: Sixteen percent of respondents reported IPV and 13.5% reported RC in the past three months. Four percent of all respondents reported both IPV and RC. Recent RC without IPV was associated with increased odds of seeking one (AOR=2.0, 95% CI=1.3-2.9) or multiple pregnancy tests (AOR=2.3, 95% CI=1.2-4.5), multiple STI tests (AOR=2.5, 95% CI=1.5-4.1), or using emergency contraception once (AOR=2.6, 95% CI=1.2-5.8) or multiple times (AOR=2.2, 95% CI=1.7-2.7). Recent IPV without RC was associated with increased odds of seeking one (AOR=1.4, 95% CI=1.1-1.7) or multiple pregnancy tests (AOR=2.2, 95% CI=1.4-3.2) and using emergency contraception once (AOR=1.6, 95% CI=1.3-2.0). The combined effect of recent IPV and RC increased the odds of seeking multiple pregnancy tests (AOR=3.6, 95% CI=3.3-3.8), using emergency contraception multiple times (AOR=2.4, 95% CI=1.5-4.1) and seeking STI testing once (AOR=2.5, 95% CI=1.6-3.9) or multiple times (AOR=2.9, 95% CI=1.02-8.5).

Conclusions: Frequent requests for pregnancy and STI testing and emergency contraception among young females seeking care may be an indicator of greater risk for recent RC, alone and in combination with IPV.

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“Access to Abortion in the US: Implications of Targeted Regulation of Abortion Providers”

Despite its legality established by Roe v. Wade, access to safe and timely abortion care in the United States is under constant threat. Across our country, state legislatures have instituted numerous regulations that have significantly reduced access to abortion. These regulations are known as “Targeted Regulation of Abortion Providers” (TRAP) and, rather than protecting women, have resulted in worsening patient care and patient outcomes. Access to abortion depends on many factors including but not limited to the ability of a woman finding a licensed abortion provider within a reasonable traveling distance, having the financial means to pay for the abortion, and/or falling under a given gestational age limit. As a diverse group of abortion care providers, we have witnessed first-hand devastating patient experiences caused by limited access to safe and timely abortion. Examples include: a complex transplant patient who cannot access an abortion in a hospital; the delay of access to an abortion for a teen due to judicial bypass regulations; a patient undergoing pregnancy complications who could not access care in Ohio due to gestational age limitations and had to travel to Pennsylvania, and a patient with fetal genetic anomalies whose late diagnosis rendered her ineligible for abortion in Pennsylvania. Cumulatively, these regulations are creating the scenario where abortion is legal but becoming increasingly unavailable in the US. As a result, access to abortion and the TRAP sits at the epicenter of the struggle for reproductive rights within the US.
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Since 1970, the Women’s League for Conservative Judaism, the largest organization of religiously-affiliated Jewish women in the United States, has been consistent in its support for the legal availability of abortion. However, the language and logic that this organization used to justify this position has changed significantly over time. In 1970, they passed a resolution claiming birth control and abortion as a woman’s civil right. But by 1982, in response to the cultural ascendance of newly-politicized, socially-conservative, evangelical Christians, the members of Women’s League chose to overhaul their earlier resolutions on reproduction. While the organization continued to champion the legality of abortion, their official resolutions began to discuss abortion access as a matter of religious freedom rather than a matter of women’s sexual and reproductive autonomy. In doing so, they effectively erased women as a political entity whose rights needed to be secured and protected.

While interrogating the ways in which the Women’s League of Conservative Judaism engaged in the issue of abortion, this paper makes two important interventions. First, by highlighting the involvement of Jewish organizations the abortion controversy, this study complicates a conversation that has too often presented as a dichotomous debate between conservative Christian anti-abortion activists on the one hand, and the non-religious backers of women’s reproductive rights on the other. Secondly, showing how liberal, Jewish organizations responded to the anti-abortion activism of the Christian right reveals the continued power of conservative, Christian leaders to delimit the public terms of American religious discourse, even in a country with no established religion.

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“The Reproductive Justice movement: Is history destined to repeat itself?”
This talk will discuss the history and future of reproductive justice in the US. The idea of reproductive justice contains multiple modes: analytic framework, movement, praxis, and vision. The term was conceived in 1994 by feminists of color to conceptualize reproductive rights struggles embedded in social justice organizing that simultaneously challenged sexism, racism, and classism, and other oppressions as well. The concept of reproductive justice goes beyond that of "choice" to address issues of empowerment, and the ability of women and their communities to secure the rights, resources and respect.
However, while the phrase itself has gained popularity and mainstream usage, the continuing tensions between reproductive health, rights and justice movements raise questions about the viability of the future of reproductive activism.

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**McShea, Jane**
See Koltoff Abstract

**Mehta, Samira** - American Council for Learned Societies
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“Responsible Sex, Responsible Parenthood: Religion, Population Control, and the Pill in the 1960s”

In 1960, the FDA approved oral contraception and American religious groups found themselves responding to this new medication which could, for the first time, separate the act of contraception from the act of sex. Protestant denominations encompassed a broad range of responses, however, rather than breaking down along whether or not birth control was acceptable or not, Protestant religious leaders tended to group their debates along the questions of who should have access to birth control and two what ends. Specifically, many noted that in light of the concerns of overpopulation, it was a Christian responsibility to limit family size and a to make the means of doing so broadly available to both married Americans and throughout the developing world. Ignoring the threat of population explosion, failing to limit one’s own reproduction or an American failure to extend contraception to the developing world was, then cast as a failure of religious responsibility. In this talk, Mehta presents the development of a theology of responsible parenthood among Protestant leaders and shows how individual Christians (both men and women) incorporated (or did not incorporate) responsible parenthood into their understanding of sexual ethics and responsibility.

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**Nikolajskim, Cara** - CWHRI
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“Race and reproductive coercion: A qualitative assessment”

Background: Unintended pregnancy is common and disproportionately occurs among low-income and African American (AA) women. Male partners may influence women’s risk of unintended pregnancy through reproductive coercion, although studies have not assessed whether racial differences in reproductive coercion impact AA women’s disparate risk for unintended pregnancy. We sought to describe women’s experiences with pregnancy-promoting behaviors by male partners and explore differences in such experiences by race.
Methods: Semi-structured interviews were conducted with low-income, AA and white women aged 18-45 recruited from reproductive health clinics in Western Pennsylvania to explore contextual factors that shape women’s contraceptive behaviors. Narratives were analyzed using content analysis and the constant comparison method.

Findings: Among the 66 participants (36 AA and 30 white), 25 (38%) described experiences with male partner reproductive coercion. Narratives provided accounts of contraceptive sabotage, verbal pressure to promote pregnancy and specific pregnancy outcomes, and potential motives behind these behaviors. AA women in the sample reported experiences of reproductive coercion more often than white women (53% and 20%, respectively). AA women were also more likely than white women to attribute a current or prior pregnancy to reproductive coercion. AA women identified relationship transiency and impending incarceration as potential motivations for men to secure a connection with a female partner via pregnancy.

Conclusions: Our findings suggest that reproductive coercion may be a factor contributing to disparities in unintended pregnancy. More research, including population-level studies, is needed to determine the impact of reproductive coercion on unintended pregnancy and to understand the social and structural factors associated with pregnancy-promoting behaviors.

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“Do Some Adoption Policies Violate Reproductive Rights?”

While people do not ordinarily think of adoption when they hear the phrase "reproductive rights," it is arguable that adoption practice sometimes violates the rights of the birthmother. In the US, many women have been pressured or forced to give up their children and subsequently denied any information about them. This frequently happened to unwed mothers in Ireland, through a church-state alliance. The pressure on poor women to give up children for adoption is still going on in both the US and internationally. Many women in the US would like information about their adopted-away children, but most state laws and adoption agencies do not allow this information to them, or to the children even when they become adults.

In the US, many chapters of the ACLU see the situation of a birthmother as comparable to that of a woman who has had an abortion and argue that because privacy is a right in the second case, it also supersedes the rights of an adoptee in the first case. They do not consider the idea that the woman who has placed her child for adoption might have a desire and right to some knowledge of that child's life. Should reproductive rights include a right to keep your child, a right to freedom from undue pressure to relinquish the child, a right to disclosure about the practice of the agency taking the child, and a right to information about the child's later life?

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“Intimate Partner Violence, Partner Notification, and Expedited Partner Therapy”
Over one third of women experience intimate partner violence (IPV) in their lifetime. IPV increases the risk of infection and reinfection with sexually transmitted infections (STIs). The extent to which health care providers (HCPs) consider IPV when recommending partner notification and expedited partner therapy (EPT) is unknown. The objective of this qualitative study was to understand HCPs’ views on IPV and STIs when recommending partner treatment to patients with chlamydia. Using a purposive sampling strategy to include HCPs who treat young women at risk for chlamydia, 23 semi-structured, in-depth interviews were conducted. While many HCPs expressed concern for their patients’ safety and believed assessing for IPV was needed before provision of EPT, nearly a third had not considered the links between IPV and STIs. Strategies used by HCPs to assess for IPV did not include inquiry about specific behaviors related to IPV, STI risk, and sexual coercion. Many HCPs understand the risk for IPV in the setting of STI treatment, yet a significant portion of those interviewed failed to recognize the link between IPV and STIs. Provider education is necessary to increase knowledge and implement more effective inquiry and counseling about IPV to more safely recommend EPT.

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See Staggenborg Abstract

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“Abortion as a mobilizing issue”
Our paper looks at the history and current state of abortion politics in the United States. We will examine the motivating power of abortion for women on both sides of the conflict owing to its deep personal importance and symbolic significance. Although we will focus on the abortion rights movement, actions of the countermovement have a critical impact on both the movement’s ability to mobilize and its strategies. We will discuss some theoretical ideas that are important in explaining the mobilizing power of issues and the strategic choices of movements. These include the idea of symbolic politics, which has often been used to examine the abortion issue, factors in the mobilization of social movements, ideas about strategic adaptation, and movement/countermovement dynamics, which are critical to the conflict over abortion. One of the puzzles that we will discuss is how long the issue can continue to mobilize conflict.