

Call for submissions

Women's and girls' sexual and reproductive health and rights in situations of crisis

Submission for SRHR in Crisis Situations in The Philippines

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Executive Summary

Globally within the context of multiple, escalating and interconnected crises of protracted conflicts and violent disasters, women's leadership and participation are increasingly recognised as vital for crisis prevention, response and recovery. Yet, the vast majority of maternal deaths and adolescent pregnancies in the world routinely occur in low to middle-income countries, and within fragile, humanitarian and emergency contexts (UNFPA 2015). Despite existing security and development frameworks at global and national levels that recognise how the advancement of gender equality is linked to more peaceful and sustainable societies, these are yet to translate in a reduction of inequalities in sexual and reproductive health and rights (SRHR). In fact, evidence indicate that the conditions for SRHR especially among internally displaced populations are even worsening. Across peace and environmental processes, there is an incongruence between the increasing visibility of women's leadership and participation, and the continued invisibility of the costs to women's contributions when there are restrictions to SRHR. This submission addresses two pertinent questions. First, why have pervasive inequalities in sexual and reproductive health – as distinct from other gender equality issues – remain politically and economically neglected, and how is this neglect exacerbated in crisis situations? Second, what are the costs of neglecting sexual and reproductive health for inclusive peace and sustainable development not only for countries recovering from conflicts and disasters but also globally in the face of an impending climate catastrophe?

Beginning with sites of displacements caused by conflicts and disasters in the crisis-prone country of the Philippines and in the Asia Pacific region more broadly, this submission traces the accumulation of pre-existing restrictions to SRHR with crisis-specific risks and violence from the household, community, and state levels. The Philippines is a significant case study for unpacking what is a global paradox: women's bodies are clearly central to the reproduction of national culture and economy, yet these bodies are routinely depleted. Indeed, the UN CEDAW Committee (2015) Optional Protocol inquiry ruled that the Philippine state is accountable for various grave and systematic reproductive rights violations in the country. This decision marks a global legal milestone for SRHR advocacy and signals the even more complex barriers for sexual and reproductive freedoms in times of crisis (see Tanabe et al. 2015; Sweetman and Rowlands 2016).

Based on interviews with local, national and international actors and secondary analysis of humanitarian monitoring reports, official documents and surveys among internally displaced populations especially Filipino women belonging to ethnic and religious minority groups, I argue that the failure by states and international actors to recognise the centrality of women's health and bodily autonomy not only hinders the sustainable provision of care and domestic labour during and after crisis, but also fundamentally constrains how security is enacted within these spaces. It locates this failure – culminating in the depletion of women's bodies – within the gendered political economy of crisis responses such that women's labour is harnessed to service various economic activities including militarism and post-crisis nation-building, and yet the costs and benefits of this servicing remain profoundly unequal before, during and after crises. Importantly, this pervasive economic devaluing is increasingly legitimated by religious discourses that valorise female altruism and the preservation of the traditional family as a result of a revitalised Global Right movement. Crucially, my research exposes how the deterioration of SRHR in the everyday and especially during times of crisis is not *incidental* to the current neoliberal global economy and security but rather *integral* to their very reproduction.

Questionnaire

Concept/definition of crisis

1. Please provide information on the legal and policy framework used by your State to manage situations of crisis and on how the concept of “crisis” has been defined or framed.

The Philippines has several key legislations pertinent to this submission and which can be categorised into two main types: *gender equality laws with crisis-specific provisions*; and *crisis-specific laws with gender provisions*.

Taking these legal frameworks together, they encompass a range of definitions for crisis. The usage of the term ‘crisis’ in these frameworks demonstrate the potential to address in an integrated manner SRHR across a continuum of crises from those that occur in the *family or household* such as in the context of domestic violence, financial hardship and psychological strain; and *more community and societal crisis* that manifests in situations of armed conflicts, disasters and environmental degradation.

Gender equality laws with crisis-specific provisions

- **Magna Carta of Women (Republic Act No. 9710)**

Specifically under Section 10, it stipulates:

“Women Affected by Disasters, Calamities, and Other Crisis Situations. — Women have the right to protection and security in times of disasters, calamities, and other crisis situations especially in all phases of relief, recovery, rehabilitation, and construction efforts. The State shall provide for immediate humanitarian assistance, allocation of resources, and early resettlement, if necessary. It shall also address the particular needs of women from a gender perspective to ensure their full protection from sexual exploitation and other sexual and gender-based violence committed against them. Responses to disaster situations shall include the provision of services, such as psychosocial support, livelihood support, education, psychological health, and comprehensive health services, including protection during pregnancy.”

- **The Responsible Parenthood and Reproductive Health (RPRH) Act of 2012**

Section 4, (r): Reproductive health care program refers to the systematic and integrated provision of reproductive health care to all citizens prioritizing women, the poor, marginalized and those in vulnerable or crisis situations.

- **Anti-Violence Against Women and Their Children Act of 2004**



Among highly relevant provisions are:

Section 40 (f-g):

“Manage the reproductive health concerns of victimsurvivors of VAWC... If necessary, contact the DSWD [Department of Social Welfare and Development] or social worker of the LGU [local government unit] for emergency assistance to the woman and her child/children, or the police women and children concerns protection desk officer.”

Section 49 on *Duties and Functions of Health Care Providers* on the provision of emergency care for victims of violence.

Section 61 (f) to “Strengthen/establish Women and Children Protection Units (WCPUs) in Department of Health [DOH] Hospitals for the health care of women and children victim-survivor of violence”.

Crisis-specific laws

The Philippines has had simultaneous and overlapping crises of conflicts and disasters. Across these crisis-specific laws, it is expressed that the country’s exposure to a multitude of varying risks and hazards that are increasingly interrelated, is generating compounded harms and threats to human rights. These frameworks therefore are underpinned by strong language on human rights promotion and protection and particularly gender-responsiveness.

On Climate change and disasters

- **Climate Change Act of 2009**

Section 2 stipulates a state-led approach to “incorporate a gender-sensitive, prochildren and pro-poor perspective in all climate change and renewable energy efforts, plans and programs”.

Section 3 (i) indicates that “‘Gender mainstreaming’ refers to the strategy for making women’s as well as men’s concerns and experiences an integral dimension of the design, implementation, monitoring, and evaluation of policies and programs in all political, economic, and societal spheres so that women and men benefit equally and inequality is not perpetuated. It is the process of assessing the implications for women and men of any planned action, including legislation, policies, or programs in all areas and at all levels.”

- **The National Disaster Risk Reduction and Management Act of 2010**

Section 2 (j) “disaster risk reduction and climate change measures are gender responsive, sensitive to indigenous knowledge systems, and respectful of human rights”;

Section 2 (o) “Enhance and implement a program where humanitarian aid workers, communities, health professionals, government aid agencies, donors, and the media are educated and trained on how they can actively support breastfeeding before and during a disaster and/or an emergency”.

Section 12, (c) mandates provincial, city and municipal offices and committees to:

(16) Respond to and manage the adverse effects of emergencies and carry out recovery activities in the affected area, ensuring that there is an efficient mechanism for immediate delivery of food, shelter and medical supplies for women and children, endeavor to create a special place where internally-



displaced mothers can find help with breastfeeding, feed and care for their babies and give support to each other

On Conflict and Security

On March 27, 2014, a historic peace agreement, the Comprehensive Agreement on the Bangsamoro (CAB) was signed between the Moro Islamic Liberation Front (MILF) and the government of the Philippines, signalling the end of a 40-year conflict and 17 years of negotiations between the two sides. In July 2017, the peace deal has been edified in a national legislation and through the creation of the Bangsamoro Autonomous Region in Muslim Mindanao.

- **Organic Law for the Bangsamoro Autonomous Region in Muslim Mindanao**

Article IX, Section 11 on Participation of Women in the Bangsamoro Government which states “Aside from the reserved seat for women in the Paliament, there shall be at least one (1) woman to be appointed to the Bangsamoro Cabinet. The Parliament shall enact a law that gives recognition to the important role of women in nation-building and regional development, ensuring the representation of women in other decision-making and policy-determining bodies of the Bangsamoro Government. The Parliament shall create by law a commission on women and shall define its powers, functions, and composition.”

Article IX, Section 12 on Protection of Women which states “The Bangsamoro Government shall uphold and protect the fundamental rights of women, including the right ato engage in lawful employment, and to be protected from exploitation, abuse, or discrimination, as embodied in the Convention on the Elimination of all Forms of Discrimination Against Women. The Parliament shall enact the necessary laws for the implementation of this section.”

Article XIII, Section 5 on Gender and Development:

The Bangsamoro Government shall recognize the role of women in governance and ensure their fundamental equality before the law. It shall guarantee full and direct participation of women in governance and development process, ensuring that women shall benefit equally in the implementation of development programs and projects.

In the utilization of public funds, the Bangsamoro Government shall ensure that the needs of the Bangsamoro people, regardless of gender, are adequately addressed. For this purpose, at least five percent (5%) of the total budget appropriation of each ministry, office, and constituent local government unit of the Bangsamoro Autonomous Region shall be set aside for gender-responsive programs, in accordance with a gender and development plan. In the same manner, five percent (5%) to thirty percent (30%) of the official development assistance received by the Bangsamoro Government shall be set aside to complement the gender and development budget allocation.

The Bangsamoro Government shall establish a mechanism for consultation with women and local communities to further ensure the allocation and proper utilization of development funds. It shall identify and implement special development programs and laws for women.

Article XIV on Rehabilitation and Development, Section 1 states:



The Bangsamoro Government, with funding support from the National Government, shall instigate development efforts for the rehabilitation, reconstruction, and development of Bangsamoro Autonomous Region as part of the normalization process. It shall formulate and implement a program for rehabilitation and development that will address the needs of Moro-Islamic Liberation Front/Bangsamoro Islamic Armed Force members and its decommissioned women auxiliary force, Moro National Liberation Front/Bangsamoro Armed Forces members, and address the needs of internally displaced persons, widows and orphans, and poverty-stricken communities. It shall observe, promote, and ensure gender-responsiveness in all aspects of security and peace building, including the participation of women in decision-making.

- **National Action Plans on Women, Peace and Security (NAP WPS)**

The Philippines is credited for promoting the Women, Peace and Security (WPS) agenda as the first country in the Asia Pacific region to have drafted a national action plan on UN Security Council Resolution 1325 (UN Women 2015, 241). The Philippine National WPS agenda has been 'localised' or implemented as concrete programs in conflict-affected areas in the Philippines including ARMM in Mindanao (GNWP 2014; WE Act 1325 2016).

There are currently two NAPs: 2010-2016¹ and 2017-2022.²

The first NAP makes specific reference to building on existing gender equality legislations in the Philippines including the pioneering *Women in Development and Nation Building Act* (Republic Act 7192) enacted in 1991. In doing so the NAP draws the continuity of ensuring women's leadership and participation in conflict situations with more long-term and ongoing nation-building and development initiatives. The first NAP envisions to "[S]trengthen women's leadership for conflict prevention, conflict resolution conflict, transformation and peacebuilding; Build their capacities to engender peace and reconstruction processes; [and] Mainstream gender perspective within the ongoing peace agreements and security reform agenda".

In the second NAP (p. 7), there is a broadening to the definition of crisis situations and conflict contexts to encompass "internal disturbances, protracted and low-intensity civil strife, political strife, ethnic and communal violence, states of emergency and suppression of mass uprisings, war against terrorism and organized crime, that may not necessarily be classified as armed conflict under international humanitarian law and which result in serious violations of women's rights" as well as situations of internal displacement, statelessness, and refugee repatriation" pursuant to CEDAW General Recommendation 30, Scope of General Recommendation, Item numbers 4 and 5.

Among the important components of the plan is the specific goal or action point (4) that "gender inequality in productive and reproductive labor as well as in land and property rights to enable women to actively participate during post-conflict reconstruction" are addressed.

2. Please list the type of situations that would fit the concept of "crisis" in your State and indicate what situations are excluded.

¹ Full text available at: <https://www.wpsnaps.org/app/uploads/2019/09/Philippines-NAP-1-2010-2016.pdf>

² Full text available at: http://peacewomen.org/sites/default/files/Philippines_20172022NAP.pdf

Philippine legislations, owing to strong women's and human rights organisations, are expansive in definitional scope of crisis and have promising provisions that underscore the importance of integrated and comprehensive implementation.

3. What institutional mechanisms are in place for managing a crisis and how are priorities determined?

Given these existing legislations, there are institutional mechanisms in place that for the most part have been effective in addressing women's crisis-specific needs particularly among internally displaced populations. This was affirmed in the UN Special Rapporteur on the Human Rights of Internally Displaced Persons statement on the conclusion of his official visit to the Philippines.³ However, there are urgent gaps across different and within each crisis situations in the country. First, there is evidence that many internally displaced populations are caught in so-called '**forgotten crises**' which impact their access to ongoing and reliable assistance. There are challenges in prioritising among multiple and competing demands to resources and personnel in the Philippines where internal displacements occur in the context of both conflicts and disasters. Consequently, there are many areas where people have been in protracted internal displacements who are unable to fully recover and resume their lives because recovery and re-construction efforts have been interrupted and thus, remain unfinished. Populations situated within these forgotten crises are most at risk of continued loss of human dignity and suffering.

Second, based on my research of two case studies of conflict and disaster-related crises in the Philippines, I find that there are implementations gaps in what otherwise are comprehensive legal frameworks due to the gendered biases underpinning the 'tyranny of urgency'. For example, in the aftermath of the 2013 Typhoon Haiyan, according to a female NGO worker, 'humanitarian mindset is still that **gender must come later** ... much later in emergency settings. The focus is really more on the facade ... just the physical rebuilding' (personal interview, Guiuan, Samar, 24 February 2015). While there are legal recognition in the Philippines of the importance of gender-responsive crisis interventions, in practice there is a lack of clarity on when and where gender-based programs and assistance matter. SRHR then becomes even less of a priority as a result of various material and ideological barriers within the Philippines such as the distinct humanitarian challenges of responding to multiple and competing crises, and deeply-embedded cultural and religious norms that intensify in these contexts and during these times.

Challenges and good practices

4. Please highlight any challenges faced in the provision of SRH services and good practices in ensuring women's and girls' SRHR in situations of crisis, including, for example, measures concerning timely access to the the following types of services and aspects of care:

³ Beyani, Chaloka. 2015. "Statement of the United Nations Special Rapporteur on the Human Rights of Internally Displaced Persons, Chaloka Beyani, on the Conclusion of His Official Visit to the Philippines, 21 to 31 July 2015." Available at: <http://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=16280&LangID=E>.



- a. Access to non-biased and scientifically accurate information about sexual and reproductive health matters and services;
- b. Access to medical professionals and health service providers, including traditional birth attendants, with adequate provision for their training and safety including personal protective equipment;
- c. Access to essential medicines as prescribed by the WHO, equipment and technologies essential for the quality provision of sexual and reproductive health services;
- d. Prevention of HIV transmission, post-exposure prophylaxis and treatment for HIV/AIDS as well as the prevention and treatment of sexually transmissible infections;
- e. Pregnancy-related health services, including pre- and post-natal care, assistance during child-birth, and emergency obstetric care;
- f. The full range of modern contraceptive information and services, including emergency contraception, as well as family planning information and services related to the number, timing and spacing of pregnancies and infertility treatments;
- g. Safe abortion services including surgical and non-surgical methods of termination of pregnancy and humane post-abortion care, regardless of the legal status of abortion;
- h. Treatment for pregnancy-related morbidities such as obstetric fistula and uterine prolapse, among others;
- i. Screenings and treatment for reproductive cancers;
- j. Menstrual hygiene products, menstrual pain management and menstrual regulation;
- k. Prevention, investigation and punishment of all forms of gender-based violence, and access to timely and comprehensive medical interventions, mental health care, and psychosocial support for victims and survivors;
- l. Measures to prevent and prohibit practices such as female genital mutilation and child, early and forced marriage;
- m. Legal and policy safeguards against abuses and delays in the provision of SRH services for example in relation to confidentiality, referrals, informed consent, conscientious objection, and third party consent requirements;
- n. The affordability of SRH services especially for those in situations of vulnerability; and
- o. Other pertinent information that may affect the availability accessibility, affordability, acceptability and quality of SRH services and information.

For a political economy analysis of the challenges to SRHR in crisis situations, please consult Annex 1.

Experiences of crisis

5. Please list the situations of crisis experienced by your State in the last five years.

The Philippines, as part of the Asia Pacific, is a crisis-prone country where multiple and overlapping crises have occurred regularly and with growing frequency and intensity due to climate change. The crisis situations that can be found within the country and are driving internal displacements are:

- Armed conflict and communal violence
- Land disputes and development aggression
- Climate change-induced displacement and environmental disasters particularly typhoons, flooding and volcanic eruption

6. What was the impact of those crises on women and girls? Please provide information in particular on the following aspects:



- a. Which groups of women and girls were most affected and how, taking into account different factors, such as age, geographic location (including urban and rural areas), ethnic and social origin, disability, marital status, migratory status, citizenship status or other status?
- b. What was the impact on their SRHR? Were any specific risk factors and needs identified? Do you have data and/or qualitative information disaggregated by the factors listed under question 6(a)? If not, please explain why.
- c. What were the main obstacles encountered by the State, if any, in identifying and addressing the impact of the crisis on women's and girls' SRHR?
- d. What measures were adopted during and after the crisis to ensure women and girls' access to sexual and reproductive health services? Please indicate which SRHR services are recognized as essential services in the health policy or laws of your State and are funded through the health system. What steps were taken to ensure the continuity of services and access during the crisis?
- e. What other protocols or systems were put in place to prevent adverse reproductive and sexual health outcomes due to the common risks triggered by crisis including, for example, gender-based violence and child marriage? Were any special measures adopted for specific groups of women and girls?
- f. Were women's rights organizations⁴ involved in the needs and impact assessments and the recovery policies? If not, please indicate why.
- g. Which actors or institutions played a role in the provision of emergency responses? Please describe their role and explain what roles were played, if any, by national women's rights or human rights mechanisms, or other similar bodies as well as civil society organisations.
- h. How were the emergency responses funded and to what extent did they rely on foreign aid or assistance, if any? Please also indicate how in your State adequate financing of women's sexual and reproductive health is ensured more generally on an ongoing basis.
- i. What obstacles have civil society organisations encountered in their efforts to deliver sexual and reproductive services?

For a political economy analysis of the impacts on SRHR of crises, please consult Annex 1.

7. Could you identify any lessons learned? Please indicate if and how these lessons have been applied in preparedness strategies or in subsequent situations of crisis.

Among key lessons from the Philippines are:

- Importance of State-led inclusive and sustained economic investments in health systems which guarantee full range of services and supplies are pre-positioned especially in rural and geographically remote areas.
- Addressing cultural and economic barriers to valuing care and domestic work nationally and globally.
- Ensuring that there is gradual effort to address more equitable distribution of household and community labour.
- Addressing the multi-scalar and growing influence of religious fundamentalisms in emergency and humanitarian responses. Faith-based assistance may contribute to broadening access to

⁴ The expression women's rights organizations should be understood as encompassing organizations of women of different ages, backgrounds and identities.



certain health services but may also serve to restrict access especially for SRHR and for inclusion of sexual minorities in crisis response and recovery.

- Resolving legal barriers such as access to abortion, emergency contraception, and unequal family law provisions such as the Code of Muslim Personal Laws and lack of divorce law in the country.
 - Strong information campaigns and consciousness-raising projects that dispel sexual and reproductive health myths including self-sacrificing practices that intensify in times of crises.
 - State-led review of legal and cultural restrictions such as conscientious objections among service providers and parental consent clauses under the RPRH Law.
 - Supporting initiatives such as the Women Friendly Spaces and Child Friendly Spaces but with greater resourcing towards inclusion and diversity. This means provision of services that do not prioritise maternal health at the expense of comprehensive sexual health.
8. If your State has humanitarian aid programmes, please indicate whether SRHR are explicitly covered in the humanitarian aid strategy and how priorities on SRHR are set.
N/A
9. Please indicate the main challenges, if any, encountered by women and girls to access justice and obtain reparations for violations of their SRHR, including any procedural barriers, and the types of assistance available to access legal and other remedies. Please also indicate the groups of women and girls most affected. Where applicable, please indicate the role played by a national truth and reconciliation commission (or a similar body) in ensuring the recognition of human rights violations in relation to women's and girls' SRHR and reparations.

For a political economy analysis of the challenges to SRHR in crisis situations, please consult Annex 1.

Preparedness, recovery and resilience

10. Is there any preparedness or risk management strategy/plan/policy in your State? If so, please provide information on the following aspects:
- a. To what crisis does it apply? What situations are excluded?
 - b. Does it contain a definition of crisis? If so, please indicate the definition used.
 - c. Does it include measures concerning women and girls' SRHR? If so, please describe the measures included and any special measures envisaged and/or adopted for specific groups of women and girls concerning both preparedness and recovery.
 - d. How were the risks related to women and girls' sexual and reproductive health and rights, in urban and rural areas, identified and assessed?
 - e. Were women's rights organizations involved in: i) the development of the strategy/plan/policy; ii) assessment of the risks concerning SRHR; iii) the design of the measures implemented; and iv) the monitoring of the strategy/plan/policy? Please indicate the steps taken to ensure their participation and to include a gender-perspective in crisis preparedness, management and recovery.
 - f. Please indicate if the strategy/plan/policy has undergone any assessments to date. If so, what were the main findings and recommendations concerning women's and girls' SRHR?

For a political economy analysis of SRHR and how preparedness, recovery and resilience are gendered discourses, please consult Annex 1.



11. If your State does not have a plan that can immediately go into effect in a time of crisis, please explain why it is so. N/A
12. Are there specific ways in which international human rights mechanisms can support States in their efforts to address a crisis?

As part of the UN CEDAW Optional Protocol Inquiry in the Philippines, the national Commission on Human Rights conducted a country-wide inquiry which was the first comprehensive mapping of the state of SRHR in 2016.⁵ The inquiry generated a report which documents SRHR in crisis situations as well as in 'normal' or 'everyday' contexts. Similarly, the country visit by the UN Special Rapporteur on the Human Rights of Internally Displaced Persons in the Philippines was also pivotal in providing external assessment of the internal displacement situation in the country through which national issues of human rights including SRHR were raised globally. Therefore, these mechanisms provide an invaluable domestic-level human rights resource both for promoting the full realisation of SRHR especially for the most vulnerable and marginalised populations nationally and internationally.

Furthermore, what the Philippine case demonstrates is the promising effectiveness of international human rights mechanisms, specifically the Optional Protocol, in catalysing steps for national advocacy and reform. International human rights institutions and actors can do more to ensure these catalysing functions translate to actual and sustained reforms by following up on ensuring economic resources such as aid and national budgets reflect the prioritisation of strengthening health systems to comprehensively include SRHR.

Globally, it is vital for all human rights stakeholders and for States to proactively resist any and all discursive and policy encroachments that reflect religious fundamentalisms and in particularly maneuvers of contesting the established language of sexual and reproductive health. SRHR is not a 'side issue' to anti-feminist backlash and reversals but rather is foundational to achieving human rights for all individuals (see Tanyag 2017, 2018 and 2020). Bodily autonomy, especially for women and girls in crisis situations, is both an outcome of addressing pre-existing gendered violence and an urgent precondition for meaningful political and economic participation in response to future crises.

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⁵ Commission on Human Philippines (CHR). 2016. 'Let our Voices be Heard' Report of the Commission on Human Rights Philippines' National Inquiry on Reproductive Health and Rights. Quezon City: Commission on Human Rights. <https://uniteforreproprights.org/wp-content/uploads/2018/01/RH-Inquiry-Report.pdf>



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Annex 1. Research Publications

1. Tanyag, Maria. "A Feminist Call to Be Radical: Linking Women's Health and Planetary Health," *Politics & Gender* (2020). DOI: 10.1017/S1743923X20000367.
2. Sifris, Ronli and **Tanyag, Maria**. "Intersectionality, Transitional Justice and the Case of Internally Displaced Moro Women in the Philippines." *Human Rights Quarterly* 41, no. 2 (2019): 399-420.
3. Tanyag, Maria. "Sexual and Reproductive Health is a Security Issue for Southeast Asia." *Australian Journal of International Affairs* 72, no. 6 (2018): 495-499.
4. Tanyag, Maria. "Depleting fragile bodies: The political economy of sexual and reproductive health in crisis situations." *Review of International Studies* 44, no. 4 (2018): 654-671.
5. Tanyag, Maria. "Resilience, Female Altruism and Bodily Autonomy: Disaster-induced displacement in post-Haiyan Philippines." *Signs: Journal of Women in Culture and Society* 43, no. 3 (2018): 563-585.
6. Tanyag, Maria. "Invisible Labour, Invisible Bodies: How the Global Political Economy Affects Reproductive Freedom in the Philippines." *International Feminist Journal of Politics* 19, no. 11 (2017): 39-54.